

# NOTICE TO WATER SYSTEM USERS

## COLIFORM MAJOR 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 of \_\_\_\_\_ we did not monitor or test for coliform bacteria, 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.
- Our routine coliform sample required for the month of \_\_\_\_\_ has been collected and was found to show no presence of coliform bacteria.
- 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

### Coliform Major 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 \_\_\_\_/\_\_\_\_/\_\_\_\_.



\_\_\_\_\_  
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 72<sup>nd</sup> 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