



**DRINKING WATER FACILITY USE AND BMPS  
VOLATILE ORGANIC COMPOUNDS (VOC)  
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 VOC'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 chemicals used as solvents, degreasers, fumigants, and dry cleaning chemicals that are stored at your facilities or used in the maintenance of your property in the comments section below. Most of these chemicals are "chlorinated hydrocarbons."

**Volatile Organic Compounds (VOCs)**

<input type="checkbox"/> 1,1-Dichloroethylene	<input type="checkbox"/> Cis-1,2 Dichloroethylene	<input type="checkbox"/> Toluene
<input type="checkbox"/> 1,1,1-Trichloroethane	<input type="checkbox"/> Ethylbenzene	<input type="checkbox"/> Trans-1,2 Dichloroethyl
<input type="checkbox"/> 1,1,2-Trichloroethane	<input type="checkbox"/> (mono)chlorobenzene	<input type="checkbox"/> Trichloroethylene
<input type="checkbox"/> 1,2-Dichloroethane	<input type="checkbox"/> o-Dichlorobenzene	<input type="checkbox"/> Vinyl Chloride
<input type="checkbox"/> 1,2-Dichloropropane	<input type="checkbox"/> Para-Dichlorobenzene	<input type="checkbox"/> Xylenes, total
<input type="checkbox"/> Benzene	<input type="checkbox"/> Styrene	<input type="checkbox"/> 1,2,4-Trichlorobenzene
<input type="checkbox"/> Carbon Tetrachloride	<input type="checkbox"/> Tetrachloroethylene	<input type="checkbox"/> Dichloromethane
<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:	