Minnesota Department of Health

# Lead Public Education Program Delivery Certification

packet B

PWS Name: [name]

PWSID: [number]

**Compliance Period**: [please write down the compliance period listed on the original memo you received]

**You must do all of the following items. Click on the box to check the items you have done or are doing:**

Submitted a press release to major daily and weekly newspaper(s), television, and radio stations **or** distributed the brochure to all households served by the system.

Providing notice on each water bill to all bill-paying customers with each billing cycle, at least quarterly.

Posting remained on utility's website *(****systems serving 100,000 or less:*** *this requirement can be waived).*

Submitted a public service announcement (PSA) to television and radio stations.

The public water system indicated above hereby affirms that the lead public education program has been completed in accordance with the requirements described in the “Lead Public Education Program, On-Going Exceedance Notification” memo.

Signature:   
Print Name:   
Title:   
Phone: [xxx-xxx-xxxx]   
Date: [mm/dd/yyyy]   
Email:

**Within 10 days after distribution of the public education materials, email this form and a list of names of all newspapers, television stations, and radio stations to** [**stephanie.voeller@state.mn.us**](mailto:stephanie.voeller@state.mn.us)**.** We do not need original copies.

If you have any questions, please call 651-201-3974, or email [stephanie.voeller@state.mn.us](mailto:pauline.wuoti@state.mn.us)

11/2023 | To obtain this information in a different format, call 651-201-4700.