**GROUND WATER RULE TRIGGERED SAMPLING**

**WELL OUT OF SERVICE**

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

**WITHIN 10 DAYS OF THE TRIGGERING EVENT**

To remain in compliance with Federal Ground Water Rule (GWR) triggered source water monitoring and reporting requirements, this form must be completed for **all** permanent wells that were out of service for greater than seven days **prior** to a total coliform positive (TC+) distribution sample result. Monitoring & Reporting Violations will be incurred for failure to submit a completed form in a timely manner.

This form is only to be used for GWR triggered sampling. If you are reporting a well out of service for GWR Assessment Monitoring or other parameters, use the [Facility Out of Service Form](https://www.state.nj.us/dep/watersupply/doc/foosform.docx) (DEP\_10-S\_00013.3).

A form must be submitted separately for each well to [**watersupply@dep.nj.gov.**](mailto:watersupply@dep.nj.gov) ***The subject heading of the email must contain “Well Offline Form – PWSID NJ#######”.***

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| --- | --- | --- |
| **PWSID:**  **(e.g., NJ1234567)** |  | **System Name:** |
| **Well ID:**  **(e.g., WL001234)** |  | **Well Name:** |
| **TC+ sample collection date:**  **Date TC+ sample reported:** | |  |
| **Compliance Period MONTH or QUARTER/YEAR:** | |  |
| **Offline Begin Date:** | |  |
| **Anticipated Return to Service Date:**  (Note – a new form is required after each TC+) | |  |
| **Reason the well was offline:** | | |
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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:** |  |