



**Community  
Development  
Agency**

**Environmental Health Department**

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***Reduced Monitoring Waiver Request Regarding Volatile 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 reduced monitoring waiver, for routine monitoring, for volatile organic compounds (VOCs) as allowed under the conditions set forth within Sections 64445 and 64445.1, Article 5.5, Chapter 15, Division 4, Title 22 of California Code of Regulations.

A water system can request to waive this requirement every other three year compliance period. If granted, the water system would subsequently test for VOC's once every six years. This waiver is only valid for the source(s) listed above for the waiver term of \_\_\_\_\_ (Choose 2020-2022 or 2023-2025).

Supporting documentation necessary for this reduced monitoring is attached to this request. Additionally, the water system owner and water system authorized representative, certify that none of the VOCs have been previously used, manufactures, transported, stored, or disposed of within the drinking water source watershed or zone of influence.

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