|  | 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) | | | | |
| --- | --- | --- | --- | --- | --- |
|  | 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. | | | | |
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| **Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.  keys | **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 |
|  |  |  |  |  |
|  |  |  |  |  |
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|  | 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. | | | | | |
|  | **USE ONE SECTION C (PROVIDED SEPARATELY) FOR EACH SOURCE LISTED IN SECTION B.** | | | | | |
|  | Source Name and # |  | | | | |
| See source protection materials here: <https://www.mass.gov/doc/land-use-pollution-potential-matrix/download> | 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 |  |  |  |  |  |
|  | 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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|  | 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) | |
|  | **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 | |
| For questions on this form contact the Drinking Water Program at: [Program.director-dwp@mass.gov](mailto:Program.director-dwp@mass.gov)  See Source Protection materials here: [landmatrix.docx (live.com)](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.mass.gov%2Fdoc%2Fland-use-pollution-potential-matrix%2Fdownload&wdOrigin=BROWSELINK) | Email this completed form and any attachments to the Drinking Water Program at [program.director-dwp@mass.gov](mailto: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](mailto: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 | | |
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|  | **F. MassDEP/DWP Use Only** | |
|  | Approved: Yes  No  Date | |
|  | Comment: | |