

# Chemical Monitoring Waiver Application

(Please print or type)

Water System: \_\_\_\_\_ PWSID: \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone (# with Area Code): \_\_\_\_\_

## A. Waiver Request Information.

Complete as accurately as possible:

Source Name	Source Location Description	Contaminants for Which Waiver is Being Required

I hereby request a waiver for reduced monitoring listed above.

I have 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.

Please make sure to upload your application  
to the eDWRS website:  
<https://app.adem.alabama.gov/edwr/default.aspx>

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Title: \_\_\_\_\_