



**NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
 Division of Water Supply and Geoscience  
 Bureau of Safe Drinking Water  
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<b>Office Use Only</b>
Reviewed by:
Date:
Basis:

## 2024 CHECKLIST FOR REVIEW OF CONSUMER CONFIDENCE REPORTS (CCRs)

### 1. Water System Information

PWSID:		PWS Name:		
Type of Water Source(s): <input type="checkbox"/> Ground Water <input type="checkbox"/> Surface Water <input type="checkbox"/> Blend <input type="checkbox"/> Purchased Water (SW or GW?)				
a.	Did the CCR provide information on the source(s) of water (surface intakes, wells, general location)? This can be described in its own section or as part of the Source Water Assessment section (item 2 below).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
b.	If PWS is a consecutive system (purchases water), did the CCR include information about the wholesaler's water quality?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
c.	Did the CCR include a phone number to contact the system to ask additional questions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
d.	Did the CCR include information on public participation in decisions that affect drinking water quality (e.g. dates and times of regularly scheduled water board or city/county council meetings)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
e.	Systems with a large proportion of <i>non – English speaking residents</i> must include information in the appropriate language expressing the importance of the report or offering additional information in that language. Was this done?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

### 2. Information on Sources of Water, Including Source Water Assessment Reports

Source Water Assessments (SWA) were completed at the end of December 2004 for all community water systems. Water systems are required (40 C.F.R. 141.153(b)(2)) to notify their customers how they can obtain the information in these reports, and to provide a summary of the results for the system's source(s). Federal regulations also recommend the systems provide a summary of potential sources of contamination.

a.	Did the CCR include a statement indicating that the SWA was complete, including a website link for further information? For example: "The New Jersey Department of Environmental Protection (NJDEP) has completed and issued the Source Water Assessment Report and Summary for this public water system, which is available at <a href="http://www.nj.gov/dep/watersupply/swap/index.html">http://www.nj.gov/dep/watersupply/swap/index.html</a> , or by contacting the NJDEP, Bureau of Safe Drinking Water at 609-292-5550 or <a href="mailto:watersupply@dep.nj.gov">watersupply@dep.nj.gov</a> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
b.	Was a summary provided indicating the High, Medium, and Low susceptibility ratings for the sources to each contaminant category or included in a table from the SWA summary document? This document is available from the website at <a href="http://www.nj.gov/dep/watersupply/swap/index.html">http://www.nj.gov/dep/watersupply/swap/index.html</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
c.	Did the system provide a summary of the potential sources of contamination (recommended)? If so, was the list of the potential contaminant sources utilized in the report. This can be obtained from Appendix A – Attachment 1 of the SWA Report available online at <a href="mailto:watersupply@dep.nj.gov">watersupply@dep.nj.gov</a> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

### 3. Definitions

a.	Every CCR must include the following definitions of Maximum Contaminant Level (MCL) and Maximum Contaminant Level Goal (MCLG), regardless of whether any contaminants were detected. Were these definitions included in their entirety as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	<p><i><u>Maximum Contaminant Level (MCL):</u> The highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible using the best available treatment technology.</i></p> <p><i><u>Maximum Contaminant Level Goal (MCLG):</u> The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
b.	If a system had a <u>detected</u> contaminant that is regulated by an Action Level (AL) or Treatment Technique (TT), the CCR must include the following definitions, in their entirety, for AL and TT even if the AL or TT was not exceeded: Were the required definitions included in the CCR?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	<p><i><u>Treatment Technique:</u> A required process intended to reduce the level of a contaminant in drinking water.</i></p> <p><i><u>Action Level:</u> The concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow.</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
c.	If a system <u>detected</u> a contaminant that is regulated by a Maximum Residual Disinfectant Level (MRDL), did the CCR include the following definitions, in their entirety?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	<p><i><u>Maximum Residual Disinfectant Level (MRDL):</u> The highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for control of microbial contaminants.</i></p> <p><i><u>Maximum Residual Disinfectant Level Goal (MRDLG):</u> The level of a drinking water disinfectant below which there is no known or expected risk to health. MRDLGs do not reflect the benefits of the use of disinfectants to control microbial contamination.</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

### 4. Educational Information

a.	Did the CCR prominently display the following statement in its <u>entirety</u> , as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	<i>Drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the EPA's Safe Drinking Water Hotline (1-800-426-4791).</i>			
b.	Did the CCR prominently display the following statement in its <u>entirety</u> , in <b>bold</b> print within the header of any Table displaying levels of detected contaminants? If the CCR does not contain any Tables of detection, the statement shall be placed at the beginning of CCR.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	<i>Some people may be more vulnerable to contaminants in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. EPA/CDC guidelines on appropriate means to lessen the risk of infection by Cryptosporidium and other microbial contaminants are available from the Safe Drinking Water Hotline (1-800-426-4791).</i>			

<p>c. The CCR must contain basic information about drinking water contaminants. EPA offers the following language for inclusion or allows the water system to write comparable language that better fits the specific local situation.</p> <p><i>The sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and, in some cases, radioactive material, and can pick up substances resulting from the presence of animals or from human activity.</i></p> <p><i>Contaminants that may be present in source water include:</i></p> <ul style="list-style-type: none"> <li>• <i>Microbial contaminants, such as viruses and bacteria, which may come from sewage treatment plants, septic systems, agricultural livestock operations, and wildlife.</i></li> <li>• <i>Inorganic contaminants, such as salts and metals, which can be naturally-occurring or result from urban stormwater runoff, industrial or domestic wastewater discharges, oil and gas production, mining, or farming.</i></li> <li>• <i>Pesticides and herbicides, which may come from a variety of sources such as agriculture, urban stormwater runoff, and residential uses.</i></li> <li>• <i>Organic chemical contaminants, including synthetic and volatile organic chemicals, which are byproducts of industrial processes and petroleum production, and can also come from gas stations, urban stormwater runoff, and septic systems.</i></li> <li>• <i>Radioactive contaminants, which can be naturally occurring or be the result of oil and gas production and mining activities.</i></li> </ul> <p><i>In order to ensure that tap water is safe to drink, EPA prescribes regulations which limit the amount of certain contaminants in water provided by public water systems. Food and Drug Administration regulations establish limits for contaminants in bottled water which must provide the same protection for public health</i></p> <p>Did the CCR contain information similar to the above to meet this requirement?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
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## 5. Table of Detected Contaminants - General Issues

The centerpiece of the CCR should be the required table that shows the highest level of certain detected contaminants and the range of levels of that contaminant found during the year (if any), if compliance is based on an average of several samples. It is important to note that this information must be in table form, not in paragraph form, and that this table (hereafter referred to as the "Table of Detected Contaminants" must contain only data about detected regulated contaminants (which are contaminants subject to an MCL, MRDL, treatment technique (TT) or action level (AL)) and detected unregulated contaminants for which EPA or New Jersey requires monitoring pursuant to 40 CFR 141.40. Any other detected contaminants for which the system voluntarily monitored, non-regulated or secondary contaminants must be presented outside of the main Table of Detected Contaminants. If a regulated contaminant is detected, the likely or typical source of that contaminant must be included in the Table of Detected Contaminants. EPA strongly recommends that you do not include contaminants which are not detected in the CCR.

a.	Were any regulated or unregulated contaminants detected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
b.	Was the data for detected regulated and unregulated contaminants displayed in a Table or several adjacent Tables?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
c.	For those detected contaminants with an MCL/MCLG, did the Table include the <b>correct</b> MCL, and was the MCL expressed as a number greater to or equal to one? If no, state problem:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
d.	Was the MCLG expressed in the same units as the MCL?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
e.	For those detected contaminants regulated by a TT were these letters put in place of the MCL in the Table of Detected Contaminants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

f.	For those detected contaminants regulated by an AL, were these included in the Table of Detected Contaminants? If no, state problem:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
g.	For those detected contaminants with an MRDL/MRDLG, did the Table of Detected Contaminants include the correct MRDL/MRLDG? If no, state problem:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
h.	For those detected contaminants, did the Table include the likely sources (system can write their own likely sources to the best of the operator's knowledge or use Appendix A under 40 CFR 141, Subpart O, App. A)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
i.	Did the system include data older than 2021? If so, did the Table include the date, results of the most recent sampling, and a brief statement indicating the data listed is from the most recent sampling done in accordance with the regulation? (Note: data older than 5 yrs. need not be included).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

## 6. Lead and Copper Rule Requirements

a.	Was lead and/ or copper detected? If yes, state which.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
b.	If lead and /or copper were detected, were the 90 <sup>th</sup> percentile values from the most recent sampling reported in the Table? (NOTE: if sampling semiannually, results for <u>both events that year</u> should be included)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
c.	For lead and/or copper, was the number of sites that exceeded the action level reported?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
d.	Did the CCR include the following recommended statement indicating how customers can get their water tested for lead? <i>Call us at [insert phone #] to find out how to get your water tested for lead. Testing is essential because you cannot see, taste, or smell lead in drinking water.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
e.	All Community Water Systems that are required to complete a CCR must include the following lead informational statement regardless of there being detections or not (system may write its own educational statement, <u>but only in consultation with NJDEP</u> ):  <i>"If present, elevated levels of lead can cause serious health problems, especially for pregnant women and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. [NAME OF UTILITY] is responsible for providing high quality drinking water, but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. If you are concerned about lead in your water, you may wish to have your water tested. Information on lead in drinking water is available from the Safe Drinking Water Hotline or at <a href="http://www.epa.gov/safewater/lead">http://www.epa.gov/safewater/lead</a>."</i>  NOTE: Systems have the option to include the following NJDEP-approved statement immediately following the flushing language above, if applicable: <i>"However, for those served by a lead service line, flushing times may vary based on the length of the service line and plumbing configuration in your home. If your home is set back further from the street a longer flushing time may be needed. To conserve water, other household water usage activities such as showering, washing clothes, and running the dishwasher are effective methods of flushing out water from a service line. [You may need to revise these instructions based on your system's current conditions.] To determine if you have a lead service line, contact us at [PHONE NUMBER]."</i>  Was a lead informational statement included correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
f.	If lead was detected, was the following required statement included (recommended to be displayed prominently on first page)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

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	<i>Landlords must distribute this information to every tenant as soon as practicable, but no later than three business days after receipt. Delivery must be done by hand, mail, or email, and by posting the information in a prominent location at the entrance of each rental premises, pursuant to section 3 of P.L. 2021, c. 82 (C.58:12A-12.4 et seq.).</i>			
g.	If the system incurred a violation for failure to meet the requirements for lead and copper control (i.e. failure to meet corrosion control treatment, source water treatment, or lead service line replacement) did they include the standard health effects language for lead or copper?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

## 7. Detected *E. coli* Bacteria

a.	Did the system detect <i>E. coli</i> bacteria?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
b.	If yes, were the total number of positive <i>E. coli</i> samples reported in the Table, as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
c.	If yes, did the system include the number of Level 1 and Level 2 Assessments required <u>and</u> completed and the number of corrective actions required and completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
d.	If yes, did the system incur a Treatment Technique (TT) violation for failure to complete all the required assessments and/or failure to correct identified sanitary defects?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
e.	If the system incurred a TT violation as described above, did the system report it in the CCR?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
f.	If <i>E. coli</i> was detected, was the typical or likely source included as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

## 8. Detected Volatile Organic Compounds (VOCs)

a.	Were regulated VOCs detected? If yes, state which.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
b.	If VOCs were detected, and compliance is determined annually or less frequently, was the <u>highest detected level</u> and the <u>range (if applicable)</u> reported in the Table? If no, explain the issue/error.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
c.	If VOCs were detected, and compliance is determined by a running annual average was the <u>highest average</u> and the <u>range</u> reported in the Table? (Note that the range would be reported only if more than one sample was taken). If no, explain the issue/error.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
d.	If VOCs were detected, was the typical or likely source of each VOC stated in the Table?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

## 9. Detected Perfluorooctanoic Acid (PFOA), Perfluorooctane Sulfonate (PFOS) and Perfluorononanoic Acid (PFNA)

a.	Was PFOA, PFOS and/or PFNA detected? If yes, state which.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
b.	If PFOA, PFOS and/or PFNA was detected, and compliance is determined annually or less frequently, was the <u>highest detected level</u> and the <u>range (if applicable)</u> reported in the Table? If no, explain the issue/error.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

c.	If PFOA, PFOS and /or PFNA was detected, and compliance is determined by a running annual average, was the <u>highest average</u> and the <u>range</u> reported in the Table? (Note that the range would be reported only if more than one sample was taken). If no, explain the issue/error.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
d.	If PFOA, PFOS and/or PFNA was detected, was the typical or likely source per NJAC 7:10-5.2(b)4 stated in the Table?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

### 10. Detected 1,2,3-Trichloropropane (123TCP), Ethylene Dibromide (EDB) and 1,2-dibromo-3-chloropropane (DBCP)

a.	Was 123TCP, EDB and/or DBCP detected? If yes, state which.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
b.	If 123TCP, EDB and/or DBCP was detected, and compliance is determined annually or less frequently, was the <u>highest detected level</u> and the <u>range (if applicable)</u> reported in the Table?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
c.	If 123TCP, EDB and/or DBCP was detected, and compliance is determined by a running annual average was the <u>highest average</u> and the <u>range</u> reported in the Table? (Note that the range would be reported only if more than one sample was taken).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
d.	If 123TCP, EDB and/or DBCP was detected, was the typical or likely source stated in the Table?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

### 11. Detected Synthetic Organic Compounds (SOCs) excluding 123TCP, EDB and DBCP

a.	Is the system required to sample for SOCs (other than 123TCP, EDB, DBCP)? If no, see Section 24 of this Checklist regarding monitoring waivers.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
b.	If yes, were any regulated SOCs detected? If yes, state which.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
c.	If SOCs were detected, and compliance is determined annually or less frequently, was the <u>highest detected level</u> at any sampling point and the <u>range (if applicable)</u> included in the Table? If no, explain the issue/error.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
d.	If SOCs were detected, and compliance is determined by a running annual average from all sampling points, was the <u>highest average</u> and <u>range</u> of detections reported in the Table? If no, explain the issue/error.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
e.	Was the typical or likely source of each detected SOC included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

### 12. Asbestos

a.	Is the system required to sample for asbestos? If no, see Section 24 of this Checklist regarding monitoring waivers.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
b.	If yes, was asbestos detected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
c.	If asbestos was detected, and compliance is determined annually or less frequently, was the highest detected level at any sampling point <u>and</u> the range of detected levels reported?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
d.	If asbestos was detected, and compliance is determined by a running annual average of all the samples taken from a sampling point, was the highest average <u>and</u> the range of detections reported?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

e.	If asbestos was detected, was the typical or likely source included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
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### 13. Nitrate

a.	Was nitrate detected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
b.	If nitrate was detected, and compliance is determined annually or less frequently, was the highest detected level at any sampling point <u>and</u> the range of detected levels reported?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
c.	If nitrate was detected, and compliance is determined by a running annual average of all the samples taken from a sampling point, was the highest average <u>and</u> the range of detections reported?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
d.	If the water contained nitrate <b>above 5 ppm (50% of the MCL) but below 10 ppm (the MCL)</b> , the following special education statement must be included in the CCR (system may write own educational statement, but only in consultation with NJDEP): <i>Nitrate – Nitrate in Drinking water at levels above 10 ppm is a health risk for infants of less than six months of age. High nitrate levels in drinking water can cause blue baby syndrome. Nitrate levels may rise quickly for short periods of time because of rainfall or agricultural activity. If you are caring for an infant, you should ask for advice from your health care provider.</i> Was this done correctly? If no, explain issue/error.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
e.	If nitrate was detected, was the typical or likely source included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

### 14. Detected Inorganic Contaminants (IOCs) excluding Copper, Lead, Asbestos and Nitrate

a.	Were any regulated IOCs detected? If yes, state which.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
b.	If IOCs were detected, and compliance is determined annually or less frequently, was the <u>highest detected level</u> at any sampling point and the <u>range (if applicable)</u> included in the Table? If no, explain issue/error.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
c.	If IOCs were detected, and compliance is determined by a running annual average from all sampling points, was the <u>highest average</u> and <u>range</u> of detections reported in the Table? If no, explain issue/error.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
d.	If the water contained arsenic greater than 5 ppb or less than or equal to 10 ppb, the following special Informational Statement is required to be included in the CCR (system may write own educational statement, but only in consultation with NJDEP): <i><b>Arsenic</b> – While your drinking water meets EPA’s standard for arsenic, it does contain low levels of arsenic. EPA’s standard balances the current understanding of arsenic’s possible health effects against the cost of removing arsenic from drinking water. EPA continues to research the health effects of low levels of arsenic, which is a mineral known to cause cancer in humans at high concentrations and is linked to other health effects such as skin damage and circulatory problems (40 CFR 141.154(b)(1)).</i> Was this done correctly? If no, explain issue/error.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
e.	If the test results indicated arsenic greater than 10 ppb or less than or equal to 50 ppb, the following health effect statement must be included in the CCR: <i>Some people who drink water containing arsenic in excess of the MCL over many years could experience skin damage or problems with their circulatory system, and may have an increased risk of getting cancer (40 CFR 141.154(f) and 141.153(d)(6)).</i> Was this done correctly? If no, explain issue/error.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

f.	Was the typical or likely source of each IOCs included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
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### 15. Detected Total Trihalomethanes (TTHMs) and Haloacetic Acids (HAA5)

a.	Is the system required to sample TTHMs and HAA5?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
b.	If yes, were TTHMs and/or HAA5 detected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
c.	Was the highest locational running annual average (LRAA) and range of individual sample results for all monitoring locations reported?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
d.	If more than one location exceeds TTHM or HAA5 MCL, did the system include the LRAA for all locations that exceeded the MCL?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
e.	If system detected TTHM above 80 ug/L, but below LRAA MCL, was health effects language included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
f.	Was the typical or likely source stated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

### 16. Other Detected Disinfection By-Products including Chlorine and Chloramines

a.	Is the system required to sample for chlorine and/or chloramines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
b.	Was the highest annual <u>average</u> for chlorine or chloramines reported?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
c.	Was the <u>range</u> for chlorine or chloramines reported?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
d.	Was the typical or likely source for chlorine or chloramines stated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

### 17. Detected Radionuclides

a.	Did the system detect radionuclide contaminants? If yes, state which.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
b.	If yes, and if compliance is determined annually or less frequently, was the <u>highest detected level</u> and the <u>range (if applicable)</u> reported in the Table? If no, explain issue/error.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
c.	If yes, and if compliance is determined by a running annual average was the <u>highest average</u> and the <u>range</u> reported in the Table? (Note that the range would be reported only if more than one sample was taken). If no, explain issue/error.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
d.	Was the typical or likely source included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

### 18. Other Monitoring by Surface Water Systems

a.	Is the system required to monitor for turbidity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
b.	If yes, was the appropriate turbidity information for the relevant filtration technology reported as either: The highest average monthly value (141.13 to comply with the MCL);	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA



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	The highest monthly value (141.71 for systems with filtration avoidance); or The highest single measurement <u>and</u> the lowest monthly percentage of samples (141.73, 141.173, 141.551 systems with filtration (i.e. conventional, direct), LT1 and LT2)			
c.	If yes, was an explanation of the reason for measuring turbidity provided as required? EPA provides the following as sample language: <i>Turbidity is a measure of the cloudiness of the water. We monitor it because it is a good indicator of water quality. High turbidity can hinder the effectiveness of disinfectants.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
d.	Was the typical or likely source for turbidity stated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
f.	Is the system required to monitor for <i>Cryptosporidium</i> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
g.	If yes, was <i>Cryptosporidium</i> present in the source water or finished water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
h.	If yes, was a summary of the results and an explanation of the significance of the results included in the CCR?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

## 19. Unregulated Contaminant Monitoring Rule 5 (UCMR5)

a.	Was the system subject to UCMR5 monitoring in this CCR year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
b.	If yes /system monitored for UCMR5 during this CCR year, were any unregulated contaminants detected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
c.	If there were detections, was the average level of each contaminant and the range of the results reported? If no, state the error/issue.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

## 20. Other Contaminants and Additional Monitoring

The system may elect to report the detection of secondary contaminants and the detection from any voluntary sampling that is performed by the system. Note that if the following secondary contaminants (iron, manganese, or sodium) exceed the Recommended Upper Limit (RUL) as per the New Jersey Safe Drinking Water Act regulations at N.J.A.C. 7:10 et seq, the system must include specific language. This information must be presented separately from the Table of Regulated Contaminants.

a.	Did the system <u>elect</u> to provide information about other contaminants for which the system voluntarily monitored, secondary contaminants or non-regulated contaminants that <u>do not come under the UCMR</u> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
b.	If yes, was this information presented separately from the Table of Detected Contaminants? If no, state the issue/error:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
c.	Did the system exceed the RUL for Iron?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	If yes, did the system include the following statement in the CCR? <i>The recommended upper limit for iron is based on unpleasant taste of the water and staining of laundry. Iron is an essential nutrient, but some people who drink water with iron levels well above the recommended upper limit could develop deposits of iron in a number of organs of the body.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
d.	Did the system exceed the RUL for Manganese?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	If yes, did the system include the following statement in the CCR? <i>The recommended upper limit for manganese is based on staining of laundry. Manganese is an essential nutrient, and toxicity is not expected from high levels which would not be encountered in drinking water.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

e.	Did the system exceed the RUL for Sodium?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	If yes, did the system include the following statement in the CCR? <i>For healthy individuals, the sodium intake from water is not important, because a much greater intake of sodium takes place from salt in the diet. However, sodium levels above the recommended upper limit may be a concern to individuals on a sodium restricted diet.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

## 21. Ground Water Rule (GWR)

Any ground water system that receives notice from the State of a significant deficiency or notice from a laboratory of a fecal indicator-positive ground water source sample must inform customers of any significant deficiency that is uncorrected at the time of the next report or of any fecal indicator-positive ground water source sample in the next report. The system must continue to inform the public annually until the State determines that a particular significant deficiency is corrected or the fecal contamination in the ground water source is addressed.

a.	Is the system subject to the GWR reporting requirements (i.e. uncorrected significant deficiency or fecal indicator positive in the source water)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
b.	Did the CCR include: the nature of the significant deficiency and the date the significant deficiency was identified by the State  <u>or</u> the source of the fecal contamination (if the source is known) and the dates of the fecal indicator-positive ground water source samples?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
c.	Was each significant deficiency and/or fecal contamination in the ground water source addressed and the date included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
d.	For each significant deficiency or fecal contamination in the ground water source that has not been addressed, was the State-approved plan and schedule for correction, including interim measures, progress to date, and any interim measures completed included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
e.	If there was a fecal indicator positive ground water source sample, were the potential health effects included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

## 22. Violation of an MCL, MRDL or Treatment Technique (TT)

a.	Was any contaminant detected in violation of an MCL, MRDL or TT? (NOTE: <u>Failure to remediate/comply with MCL within one year is a TT violation and must be represented in CCR accordingly. Also note action level [AL] exceedances are strongly encouraged to be reported in the CCR similar to an MCL violation.</u> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
b.	If contamination was detected in violation of an MCL, MRDL or TT, was this fact clearly <u>highlighted in the Table</u> ? (For example, this indication could take the form of a different color type, a larger or bolder font, or a large star.) If no, explain issue/error.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
c.	Was an explanation of the <u>length of the violation/exceedance, the potential adverse health effects, and the actions taken by the system to address the violation/exceedance reported</u> ? If it was for E.coli, did the CCR include the condition that resulted in the violation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

### 23. Violation of Monitoring and/or Reporting Compliance Data

a.	Was there a monitoring or reporting violation? (NOTE: systems must report <u>all</u> monitoring and reporting violations in the CCR <u>even those that were returned to compliance</u> . Also note that reporting violations include non-submittal <u>as well as late submittal</u> of required information including sampling results and documents such as public notices, lead consumer notices/public education, lead service line inventory/replacement plans/lead replacement progress reports and CCR submittals.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
b.	Did the system include a clear explanation of the violation, and the steps the system has taken to correct the violation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
c.	If using the CCR to satisfy Tier 3 public notification, was standard language for the monitoring violation included in the CCR as required:  <i>We are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not your drinking water meets health standards. During [compliance period], we “did not monitor or test” or “did not complete all monitoring or testing” for [contaminant(s)], and therefore cannot be sure of the quality of your drinking water during that time.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
d.	If using the CCR to satisfy Tier 3 public notification, was standard language discussing distribution of the public notice to the persons served by the public water system included in the CCR as required, in its entirety, as follows:  <i>Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

### 24. Waivers for Asbestos & SOCs

The Safe Drinking Water Act regulations allow monitoring waivers to reduce or eliminate the monitoring requirements for asbestos and synthetic organic compounds (SOCs). If the system received a waiver, NJDEP recommends the system include a statement in the CCR indicating that a waiver for that contaminant or contaminant group was granted by the State based on a determination of unlikely vulnerability to such contaminants.

a.	NJDEP issued asbestos waivers to many community water systems in the 9-year cycle (2020-2028). Did this water system receive a waiver for asbestos?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	If yes, was a statement indicating the asbestos waiver status included in CCR?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
b.	NJDEP issues SOC waivers to eligible systems for each 3-year compliance period. SOC waivers for the current compliance period (2023-2025) were not yet issued prior to 2024 CCR reporting. <i>If applicable</i> , the system may wish to include a statement indicating that the system was granted an SOC waiver for the previous compliance period, has applied for and expects to receive a waiver for the current compliance period upon NDEP determination.			
	Was a statement regarding SOC waiver status included in the CCR?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA