

Synthetic Organic Contaminants (SOC) Waiver Application

Per federal law, community (C) and non-transient non-community (NTNC) public water systems are required to test for synthetic organic chemicals (SOCs) unless they are granted a waiver every 3 years. **A system will only receive a waiver from SOC testing if they accurately and completely fill out this waiver application, submit it on time to the Drinking Water Program (DWP), and receive approval from the DWP.** Based on the information provided, a system may receive a full waiver from all SOC testing, a partial waiver or be ineligible for a waiver.

Please complete and return this form to the DWP **before March 1st** to be considered for a SOC waiver.

PWS NAME:

PWSID #:

Source ID #:

When well pump was installed (this can be an estimate):

INSTRUCTIONS: Please indicate which of the following land use activities are within the specified radius of your source (well or intake) by checking "YES" or "NO".

****For any land use that is checked "YES", please comment on potential risk (e.g. distance to source, approximate area of land use within radius, etc.); include any known chemical use or restrictions.**

Land Use Activity List

Land use activities within a 2,500-ft radius of your source:

Landfills, dumps and/or superfund sites	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>Comments:</i>
Airports, military facilities	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>Comments:</i>
Sludge disposal and/or spreading sites	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>Comments:</i>

Land use activities within a 1,000-ft radius of your source:

Agriculture (spreading, spraying, and/or storage sites, cropland, orchards, bulk grain storage, chemical reclamation, livestock etc.) <i>Comments:</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Herbicides, pesticides, and/or fertilizer usage or sales, garden/nursery, landscaper, golf course <i>Comments:</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Shops/Services (car wash, slaughterhouse, meat packer, food processor, metal plating, wood preserver) <i>Comments:</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Junkyard/Salvage yard <i>Comments:</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Land Use Activity List (continued)

Roads, parking lots, and/or truck terminals <i>Comments:</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Oil Pipeline, electrical transmission line <i>Comments:</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Industrial manufacturer (asphalt, wood, metal, tar, etc.) <i>Comments:</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Wastewater treatment plant and/or impoundment area <i>Comments:</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Groundwater recharge (underground injection sites, snow dumps) <i>Comments:</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Residential homes/housing <i>Comments:</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Research laboratory <i>Comments:</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Recycling/processing center (non-beverage), transfer station, incinerator <i>Comments:</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Railroad line and/or yard <i>Comments:</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Paper mill <i>Comments:</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other potential contamination sources (not included above) <i>Comments:</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

I certify that I am a designated operator of this public water system and, to my knowledge, the information on this form is true and accurate. **(Maine law makes it illegal for persons to make false statements upon an application with the intent to deceive department officials in the course of their official duties. Unsworn Falsification is a Class D misdemeanor offense punishable by up to 364 days incarceration, a fine of up to \$2,000, or both.)**

Print Name _____ Signature _____ Date _____

For DWP Office Use Only: (check boxes that apply)

PI Review:

Info used for review: SNSV Google Maps WHPA Delineation/Watershed Other: _____
 Waiver complete & accurate to the best of my knowledge
 Waiver inadequate & returned to system

PI Initials _____ Date _____

RS Determination: Full waiver Partial waiver No waiver granted

RS Initials _____ Date _____

Waived SOCs: Herbicides Carbamates SVO-Semi-volatiles Toxaphene/Chlordane/PCB Diquat Endothall

Return to: Maine Drinking Water Program, 11 State House Station, Augusta, ME 04333-0011 or to DWPMOR@maine.gov