

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: