

08/2024



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Division of Water Supply and Geoscience

Bureau of Safe Drinking Water

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**Point of Entry Sample Reduction Request Form**

Submit to watersupply@dep.nj.gov and reference your PWSID, the form number, and analyte or analyte group in the subject line.

PWSID #:	Facility ID:	Population:
Analyte and/or Analyte Group*: *Only one analyte or analyte group per form.		
The water system does not have treatment. <input type="checkbox"/>		
Treatment Unit/Process	Objective	
See attached for additional treatment processes and objectives. <input type="checkbox"/>		

This form is only to be used for analytes collected at the “Point of Entry”.

☐ I hereby certify under penalty of law that the information contained herein is true, accurate and complete to the best of my knowledge and belief. I certify that compliance samples used to support this reduction request were collected per the federal and state Safe Drinking Water Acts and during normal operation.

Individual Completing Form Signature: _____ Date: _____

Printed Name: _____ Title: _____

Phone Number: _____ Email: _____

☐ I hereby certify under penalty of law that the information contained herein is true, accurate and complete to the best of my knowledge and belief. I certify that compliance samples used to support this reduction request were collected per the federal and state Safe Drinking Water Acts and during normal operation.

Water System Owner/Executive Director Signature: _____ Date: _____

Printed Name: _____ Title: _____

Phone Number: _____ Email: _____

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Licensed Operator of Record Signature: _____ Date: _____

Printed Name: _____ License Number: _____

Phone Number: _____ Email: _____

For State Use Only:

R/C Value: _____

Approved or Denied: _____ Initials: _____ Date: _____

Letter Issued (Date): _____