BUREAU OF SAFE DRINKING WATER

WAIVER APPLICATION OR RENEWAL
FORM "B"

PWS NAME	
PWS ID #	
PWS SOURCE ID#	

❑ VOC	❑ SOC	❑ IOC II	❑ IOC V	❑ DIOXIN	❑ ASBESTOS

Have there been any major changes to your water distribution system? (If yes, please elaborate in the space provided below.)	❑ **YES** ❑ **NO**

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**

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**

I hereby affirm the above information I have provided is true and accurate to the best of my knowledge.

Signature **Title** **Date**