



PFAS Initial Monitoring Waiver Application

COM & NTNC

310 CMR 22.07G(5)(c)

Instructions:

- Only Community (COM) and nontransient-noncommunity (NTNC) public water systems may use this form to apply for a waiver of the Initial Monitoring requirements.
- COMs and NTNCs must have completed two quarters of Initial Monitoring.
- The first two quarters of Initial Monitoring results must show results below the minimum reporting levels (MRL) for all PFAS compounds.
- Applications that do not meet eligibility requirements will be denied.
- Sources that are subject to increased monitoring are ineligible for a waiver.
- Any source being treated for PFAS is ineligible for a waiver.
- Applications will be reviewed by DEP and may be approved or denied. That review will include any data about the presence or absence of any PFAS compound, land uses, source protection or treatment efforts and any other information pertaining to known or suspected PFAS contamination.

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



A. Facility Information

PWS Name

PWS ID #

Physical City/Town

PWS Mailing Street

Town/City

State

Zip

Contact Person's Name

Phone

e-Mail Address

B. Sampling Location

For each source, use Loc ID #s from MassDEP Water Quality Sample Schedule

Location ID	Location Name Sources contributing to Location	Sampling Date 1	Sampling Date 2

Check the applicable box below

- I have attached copies of the above specified analytical reports to this form or
- these forms have been submitted to eDEP on the following dates:



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C. Source Protection

By signing this form, I attest that I have reviewed the Zone A, Zone I, Zone II and/or IWPA for a source identified in Section B for the potential land uses/situations listed below and have both demonstrated and determined that there is no known or suspected PFAS contamination in the vicinity of the PWS or its sources of water.

See source protection materials here: <https://www.mass.gov/doc/land-use-pollution-potential-matrix/download>

USE ONE SECTION C (PROVIDED SEPARATELY) FOR EACH SOURCE LISTED IN SECTION B.					
Source Name and #	Check one for each land use			Indicate the Source Protection area used for this review; Zone A, Zone I, Zone II, and/or IWPA.	Information source/documentation
Land Use	Present	Absent	Unknown/ Not Evaluated		e.g., septic systems are residential only; information provided by [Name] Fire Dept.; etc.
Regulated landfills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Dumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Manufacturing facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fire-fighting foam usage, based on Fire Dept. Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fire training area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fire Department location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Agriculture with biosolids application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Wastewater treatment facilities or on-site discharge (septic) systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hazardous waste site(s) under the MCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Airports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Car Washes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Military use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Incinerators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Check the applicable box below

I have attached copies of the Section C above for the following additional sources to this form:



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D. Certification

I submit this PFAS Initial Monitoring Waiver Application in accordance with 310 CMR 22.07G(5)(c) and I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate, and complete to the best of my knowledge and belief.

Name: _____ Signature: _____

Position/Title: _____ Date: _____

E. SUBMITTAL INSTRUCTIONS

Email this completed form and any attachments to the Drinking Water Program at program.director-dwp@mass.gov, Subject: *PWSID#_PWSName_PFAS Waiver*

AND

cc your MassDEP Regional Office, Drinking Water Program contact listed below.

Region	Name	Email
Western	Deirdre Doherty	Deirdre.Doherty@mass.gov
Central	Paula Caron	Paula.Caron@mass.gov
Northeast	Christopher Nelson	Christopher.Nelson@mass.gov
Southeast	William Schwartz	William.Schwartz@mass.gov

For questions on this form contact the Drinking Water Program at: Program.director-dwp@mass.gov

See Source Protection materials here: [landmatrix.docx \(live.com\)](#)

F. MassDEP/DWP Use Only

Approved: Yes No Date _____

Comment: _____