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

Public Water System Name:		
Public Water System Town:		
Public Water System ID:		
Water System Facility:	WSF ID: 00600 (Distribution System	m)
Reason for Public Notification:	Acute Total Coliform (E.coli./Fecal	Coliform) MCL Violation
Compliance Period:		
Date situation was reported to th	e Department of Public Health:	
	cated above hereby affirms that pul- ne delivery, content, and format require State Agencies.	
Methods and Dates of Distribution	on (check all that apply and indicate da	ite):
☐ 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 On	orator	Data

PUBLIC NOTIFICATION

Important Information About Your Drinking Water

Maximum Contaminant Level Violation - FECAL COLIFORM / 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 I	ID:
Compliance Period:		
Our public water system recently violated a drinking water stathappened and what we did to correct this situation. We routinely required water quality tests during the period above indicated the system.	y monitor for drinking water contam	ninants. The results of
What does this mean? The United States Environmental Protection Agency (EPA) has concern. E. coli is bacteria whose presence indicates that the wa Microbes in these wastes can cause diarrhea, cramps, nausea, h health risk for infants, young children, the elderly, and people w	ter may be contaminated with human eadaches, or other symptoms. They n	n or animal waste. nay pose a special
What should I do? You are urged to take the precautions indicated below before are preparation, making coffee or ice, dishwashing, or the brushing of		luding: drinking, food
 Boiling the water for one minute to inactivate any bacter Using bottled water or an alternate source of approved d 	· -	
People at increased risk (i.e. infants, young children, the elesystems) should seek advice from their health care proving physician if you have any other medical questions or concerns.		
What is being done?		
We expect to return to compliance or resolve the situation by	(date)	
If you have any questions please contact	by phone at	or at the
Please share this information with all the other people who drin this notice directly (for example, people in apartments, nursin posting this notice in a public place or distributing copies by har	ng homes, schools, and businesses).	