

Vermont Water Supply Division  
103 S. Main Street  
Waterbury, VT 05671-0403  
1-800-823-6500

# Phase II/V Monitoring Waiver Renewal Application

For Public Community and Non-Transient Non-Community Water Systems

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## General Information

\_\_\_\_\_  
WSID Number

\_\_\_\_\_  
Public Water System Name

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

\_\_\_\_\_  
Water System Responsible Person/Phone Number

\_\_\_\_\_  
Water System Operator/Phone Number

## A. Source Protection Plan Update

A Phase II/V Monitoring Waiver Renewal *cannot be granted* for VOCs or SOCs unless the water system has an approved SPP that has been updated within the last three years.

Does the water source have an approved and up-to-date Source Protection Plan (SPP)?

\_\_\_\_\_ Yes. The SPP was updated on \_\_\_\_\_  
\_\_\_\_\_ No.

## B. Volatile Organic Chemicals (VOCs)

Groundwater Systems: The waiver period is six years. The water system is required to sample once during the waiver period. The waiver must be renewed after the first three years the waiver is in effect. Subsequently, the waiver must be renewed every six years.

Surface Water Systems: The waiver period is three years. The water system is required to sample once during the waiver period. The waiver must be renewed every three years.

Are you applying for a VOC waiver renewal? \_\_\_\_\_ Yes \_\_\_\_\_ No

### C. Synthetic Organic Chemicals (SOCs)

For both Groundwater and Surface Water Systems: The waiver period is three years. The waiver must be renewed at the end of the three-year period.

Are you applying for an **SOC** waiver renewal? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

### D. Inorganic Chemicals (IOCs)

For both Groundwater and Surface Water Systems: The waiver period is nine years. The water system is required to take a minimum of one sample during the waiver period. The waiver must be renewed every nine years.

Are you applying for an **IOC** waiver renewal? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

### Certification

I certify that I am the Responsible Person for this water system, I have the authority to sign this application, and the information in this application is true to the best of my knowledge.

\_\_\_\_\_  
Print Name (Responsible Person)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return completed application to:**

**Billy Kahn, Compliance Coordinator**  
Department of Environmental Conservation  
103 South Main Street  
Water Supply Division  
Waterbury, VT 05671-0403

**Questions? Call 802-241-3423**

<b>FOR OFFICE USE ONLY:</b>
SOCs Due: _____
VOCs Due: _____
Date to SWP: _____
Review by Date: _____
SWP Review Complete:
Date: _____
Reviewer: _____