



# Public Notification Certification Form

## Tiers 1, 2 & 3

Requirements Pursuant to 40 CFR 141, Subpart Q and NYSDOH Part 5

*This form and a copy of your Notice to the Public must be submitted to the State within 10 days of notifying your customers*

**PWS ID #:** \_\_\_\_\_ **Water System Name:** \_\_\_\_\_

**Violation or Situation Date:** \_\_\_\_\_

**Violation or Situation Type:** (Check appropriate box)  MCL  Treatment Technique  Water Main Break  
 MRDL  E. coli Positive Source Water Sample  Monitoring and Reporting  Other: \_\_\_\_\_

**For RTCR Assessment Violations Only:**  Level 1 Treatment Technique  Level 2 Treatment Technique

**Public Notification Tier:** (Check appropriate box)  Tier 1  Tier 2  Tier 3

**If this is ongoing Public Notification, please check the box:**

**Please check all that apply and provide information as indicated below:**

1.  Consulted with DCDoH within 24 hours (Tier 1) or 48 hours (Tiers 2 & 3) Date: \_\_\_\_\_
2.  Provided PN to all owners and operators of consecutive systems you sell to Date: \_\_\_\_\_  
 Not Applicable

List Water systems and PWS ID Numbers:

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3. Distributed the Public Notice by the following method(s) and on the following date(s) in accordance with 40 CFR 141.201:

Required methods for Tier 1 (must distribute Notice in a minimum of one of the following ways within 24 hours):

- |  |             |
|--|-------------|
| <input type="checkbox"/> Appropriate broadcast media (radio, TV)                           | Date: _____ |
| <input type="checkbox"/> Posting of notice on system website* (URL: _____)                 | Date: _____ |
| <input type="checkbox"/> Posting of notice in conspicuous locations throughout area served | Date: _____ |
| <input type="checkbox"/> Hand delivery of the notice to persons served                     | Date: _____ |
| <input type="checkbox"/> Email and Robocall*   | Date: _____ |
| <input type="checkbox"/> Other*: _____   | Date: _____ |

\*requires prior Health Department approval)

*Continued on page 2.*

Office use only
Received by: _____
Date: _____
Approved date: _____

Required methods for Tier 2 and Tier 3 (must choose a minimum of one distribution method from (a) and (b)):

- (a)  Separate Mailing to each customer receiving a bill Date: \_\_\_\_\_
- Hand Deliver Notice to Customers Date: \_\_\_\_\_
- For Tier 3 Only:** In the Annual Report Date: \_\_\_\_\_
  
- (b)  Publish Notice in Newspaper Date: \_\_\_\_\_
- Post Notice on System Website Date: \_\_\_\_\_
- Billing Date: \_\_\_\_\_
- Reverse 911 Date: \_\_\_\_\_
- Continuously Post (required for non-community water systems) Date: \_\_\_\_\_
- Other (primacy agency approved): \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Non-community water systems that serve a school, preschool or daycare must also hand deliver the notice to a parent or legal guardian of each child for Tier 1, 2 and 3 violations and situations. For more information, reference EPA's Public Notification Rule Compliance Help for Water System Owners and Operators website at: <https://www.epa.gov/dwreginfo/public-notification-rule-compliance-help-water-system-owners-and-operators>

4.  **Attach a copy of the completed Public Notice(s) to this certification form. The public water system named above hereby certifies that public notification has been provided to its consumers in accordance with all delivery, content, and format requirements specified in 40 CFR Part 141 and the NYS Sanitary Code Part 5.**

**Owner / Executive Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Operator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_