40/30 Certification Form

**System Information**
PWS Name: 
Street Address: 
City, State, Zip: 

PWSID: GA__________
Population Served: 
Source Water Type: 
System Type: CWS 
Combined Distribution System: 

**Contact Person**
Name: 
Phone Number: 
Email Address: 

Title: 
Fax Number (if available): 

**Certification**

I hereby certify that each individual Stage 1 DBPR compliance sample collected between ___________ and ___________ 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 below these values. I also certify that this PWS did not have any monitoring violations during this time period.

Signature: 
Date: