

APPENDIX F

Public Notice Certification & Self-Assessment Form

As you prepare your PN, you **must** complete a certification and self-assessment form. After you issue your PN, the Public Notice Certification/Self-assessment form must be signed and submitted to the Illinois EPA along with a copy of the issued PN.

The certification is verification that the PN was issued as required by regulation. The self-assessment portion of the certification is a “check list” of the mandatory PN elements. Failure to complete the self-assessment **PRIOR** to issuing public notice may result in not receiving credit for issuing a satisfactory notice and may require the water supplier to issue PN a second time.

Public water supplies, **within 10 days** of completing the public notification requirements for the initial public notice and any repeat notices, **must** submit a completed and signed PN Certification/Self-Assessment Form and a copy of the public notice to the Illinois EPA.

Please mail to: PN Coordinator
 Illinois EPA /BOW/CAS #19
 P.O. Box 19276
 Springfield, IL 62794



Illinois EPA Public Notice Certification and Self-Assessment

This form is required to be submitted as a means to certify that your Public Notice (PN) met all state and federal requirements. The owner, administrative contact, or responsible operator in charge must sign this certificate of acceptance acknowledging compliance with Illinois Environmental Protection Agency's Primary Drinking Water Standards found in Part 611 Subpart V: Public Notification of Drinking Water Violations.

Please complete the self-assessment and delivery certification, sign, and return it along with a copy of the issued public notice to the Illinois EPA, Public Notification Coordinator, BOW/CAS #19, 1021 North Grand Avenue East, P.O. Box 19276, Springfield, Illinois 62794-9276.

PWS ID No.: _____ Name: _____

PN Self-Assessment

This section must be completed **PRIOR** to issuing your public notice

Violation description: _____ (e.g., *Coliform Monitoring*)

Date violation occurred or Monitoring Period, if applicable: _____ (e.g. *July 2010*)

| | |
|---|--|
| Please certify completion of each public notice requirement by <u>checking each box</u> . Failure to certify completion of each requirement may result in no credit for issuing a satisfactory public notice and additionally may result in a Public Notice Violation. | |
| <u>Check Each Box to Acknowledge Fulfillment of PN Requirement or if statement is Not Applicable, enter "NA"</u> | |
| <input type="checkbox"/> | PN includes a description of the violation or situation, including the contaminants of concern, and (as applicable) the contaminant levels |
| <input type="checkbox"/> | PN includes when the violation or situation occurred |
| <input type="checkbox"/> | PN includes all potential adverse health effects from the violation or situation. |
| <input type="checkbox"/> | PN includes the population at risk, including subpopulations particularly vulnerable if exposed to the contaminant in their drinking water |
| <input type="checkbox"/> | PN includes information as to whether alternative water supplies should be used |
| <input type="checkbox"/> | PN includes what actions consumers should take, including when they should seek medical help, if known |
| <input type="checkbox"/> | PN includes what the supplier is doing to correct the violation or situation |
| <input type="checkbox"/> | PN includes when the water supplier expects to return to compliance or resolve the situation |
| <input type="checkbox"/> | PN includes the name, business address, and phone number of the water system owner, operator, or designee of the public water system who can provide additional information concerning the notice |
| <input type="checkbox"/> | PN includes the following statement to encourage the notice recipient to distribute the public notice to other persons served, using this standard language (where applicable): <i>"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."</i> |
| <input type="checkbox"/> | If PN resulted from a MCL, MRDL, or treatment technique violation, the standard health effects language as specified in the Sample Collector's Handbook, Chapter 2 PN Appendix B is included. Enter "NA" if not applicable |
| <input type="checkbox"/> | If PN resulted from a monitoring violation or testing procedure, our PN includes the following statement: <i>"We 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 (compliance period), we "did not monitor or test" or "did not complete all monitoring or testing" for (contaminants), and therefore cannot be sure of the quality of your drinking water during that time."</i> Enter "NA" if not applicable |
| <input type="checkbox"/> | PN was displayed in a conspicuous way. It did not contain overly technical language or very small print; was not formatted in a way that defeats the purpose of the notice; and did not contain language that nullifies the purpose of the notice. |

PN Delivery Certification

This section must be completed **AFTER** your public notice is issued to consumers

Under certain situations, i.e., acute violations, immediate consultation with the Illinois EPA Regional Field Operations Staff was required at the time. **If this is applicable**, list who and date of contact.

Contacted: _____ (IEPA contact name) on _____ (date)

| Method of Distribution | | <i>Date Issued</i> |
|--------------------------------------|---|--------------------|
| <i>Check all that are applicable</i> | | |
| <input type="checkbox"/> | Direct mailed to each bill paying customer | |
| <input type="checkbox"/> | Distributed using a circular/shopper/newsletter that is sent to each bill paying customer via direct mail (<i>free of charge</i>) | |
| <input type="checkbox"/> | List Publication Name Here: _____ | |
| <input type="checkbox"/> | PN was Hand Delivered to each bill paying customer | |

Signature of Owner, Administrative Contact, or Responsible Operator in Charge

Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))

I _____ (print name), hereby certify that the public water system indicated on page 1 hereby affirms that public notice has been provided to consumers in accordance with the delivery, content, and format requirements and deadlines in the Illinois Environmental Protection Agency's Primary Drinking Water Standards found Part 611 SubPart V: Public Notification of Drinking Water Violations.

Signature _____ Date _____

Title _____ Telephone (____) _____

This Agency is authorized to require this information under 415 ILCS 5/17.5. Failure to disclose this information may result in a civil penalty of not to exceed \$50,000 for the violation and an additional civil penalty of not to exceed \$10,000 for each day during which the violation continues (415 ILCS 5/42). This has been approved by the Forms Management Center.

IL532-2626

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