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
  20425 72nd Ave S, Suite 310
  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

DOH Form 331-163 (Updated 08/10)