



DUTCHESS COUNTY DEPARTMENT of HEALTH  
 85 Civic Center Plaza - Suite 106  
 Poughkeepsie, NY 12601  
 Tele: 845-486-3404 Fax: 845-486-3545

# Application For a Certificate of Waiver From Disinfection Requirement

Pursuant to the provisions of Part 5 of the New York State Sanitary Code, application is hereby made for the granting of a waiver from the disinfection rules established by this regulation.

Owner of Public Water Supply (PWS) \_\_\_\_\_

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

Name of PWS \_\_\_\_\_ Federal ID # \_\_\_\_\_ Number of Wells \_\_\_\_\_

Location of PWS (T/C/V) \_\_\_\_\_ Number of Service Connections \_\_\_\_\_ Population served \_\_\_\_\_

Has the system received a waiver previously?  Yes  No      Expiration Date of Last Waiver \_\_\_\_\_

**Answer the following questions.** You may explain any answers on the back of this sheet.

	Yes	No
1. Were samples obtained for bacteriological and/or physical characteristics over the past 12 months? Attach results if not previously submitted.	<input type="checkbox"/>	<input type="checkbox"/>
2. Were sample results below the MCLs set by Part 5?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there any direct connections between the drinking water system and boiler water feeds, sewer systems (including softener backwashes), or other equipment which uses chemically treated water?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there any sewage disposal systems (or other contamination hazards) within 200 feet of the well?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all water storage facilities adequately protected?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are all sources of water properly located, constructed, and effectively protected and maintained?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is disinfection equipment currently installed?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are there any other types of treatment in use? Type _____	<input type="checkbox"/>	<input type="checkbox"/>
9. Is adequate pressure maintained throughout the distribution system?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have there been any water emergencies within the last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>

\*Describe any cross connection control program or watershed protection program on the back of this sheet.

Person in Responsible Charge of Water System \_\_\_\_\_ Certification Grade \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Name and Title \_\_\_\_\_ Date \_\_\_\_\_

This waiver may be revoked at any time.

**For DCHD Use**

- This waiver is approved pursuant to 10NYCRR5-1.30(e)
- This waiver is approved pursuant to 10NYCRR5-1.30(f)

Expiration Date \_\_\_\_\_

Official Signature \_\_\_\_\_

Name and Title \_\_\_\_\_ Date \_\_\_\_\_