**FACILITY OUT OF SERVICE**

**WATER QUALITY PARAMETER BIWEEKLY MONITORING**

This form must be completed for each individual treatment plant or consecutive connection that is out of service for an entire biweekly monitoring period(s). Failure to complete and submit this form will result in a Water Quality Parameter Monitoring & Reporting Violation. Submit this form to the Bureau of Safe Drinking Water via email at[**watersupply@dep.nj.gov**](mailto:watersupply@dep.nj.gov); ***the subject heading of the email must contain “WQP-Facility Off Line Form – PWSID NJ#######”.***

**This form must be completed in its entirety and received by the Bureau of Safe Drinking Water**

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| List each individual biweekly monitoring period where the treatment plant was out of use for the entire biweekly monitoring period (biweekly monitoring period start & end dates are available by schedule start date at <http://www.nj.gov/dep/watersupply/dwc-lead-wqpm.html>)  All dates must be entered as mm / dd / yyyy. | | | | |
| If offline for the entire 6-month period check here: | | | | |
| Monitoring Period Begin Date | **Monitoring Period End Date** |  | **Monitoring Period Begin Date** | **Monitoring Period End Date** |
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**within 10 days of THE END OF THE MONITIORING PERIOD.**

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| **PWSID:** | **System Name:** |
| **Treatment Plant Facility ID/Name:** |  |
| **Monitoring Schedule Begin Date:** | **\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_** (Must be in format mm/dd/yyyy) |
| Compliance Period *(check one)*: | Jan through June July through December |
| Compliance Period YEAR: |  |

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| **I certify that I am the person authorized (*Licensed Operator or Water System Owner*) to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.** | |
| Completed by: *(please print name and title)* | |
| Signature: | Date: |