Minnesota Department of Health

# Lead Public Education Program Delivery Certification

packet c

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 completed:**

Delivered the brochure to all people served by the system.

Post the General Public Education Notice in public places or common areas in each of the buildings served by the system.

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” 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 along with a list of your posting locations 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:stephanie.voeller@state.mn.us)

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