DEPARTMENT OF HEALTH

Tier 1 – 24 Hour – Delivery of Public Notice (PN) Certification Form and Instructions

Date of notification	_PWS name
Sample date	_PWSID
Contaminant and related violation_	
Sampling Point/Location ID	
Applicable part of the system	
PN distribute-by date	(24 hours from Notice of Violation received date)
Certification form due date	(10 days after PN distribute-by date)

- Water systems must complete the following five steps within this certification form. Be sure to check the corresponding boxes for how the water system chooses to deliver the public notice.
- Be sure to include all requested dates, name, signature, direct URL, contact information, etc.
- Water systems MUST provide to MDH a copy of any/all public notices distributed.
- Have questions? Call 651-201-4850 or email <u>health.community.pn@state.mn.us</u>.

Step 1: Multilingual Requirements

If a large portion (at least 5% of the population, or at least 1,000 residents) of the community speaks a language other than English, the system **must** provide either of the following in the appropriate language(s):

A) Include information in the appropriate language(s) about the importance of the PN (see below), **OR**

B) Include a phone number or address where residents may contact the system to obtain a translated copy of the PN or assistance in the appropriate language.

MDH has translated the passage below into a number of commonly-spoken languages and is available at <u>Public Notification Information</u>

(https://www.health.state.mn.us/communities/environment/water/com/pubnotinfo.html).

Passage

"This report contains important information about your drinking water. Have someone translate it for you or speak with someone who understands it. In Minnesota, tap water is as safe as bottled water."

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Indicate if Applicable:	Yes	No	
If yes, indicate languages us	ed below:		
Amharic		French	Russian
Arabic		Hmong	Somali
Cambodian (Khmer) Chinese (Mandarin)		Karen	Spanish
		Laotian	Vietnamese
		Oromo	Other

Step 2: Publication/Delivery

Required before _____

By the date indicated for Step 2, the water system **must** use at least one (or more) of the following forms of delivery:

Indicate the delivery method(s) used by the water system:

Hand delivery. Date delivered to customers ______

Broadcast media (e.g., radio or television.) Date of broadcast ______

Station _____

Posted in a noticeable location for all customers. (Tier 1-applicable to systems that have one main location where all customers go daily and will see the notice regularly ex. shared mail box area, single building entrance, etc.) If used, notice must remain in place for **as long as violation** exists but never less than 7 days. Date posted ______

It is recommended that the water system inform local and county public health agencies, environmental staff, doctors/hospitals/clinics and other government contacts that may receive questions or concerns related to the PN from the public.

Step 3: Consecutive System Requirements

If the water system sells or shares water with a neighboring (consecutive) water system, it is the responsibility of the water system to inform the neighboring system (they provide water to) about the public notice circumstance.

Is water sold, or shared to any consecutive public water system(s)? Yes No

If yes, the water system must provide public notice to the owner of consecutive system(s) and inform them they are responsible to notify their customers as applicable.

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If yes, list consecutive systems notified______

Note: Consecutive systems are responsible for providing public notice to the persons they serve.

Step 4: Confirmation/Certification

I hereby affirm that public notice has been provided to consumers in accordance with the delivery, content, and deadlines, as specified in the Notice of Violation letter and this certification form.

Print name		Title	
Signature _		Date	
Phone	Email		

Step 5: Submittal to MDH

Within 10 days of distributing the public notice, the water system **must** return to MDH this fully completed certification form **and a copy of any/all delivered public notices**.

Return these items by the certification form due date _____

Attached Public Notice (for each type of delivery method used.)

Please indicate if the water system used MDH's template or created their own:

Used the public notice provided by MDH

Used a personalized public notice (same content included)

If emailing (preferred), send to health.community.pn@state.mn.us.

If mailing, mail to:

Minnesota Department of Health (MDH) **c/o Drinking Water Public Notice** CPWS Unit, Freeman Building 4th Floor P.O. Box 64975 St. Paul, MN 55164-0975

02/15/2024 | To obtain this information in a different format, call: 651-201-4850.