**Exceptions forms must be completed and submitted to the Department of Health (DOH) with the Annual Summary Report per WAC 246-290-490(4)(b)(iii).**

1. Complete and submit a new Exception form for **each**:
	1. **New** exception granted in report year, ***including*** *exceptions granted in response to a DOH compliance action, even if you’ve already sent manually completed forms to DOH.*
	2. Exception granted before report year, **if** thewater systemdidn’t previously submit an Exceptions form to DOH.
2. Use the **Edit**, **Renew**, and **Cancel** features to address exceptions granted in previous reporting years. You don’t need to submit a **new** form to extend the date of an “old” exception.
3. Don’t save or submit blank **new** forms. Don’t save or submit **new** forms telling us that you didn’t grant any exceptions in the current reporting year.

Part 1: Public Water System (PWS) Information

|  |  |  |
| --- | --- | --- |
| PWS ID:       | PWS Name:       | County:       |

## Part 2: Premises Information

|  |  |
| --- | --- |
| Name of Premises |       |
| Service Address |       |
|       |
| Premises Type or Category – Refer to Table 9 of WAC 246-290-490(4)(b) |       |
| Additional information or comments (to help explain why exception is appropriate):      |

## Part 3: Information Regarding Exception to Premises Isolation

Enter dates in MM/DD/YYYY format.

|  |  |
| --- | --- |
| a. Date of Hazard Evaluation |       |
| b. Date Exception Granted or Renewed |       |
| c. Expiration Date of Exception  |       |
| d. Date of Next Hazard Evaluation |       |

Part 4: Justification for not Requiring Premises Isolation Using AG, RPBA, or RPDA

* The following table shows typical reasons for not requiring mandatory premises isolation. *The WAC doesn’t require purveyors to grant exceptions – exceptions are optional.*
* *Purveyors are not required to follow or apply any of these reasons.*
* Purveyors may provide other reasons consistent with WAC 246-290-490(4)(b)(ii), i.e., no hazard exists, for this particular service connection.

|  |  |
| --- | --- |
| Reason that the Premises *Do Not* Pose a High-Health Hazard to the Public Water System | **Check at****Least One**  |
| Medical/Health Services Facility not having laboratory or similar facilities, no water-connected X-ray equipment, e.g., Psychiatric or Counseling Office, outpatient clinics, etc. | [ ]  |
| Dental Office having independent water supplies for dental work (no interconnection with purveyor’s water system) and digital X-ray equipment, i.e. no water-connected X-ray or other dental equipment. | [ ]  |
| “Bottling Plant” without bottling processes, e.g., Warehousing only. | [ ]  |
| Laundry or Dry Cleaners without cleaning processes on premises, e.g., customer drop-off and/or pick-up only. | [ ]  |
| Marina/Dock for small boat moorage only (no water/sewage facilities on board). | [ ]  |
| Agricultural Premises with “hobby farm” (non-commercial) activities only. | [ ]  |
| Chiropractor’s office with digital X-ray equipment, i.e. no water-connected X-ray or other medical equipment.  | [ ]  |
| Mortuary facility with funeral services only, no water-connected equipment for processing or embalming bodies.  | [ ]  |
| Digital film printing with no water-connected equipment and/or self-contained film processing operation with no water-connected equipment and using only pre-packaged/pre-mixed chemicals. | [ ]  |
| Nursing or boarding home with no water-connected medical equipment, specialized plumbing, or other hazards. | [ ]  |
| Other (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  |

# **Part 5: Form Completion Information**

Enter dates in MM/DD/YYYY format.

|  |
| --- |
| I am the Cross-Connection Control Specialist (CCS) who granted this exception to mandatory premises isolation. I certify that the information provided is complete and accurate to the best of my knowledge. |
| Name1 (Print)**:**  | CCS Cert. No:       |
| Signature: | Date:       |
| Phone: (\_\_\_) \_\_\_-\_\_\_\_ | E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| I am the PWS Manager/Owner, and I concur with the granting of this exception to mandatory premises isolation and certify that the information provided is complete and accurate to the best of my knowledge. |
| Name2 (Print)**:**  | Title:       |
| Signature: | Op. Cert. No:       | Date:       |

1 The CCC Program Manager is generally the CCS responsible for developing and implementing the PWS’s CCC program.

2 The person that the CCC Program Manager reports to or other manager having direct responsibility for and/or oversight of the CCC program. This person doesn’t need to be in charge of the entire water system.

If you need this publication in an alternate format, call (800) 525-0127. For TTY/TDD, call (800) 833-6388.