NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Water Supply Protection

Application for Certificate of Waiver From Disinfection Requirements

Pursuant to the provisions of Subpart 5-1 of the New York disinfection rules established by this regulation.	ork State Sanitary C	ode, application is here	by made for a grant of waive	er of the			
Name of Public Water System (PWS)			PWS ID # NY				
Location of Public Water System		(County				
Owner of Public Water System							
Mailing Address Street Address							
City			State Zip				
Has this system received a waiver previously? \square Yes	□ No Ex	xpiration Date of Last W	/aiver / / /		Y		
Person(s) in Responsible Charge of Water System		(Certificate #				
Applicant must complete all questions. Check Yes or N							
 Were all samples for bacteriological and other water collected, analyzed and reported on time? 	r quality parameters	s required for the past 1	2 months	☐ Yes	□No		
2. Were all bacteriological results from the past 12 mo	nths within the MCL	limits set by Part 5?		☐ Yes	☐ No		
3. Was the laboratory certified by NYS Department of	Health?			☐ Yes	☐ No		
4. Were all operation and other reports required durin Local Health Department on time and as required?	g the past 12 month	s submitted to your		☐ Yes	□No		
5. Does your PWS meet the requirements for cross cor	nection control in S	ubpart 5-1, Section 1.31	?	☐ Yes	□ No		
6. Are all water storage facilities adequately protected, as per Subpart 5-1, Appendix 5-A, Section 7.0?					□No		
7. Are all sources of water properly constructed and m	☐ Yes	□No					
8. Do water well location and protection measures me	☐ Yes	□No					
9. Is disinfection equipment currently installed?	<u>.</u>			☐ Yes	□ No		
10. Are there any other types of treatment in use?				☐ Yes	□No		
11. Has your water ever had a nitrate concentration abo	ve 10 mg/l (ppm)?			☐ Yes	☐ No		
12. Has your water ever had a nitrate concentration abo	ve 2 mg/l (ppm)?			☐ Yes	☐ No		
13. If "Yes" to 12, has nitrate increased over the past 5	samples?			☐ Yes	□No		
14. Are there any other conditions that prevent your PV	/S from providing sa	afe drinking water witho	out disinfection?	☐ Yes	□No		
If an answer to questions 1 to 8 is "No" or to questions For non-community water systems and community water	•	•		• •	nation.		
I hereby certify that:							
I am the water system owner or am authorized b	y the owner to apply	y for a disinfection waiv	er;				
 The water system meets the disinfection waiver 5-1.30, Paragraph (e); 	criteria of Part 5, "Di	inking Water Supplies,	of the New York State Sani	tary Code, S	Section		
I will collect total coliform samples at least month Health); and	hly (or more freque	ntly based on system ty	pe and size or if directed by	the Departn	nent of		
 I have answered the questions (checklist) on this requested to demonstrate compliance with the v 		· -	provide any supporting doc	umentation	l		
Applicant Signature		Title		Date			

For Health Department Use Only

Waiver may be granted for period no	ot to exceed three years, ar	nd annual review of granted waiv	ers is required.			
Name of Public Water System (PWS) _			_ PWS ID # NY			
Reviewing agency to complete these q						
Does the applicant system meet all	• •				Yes	□ No
Does this system reliably complete its required monitoring and reporting? What is the date of most recent sanitary survey (must be within last 12 months)				☐ Yes	☐ No	
				_	□ Vaa	Пиа
Was the system free of significant deficiencies during the sanitary survey? Was independent microbiological surveillance sampling performed within the past 12 months?					☐ Yes	□ No
Were independent microbiological surveillance sampling results negative?					☐ Yes	□ No
Please explain any "No" answers below or on additional paper.						
rease explain any no unswers set	low of off additional paper	•				
☐ Waiver Approved Expiration [Date / /	./				
☐ Waiver Disapproved (list reasons)						
•						
Waiver Approved by:						
Signature				Date		
Name			_	Title		
A 1			. 15.5			
Annual review of waiver conditions	may be documented on thi	is form (below) certifying that wa	niver conditions cont	inue to be m	iet.	
Waiver review date(s)		Reviewer (print name & init	tial):			
Waiver review date(s)		Reviewer (print name & init	tial):			
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EXPLANATIONS AND COMMENTS						