

Vermont Drinking Water and Groundwater Protection Division
1 National Life Drive, Main, 2nd Floor
Montpelier, VT 05620-3521
802-828-1535

Phase II/V Monitoring Waiver Renewal Application

For Public Community and Non-Transient Non-Community Water Systems

General Information

WSID Number

Public Water System Name

Mailing Address

Water System Responsible Person/Phone Number

Water System Operator/Phone Number

A. Source Protection Plan Update

A Phase II/V Monitoring Waiver Renewal *cannot be granted* for VOCs or SOCs unless the water system has an approved SPP that has been updated within the last three years.

Does the water source have an approved and up-to-date Source Protection Plan (SPP)?

_____ Yes. The SPP was updated on _____
_____ No.

B. Volatile Organic Chemicals (VOCs)

Groundwater Systems: The waiver period is six years. The water system is required to sample once during the waiver period. The waiver must be renewed after the first three years the waiver is in effect. Subsequently, the waiver must be renewed every six years.

Surface Water Systems: The waiver period is three years. The water system is required to sample once during the waiver period. The waiver must be renewed every three years.

Are you applying for a VOC waiver renewal? _____ Yes _____ No

C. Synthetic Organic Chemicals (SOCs)

For both Groundwater and Surface Water Systems: The waiver period is three years. The waiver must be renewed at the end of the three-year period.

Are you applying for an **SOC** waiver renewal? _____ **Yes** _____ **No**

D. Inorganic Chemicals (IOCs)

For both Groundwater and Surface Water Systems: The waiver period is nine years. The water system is required to take a minimum of one sample during the waiver period. The waiver must be renewed every nine years.

Are you applying for an **IOC** waiver renewal? _____ **Yes** _____ **No**

Certification

I certify that I am the Responsible Person for this water system, I have the authority to sign this application, and the information in this application is true to the best of my knowledge.

Print Name (Responsible Person)

Signature

Date

FOR OFFICE USE ONLY:

IOCs Due: _____

SOCs Due: _____

VOCs Due: _____

Date to SWP: _____

Review by Date: _____

SWP Review Completed:

Date: _____

Reviewer: _____

Please return completed application to:

Janelle Wilbur, Compliance Analyst

VT-DEC, Drinking Water and Groundwater Protection Div.

Compliance and Support Services Section

1 National Life Drive, Main 2

Montpelier, VT 05620-3521

Questions? Call 802-585-4898

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