



**DRINKING WATER FACILITY USE AND BMPS
SYNTHETIC ORGANIC COMPOUNDS (SOC)
WAIVER QUESTIONNAIRE**

Introduction: General Information

Facility Name:

This data is for informational purposes only, to assist your water system in developing a drinking water monitoring plan and determining waiver eligibility.

PWS Name:

PWS ID#:

To the best of your knowledge, are any of the SOC's listed below stored on site at your facility, on your work trucks, and/or used in the maintenance of the grounds at your property. Please mark the appropriate selections. If you are unfamiliar with the chemicals below, please list the brand name of any pesticides, insecticides, and and/or herbicides (i.e., Maxxthor, Round Up Weed Killer, Surflan, Demon, etc.) that are stored at your facilities or used in the maintenance of your property in the comments section below.

Synthetic Organic Compounds (SOCs)

<input type="checkbox"/> Endrin	<input type="checkbox"/> Simazine	<input type="checkbox"/> 2,4-D
<input type="checkbox"/> Lindane	<input type="checkbox"/> Di(ethylhexyl)phthalate	<input type="checkbox"/> 2,4,5-TP (Silvex)
<input type="checkbox"/> Methoxychlor	<input type="checkbox"/> Picloram 2041 (Dinoseb)	<input type="checkbox"/> Hexachlorobenzene (HCB)
<input type="checkbox"/> Toxaphene	<input type="checkbox"/> Hexachlorocyclopentadiene	<input type="checkbox"/> Benzopyrene
<input type="checkbox"/> Dalapon	<input type="checkbox"/> Carbofuran	<input type="checkbox"/> Pentachlorophenol
<input type="checkbox"/> Diquat	<input type="checkbox"/> Atrazine	<input type="checkbox"/> PCBs or Aroclors
<input type="checkbox"/> Endothall	<input type="checkbox"/> Alachlor (Lasso)	<input type="checkbox"/> Dibromochloropropane (DBCP)
<input type="checkbox"/> Glyphosate	<input type="checkbox"/> Dioxin (2,3,7,8-TCDD)	<input type="checkbox"/> Ethylene Dibromide (EDB)
<input type="checkbox"/> Di(2-ethylhexyl)adipate	<input type="checkbox"/> Heptachlor	<input type="checkbox"/> Chlordane
<input type="checkbox"/> Oxamyl	<input type="checkbox"/> Heptachlor Epoxide	<input type="checkbox"/>
<input type="checkbox"/> Other/Brand Names:		Total Quantity Stored:

General location of building where chemicals are stored: (Central, East, Northwest, etc.):

<input type="checkbox"/> Used on Site	<input type="checkbox"/> Stored in Proper Container	<input type="checkbox"/> Secured/Locked on Site in Shed/Storage Room/Other:
<input type="checkbox"/> Stored on Site	<input type="checkbox"/> Stored has No Contact with Soil	

Best Management Practices (BMPs):

Give a brief description:

Additional Comments:

If this form is not applicable, check this box:
Completed by:

Printed Name, Title

Signature

Date

Phone Number:

Email Address: