

**DHS DRINKING WATER PROGRAM
MONITORING REDUCTION REQUEST**

Name of Water System : _____

PWS #: 41 _____

Your Name and Address:

Title: _____

Phone #: _____

System Type: _____

Do you have three rounds of IOCs
and request a monitoring reduction
to every 9 years?

Yes __ No __

Do you have three rounds of arsenic with approved methods
and results reported to the nearest 0.001 mg/l and
request a reduction to every 9 yrs?

Yes __ No __

Are you requesting a reduction from quarterly
to annual nitrate testing for a surface source?

Yes __ No __

Is your source in an area designated by the
Division as vulnerable to source asbestos?
(If yes, submit a topographical map showing
source location)

Yes __ No __

Does your distribution contain asbestos-cement pipe?

Yes __ No

If you are requesting waivers for VOCs/SOCs, are you submitting: (Please attach)

* Your Use or Use/Susceptibility Waiver Application?

Yes __ No

* A Copy of DEQ Certification of your Drinking Water
Protection Plan?

Yes __ No

Signature: _____

Date: _____

Return To: Oregon DHS, Drinking Water Program, PO Box 14450,
Portland, OR. 97293 or fax to (971) 673-0457

* For information on these waivers, please call (541) 726-2587