NOTICE TO WATER SYSTEM USERS
Reliably & Consistently Under the Maximum Contaminant Level (MCL)
ANNUAL NITRATE MONITORING VIOLATION FORM

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. We are required to collect a nitrate sample for Source #____ each year, between the months of _____ and _____. During _____, we did not monitor or test for nitrate 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 nitrate sample required to be collected between _____ *and* _____ *(current year)* has been collected.

☐ Samples will be collected in the future as required.

☐ Other information for customers:

For more information, please 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 __/__/__

R & C Under the MCL Annual Nitrate Monitoring Public Notice Certification Form

(This section must be completed by the Water System. A signature below indicates the notice contained all required elements.)

Complete the following items (check all that apply):

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

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

☐ Notice hand-delivered to all water customers on ___ / ___ /___

☐ Notice published in newspaper (attach copy)

☐ Notice posted at _____ on ___ / ___ / ____
(***By Department Approval Only***)

_____ _____ _____
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 a copy of completed notification and certification to:
Office of Drinking Water, Water System Support Section, PO Box 47822, Olympia, WA 98504-7822 or fax to (360) 236-2252

DOH Form #331-416 (10/08)