



Notice to Water System Users: Coliform Monitoring Violation

331-163-F • Revised 3/25/2022

Water System: _____ ID # _____ County: _____

is required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring indicate whether your drinking water meets health standards. During the month of _____ we either did not monitor or test for coliform bacteria or collected fewer samples than we were required to collect. Therefore, we cannot be sure of the quality of your drinking water during that time.

At this time:

- ☐ No action is required by the users.
- ☐ We collected the routine coliform sample required for the month of _____ and the lab found no coliform bacteria.
- ☐ We will collect samples 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 Monitoring Public Notice Certification Form

By completing the information below, we certify to the state Department of Health that we distributed public notice to our customers.

Please check the appropriate box and fill in the date you distributed the notice:

- ☐ Notice was mailed to all water customers on _____
- ☐ Notice was hand delivered to all water customers on _____.
- ☐ Notice was posted *with Department of Health approval* at:
_____ on _____



Sign below and send this completed notification and certification form to us at the address checked below (next page).

Signature of owner or operator

Position

Date

**Northwest Region**NWRO.coli@doh.wa.gov

Fax: 253-395-6760

**Southwest Region**SWRO.Coli@doh.wa.gov

Fax: 360-236-3029

**Eastern Region**ero.coli@doh.wa.gov

Fax: 509-329-2104



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov. If in need of translation services, call 1-800-525-0127.