



**Community
Development
Agency**

Environmental Health Department

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Waiver Request Regarding Synthetic Organic Chemical Monitoring in Accordance to Sections 64445 and 64445.1, Article 5.5, Chapter 15, Division 4, Title 22 of California Code of Regulations

Public Water System Name: _____
 Public Water System Number: _____
 Public Water System Owner: _____
 Public Water System Authorized Representative: _____
 Public Water System Source Number(s): _____

The above named public water system owner and/or authorized representative hereby request a water quality waiver, for routine monitoring, for synthetic organic compounds (SOCs) as allowed under the conditions set forth within **Section 64445 and 64445.1, Article 5.5, Chapter 15, Division 4, Title 22 of California Code of Regulations.**

As part of the supporting documents necessary for this waiver, the water system requests to use the sampling data (attached to this application) and the data available at the County of Nevada Department of Weights and Measures regarding historic chemical use in Nevada County. List of SOCs required for monitoring is attached to this request.

Additionally, the water system owner and water system authorized representative, certify that none of the waived SOCs have been previously used, manufactures, transported, stored, or disposed of within the drinking water source watershed or zone of influence.

If granted, the water system would subsequently test for SOC's once every three years. This waiver is only valid for the source(s) listed above for the waiver term of 2026-2028.

A copy of this waiver request shall be distributed to all water system customers via annual Consumer Confidence Reports (CCR) to the water system customers, or posted in a place to be viewed by water consumers.

Public Water System Owner Name: _____
 Public Water System Owner Signature: _____
 Date: _____

Public Water System Authorized Representative Name: _____
 Public Water System Authorized Representative Signature: _____
 Date: _____

For Office Use Only

LPA ID#: _____ Date: _____
 Waiver Term: _____

- Approved
- Denied

Environmental Specialist

Signature