



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 but annual public notice is required.

PWS Representative (Owner or Operator):

Signature: _____ Date: _____

Name: _____

Title: _____ Phone #: _____

Email: _____

Submittals should be sent to:

Diane Jordan
Chemical/Radiological/Waiver Rule Manager
DEQ PWS Bureau
P.O. Box 200901
Helena, MT 59620-0901
Email: DJordan3@mt.gov.
Phone: 406-444-6741