Illinois Environmental Protection Agency

2520 West Iles Avenue • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

Lead Consumer Informational Notice Certification Form

NOTE: Please complete this form online, save a copy locally, print, sign, and submit it to:

> Lead/Copper Coordinator
> Illinois EPA
> Bureau of Water Compliance Assurance Section, Mail Code #19
> 2520 West Iles Avenue
> PO Box 19276
> Springfield, IL 62794-9276

If you have any questions, please call the Lead/Copper Coordinator at 217-785-0561.

PWS Name: _____   PWS Number: _____

Contact Person: _____   Phone Number: _____   Today's Date: _____

Monitoring period to which the notice applies (e.g., June - Sept. 2015): _____

The last result for the period was received from the laboratory on: _____

All results were provided to consumers by (date): _____

*Please **initial** each box verifying that the mandatory requirement was completed.*

The water system also certifies that these results and the following information were provided to such persons within 30 days of receiving the test results from the laboratory:	
	Individual tap results from lead tap water monitoring
	An explanation of the health effects of lead
	Steps that consumers can take to reduce exposure to lead in drinking water
	Contact information for your water utility
	The maximum contaminant level goals and action levels for lead, and the definitions of these two terms

DELIVERY METHOD

*Please **initial** each applicable box.*

The result/information notice was distributed by the following method(s)	
	By Direct Mail
	By Hand Delivery
	By Electronic Mail
	Other

<u>Signature of Owner, Administrative Contact, or Official Custodian</u>

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, _____ , hereby certify that the lead consumer notice and result has been provided to each person it serves at the specific sampling site from which the sample was tested.

_____   _____   _____
Signature   Date   Title