Please Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Public Water System: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name PWS ID

Public Water System Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Fill for Waivers Only) Name PWS Source ID

Applying for New Waiver Applying to Renew Waiver

Submit a separate form for each source Submit a separate form for each source

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * IOC II | * IOC V | * Cyanide | * SOC II & V | * Dioxin | * Asbestos |

|  |  |
| --- | --- |
| **Have there been any major changes to your water system source?**  **(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** |
|  | |
|  | |
|  | |

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

|  |  |
| --- | --- |
| **Has the water system had any violations that are unresolved?**  **(If yes, please elaborate in the space provided below.)** | * **YES** * **NO** |
|  | |
|  | |
|  | |

For questions, please contact **Rheanna Morgan at 775-687-9519 or** [rmorgan@ndep.nv.gov](mailto:rmorgan@ndep.nv.gov)

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT DATE