



**COUNTY OF NEVADA
COMMUNITY DEVELOPMENT AGENCY**

Trisha Tillotson, Agency Director

ENVIRONMENTAL HEALTH DEPARTMENT

Amy Irani, REHS, Director

950 MAIDU AVE. STE 170
P.O. Box 599002
NEVADA CITY, CA 95959

PH: (530) 265-1222
FAX: (530) 470-2939

WAIVER REQUEST

For Initial Synthetic Organic Chemical Monitoring

In Accordance to Section 64445, Article 5.5, Chapter 15, Division 4, Title 22 of California Code of Regulations

Public Water System

Name: _____ Number: _____

Owner: _____ Phone No. _____

Authorized Representative: _____ Source No. _____

The above named public water system owner and authorized representative hereby request a water quality waiver, for initial or routine monitoring, for synthetic organic compounds (SOCs) as allowed under the conditions set forth within **Section 64445, Article 5.5, Chapter 15, Division 4, Title 22 of California Code of Regulations.**

As part of the supporting documents necessary for this waiver, the water system requests to use the data available at the County of Nevada Department of Weights and Measures regarding historic chemical use in Nevada County. List of SOC's required for monitoring is attached to this request.

Additionally, the water system owner and water system authorized representative, certify that none of the waived SOC's have been previously used, manufactures, transported, stored, or disposed of within the drinking water source watershed or zone of influence.

This waiver is only valid for the source(s) listed above for the initial water quality testing or for the routine water quality testing for the permit year _____. Waiver expires on _____. The Water System is required to submit a new SOC Waiver request for future permit year SOC testing.

A copy of this waiver request shall be distributed to all water system customers via annual Consumer Confidence Reports (CCR) to the water system customers, or posted in a place to be viewed by water consumers.

Owner Name _____ Signature _____ Date _____

Authorized Representative Name _____ Signature _____ Date _____

OFFICE USE ONLY

LAP ID #: _____ Permit Year: _____ Date: _____

- Approved
- Denied

Environmental Health Specialist: _____ Date: _____