

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

Town

Water System Responsible Person / Phone / Email

Designated Water System Operator / Phone / Email / Class

A. Source Protection Plan

A Phase II/V Monitoring Waiver Renewal *cannot be granted* unless the water system has an approved Source Protection Plan (SPP) that has been updated and approved within the last **three years**.

Does the water source have an approved Source Protection Plan (SPP)?

Yes. The SPP was updated on: _____

No. If in progress, indicate submittal date: _____

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 VOCs 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 SOCs waiver? _____ 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 IOCs waiver renewal? _____ Yes _____ No

Is the system utilizing a **new/additional** source since the last renewal? _____ Yes _____ No

Certification

I certify that I am a responsible party 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

Signature

Date

Affiliation (i.e. Administrative Contact, Operator, Owner)

FOR OFFICE USE ONLY:

SPP: _____

Chem Review: _____

IOCs Due: _____

SOCs Due: _____

VOCs Due: _____

Date to SWP: _____

Date Final Review: _____

By: _____

Notes:

Email, Fax, or Mail the completed form to:

Vermont Department of Environmental Conservation
Drinking Water & Groundwater Protection Division
1 National Life Drive – Davis 4
Montpelier, VT 05620-3521

Email: marie.sawyer@vermont.gov

Fax: 802-828-1541

Phone: 802-261-1912

Please contact the Phase II/V Rule Manager directly using the contact information listed above with any questions.

<https://dec.vermont.gov/water/dwgwpd-forms>