



Monitoring Waiver Recertification
 Groundwater Sources Only – One Application per EPDS
If enrolled in the Monitoring Assistance Program – DO NOT APPLY

Part 1: General Public Water System (PWS) Information Application Date:

PWS Name:	PWS ID#:	Population Served:
PWS Mailing Address:		
Contact Person:	Phone#:	
Email Address:	PWS Type (Select one): <input type="checkbox"/> CWS <input type="checkbox"/> NTCWS	

Part 2: Source Information 40 CFR §141.24(f)/A.A.C. R18-4-105

Entry Point to the Distribution System (EPDS) Number: _____
 List all water sources connected to the above EPDS. Attach an additional page if more room is needed.

Well Name	ADWR Number (55-)	Latitude/Longitude

<input type="checkbox"/> IOC Monitoring Waiver <input type="checkbox"/> VOC Monitoring Waiver <input type="checkbox"/> SOC Monitoring Waiver	<input type="checkbox"/> 1 st continuation <input type="checkbox"/> 2 nd continuation (IOC & SOC only)	Waiver Approval Monitoring Period 20____ - 20____
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Part 3: Changes

Have there been any changes to the EPDS or associated sources that this waiver was originally applied for? Yes No

VOC WAIVERS ONLY
 Have there been any changes to the use, manufacture, storage, or disposal of VOCs within a ½ mile of the source(s) associated with the EPDS which the waiver was approved for? Yes No

SOC WAIVERS ONLY
 Have there been any changes to the use, manufacture, storage, or disposal of SOCs within a ½ mile of the source(s) associated with the EPDS which the waiver was approved for? Yes No

Have there been any Nitrate or Nitrite detects > 75% of the MCL since the waiver was approved? Yes No

If yes to any of the questions above, please describe: (Attach additional pages if necessary)

Part 4: Certification

I certify that the above information provided on the waiver application and waiver matrix, to the best of my knowledge, is complete and correct, and has been verified to the fullest extent possible.
 I certify the well(s) are currently installed as permitted and that all components function as intended and are in good condition.

Name of Application Preparer (type or print)	Signature	Date
Name of System Owner/Representative	Signature	Date