



# Sampling Requirement or Treatment Technique Waiver Request Form

*Instructions:* Complete Sections A, B and C and submit form to the Dutchess County Department of Health.

## SECTION A. PROJECT INFORMATION

Public Water Supply name: \_\_\_\_\_ PWS ID #: 13 \_\_\_\_\_

Location: Street: \_\_\_\_\_ Town: \_\_\_\_\_

Tax Map ID: \_\_\_\_\_ -- -- -- --

*\* 6 digit lot number required \**

Owner name: \_\_\_\_\_

Operator name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Operator address: \_\_\_\_\_

## SECTION B. JUSTIFICATION

Description of waiver requested: \_\_\_\_\_

Justification: \_\_\_\_\_

If past sample results are the basis for the waiver request, please attach a copy of them.

## SECTION C. OWNER'S SIGNATURE

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SECTION D. FOR HEALTH DEPARTMENT USE ONLY

Granted  Denied  \_\_\_\_\_  
 (Date)

Last sample date: \_\_\_\_\_

Waiver expiration date: \_\_\_\_\_  
 (Date)

Special conditions: \_\_\_\_\_

Reason(s): \_\_\_\_\_

\_\_\_\_\_  
 (Authorized Public Health Official)

\_\_\_\_\_  
 (Date)