



## Application for Arsenic Exemption

1	System Name:	2	PWSID:
3	Contact Person:	4	Phone Number:
5	Address:		
6	Number of people served:	7	Date System Began Operating:
8	Have you received a variance for arsenic? <i>(Has your system previously installed a best available treatment for arsenic that still cannot meet the revised arsenic MCL?)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	Is there an alternative source of water available with lower arsenic levels?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	List dates and results for arsenic samples collected over the past 5 years.		
	<b>Date of Collection</b> <i>(Example February 28, 2001)</i>	<b>Arsenic level</b> <i>(15 ug/L)</i>	
11	Summarize your current treatment process:		

12	What treatment options have you considered for reducing your arsenic levels below 10 ppb?		
13	Current water rate structure, date & amount of last increase:		
14	Does the system have a certified operator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15	What steps have you taken already to meet the new MCL?		
16	What capital improvements are needed, and how much will they cost?		
17	Why can't these improvements be made before January 23, 2006?		
18	If financial assistance is needed, which of the following describes your system (include documentation):		
	• You have entered into an agreement to get the financial assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• You are reasonably likely to get financial assistance from a Federal or State source	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19	Assistance source:	<input type="checkbox"/> Drinking Water State Revolving Fund (DWSRF)	<input type="checkbox"/> Rural Utilities Service (RUS) <input type="checkbox"/> Other:
	Date applied:		Contact (Name & Phone Number):
20	Have you applied for (or already received) an IDEQ planning grant for these improvements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

21	Have you entered into a written and enforceable agreement to become part of a regional PWS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22	If you will begin operation after 1/23/06, why can't your system use another source of drinking water with lower arsenic levels?		
23	Please provide proposed dates for coming into compliance with the revised arsenic rule:		
	• secure funding		
	• finish the capital improvements		
	• begin operating in compliance with the revised MCL		
	<i>Maximum time that you will need to come into full compliance</i>		

Submitted by: \_\_\_\_\_

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

Official Use Only—Please do not write in this section		
Date application received by IDEQ:	Date application received by EPA:	Exemption request was <b>Approved</b> <b>Denied</b>
Date letter sent to system advising of decision:	Date of public hearing:	Date for compliance with revised arsenic MCL:
Application package reviewed by:		
Date of review:		