

PUBLIC NOTIFICATION CERTIFICATION FORM

Within ten (10) days of posting a required public notice, please mail this form with public notification attached to:

Eastern Idaho Public Health District
Environmental Section
1250 Hollipark Drive
Idaho Falls, ID 83401
www.phd7.idaho.gov

PWS Name: _____

PWS#: _____

Public Notification Issued for Violation Described Below:

Date of Violation: _____

This public notice was issued by the following methods on the dates shown:

Mass Media Notification:

Date:

Direct Mail, Hand Delivery, or Water Bills:

Date:

The Idaho public water system indicated above hereby affirms that public notice has been provided to consumers in accordance with the delivery, content, and format requirements and deadlines in *IDAPA 58 – Idaho Rules for Public Drinking Water Systems*.

Signature of owner or operator

Date