



## Asbestos Waiver Request Form

Water System Name: \_\_\_\_\_

Water System ID Number: \_\_\_\_\_

By signing and submitting this form to DEQ, I am requesting a waiver from monitoring requirements for asbestos in the distribution system. I certify that this PWS does not have asbestos-cement pipe in the distribution system.

Under ARM 17.38.216 (1)(a) DEQ may grant monitoring waiver for PWS that certify the absence of asbestos-cement pipe in the PWS's distribution system.

Upon submittal of this form, DEQ will respond with a letter approving or denying the waiver request. If the waiver is approved, no sample is required however annual public notice is required.

PWS Representative (Owner or Operator):

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

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

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Submittals should be sent to:

Diane Jordan  
Drinking Water Rule Manager  
DEQ PWS Bureau  
P.O. Box 200901  
Helena, MT 59620-0901  
Email: [DJordan3@mt.gov](mailto:DJordan3@mt.gov)  
Fax: 406-444-1374  
Phone: 406-444-6741