



## ASBESTOS MONITORING WAIVER CERTIFICATION STATEMENT

State Form 56955 (5-20)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF WATER QUALITY – DRINKING WATER BRANCH

*Please check the appropriate box, sign the statement, and return it (and any additionally requested documents) to our office within thirty (30) days.*

*By signing this statement, you are certifying that the information is complete and accurate to the best of your knowledge.*

- The public water system listed below does not contain any asbestos-cement pipe.
- The public water system listed below contains asbestos-cement pipe and I have included a copy of a Langelier Index run on the water from my entry point which shows that the water is non-corrosive. ***If your water is found to be corrosive, you will need to monitor for asbestos during 2021 at a location in the distribution system served by asbestos-cement pipe.***
- The public water system listed below contains asbestos-cement pipe and I do not wish to apply for the waiver. ***If so, you must monitor for asbestos during 2021 at a location in your distribution system served by asbestos-cement pipe.***

\_\_\_\_\_  
Public Water System Identification (PWSI) Number

\_\_\_\_\_  
Signature of Operator

\_\_\_\_\_  
System Name

\_\_\_\_\_  
Printed Name of Operator

\_\_\_\_\_  
Mailing Address (number and street)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City, State, and ZIP

Retain a copy of this statement and any supporting documents for your records.

Return a copy of this application to:

Indiana Department of Environmental Management  
OWQ Drinking Water Branch (66-34)  
100 North Senate Avenue  
Indianapolis, IN 46204

E-mail: [dwbmgr@idem.IN.gov](mailto:dwbmgr@idem.IN.gov)