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

**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**.

|  |  |
| --- | --- |
| Out of Business | |
| Change in Use of Premises | |
| No Longer Meets Exception Criteria | |
| Change in PWS Policy | |
| Other or More Than One (describe in Comments) | |
| Comments |  |
| Date Exception Cancelled |  |

**Part 4: Report Certification and Contact Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Designated CCS/CCC Program Manager1 | | | | | |
| 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 Manager2 | | | | | |
| 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.

CCC Exception Cancellation DOH Form 331-571-F (Rev. 02/18)