

JOINT MEETING OF ESSEX & UNION COUNTIES
500 SOUTH FIRST STREET, ELIZABETH, NJ

RESPONSE TO NOTICE OF VIOLATION

Permit No. _____ Response No. _____ Certified Mail No. _____

Permittee: Name _____
Address _____

Facility: Name _____
Address _____

Phone _____

Date of Violation: _____

Violation Description: _____

Explanation of the nature of the violation: _____

Measures taken to remedy the cause and prevent a recurrence of the violation:

Resampling Information:

Sample Date: _____ Sample Time: _____ Sample Result: _____

Supporting sampling and laboratory documentation shall be submitted with this response. Also remember to include sample results in the monitoring report for the month during which the samples were taken.

I understand that civil penalties may be assessed under federal, state, or local law.

PRINCIPLE EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed): _____

Title (Printed): _____

Signature: _____

Date: _____