

REQUEST FOR A WAIVER FROM THE MONITORING REQUIREMENTS FOR GLYPHOSATE

PWSID NO. CO0 _____

COUNTY _____

Public Water System Name: _____

I hereby certify that the above referenced public water system is employing continuous disinfection at the water supply and maintains a free chlorine residual at some point in the treatment process.

I request that the State of Colorado Department of Public Health and Environment waive the requirement to monitor for glyphosate.

Signature of Legal Authority
(Example: owner, mayor, president
of the board, district manager)

Date

Title



**Colorado Department
of Public Health
and Environment**

Signature of Certified Water
Treatment Operator

Date

Please mail form to:

WQCD-CADM-B12
Attention: Lauren Worley
4300 Cherry Creek Drive South
Denver, CO 80246-1530