BUREAU OF SAFE DRINKING WATER

WAIVER APPLICATION OR RENEWAL

FORM “B”

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| PWS NAME |  |
| PWS ID # |  |
| PWS SOURCE ID# |  |
|  |
| * VOC
 | * SOC
 | * IOC II
 | * IOC V
 | * DIOXIN
 | * ASBESTOS
 |

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| **Have there been any major changes to your water distribution system?****(If yes, please elaborate in the space provided below.)** | * **YES**
* **NO**
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| **Has there been any new construction, development, or zoning changes within a 3000 foot radius of your well in the past 3 years? (If yes, please elaborate in the space provided below.)** | * **YES**
* **NO**
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| **Have there been any activities or occurrences (chemical spills, floods, improper storage of chemicals, etc.) in the past 3 years that may have potentially increased the possibility of contamination to the aquifer supplying your source water within a 3000 foot radius?** **(If yes, please elaborate in the space provided below.)** | * **YES**
* **NO**
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I hereby affirm the above information I have provided is true and accurate to the best of my knowledge.

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|  |  |  |
| **Signature Title** |  | **Date** |