# CHEMICAL MONITORING WAIVER APPLICATION
## (Please print or type)

Water System _____ Pwsid# _____ County _____

Contact Person _____ Title _____

Telephone Number with Area Code _____

**A. Waiver Request Information**

Complete as accurately as possible

| Source Name | Source Location Description | Contaminants for Which Waiver is Being Requested |
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I hearby request a waiver for reduced monitoring for SOC and VOC contaminants.
I have completed completed my source water assessment and the Department has performed a susceptibility analysis.
This information is true and accurate to the best of my knowledge.

Signature _____

Date _____

Title _____

**********

Return completed application to:
ADEM
Drinking Water Branch
P O Box 301463
Montgomery, AL 36130-1463