<u>CERTIFICATION OF COMPLIANCE</u> <u>PUBLIC NOTIFICATION</u>

Public Water System Name:		
Public Water System Town:		
Public Water System ID:		
Water System Facility:		
Reason for Public Notification:	Ground Water Source Sample Po	ositive for Fecal Indicators (E.coli)
Compliance Period:		
Date situation was reported to th	e Department of Public Health:	
		public notice has been provided to juirements of Title 40 Code of Federa
Methods and Dates of Distribution	on (check all that apply and indicate	e date):
☐ Notice Posted on		
☐ Notice Mailed or Hand I	Delivered on	
Notice published in	(newspaper, newsletter, CCR, etc.)	on
Other Delivery Method:		on
Signature of Owner or Certified Ope	erator	Date

PUBLIC NOTIFICATION

Important Information About Your Drinking Water

Ground Water Source Sample Tested Positive For Fecal Indicators (E. Coli)

Este informe contiene información importante acerca de su agua potable. Haga que alguien lo traduzca para usted, o hable con alguien que lo entienda.

Date:			
To the Customers of:		PWS ID:	
Water System Facility:			
Title 40 Code of Federal Regulation (C.F.R.) § 141.402 and § 14 water source samples if one or more of its routine monthly discuster system detected fecal indicators (<i>E. coli</i>) in a source of support of the control	tribution system semples era		
What does this mean? Inadequately treated or inadequately protected water may comicrobes whose presence indicates that the water may be containwastes can cause short-term health effects, such as diarrhea, compose a special health risk for infants, young children, some of the systems.	minated with human or anima camps, nausea, headaches, or	al wastes. Microbes in these other symptoms. They may	
What should I do? You are urged to take the precautions indicated below before any human consumption of water including: drinking, food preparation, making coffee or ice, dishwashing, or the brushing of teeth. Please consult your physician if you have any medical questions or concerns.			
 Boiling the water for one minute to inactivate any bacteria that may be present; OR Using bottled water or an alternate source of approved drinking water. 			
What is being done?			
We expect to return to compliance or resolve the situation by	(date)		
If you have any questions please contact		or at the	
Please share this information with all the other people who dring this notice directly (for example, people in apartments, nursing posting this notice in a public place or distributing copies by ham	ng homes, schools, and busin		