

# 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 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M M D D Y Y Y Y

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

## For Health Department Use Only

Waiver may be granted for period not to exceed three years, and annual review of granted waivers is required.

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

Reviewing agency to complete these questions:

Does the applicant system meet all applicable waiver criteria of 10NYCRR 5-1.30(e)? ☐ Yes ☐ No

Does this system reliably complete its required monitoring and reporting? ☐ Yes ☐ No

What is the date of most recent sanitary survey (must be within last 12 months) \_\_\_\_\_

Was the system free of significant deficiencies during the sanitary survey? ☐ Yes ☐ No

Was independent microbiological surveillance sampling performed within the past 12 months? ☐ Yes ☐ No

Were independent microbiological surveillance sampling results negative? ☐ Yes ☐ No

Please explain any "No" answers below or on additional paper.

☐ Waiver Approved      Expiration Date            /         /                

M   M   D   D   Y   Y   Y   Y

☐ Waiver Disapproved (list reasons) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Waiver Approved by: \_\_\_\_\_

Signature	Date
_____	_____
Name	Title
_____	_____

Annual review of waiver conditions may be documented on this form (below) certifying that waiver conditions continue to be met.

Waiver review date(s) \_\_\_\_\_ Reviewer (print name & initial): \_\_\_\_\_

Waiver review date(s) \_\_\_\_\_ Reviewer (print name & initial): \_\_\_\_\_

## EXPLANATIONS AND COMMENTS

[illegible]