

Susceptibility Waiver Application for:

Name of Water System:

Name of Drinking Water Source(s)

I, _____, Designated Person (per R309-600) for the _____ Water System, hereby state that I am confident that a susceptibility waiver for VOCs and/or pesticides will not threaten public health.

Signature: _____

Date: _____

Note: We must have a record of the monitoring results of at least one sample from the VOC and/or pesticide parameter group taken in the last five years. A non-detect result is required.