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 | |

|  |  |
| --- | --- |
| **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.

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