



Arsenic Exemption Application

1	System Name:	2	PWSID:
3	Contact Person:	4	Phone Number:
5	Address:		
6	Date System Began Operating		
7			
8	What is the range of arsenic levels in your finished water:	High:	Low:
9	Summarize your treatment process:		
10	Arsenic treatment options considered:		
11	Current water rate structure:		
12	Does the system have a certified operator?	YES	NO
13	What steps have you taken to meet the MCL?		
14	What capital improvements are needed?		
15	Why can't these improvements be made before 1/23/06?		

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16	If financial assistance is needed, which of the following describes your system (include documentation):		
	<input type="radio"/> You have entered into an agreement to get the financial assistance	YES	NO
	<input type="radio"/> You are reasonably likely to get financial assistance from a Federal or State source	YES	NO
17	Assistance Source:	DWSRF	RUS
	Date Applied:		Contact:
18	Have you entered into an enforceable agreement to become part of a regional PWS?		YES
			NO
19	How much time do you need to:		
	<input type="radio"/> secure funding		
	<input type="radio"/> finish the capital improvement(s)		
	<input type="radio"/> begin operating in compliance with the revised MCL		
	<i>Total time needed to come into compliance</i>		
20	If you will begin operation after 1/23/06, why can't your system use another source of drinking water with lower arsenic levels?		

Submitted by: _____

Date: _____

Please use the space below to provide any other information that you would like the State to know when considering your request: