NOTICE TO WATER SYSTEM USERS

DISINFECTION BYPRODUCTS MONITORING VIOLATION

We, _____ Water System, I.D. _____, located in _____ County are required to monitor your drinking water for specific contaminants on a regular basis Results of regular monitoring are an indicator of whether or not your drinking water meets health standards. During the ☐ month(s) of _____ _____ or ☐ quarter(s) _____ in the year of _____ we did not monitor or test for ☐ Total Trihalomethanes, ☐ Haloacetic Acids, or ☐ Bromate and therefore cannot be sure of the quality of your drinking water during that time.

At this time:

☐ No action is required by the users.

☐ Samples will be collected in the future as required.

☐ Other information for customers:

For more information, contact _____ at ( )_____ or at _____.
(owner or operator) (phone number) (address)

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses.) You can do this by posting this notice in a public place or distributing copies by hand or mail.

This notice is sent to you by _____ Water System on ____/____/____

Disinfection Byproducts Monitoring Public Notice Certification Form
The purpose of this form (below) is to provide documentation to the department that public notice was distributed. Please check the appropriate box and fill in the date that the notice was distributed:

☐ Notice was mailed to all water customers on ____ / ____/____.

☐ Notice was hand delivered to all water customers on ___ / ___ /___.

☐ Notice was posted (*with department approval*) at:
_____ on ___ / ___ /____.

Washington State Department of Health
Division of Environmental Health
Office of Drinking Water

_____ _____ _____
Signature of owner or operator Position Date

If you need this publication in an alternate format, call (800) 525-0127. For TTY/TDD call (800) 833-6388.

Send copy of completed notification and certification to:

☐ Northwest Drinking Water
Department of Health
20435 72nd Ave S, Suite 200
Kent, WA 98032-2358
Phone: (253) 395-6750
Fax: (253) 395-6760

☐ Southwest Drinking Water
Department of Health
PO Box 47823
Olympia, WA 98504-7823
Phone: (360) 236-3030
Fax: (360) 664-8058

☐ Eastern Drinking Water
Department of Health
16201 E Indiana Ave, Suite 1500
Spokane Valley, WA 99216
Phone: (509) 329-2100
Fax: (509) 329-2104