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

For questions, please contact **Rheanna Morgan at 775-687-9519 or** 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