

40/30 Certification Letter

STAGE 2 DBPR
DIVISION OF DRINKING WATER
PO BOX 144830
SALT LAKE CITY, UT 84114-4830

System Information

PWS Name: _____ PWS ID: _____
Street Address: _____ Population Served: _____
City: _____
State: _____
Zip: _____

Source Water Type: Ground Subpart H
System Type CWS NTNCWS
Combined Distribution System: Wholesale Consecutive Neither

Contact Person

Name: _____ Title: _____
Phone Number: _____ Fax Number: _____
Email Address (if available): _____

Certification

I hereby certify that each individual Stage 1 DBPR compliance sample collected from _____ to _____ 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 that this PWS collected all required Stage 1 samples and did not have any Stage 1 monitoring violations during this time period.

Signature: _____ Date: _____