



Office Use Only
Reviewed by:
Date:

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Division of Water Supply and Geoscience
 Bureau of Water System Engineering
 Water System Assistance Section
 Mail Code 401-04Q – P.O. Box 420
 Trenton, New Jersey 08625-0420
 Tel# 609-292-2957- Fax # 609-633-1495
watersupply@dep.nj.gov

REMEDIAL MEASURES REPORT FORM

Submit this report detailing proposed and/or completed remedial measures to the Bureau of Water System Engineering within thirty (30) calendar days of receipt of your Notice of Non-Compliance via mail, fax, or email. Pursuant to the State Primary Drinking Water Regulations at N.J.A.C 7:10-5.7(a), you are required to take any action necessary to achieve compliance within one year of the violation. Note: the one year includes the collection of samples demonstrating compliance with the Maximum Contaminant Level/Treatment Technique/Action Level. This remedial measures report form must be completed, reviewed, and signed by the owner/executive director and if applicable the licensed operator of record.

1. General Information

PWSID#:		PWS Name:	
PWS Contact Name:	PWS Contact Email:	PWS Contact Phone#:	
Violation/Trigger: <input type="checkbox"/> MCL Violation <input type="checkbox"/> Treatment Technique Violation <input type="checkbox"/> Action Level Exceedance Contaminant: _____ Violation Date: _____ Notice of Noncompliance Received Date: _____			
Is treatment currently installed to address the contaminant of concern? <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Remedial Measures (Proposed and/or Completed)

Select all applicable remedial measures and provide a brief explanation for the selection(s) below. A timeline of the milestones necessary to complete the selected remedial measure(s) must be outlined in Section 3.

a. Maintain/Repair existing treatment	<input type="checkbox"/>
b. Install treatment / Modify current treatment	<input type="checkbox"/>
c. Permanently remove the contaminated source from service	<input type="checkbox"/>
d. Use an alternate source(s) of water supply	<input type="checkbox"/>

Explanation:

3. Milestones:

Describe what actions will be or have been taken. A timeline of milestones to complete the proposed remedial measure(s) must be outlined. If a remedial measure(s) is completed, describe what action was taken and provide supporting documentation. Where applicable, milestones should include: invoices, estimates, receipts, submittal of permit application, consultation with manufacturer, construction and installation of treatment and sampling. The milestone timeframes need to take into consideration that a system is required to bring the water into compliance within one year of the violation (i.e. including sample collection of sufficient compliance data).

Milestone 1:	Description:
	Proposed Completion/Completed Date:
Milestone 2:	Description:
	Proposed Completion/Completed Date:
Milestone 3:	Description:
	Proposed Completion/Completed Date:
Milestone 4:	Description:
	Proposed Completion/Completed Date:

4. Certification

This remedial measures report form must be completed, reviewed, and signed by the owner/executive director and if applicable the licensed operator of record.

PWSID#	PWS Name:
Completed by (print name):	
Original Signature:	Date:
Water System Owner/Executive Director (print name):	
Original Signature	Date:
Licensed Operator and License Number (print name):	
Original Signature	Date: