

LEAD ALE - 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: **Lead ALE**

Sampling Point/Location ID: **Distribution System**

Applicable part of the system: **Entire Sytem/All Customers but not consecutive system that have their own distribution system sampling.**

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.
- Check corresponding boxes for how the water system chooses to deliver the public notice.
- 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 health.community.pn@state.mn.us.

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 (*in italics*) into a number of commonly-spoken languages and is available at [Public Notification Information \(https://www.health.state.mn.us/communities/environment/water/com/pubnotinfo.html\)](https://www.health.state.mn.us/communities/environment/water/com/pubnotinfo.html).

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 used below:

Amharic	French	Russian
Arabic	Hmong	Somali
Cambodian (Khmer)	Karen	Spanish
Chinese (Mandarin)	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: _____

Stations: _____

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: State and EPA Required 24-hour Notification/Copy of PN

Required before _____

By the date indicated for Step 2, the water system email the Tier 1 PN to the State, EPA headquarters, and EPA region 5: R5_GWDWB_PWS@EPA.gov (MDH)

To do so email the copy of the PN provided to the following:

LeadALE@epa.gov (EPA Headquarters)

Health.Community.LeadandCopper@state.mn.us (MDH)

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Date Completed: _____

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.

System name _____

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

10/10/2024 | To obtain this information in a different format, call: 651-201-4850.