



**Massachusetts Department of Environmental Protection**  
Bureau of Resource Protection – Drinking Water Program

\_\_\_\_\_  
PWS ID#

# Monitoring Waiver Application

## SOC Addendum

2011-2013 Compliance  
Period

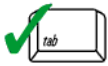
9-Year Waiver Compliance Cycle 2011-2019		
1 <sup>st</sup> Period 2011-2013	2 <sup>nd</sup> Period 2014-2016	3 <sup>rd</sup> Period 2017-2019

\_\_\_\_\_  
Date

Community and  
Non-Transient Non-Community Public Water Systems

Use this addendum form when you have received your required recent SOC sample results from your lab. If you use eDEP you need only check the box below and send in the addendum form. If you use hard copies please send in a copy of the SOC results with this addendum form. If you do not notify MassDEP when your SOC results are in, MassDEP cannot process your SOC waivers.

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



### A. Public Water Supply Information

\_\_\_\_\_  
PWS Name

\_\_\_\_\_  
PWS Mailing Address

\_\_\_\_\_  
PWS Location (if different)

\_\_\_\_\_  
Contact Person Name and Phone Number

System Type:     Community     Non-Transient Non-Community

### B. Source Information

List sources for which a SOC waiver is being requested. Check box to show if SOC lab report is attached or was submitted by eDEP.

	Report attached	Submitted by eDEP		Report attached	Submitted by eDEP
_____ Source ID # (e.g. 02G, 02S)	<input type="checkbox"/>	<input type="checkbox"/>	_____ Source ID # (e.g. 02G, 02S)	<input type="checkbox"/>	<input type="checkbox"/>
_____ Source ID # (e.g. 02G, 02S)	<input type="checkbox"/>	<input type="checkbox"/>	_____ Source ID # (e.g. 02G, 02S)	<input type="checkbox"/>	<input type="checkbox"/>
_____ Source ID # (e.g. 02G, 02S)	<input type="checkbox"/>	<input type="checkbox"/>	_____ Source ID # (e.g. 02G, 02S)	<input type="checkbox"/>	<input type="checkbox"/>
_____ Source ID # (e.g. 02G, 02S)	<input type="checkbox"/>	<input type="checkbox"/>	_____ Source ID # (e.g. 02G, 02S)	<input type="checkbox"/>	<input type="checkbox"/>
_____ Source ID # (e.g. 02G, 02S)	<input type="checkbox"/>	<input type="checkbox"/>	_____ Source ID # (e.g. 02G, 02S)	<input type="checkbox"/>	<input type="checkbox"/>
_____ Source ID # (e.g. 02G, 02S)	<input type="checkbox"/>	<input type="checkbox"/>	_____ Source ID # (e.g. 02G, 02S)	<input type="checkbox"/>	<input type="checkbox"/>

Send to: MassDEP; DWP-Monitoring Waiver Program – 5<sup>th</sup> Floor; 1 Winter Street; Boston, MA 02108  
Attention: Marie Tennant.