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|  | Massachusetts Department of Environmental Protection APP-1  Bureau of Water Resources – Drinking Water Program  PFAS Initial Monitoring Waiver Application  COM & NTNC 310 CMR 22.07G(5)(c) | | | | | | |
| See source protection materials here: <https://www.mass.gov/doc/land-use-pollution-potential-matrix/download> | **C. Source Protection** *(Complete a separate Section C for each of your sources)* | | | | | | |
| 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. | | | | | | |
| **Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.  keys | Source Name and # |  | | | | | |
| Land Use | 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 |
| Present | Absent | Unknown/Not Evaluated | | e.g., septic systems are residential only; information provided by [Name] Fire Dept.; etc. |
| Regulated landfills |  |  |  | |  |  |
| Dumps |  |  |  | |  |  |
|  | Manufacturing facilities |  |  |  | |  |  |
|  | Fire-fighting foam usage, based on Fire Dept. Information |  |  |  | |  |  |
|  | Fire training area |  |  |  | |  |  |
|  | Fire Department location |  |  |  | |  |  |
|  | Agriculture with biosolids application |  |  |  | |  |  |
|  | Wastewater treatment facilities or on-site discharge (septic) systems |  |  |  | |  |  |
|  | Hazardous waste site(s) under the MCP |  |  |  | |  |  |
|  | Airports |  |  |  | |  |  |
|  | Car Washes |  |  |  | |  |  |
|  | Military use |  |  |  | |  |  |
|  | Incinerators |  |  |  | |  |  |
|  | Other |  |  |  | |  |  |
|  | **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: | | | |  | | |