

# Drinking Water Monitoring Waiver Application

Rev. March 2011

Pursuant to the Idaho Rules for Public Drinking Water Systems, IDAPA 58.01.08.005.04 and 58.01.08.100.07, the Department of Environmental Quality (Department) provides monitoring waivers for certain chemical contaminants in accordance with incorporated regulations from the Code of Federal Regulations, 40 CFR 141. The Department encourages all public water systems applying for monitoring waivers to do so prior to or at the beginning of the monitoring period in which the waiver is being requested. In order to be considered for a monitoring waiver, the complete application must be submitted at least sixty (60) days prior to the end of the monitoring period (IDAPA 58.01.08.100.07). Filling out this form does not automatically grant a monitoring waiver.

*This form includes: I. Monitoring Waiver Request and II Monitoring Waiver Questionnaire*

|   |                        |   |                               |
|---|------------------------|---|-------------------------------|
| <b>PWS 7 Digit Number:</b><br><b>ID</b> | <b>PWS Name:</b>       | <b>Name of Person Filling out Application and Title:</b>  |                               |
| <b>Address:</b>                         | <b>City/State/ZIP:</b> | <b>System Population:</b><br><input type="checkbox"/> <500 <input type="checkbox"/> 501-3,300 <input type="checkbox"/> 3,301-10,000   | <b>Number of Connections:</b> |
| <b>County:</b>                          | <b>Phone Number:</b>   | <b>List type(s) of treatment utilized by your system (i.e. chlorination, filtration, etc.):</b><br><input type="checkbox"/> Central treatment <input type="checkbox"/> Point of Use |                               |

| <b>I. Monitoring Waiver Request</b>  | <b>NAME OF SOURCE 1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>6</b> |
|--|-------------------------|----------|----------|----------|----------|----------|
| Please write the name for each sampling point/source in the spaces provided to the right. →<br>Chemical compliance is based on entry point monitoring, which is representative of each source after treatment. Each waiver is considered separately by individual chemical and by source. If you have more than 6 sources, copy this form prior to filling it out. Indicate the type of waiver(s) you are requesting for each source by placing an “X” or a “√” in the appropriate column. |                         |          |          |          |          |          |
| <b>1. Inorganic chemicals (IOCs) excluding nitrate/nitrite, and sodium</b><br>Sources influenced by geothermal waters are not eligible for fluoride waivers (e.g. Garden Valley area).   |                         |          |          |          |          |          |
| <b>2. Asbestos</b> <i>Waivers are not allowed for sources near asbestos contamination/ deposits OR if the distribution system contains unlined asbestos- cement pipe.</i>  |                         |          |          |          |          |          |
| <b>3. Cyanide</b> <i>Waivers are granted unless the source is vulnerable to industrial sources of cyanide.</i>   |                         |          |          |          |          |          |
| <b>4. Volatile Organic Chemicals (VOCs) excluding disinfection byproducts</b> <b>Select Only a. Use OR b. Susceptibility. Do not select both.</b>  |                         |          |          |          |          |          |
| <b>a. VOC Use Waiver:</b> <i>No VOCs are being or have been used, manufactured, transported, stored or disposed of in the watershed for surface water or zone of influence for ground water.</i>   |                         |          |          |          |          |          |
| <b>b. VOC Susceptibility Waiver (most common):</b> <i>If a USE waiver is not applicable, the susceptibility waiver is based on an approved vulnerability assessment and prior analytical results.</i>  |                         |          |          |          |          |          |
| <b>5. Synthetic Organic Chemicals (SOCs)</b> <b>Select Only a. Use OR b. Susceptibility. Do not select both.</b>   |                         |          |          |          |          |          |
| <b>a. SOC Use Waiver:</b> <i>No SOCs are being or have been used, manufactured, transported, stored or disposed of in the watershed for surface water or zone of influence for ground water.</i>   |                         |          |          |          |          |          |
| <b>b. SOC Susceptibility Waiver (most common):</b> <i>If a USE waiver is not applicable, the susceptibility waiver is based on an approved vulnerability assessment and prior analytical results.</i>  |                         |          |          |          |          |          |
| <b>6. Dioxin</b> <i>Statewide waiver.</i>  |                         |          |          |          |          |          |

| <b>II. Monitoring Waiver Questionnaire</b><br><br><b>PWS Number: ID</b><br>Write the name for each sampling point/source in the spaces provided to the right. →<br>Chemical compliance is based on entry point monitoring, which is representative of each source after treatment.<br><br>Clearly indicate the appropriate response under the column representing the entry point/source. | 1<br>NAME OF SOURCE | 2 | 3 | 4 | 5 | 6 |
|---|---------------------|---|---|---|---|---|
| <b>1. Type of Source</b> ( <i>Check or "X" under the appropriate source</i> )   |                     |   |   |   |   |   |
| <b>a.</b> Ground Water (including springs)  |                     |   |   |   |   |   |
| <b>b.</b> Surface Water (including ground water sources under the influence of surface water)   |                     |   |   |   |   |   |
| <b>2. Land use and system characteristics</b> ( <i>Write in appropriate number under each source</i> )  |                     |   |   |   |   |   |
| <b>a.</b> Land use within 2-mile radius of source (list by number all that are 25% or more of total): 1. Residential<br>2. Agricultural—livestock 3. Agricultural—crop land 4. Industrial/Manufacturing 5. Undeveloped 6. Mining 7. Other (describe on separate paper and attach)   |                     |   |   |   |   |   |
| <b>b.</b> System has a state certified source water/drinking water protection plan. (Certified within past 3 years)<br>Yes or No (Answering "No" does not rule out a monitoring waiver.)  |                     |   |   |   |   |   |
| <b>c.</b> Does the system use any unlined asbestos-cement pipe or are there asbestos mineral deposits within 5 miles? (Visit <a href="http://www.idahogeology.org">http://www.idahogeology.org</a> and search the Mines & Prospects Database)   |                     |   |   |   |   |   |
| <b>d.</b> Is the source influenced by geothermal waters?  |                     |   |   |   |   |   |
| <b>e.</b> Have there been any changes to the system's configuration or pumping rates within the past year? If yes, please submit a description of the changes along with the application.   |                     |   |   |   |   |   |
| <b>3. Well characteristics</b> ( <i>Only fill out this portion if the source is a well</i> )  |                     |   |   |   |   |   |
| <b>a.</b> Please indicate the depth of the well in <b>feet</b> at the right (Depth to end of casing, 1 <sup>st</sup> screen or perforation in casing) Check well log or source water assessment. Leave blank or write "NA" if not known.  |                     |   |   |   |   |   |
| <b>b.</b> Approximate distance in <b>miles</b> to nearest active/inactive dump or landfill. NA if not known or >5 miles.  |                     |   |   |   |   |   |
| <b>c.</b> Approximate distance in <b>miles</b> to nearest tank farm or bulk petroleum transfer station. NA if > 10 miles  |                     |   |   |   |   |   |
| <b>d.</b> Are there any of the following industries within 1000 feet of the wellhead (write <b>Yes</b> or <b>No</b> ) If yes, please attach a description and an estimated location of the facility to the wellhead. Service stations, dry cleaners, small or large machinery repair shops, electronics repair shops, or other light/heavy industry.                                      |                     |   |   |   |   |   |
| <b>e.</b> Did the most recent sanitary survey indicate that the well meets minimum construction standards for flood protection? (write <b>Yes</b> or <b>No</b> or <b>UNK</b> for unknown)   |                     |   |   |   |   |   |
| <b>f.</b> Indicate by number the best description of the soil type around the well: 1. Topsoil rich in humus 2. Topsoil with heavy clay 3. Sand or silt 4. Fractured rock or gravel 5. Solid rock 6. Other 7. Unknown   |                     |   |   |   |   |   |
| <b>4. Surface water characteristics</b> ( <i>Only fill out this portion if the source is surface water</i> )  |                     |   |   |   |   |   |
| <b>a.</b> Has the watershed been inspected in the past year for signs of dumping? <b>Yes</b> or <b>No</b> . If dumpsites were found, please attach a brief description of the contents.   |                     |   |   |   |   |   |

The information provided is true and accurate to the best of my knowledge:

\_\_\_\_\_  
Signature of Authorized Agent and Title

\_\_\_\_\_  
Date