



Exceptions to High-Health Hazard Premises Isolation Requirements Annual Summary Report Year: _____

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**:
 - a. **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.*
 - b. Exception granted before report year, **if** the water system didn'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:
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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

Name of Premises: _____

- 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 <i>Do Not</i> 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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
"Bottling Plant" without bottling processes, e.g., Warehousing only.	<input type="checkbox"/>
Laundry or Dry Cleaners without cleaning processes on premises, e.g., customer drop-off and/or pick-up only.	<input type="checkbox"/>
Marina/Dock for small boat moorage only (no water/sewage facilities on board).	<input type="checkbox"/>
Agricultural Premises with "hobby farm" (non-commercial) activities only.	<input type="checkbox"/>
Chiropractor's office with digital X-ray equipment, i.e. no water-connected X-ray or other medical equipment.	<input type="checkbox"/>
Mortuary facility with funeral services only, no water-connected equipment for processing or embalming bodies.	<input type="checkbox"/>
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.	<input type="checkbox"/>
Nursing or boarding home with no water-connected medical equipment, specialized plumbing, or other hazards.	<input type="checkbox"/>
Other (please describe): _____	<input type="checkbox"/>

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.		
Name ¹ (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.		
Name ² (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.

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