DUTCHESS COUNTY DEPARTMENT OF HEALTH
85 Civic Center Plaza – Suite 106
Poughkeepsie, NY 12601
Tele: 845-486-3404 Fax: 845-486-3545

Application For a Certificate of Waiver From Asbestos Sampling Requirement

Instructions: Complete Sections A through D and submit form to the Dutchess County Health Department. See below for further instructions.

SECTION A. FACILITY INFORMATION

Name of PWS _____ Federal ID # _____ Number of Wells _____

Location of PWS (T/C/V) _____ Number of Service Connections _____ Population served _____

Owner of Public Water Supply _____ Telephone _____

Mailing Address _____

SECTION B. ENTIRE DISTRIBUTION SYSTEM INFORMATION.

1. Has the system received a waiver previously? ☐Yes ☐No Expiration Date of Last Waiver _____

2. Total miles of distribution pipe _____ 3. Is AC pipe used in the distribution system? ☐Yes ☐No

IF NO AC PIPE IS USED IN SYSTEM, SKIP TO SECTION D

SECTION C. ASBESTOS CEMENT PIPE PORTION OF THE DISTRIBUTION SYSTEM INFORMATION.

4. Total miles of asbestos cement pipe in the distribution system _____ 5. Total population served by AC pipe_____

6. In the table below provide information on the asbestos cement pipe in your distribution system. Attach additional sheets if necessary.

No.	Location	Length (ft.)	Size (in.)	Year installed	Manufacturer
1					
2					
3					
4					
5					
6					

7. Is there now or has there ever been a history of consumer complaints of a light blue fibrous material clogging up faucet, shower and/or washing machine strainers? ☐Yes ☐No

8. Please provide the following chemical parameters for the finished water if available:

Average pH	_____	SU
Average Alkalinity as $CaCO_3$	_____	mg/l
Average Hardness as $CaCO_3$	_____	mg/l
Total Dissolved Solids	_____	mg/l
Temperature	_____	°C
Langelier Index	_____	

SECTION C. ASBESTOS CEMENT PIPE PORTION OF THE DISTRIBUTION SYSTEM INFORMATION, CON'T.

9. Has the finished water ever been analyzed for asbestos fibers? ☐Yes ☐No. If Yes, please provide sample results in MFL (million fibers per liter) or attach laboratory results.

No.	Date	Total asbestos	Chrysotile fibers (if known)	Amphibole fibers (if known)
1				
2				

10. Name, address & telephone number of the laboratory that performed each of the above numbered sample results:

No.	Name	Address	State, Zip Code	Telephone Number
1				
2				

11. Please attach a sketch or map showing the location of all AC pipe in your transmission and distribution system.

Comments: _____

SECTION D. CERTIFICATION

Person completing questionnaire _____

Address _____

Title _____

Pursuant to the provisions of Part 5 of the New York State Sanitary Code, application is hereby made for the granting of a waiver from the Asbestos sampling requirements established by this regulation. I certify that the above information is true and hereby request a waiver from the sampling requirements of 10 NYCRR 5-1.52 Table 8A.

Signed _____ Date _____

For Office Use Only

☐ This waiver is approved pursuant to 10NYCRR5-1.52 Table 8A (footnote #1) Expiration Date _____

☐ This waiver is not approved pursuant to 10NYCRR5-1.52 Table 8A (footnote #1)

Comments _____

Name and Title _____

Official Signature _____ Date _____