

Asbestos Form #1
Asbestos Monitoring and Waiver Determination

Water System Name: _____

PWSID #: _____

In accordance with the Federal Safe Drinking Water Act Regulations, 40 CFR 141.23(5)(b), all community water systems (CWS) and nontransient, noncommunity water systems (NTNCWS) are required to monitor for asbestos in the first three-year compliance period of each nine-year compliance cycle. If a system believes it is not vulnerable to asbestos contamination from its source water or from asbestos cement piping in the distribution system, it may apply for a waiver from asbestos monitoring.

This form includes four sections which will assist systems with identifying waiver eligibility and/or monitoring requirements. Start with Section I and proceed through the additional sections based on your response to each question. Depending on your answers, it may or may not be necessary to complete Asbestos Form #2.

Please be sure to complete all sections of this form, sign, and return, even if you do not want to apply for a waiver.

Section I – Source Water Evaluation

- 1) Does your system use surface water as a source?
Yes [] No [] **If no**, skip to Question # 4 below.
- 2) If yes, provide the number of points of entry associated with surface intakes _____ .
- 3) If yes, you are required to collect a sample for asbestos at each point of entry associated with a surface water intake. Refer to Section II for information on sample collection and analysis.
Continue with this current Section.
- 4) Does your water system use ground water as a source?
Yes [] No [] **If no**, skip to Section III below.
- 5) **If yes to Question # 4**, see attachment A to this form. Review Attachment A - List of municipalities associated with susceptible geological formations. Are any of your wells located in a municipality included on the attached list?
Yes [] No [] **If no**, skip to Section III.
- 6) **If yes to Question # 5**, please list each well (e.g. Well 3/Main Street Well) and each associated point of entry (e.g. TP001001) in the space below. Then proceed to Section II for information on asbestos sample collection and analysis.

Section II – Vulnerable Source Water Sampling

- 1) If you answered yes to questions in Section I regarding the use of surface water as a source, you are required to collect a sample for asbestos at each point of entry associated with a surface water intake as specified below.
- 2) If you answered yes to questions in Section I regarding wells in susceptible geological formations, you are required to collect one sample for asbestos at each point of entry that has a susceptible ground water source as specified below.

- Asbestos sampling and analysis are required to be conducted during the first three-year compliance period (2020 - 2022) of the nine-year cycle.
 - Asbestos analysis must be performed by a laboratory certified by the state to perform Transmission Electron Microscopy (TEM). Information on NJ certified laboratories can be found at <https://www.nj.gov/dep/enforcement/oqa/certlabs.htm> or by calling DEP's Office of Quality Assurance at (609) 292-3950.
 - Analytical Results must be submitted to the Bureau of Safe Drinking Water electronically through the E2 system by the water system's laboratory within 10 days following the end of the required monitoring period. Note that monitoring for asbestos must be conducted within the first three years; therefore samples must be submitted to the Bureau no later than January 10, 2023.
- 3) If you have vulnerable source water and you also have asbestos containing components in your distribution system, then follow the sampling information provided on Asbestos Form #2.

Section III – Distribution System Evaluation

- 1) Does your water distribution network contain any asbestos cement piping/components (ACP)?
 Yes [] No [] If you are unsure, you must confirm by reviewing available records or assume that it may be present (i.e., answer “Yes”).

If yes, complete Asbestos Form #2 (attached) to identify and evaluate the areas served by ACP.

If no, sign and date below to certify that you reviewed available information and that no ACP is present in your distribution system.

Section IV – Certification and Signature

By my signature below, I certify under penalty of law that the information either contained with or within this Form is accurate to the best of my knowledge.

Name (printed)

Title

Phone number

Signature

Date