



Exception Cancellation Form for Annual Summary Report High-Hazard Premises Isolation Requirements

PWS ID:	PWS Name:	County:
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Part 1: Instructions

- To cancel an exception, complete and submit this Exception Cancellation form.
- You may **Edit** and **Print** submitted Exception Cancellation forms from the **Exceptions List Screen**.
- If you cancel an exception by mistake, you'll need to submit a new Exception form.

Part 2: Premises Information

Name of Premises
Service Address
Premises Type or Category – Refer to Table 13 of WAC 246-290-490(4)(b)

Part 3: Cancellation Reason

Select one. If more than one reason applies, select **Other or More Than One** and describe in **Comments**.

<input type="checkbox"/>	Out of Business
<input type="checkbox"/>	Change in Use of Premises
<input type="checkbox"/>	No Longer Meets Exception Criteria
<input type="checkbox"/>	Change in PWS Policy
<input type="checkbox"/>	Other or More Than One (describe in Comments)
Comments	
Date Exception Cancelled	

Part 4: Report Certification and Contact Information

Designated CCS/CCC Program Manager ¹		
I am the Cross-Connection Control Specialist (CCS) who cancelled this Exception to mandatory premises isolation. I, _____, certify that the information in this form is true, complete and accurate to the best of my knowledge.		
Name	Title	CCS Cert #
Email Address	Phone	Phone Ext.

PWS Manager ²		
Name	Title	Op Cert #
Email Address	Phone	Phone Ext.

¹ The CCS Responsible for developing and implementing the PWS's CCC program (CCC Program Manager).

² The person the designated CCS/CCC Program Manager reports to or other manager having direct oversight of the CCC program.