



Department of Environmental Protection – Division of Water Supply & Geoscience

Do Not Mail. Form MUST be submitted via Portal. Directions coming soon.

Annual Certification Form for Public Water Systems

Due December 31

Name of Public Water System: Borough of Clementon

PWSID#: 0411001 **Licensed Operator(s) of Record: W#** 0015526 L. Schneider

T# 0007884 L. Schneider

In accordance with the Water Quality Accountability Act (P.L. 2017, c.133 (C.58:31-6)), annual certification with compliance of certain State and federal requirements is required by the following individual* from public water systems with >500 service connections:

- The Responsible Corporate Officer (for investor-owned systems),
- The Executive Director (for MUA's), or
- The Mayor or Chief Executive Officer (for municipally owned systems).

*Signing authority MAY NOT be delegated. For systems which do not have an organizational structure which provides the referenced title, the Department must first be contacted to confirm that the individual with the equivalent role may certify this form.

For each "Requirement" listed below, check "Yes" to certify that, as of October 1st, the PWS is in compliance with that "Requirement" or "No" to certify that the PWS is not in compliance with that "Requirement". For each "Requirement" in which the PWS is not in compliance, explain the nature of the non-compliance and what efforts the PWS is making to return to compliance. Additional pages may be added if needed for explanations.

Yes	No	Requirement
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Compliance with Federal Safe Drinking Water Regulations (Title 40, Code of Federal Regulations (40 CFR))</p> <p><i>If no, explain the nature of the non-compliance and what efforts your water system is making, as well as a timeline, for an estimated return to compliance.</i> _____</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Compliance with New Jersey Safe Drinking Water Regulations (N.J.A.C. 7:10)</p> <p><i>If no, explain the nature of the non-compliance and what efforts your water system is making, as well as a timeline, for an estimated return to compliance.</i> _____</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Compliance with Licensing of Water Supply and Wastewater Operators (N.J.S.A. 58:11-64 to 58:11-73 and N.J.A.C. 7:10A)</p> <p><i>If no, explain the nature of the non-compliance and what efforts your water system is making, as well as a timeline, for an estimated return to compliance.</i> _____</p>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Compliance with Water Supply Allocation Permits (N.J.A.C. 7:19-6 and 7)</p> <p><i>If no, explain the nature of the non-compliance and what efforts your water system is making, as well as a timeline, for an estimated return to compliance.</i> _____</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Compliance with Water Quality Accountability Act (N.J.S.A. 58:31-1 et seq.)</p> <p><u>Section 3: Inspections, testing by water purveyor. (Valves and Hydrants)</u> <i>Has every fire hydrant in the system been tested in the past year?</i></p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Have all the system-owned hydrants been labeled and GPS'd?</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>Are all valves ≥12" being inspected every two years?</i> N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Are all valves <12" being inspected every four years?</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Have all of the valves been GPS'd?</i>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p><u>Section 4: Development of cybersecurity system; exemptions</u> <i>Do you have an internet-connected control system?</i></p>
<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, have you submitted your cybersecurity plan to NJCCIC?</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><u>Section 5: Violations; mitigation.</u> <i>Note: Unless you have otherwise been notified by the Department, this box should be checked "Yes".</i></p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><u>Section 7: Asset Management plan; report.</u> <i>Does your water system have an asset management plan?</i></p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><i>Is your system's asset management plan being implemented?</i></p> <p><i>If no, explain the nature of the non-compliance and what efforts your water system is making, as well as a timeline, for an estimated return to compliance.</i> _____</p>

I, Thomas Weaver am the individual required by the WQAA to certify that my system is in compliance in the period of time from October 1st 2020 to September 30th 12/31/21.
 (Last year) (Current year)

I have discussed the above materials with the Licensed Operator of record for my system. I certify under penalty of law that the information provided in this document is true, accurate, and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate, or incomplete information, including fines and or imprisonment.

 Mayor
 Title
 Thomas Weaver

12-14-21
 Date

Printed Name

 Signature
