

# Application for Certificate of Waiver From Disinfection Requirements

Pursuant to the provisions of Subpart 5-1 of the New York State Sanitary Code, application is hereby made for a grant of waiver of the disinfection rules established by this regulation.

Name of Public Water System (PWS) \_\_\_\_\_ PWS ID # NY \_\_\_\_\_

Location of Public Water System \_\_\_\_\_ County \_\_\_\_\_

Owner of Public Water System \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address

City

State

Zip

Has this system received a waiver previously?  Yes  No Expiration Date of Last Waiver \_\_\_\_/\_\_\_\_/\_\_\_\_  
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Person(s) in Responsible Charge of Water System \_\_\_\_\_ Certificate # \_\_\_\_\_

Applicant must complete all questions. Check Yes or No for Questions 1-14.

1. Were all samples for bacteriological and other water quality parameters required for the past 12 months collected, analyzed and reported on time?  Yes  No
2. Were all bacteriological results from the past 12 months within the MCL limits set by Part 5?  Yes  No
3. Was the laboratory certified by NYS Department of Health?  Yes  No
4. Were all operation and other reports required during the past 12 months submitted to your Local Health Department on time and as required?  Yes  No
5. Does your PWS meet the requirements for cross connection control in Subpart 5-1, Section 1.31?  Yes  No
6. Are all water storage facilities adequately protected, as per Subpart 5-1, Appendix 5-A, Section 7.0?  Yes  No
7. Are all sources of water properly constructed and maintained, as per Subpart 5-1, Appendices 5-B and 5-D?  Yes  No
8. Do water well location and protection measures meet requirements of Subpart 5-1, Appendices 5-B and 5-D?  Yes  No
9. Is disinfection equipment currently installed?  Yes  No
10. Are there any other types of treatment in use?  Yes  No
11. Has your water ever had a nitrate concentration above 10 mg/l (ppm)?  Yes  No
12. Has your water ever had a nitrate concentration above 2 mg/l (ppm)?  Yes  No
13. If "Yes" to 12, has nitrate increased over the past 5 samples?  Yes  No
14. Are there any other conditions that prevent your PWS from providing safe drinking water without disinfection?  Yes  No

If an answer to questions 1 to 8 is "No" or to questions 9 to 14 is "Yes", please provide explanation on the back or on additional paper.  
For non-community water systems and community water systems that serve less than 50 dwelling units, question 8 does not require explanation.

I hereby certify that:

- I am the water system owner or am authorized by the owner to apply for a disinfection waiver;
- The water system meets the disinfection waiver criteria of Part 5, "Drinking Water Supplies," of the New York State Sanitary Code, Section 5-1.30, Paragraph (e);
- I will collect total coliform samples at least monthly (or more frequently based on system type and size or if directed by the Department of Health); and
- I have answered the questions (checklist) on this form to the best of my knowledge and will provide any supporting documentation requested to demonstrate compliance with the waiver criteria of 5-1.30(e).

Applicant Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name \_\_\_\_\_

(if different from owner or person in responsible charge) (please print)

