

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 ____/____/____.



Signature of owner or operator

Position

Date

The Department of Health is an equal opportunity agency. For persons with disabilities, this form is available on request in other formats. To submit a request, please call 1-800-525-0127 (TTY 1-800-833-6388).

Send copy of completed notification and certification to:

- Eastern Regional Office, 16201 E. Indiana Ave., Suite 1500, Spokane Valley, WA 99216 or fax to (509) 329-2104
- Northwest Regional Office, 20435 72nd Ave South, Suite 200, Kent WA 98032 or fax to (253) 395-6760
- Southwest Regional Office, PO Box 47823, Olympia WA 98504 or fax to (360) 664-8058