



# Monitoring Waiver Application

## 2026-2028 Compliance Period

Date \_\_\_\_\_

Community and  
Non-Transient Non-Community  
Public Water Systems

9-Year Waiver Compliance Cycle 2020-2028		
1 <sup>st</sup> Period 2020-2022	2 <sup>nd</sup> Period 2023-2025	3 <sup>rd</sup> Period 2026-2028

**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 physical city/town (if different) \_\_\_\_\_

Contact Person Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

System Type:  Community  Non-Transient Non-Community

### PLEASE NOTE:

Waivers are granted for monitoring of the **Finished** water after review of *all* the sources that contribute to the finished water entry point.

For sources that manifold to a common finished water entry point (M = MULT location identified on the WQSS), **ALL** individual sources, including new sources must meet applicable waiver criteria.

### B. Historical Monitoring Waiver Applicant Information:

If your PWS has had a Monitoring Waiver Application denied in the past due to a deficiency, please mark the appropriate time period when this denial occurred as well as provide a brief description of the circumstances that lead to this denial.

In your description, please list the specific Source ID(s) and reason(s) the source was denied. If unknown, please contact your regional office for a copy of prior waiver determinations to aid in completion of the application.

Please also identify and describe what has been done since your last waiver application that would warrant MassDEP to re-evaluate your waiver application.

Period of Denied Application:

**1<sup>st</sup> Period:**  
**2020-2022**

**2<sup>nd</sup> Period:**  
**2023-2025**

Brief Description of Denial and Actions Taken to Address Denial:

## C. Source Information

List source ID and check box for which a waiver is being requested

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



Source ID # (e.g. 02G, 02S)	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>	IOC <input type="checkbox"/>	Perchlorate <input type="checkbox"/>	Finished Water Location ID #
Source ID # (e.g. 02G, 02S)	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>	IOC <input type="checkbox"/>	Perchlorate <input type="checkbox"/>	Finished Water Location ID #
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Source ID # (e.g. 02G, 02S)	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>	IOC <input type="checkbox"/>	Perchlorate <input type="checkbox"/>	Finished Water Location ID #

If you have more sources than what is shown here, make a copy of this page and add into the application.

Continued on next page

## D. Source Protection – Land Use Inventory (ground water)

Fill out a separate Section D for each groundwater source. Section E is for surface water sources.

Refer to your facility's SWAP report for additional information at: <https://www.mass.gov/lists/source-water-assessment-and-protection-swap-program-documents>

Please review the land use matrix located at: <https://www.mass.gov/lists/source-water-assessment-and-protection-swap-program-documents>.

Source ID# (i.e. 02G or 03G)

Source Name

**Review the list of land uses below and insert a checkmark in the respective columns if these land uses are located within the Zone I.**

**If NONE of the land uses described below are located in the Zone I check here.**

<input type="checkbox"/> Septic systems/cesspools	
<input type="checkbox"/> Residential homes (including nursing homes)	
<input type="checkbox"/> Institutional facilities (schools, prisons, etc.)	
<input type="checkbox"/> Fuel heating tanks	
<input type="checkbox"/> Commercial retail facilities	
<input type="checkbox"/> Commercial service shops (small engine/ auto/ boat repair /etc.)	
<input type="checkbox"/> Manufacturing facilities including Industrial parks	
<input type="checkbox"/> Office parks or warehouses	
<input type="checkbox"/> Medical facilities (hospitals, research labs)	
<input type="checkbox"/> Sanitary wastewater discharges (other than septic systems)	
<input type="checkbox"/> Non-sanitary wastewater discharges	
<input type="checkbox"/> Excavation activity (sand/gravel, mining, construction)	
<input type="checkbox"/> Blasting activity (past or present) including any fireworks displays	
<input type="checkbox"/> Sodium hypochlorite use	
Parking lots	
Solar panels/arrays	
Lawn care activity:	
<input type="checkbox"/> fertilizer/manure application or storage	
<input type="checkbox"/> pesticide application or storage	
<input type="checkbox"/> Utility rights of way or railroads	
<input type="checkbox"/> Other structure or activity in the Zone I; including public roads or streets:	   

### Zone I Land Use Certification Statement:

**If your PWS owns/controls Zone I, please acknowledge and verify the following statement if it is true:**

*"I certify that no application of fertilizers, herbicides, or pesticides have been or are currently applied in the Zone I Source IDs"*

PWS Signature

Date

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**Zone II and IWPA Land Use Activities:**

Please review the land use activities in your PWS's Zone II and IWPA and compare to MassDEP's *Land Use Risk Matrix* which can be found at <https://www.mass.gov/doc/land-use-pollution-potential-matrix/download>. In the text box below, please list all your PWS's Agricultural, Commercial, Industrial, Residential, or Miscellaneous land uses as well as their associated risk level for both Groundwater and Surface Water:

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**Please check one and follow instructions:**

Municipal PWS: The Zone II must be protected by municipal controls (bylaws, ordinances, or health regulations) that meet MA Wellhead Protection Regulations 310 CMR 22.21(2). Public water systems who have not received a Wellhead Protection Compliance letter must attach and submit documentation of municipal protection that meets 310 CMR 22.21(2).

Non-Municipal PWS: Public water suppliers must meet the Best Effort Requirement 310 CMR 22.21(1). The Zone II must also be protected by a hazardous material bylaw/ordinance or health regulation. Attach and submit your best effort documentation.

**Sources with an IWPA**

PWS MUST date and sign below. The PWS must demonstrate they have adequately notified landowners and businesses in the IWPA. Public notification is required **every** monitoring waiver compliance period. (A Sample Notification Letter and fact sheet is available on the MassDEP website at: <https://www.mass.gov/lists/groundwater-wellhead-protection-and-surface-water-supplies>

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Date of Public Notification

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Notification Description (flyer, letter, poster, etc.)

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PWS Signature

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Date

Fill out a separate Section E for each surface water source.

PWSs serving >25,000 people must have an approved protection plan to receive a waiver.

Refer to your facility's SWAP report for additional information at:  
<https://www.mass.gov/lists/source-water-assessment-and-protection-swap-program-documents>

Please review the land use matrix located at:  
<https://www.mass.gov/lists/source-water-assessment-and-protection-swap-program-documents>

## E. Source Protection – Land Use Inventory (surface water)

Source ID# (i.e. 02S or 03S)

Source Name

**Review the list of land uses below and insert a check-mark in the respective columns if these land uses are located within the Zone A of your reservoir and/or within the watershed but outside the Zone A.**

**The Department will review your responses along with other information about land uses in the Zone A and/or watershed of this source when making its waiver decision.**

**Check here if NONE of the land uses described in this application is located within the Zone A of your reservoir and/or within the watershed but outside the Zone A.**

Zone A	Within watershed, but outside the Zone A	
<input type="checkbox"/>	<input type="checkbox"/>	Motorized boating
<input type="checkbox"/>	<input type="checkbox"/>	Combined sewer overflows, storm rains/stormwater basins
<input type="checkbox"/>	<input type="checkbox"/>	Illegal dumping
<input type="checkbox"/>	<input type="checkbox"/>	Military facilities (past and present)
<input type="checkbox"/>	<input type="checkbox"/>	Lawn care/agricultural
<input type="checkbox"/>	<input type="checkbox"/>	Utility rights of way
<input type="checkbox"/>	<input type="checkbox"/>	Railroads
<input type="checkbox"/>		Septic systems/cesspools (Zone A only)

### Land uses that potentially generate perchlorate:

<input type="checkbox"/>	<input type="checkbox"/>	Blasting activities (check with local fire dept.- includes past or present)
<input type="checkbox"/>	<input type="checkbox"/>	Firework displays (past or present)
<input type="checkbox"/>	<input type="checkbox"/>	Industrial perchloric acid -used as a lab reagent
<input type="checkbox"/>	<input type="checkbox"/>	Munitions (e.g., military facilities)
<input type="checkbox"/>	<input type="checkbox"/>	Sodium hypochlorite use

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## F. Certification

“I certify, under penalty of perjury, that all information submitted in support of the application for a monitoring waiver is true to the best of my knowledge.”

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Name

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Signature

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Position/Title

Email application to [Program.Director-DWP@mass.gov](mailto:Program.Director-DWP@mass.gov) and use **PWSID#\_PWSName\_2026-28WaiverApp** in the subject line. Please scan your completed/signed application into a PDF format using the standard naming convention of **"PWSID#\_PWSName\_2026-28WaiverApp"**. Include any requested source protection documents at the end of the application.

Please contact MassDEP/DWP at: [Program.Director-DWP@mass.gov](mailto:Program.Director-DWP@mass.gov) or 617-292-5770 if you need a hardship request to mail in a paper copy.

**Application Deadline: January 15, 2026**