

## PFAS Initial Compliance Monitoring Schedule Change Request Form: Instructions

This form is provided to assist Community Water Systems (CWS) and Nontransient Noncommunity Water Systems (NTNCWS) comply with EPA's Fifth Unregulated Contaminant Monitoring Rule (UCMR 5) as well as the compliance sampling required under Pennsylvania's PFAS MCL Rule. The Department has included in the final rulemaking a clause in the initial monitoring requirements at § 109.301(16)(i) that allows for a modification of the timing of the initial monitoring period to coincide with UCMR 5 monitoring. This form also serves as a formal written notice to the Department that a CWS or NTNCWS requests to amend their initial compliance monitoring schedule required under PA's PFAS MCL Rule according to § 109.301(16)(i) to coincide with monitoring associated with UCMR 5.

In order for the same set of data to count for both UCMR 5 monitoring and PA initial compliance monitoring, the schedules for both must align. **Important note: It is the responsibility of the public water system (PWS) to ensure that the schedules align**, if so desired by the PWS. If the schedules do not align, the PWS may submit a written request to modify their PA initial compliance monitoring schedule to coincide with their UCMR 5 schedule using this form.

Alternatively, the PWS may request a modification of their UCMR 5 monitoring schedule to coincide with their PA initial compliance monitoring schedule. Please see below for details on how to change your UCMR 5 monitoring schedule:

- **For Small/Medium Water Systems (≤ 10,000 people)**
  - Contact the EPA contractor for UCMR 5 at [UCMR5@glec.com](mailto:UCMR5@glec.com) or 1-800-949-1581 for schedule changes **(before and/or after December 31, 2022)**
- **For Large Water Systems (> 10,000 people)**
  - Schedules can be modified in their CDX/SDWARS 5 account up to **December 31, 2022**
  - By emailing [UCMR\\_Sampling\\_Coordinator@epa.gov](mailto:UCMR_Sampling_Coordinator@epa.gov) **after December 31, 2022**

**It is important to note that in order for the same set of data to count toward both UCMR 5 and PA initial compliance monitoring, it must meet requirements of both rules.** For PA initial compliance monitoring, it must be conducted according to all requirements in the rule. Specifically, it must be collected properly and within the required time frame, with the required number and frequency of samples, analyzed using one of the approved methods, analyzed by a laboratory accredited in PA for analysis by one of those methods, meet all applicable QA/QC requirements, and be reported appropriately and on time. For UCMR 5, it must be analyzed by the UCMR 5 specified methods by a laboratory approved by EPA for UCMR 5.

Below is a list of laboratories that are both UCMR 5 approved and PA accredited:

| Lab Name                                       | Address  | Phone Number   |
|--|--|----------------|
| Alpha Analytical                               | 320 Forbes Blvd, Mansfield, MA 02048             | (508) 898-9220 |
| Eurofins Eaton Analytical LLD-Monrovia, CA     | 750 Royal Oaks Dr, Suite 100, Monrovia, CA 91016 | (626) 386-1100 |
| Eurofins Eaton Analytical, LLC - South Bend    | 110 South Hill St, South Bend, IN 46617          | (574) 233-4777 |
| Pace Analytical Services LLC - Ormond Beach FL | 8 E. Tower Circle, Ormond Beach, FL 32174        | (386) 672-5668 |

## I. General Information

The purpose of Part I. is to identify the PWS completing the form and requesting the schedule change.

- **PWS Name:** The name of the water system
- **PWSID:** The seven-digit PWS identification number assigned by DEP
- **Responsible Official:** The name of the individual identified as the responsible official for the PWS
- **Phone Number:** The best contact number for the person completing the form
- **PWS Address:** The mailing address of the PWS
- **E-mail:** The best contact E-mail for the person completing the form
- **Name of individual(s) completing this form:** The name of the person completing the form
- **Date Completed:** The date the form is completed

## II. Compliance Monitoring Start Date

The purpose of Part II. is to identify the PWS population, the UCMR 5 schedule, the default initial compliance monitoring start date according to the PFAS MCL Rule, and the requested initial compliance monitoring start date in order to coincide with the UCMR 5 schedule.

- **Population:** The population of individuals served by the PWS
- **UCMR 5 monitoring start date:** The date on which the PWS is scheduled to begin monitoring under UCMR 5
- **PA Initial Compliance Monitoring Start Date:** The default start date according to the requirements of Pennsylvania's PFAS MCL rule. Below are the start dates identified in the rule, according to PWS population:
  - More than 350: January 1, 2024
  - Less than or equal to 350: January 1, 2025
- **Requested PA Initial Compliance Monitoring Start Date:** The initial monitoring start date that the PWS is requested to change to, in order to align with UCMR 5 monitoring.

## III. Verification

The purpose of Part III. is to verify the information provided in the form. It should be signed by the responsible official.

### Form Submission

Complete this form and submit it to the Department by the following dates:

- (1) By (insert date), for systems requesting to begin initial compliance monitoring in 2023.
- (2) By (insert date), for systems requesting to begin initial compliance monitoring in 2024.
- (3) By (insert date), for systems requesting to begin initial compliance monitoring in 2025.

The completed form is to be addressed to: PA DEP – Safe Drinking Water and sent to the address of the appropriate District Office or County Health Department (CHD) having jurisdiction over the water system; District Office and CHD addresses by county can be found within DEP document number 3930-FM-BSDW0560. This document can be located on eLibrary at [www.depgreenport.state.pa.us/elibrary](http://www.depgreenport.state.pa.us/elibrary); click on "Search", and type "3930-FM-BSDW0560" into the search window.

## PFAS Initial Compliance Monitoring Schedule Change Request Form

### I. General Information

|   |                 |
|---|-----------------|
| PWS Name:                                   | PWSID:          |
| Responsible Official:                       | Phone Number:   |
| PWS Address:                                | E-mail:         |
| Name of individual(s) completing this form: | Date Completed: |

### II. Compliance Monitoring Start Date

|  |   |
|--|---|
| Population:                                  | UCMR 5 monitoring start date:                                 |
| PA Initial Compliance Monitoring Start Date: | <i>Requested</i> PA Initial Compliance Monitoring Start Date: |

### III. Verification

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information and belief.

|            |       |
|------------|-------|
| Signature: | Date: |
|------------|-------|

*For DEP use only:*

Date Received: \_\_\_\_\_

Approved:  Yes  No

*If approved,*

Send approval letter (Date completed: \_\_\_\_\_)

Send email to EP, PADWIS to request initial monitoring start date change (Date Completed: \_\_\_\_\_)