



MONITORING WAIVER APPLICATION MODULE 1 – COMPLETENESS REPORT

A. Compliance Period

Enter the Compliance Cycle and Period for which Waivers Have Been Requested:
(Refer to the table in Section A of the instructions, Document ID# 3930-FM-BSDW0020a)

9-year Compliance Cycle (IOC/Asbestos Waivers): _____

3-year Compliance Period (VOC/SOC Waivers): _____

B. Public Water System (PWS) Information:

PWS ID#:
PWS Name:
Mailing Address:
Contact Person Name and Phone Number:
System Type: <input type="checkbox"/> Community <input type="checkbox"/> Nontransient Noncommunity <input type="checkbox"/> Bottled Water (SOCs only)

C. Entry Points (EP), Associated Sources and Treatment Plant (TP) Information:*

EP ID #	Associated Source ID #						TP ID #

*Include all permanent, interim, reserve, seasonal and emergency EPs and sources.

D. Please indicate which of the following modules are included in this submission:

Module Number	Title	Please Check
1	Completeness Report	<input type="checkbox"/>
2	IOC Waiver Request	<input type="checkbox"/>
3	VOC Waiver Request	<input type="checkbox"/>
4	SOC Waiver Request	<input type="checkbox"/>
5	Asbestos Waiver Request	<input type="checkbox"/>
6	Waiver Renewal Request	<input type="checkbox"/>
7	Site Map and Land Use Inventory	<input type="checkbox"/>

IOC = Inorganic Chemicals; VOC = Volatile Synthetic Organic Chemicals; SOC = Synthetic Organic Chemicals

E. Waiver Application Fee:

Fees are based on the waiver type and the number of source contribution areas.

Waiver Type	Fee for 1 st Contribution Area	Fee for Each Additional Contribution Area (Waiver fee x 1/2)
VOC use waiver	\$100	\$50
SOC use waiver	\$100	\$50
SOC susceptibility waiver	\$300	\$150
IOC/Asbestos waiver	\$100	\$50
Waiver renewal	\$50	\$25

Use information about your system and the table above to complete the following (only fill in information that is applicable to your system, otherwise enter 0):

The VOC use waiver fee for the 1st contributing area: \$ _____ (a)
 The VOC use waiver fee for additional contribution areas: \$ _____ (b)
Total of lines (a) + (b) = \$ _____ (c)

The SOC use waiver fee for the 1st contributing area: \$ _____ (a)
 The SOC use waiver fee for additional contribution areas: \$ _____ (b)
Total of lines (a) + (b) = \$ _____ (c)

The SOC susceptibility waiver fee for the 1st contributing area: \$ _____ (a)
 The SOC susceptibility waiver fee for additional contribution areas: \$ _____ (b)
Total of lines (a) + (b) = \$ _____ (c)

The IOC/Asbestos use waiver fee for the 1st contributing area: \$ _____ (a)
 The IOC/Asbestos use waiver fee for additional contribution areas: \$ _____ (b)
Total of lines (a) + (b) = \$ _____ (c)

The waiver renewal fee for the 1st contributing area: \$ _____ (a)
 The waiver renewal fee for the additional contribution areas: \$ _____ (b)
Total of lines (a) + (b) = \$ _____ (c)

Add amounts from all lines (c) and enter amount here to calculate total fee: \$ _____

F. 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