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** |