August 1, 2019

Dear Water System Manager:

Your drinking water system has an asbestos waiver that will expire on December 31, 2019. Enclosed you will find a form to renew this waiver.

Any water system that does not renew their waiver must sample for asbestos. You must renew your waiver by December 31, 2020.

If you have asbestos containing pipe present in your system, you can still obtain a waiver if your Langlier's Index (LI) is greater than zero. You must submit the latest copy of an LI with the waiver form. The LI is analyzed when a sanitary survey is performed, and a copy is sent to you with the survey report. If your water system is served by another water system, you must either obtain their LI report from them or submit a sample to a lab so it can be analyzed.

Your renewal form should be sent to me at the Drinking Water Program in Pierre. When your renewal is approved, you will receive confirmation of this. If you have any questions on this matter, please contact me at the Drinking Water Program.

Sincerely,

Rob Kittay
Drinking Water Program
Phone: 605-773-4208
Fax: 605-773-5286
Email: rob.kittay@state.sd.us
A water system may be granted a waiver from sampling for asbestos. The waiver will be based on consideration of:

1. potential asbestos contamination of the water source,
2. the use of asbestos-cement (AC) pipe for finished water distribution, and
3. the corrosive nature of the water.

This waiver will be in effect for the 2020-2028 current compliance cycle. No sampling is required when granted a waiver. If a waiver is not granted or not renewed, systems must sample according to baseline requirements.

_______________________________ water system requests a waiver for asbestos monitoring based on-

--- No AC pipe is present in the distribution system or as a source construction material OR

--- AC pipe does exist in the distribution system and the water is non-corrosive as evidenced by the last Langlier's Index of ___. (Most recent copy must be enclosed.)

If any AC material is installed or discovered in this water system or if the water becomes corrosive, the Department of Environment and Natural Resources will be notified immediately. All information supplied is true and correct.

Signature _______________________________ Date _______________________________

Title ___________________________________ Phone Number _______________________

Address, City, State, Zip _______________________________________________________

System EPA ID # ______________________ Email Address __________________________

Please submit to: Rob Kittay, SD Drinking Water Program, 523 E Capitol, Pierre SD 57501 or fax to 605-773-5286 or scan/email to rob.kittay@state.sd.us