

# Application for Monitoring Waivers

**Compliance Period: 2020-2022 (SOC Waivers)**  
**Compliance Cycle: 2020-2028 (Cyanide Waiver)**

To apply for monitoring waivers, the waterworks owner must complete all the information requested on this form for each entry point. **Use a separate form for each entry point.** Providing false information will result in a denial of waivers. This application is for the following waivers:

Name of Waterworks	PWSID #
Printed Name of Applicant	Title
Street Address of Waterworks	(Area Code) Telephone Number
City or Town; State; Zip Code	County/City
<b>WATERWORKS CLASSIFICATION (check one):</b> <input type="checkbox"/> Community <input type="checkbox"/> Non-transient Non-community	<b>TYPE OF SOURCE (check one):</b> <input type="checkbox"/> Groundwater (including springs) <input type="checkbox"/> Surface water (including GUDIs)
<b>ENTRY POINT:</b>	
SOURCE NAME*:	

\* List additional sources that are associated with this entry point. Note: The Source Name and Entry Point designation **must agree** with those previously established by the ODW field office.

<b>Monitoring Waivers Requested [Check all that apply]</b>	
<input type="checkbox"/> SOC – Volatile Fumigants	<input type="checkbox"/> SOC – Semi-Volatiles
<input type="checkbox"/> SOC – Carbamates	<input type="checkbox"/> SOC – Diquat
<input type="checkbox"/> SOC – Chlorinated Acid herbicides	<input type="checkbox"/> Cyanide*

*\*Cyanide waivers will be considered based on a vulnerability assessment and prior results of the waterworks.*

Please mark what best describes the <b>soil in the assessment area</b> [1,000-foot radius (Zone 1) for Groundwater Source or 5-mile radius upstream of a Surface Water Source intake]:
<input type="checkbox"/> Sandy soil underlain by unconsolidated formations <input type="checkbox"/> Topsoil rich in humus <input type="checkbox"/> Topsoil with heavy clay <input type="checkbox"/> Other soils (please describe):

Attachment A.2. Application for Monitoring Waivers

<b>Observed Land Use/Activity - Check [√] all that apply</b>	
<input type="checkbox"/> Residential	<input type="checkbox"/> Undeveloped
<input type="checkbox"/> Livestock	<input type="checkbox"/> Abandoned Wells
<input type="checkbox"/> Crop Land	<input type="checkbox"/> Agricultural Chemical Storage
<input type="checkbox"/> Industrial	<input type="checkbox"/> Caves/Sinkholes
<input type="checkbox"/> Pesticide/Herbicide Manufacturer	<input type="checkbox"/> Electroplating/Metal Finishing/Steel Processing
<input type="checkbox"/> Petroleum Storage Tank Farm	<input type="checkbox"/> Furniture/Boat Refinish
<input type="checkbox"/> Wood Preservative Manufacturer	<input type="checkbox"/> Golf Course/Nursery
<input type="checkbox"/> Hazardous Waste Recovery Facility	<input type="checkbox"/> Industrial Waste Site
<input type="checkbox"/> Airport	<input type="checkbox"/> Laboratories
<input type="checkbox"/> Landfill	<input type="checkbox"/> Machine Shop
<input type="checkbox"/> Gasoline Station/Service Centers	<input type="checkbox"/> Mining Waste Sites
<input type="checkbox"/> Plastics Manufacturer	<input type="checkbox"/> Oil & Gas Production
<input type="checkbox"/> Coal Gasification Facility	<input type="checkbox"/> Photo Processor
<input type="checkbox"/> Dry Cleaning Establishment	<input type="checkbox"/> Underground Injection Wells
<input type="checkbox"/> Hazardous Material Transfer, Storage, or Disposal	<input type="checkbox"/> Underground Storage Tanks
<input type="checkbox"/> Synthetic Fabrics	<input type="checkbox"/> Fertilizer Industry/Manufacture
<input type="checkbox"/> Superfund Site	<input type="checkbox"/> Other (describe)
<input type="checkbox"/> Pipeline/Power line Right of Way	
<b>Observed Use or Storage of these Chemicals - Check [√] all that apply</b>	
<input type="checkbox"/> Alachlor	<input type="checkbox"/> Hexachlorobenzene
<input type="checkbox"/> Aldrin	<input type="checkbox"/> Hexachlorocyclopentadiene
<input type="checkbox"/> Atrazine	<input type="checkbox"/> Lindane
<input type="checkbox"/> Benzo(a)pyrene	<input type="checkbox"/> Methomyl
<input type="checkbox"/> Butachlor	<input type="checkbox"/> Methoxychlor
<input type="checkbox"/> Carbaryl	<input type="checkbox"/> Metolachlor
<input type="checkbox"/> Carbofuran	<input type="checkbox"/> Metribuzin
<input type="checkbox"/> Chlordane	<input type="checkbox"/> Oxamyl (Vydate)
<input type="checkbox"/> Dibromochloropropane	<input type="checkbox"/> Pentachlorophenol
<input type="checkbox"/> Dalapon	<input type="checkbox"/> Picloram
<input type="checkbox"/> Dicamba	<input type="checkbox"/> Polychlorinated biphenyls (PCBs)
<input type="checkbox"/> Dinoseb	<input type="checkbox"/> Propachlor
<input type="checkbox"/> Dieldrin	<input type="checkbox"/> Simazine
<input type="checkbox"/> Diquat	<input type="checkbox"/> Toxaphene
<input type="checkbox"/> Di(2-ethylhexyl)adipate	<input type="checkbox"/> 2,4-D
<input type="checkbox"/> Di(2-ethylhexyl)phthalate	<input type="checkbox"/> 2,4,5-TP
<input type="checkbox"/> Ethylene dibromide	<input type="checkbox"/> 3-Hydroxycarbofuran
<input type="checkbox"/> Endrin	<input type="checkbox"/> Cyanide
<input type="checkbox"/> Hepachlor	<input type="checkbox"/> Hepachlor epoxide
<b>Have changes to land use/activity taken place [Check all that apply]</b>	
Within a 1000-foot radius of the groundwater source (Zone 1)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Within a 1-mile radius of the groundwater source (Zone 2)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Within a 5-mile radius upstream of the surface water intake?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

<b>Responsible Party:</b>	
Signature	Title
<b>Date:</b>	

<b>For VDH Use Only</b>		
Evaluator's Name:	Evaluation Date:	
Any land use/activity changes in the source water assessment area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any other related risks or concerns from the Source Water Assessment reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sanitary Survey or other evaluations indicate a potential for SOC contamination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the waterworks utilize chlorination in the treatment process?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any modifications to current waiver status warranted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes" for any above, explain:		
Has nitrate ever exceeded the MCL?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes", what is the suspected source of nitrate?		
Has Diquat ever been detected in this source/entry point or in any neighboring sources?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have any samples from the source/entry point detected the following: <b>Benzene, ethylbenzene, toluene, xylene, or 1,2-dichloroethane</b> <i>(If "yes, circle the ones that were detected)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, have any samples for ethylene dibromide (EDB) been collected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
For existing sources after 1993 and for new sources, were three rounds of cyanide monitoring completed for the entry point with all results showing no detection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Waiver Recommendations</b>		
Place an "S" for Susceptibility or a "U" for Use depending on the type of waiver granted or denied in the appropriate column.		
<b>Contaminant / Group</b>	<b>Granted</b>	<b>Denied</b>
Volatile Fumigants		
Carbamates		
Chlorinated Acid Herbicides		
Semi-Volatiles		
Diquat		
Cyanide		
Comments: Years of three rounds of cyanide sampling: _____, _____, and _____.		