



NEVADA DIVISION OF
**ENVIRONMENTAL
PROTECTION**

**BUREAU OF SAFE DRINKING WATER
WAIVER APPLICATION OR RENEWAL
FORM "B"**

PWS NAME	
PWS ID #	
PWS SOURCE ID*	

*Complete a form for each source

<input type="checkbox"/> IOC II	<input type="checkbox"/> IOC V	<input type="checkbox"/> CYANIDE	<input type="checkbox"/> SOC II & V	<input type="checkbox"/> DIOXIN	<input type="checkbox"/> 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.)	<input type="checkbox"/> YES <input type="checkbox"/> 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.)	<input type="checkbox"/> YES <input type="checkbox"/> 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.)	<input type="checkbox"/> YES <input type="checkbox"/> NO

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