COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTON
BUREAU OF SAFE DRINKING WATER

PWSID#: _____

pennsylvania
DEPARTMENT OF ENVIRONMENTAL
PROTECTION

MONITORING WAIVER APPLICATION
MODULE 4 – SOC WAIVER REQUEST

A.   General:

Entry Point (EP) ID #: _____
(Please complete a separate page for each EP)

SOC use and susceptibility waivers are issued on a contaminant-by-contaminant basis. Please indicate which type of waiver is being requested for the following SOCs:

(Please check all that apply)

U	S		U	S	
☐	☐	2, 3, 7, 8 – TCDD (Dioxin)	☐	☐	Endrin
☐	☐	2,4-D	☐	☐	Ethylene Dibromide
☐	☐	2,4,5-TP	☐	☐	Glyphosate
☐	☐	Alachlor	☐	☐	Heptochlor
☐	☐	Atrazine	☐	☐	Heptachlor epoxide
☐	☐	Benzo(a)pyrene	☐	☐	Hexachlorobenzene
☐	☐	Carbofuran	☐	☐	Hexachlorocyclopentadiene
☐	☐	Chlordane	☐	☐	Lindane
☐	☐	Dalapon	☐	☐	Methoxychlor
☐	☐	Di(ethylhexyl)adipate	☐	☐	Oxamyl (Vydate)
☐	☐	Di(ethylhexyl)phthalate	☐	☐	PCBs
☐	☐	Dibromochloropropane	☐	☐	Pentachlorophenol
☐	☐	Dinoseb	☐	☐	Picloram
☐	☐	Diquat	☐	☐	Simizine
☐	☐	Endothall	☐	☐	Toxaphene

U = Use Waiver   S = Susceptibility Waiver (groundwater sources only)

B.   Historical Monitoring Results:

1. Has previous monitoring (including new source sampling) been conducted for the SOCs for which a waiver is being requested? **Note:** Previous monitoring results must be submitted if requesting a susceptibility waiver.   ☐ YES   ☐ NO

2.   Has previous monitoring indicated any detects for SOCs?   ☐ YES   ☐ NO   ☐ N/A

3. If previous monitoring indicated detections for one or more of the SOCs, have three (3) subsequent consecutive years of monitoring been conducted with no detection?   ☐ YES   ☐ NO   ☐ N/A

Please attach laboratory results.

C.   Source Water Protection Information:

1.   For each source associated with the EP, have substances containing SOCs been used, transported, stored or disposed of within the Zone II area (a ½ mile radius around the source unless a more rigorous delineation has been completed) for groundwater sources or within a 10 mile semi-circular radius for surface water sources?

<div align="right">☐ YES   ☐ NO</div>

Please check all land uses located within each source contribution area.

Land Uses that Potentially Generate SOCs					
	Source	**Source**	**Source**	**Source**	**Source**
Agricultural/crop farm	☐	☐	☐	☐	☐
Aquatic pesticide application area	☐	☐	☐	☐	☐
Chemical production/storage facility	☐	☐	☐	☐	☐
Commercial facility	☐	☐	☐	☐	☐
Dairy or livestock farm	☐	☐	☐	☐	☐
Golf course or nursery	☐	☐	☐	☐	☐
Landfill or dump	☐	☐	☐	☐	☐
Lawn care or garden	☐	☐	☐	☐	☐
NPDES discharge point	☐	☐	☐	☐	☐
Plastics manufacturing facility	☐	☐	☐	☐	☐
Roadway or railroad tracks	☐	☐	☐	☐	☐
Utility right-of-way	☐	☐	☐	☐	☐
Waste incineration facility	☐	☐	☐	☐	☐
Wood preserving facility	☐	☐	☐	☐	☐
Other:	☐	☐	☐	☐	☐
Other:	☐	☐	☐	☐	☐

2.   Please complete Module 7 (Site Map and Land Use Inventory) for each PWS source and identify all land uses.

3.   Please describe the steps taken to determine land uses that potentially affect SOC concentrations:

   _____

   _____

   _____

   _____

   _____

4.   Other factors for consideration:

a.   Depth (feet) to static water table for each groundwater source.

Source	Source	Source	Source	Source

b.   Permitted pumping rate (GPM) for each groundwater source.

Source	Source	Source	Source	Source

c.   Nitrate levels for the last 3 years range from _____ mg/L to _____ mg/L.

d.   Is an approved source water protection or wellhead protection program in place?

☐ YES   ☐ NO

D.   Certification:

The information contained herein is true and correct to the best of my knowledge, information and belief. The information given is subject to the penalty provisions of the Crimes Code regarding unsworn falsification to authorities (49 P.S. §4904).

_____   _____
                        Signature   Date