

**Department of Public Health
Drinking Water Section
Drinking Water State Revolving Fund**

Certification of Compliance – Project Signage

PWS Name: _____

PWS ID: _____

Town: _____

DWSRF Project Name: _____

DWS Project Number: _____

Project Signage Details:

The above referenced construction project that received funding from the Drinking Water State Revolving Fund has complied with the Connecticut Department of Public Health – Drinking Water Section’s Project Signage Guidelines dated 9/23/2021 in the manner identified below:

Check all that apply. Fill in or attach, as appropriate, the applicable requested information.

- ☐ Option 1: Standard Signage – sign erected at or near the project location
 - a. Date sign was erected: _____
 - b. Attach photo of sign
- ☐ Option 2: Mail or hand delivery to customers
 - a. Date distributed to customers
 - b. Method of delivery (check all that apply):
 - ☐ Hand delivery
 - ☐ Mail delivery
 - ☐ Other (specify): _____
 - c. Attach copy of pamphlet
- ☐ Option 2: Signage posted on website
 - a. Date sign was posted: _____
 - b. URL Address of website: _____

Certification:

I hereby certify that the information provided above is true and correct to the best of my knowledge.

Name (please print): _____

Title: _____

Signature: _____

Date: _____