BUREAU OF SAFE DRINKING WATER

WAIVER APPLICATION OR RENEWAL

FORM “B”

|  |  |
| --- | --- |
| PWS NAME |  |
| PWS ID # |  |
| PWS SOURCE ID\* |  |
| \*Complete a form for each source |
| * IOC II
 | * IOC V
 | * CYANIDE
 | * SOC II & 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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**For any questions contact Rheanna Morgan at: (775) 687–9448 or rmorgan@ndep.nv.gov**

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

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Print Name**  |  | **Title** |  |  |
|  |  |  |  |  |
| **Signature** |  |  |  | **Date** |