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|  | **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.***

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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)