

40/30 Certification Letter

Complete and mail to:

Stage 2 DBPR
US EPA-IPMC
P.O. Box 98

Dayton, OH 45401-0098 or Fax to 937-586-6557 or 513-552-1935

Public Water Supply (PWS) Information

PWS Name: _____ PWS ID: _____

Street Address: _____

City: _____ State: _____

Zip: _____

Population Served: _____

Source Water Type: Surface Water (or Ground Water Under Direct Influence of Surface Water)
 Ground Water

System Type: Community Water System
 Non-Transient Non-Community Water System

Contact Person

Name: _____ Title: _____

Phone Number: _____ Fax Number (if available): _____

Email Address (if available): _____

Certification

*I hereby certify that each individual Stage 1 DBPR compliance sample collected **in the Summer 2007** was less than or equal to 0.040 mg/L for TTHM and 0.030 mg/L for HAA5. I understand that to be eligible, each individual sample must be equal to or below these values. I also certify ~~and submit documentation~~ that this PWS collected all required Stage 1 samples and did not have any Stage 1 monitoring violations during this time period.*

Signature: _____

Date: _____