

CERTIFICATION OF PUBLIC NOTICE

PLEASE PRINT ALL RELEVANT DATA

System Name:

WSID: GA

Violation Type:

Contaminant:

Violation Period:

Violation ID:

Name of Person Making Response: _____

Phone: (____) ____ - _____ County: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Notices Were Given By: (check all that apply)

- Direct Mail Date ____/____/____
- With Water Bill Date ____/____/____
- Hand Delivery Date ____/____/____
- Posted In service area From ____/____/____ to ____/____/____
(at Location Easily Seen By Water System Users)
- Other _____ Date ____/____/____

If published in a newspaper please **include a copy of the newspaper notice &:**

Date(s) Published: _____

Name of Newspaper: _____

This is to certify that I have complied with all Public Notification requirements of Section 391-3-5.-32 of the Rules for Safe Drinking Water which were established as a requirement of the Georgia Safe Drinking Water Act of 1977.

Signature

Date

Send this completed certification and a copy of the actual notice (i.e. newspaper article, etc.) within ten days after issuing the notice to:

**Environmental Protection Division
Watershed Protection Branch
2 Martin Luther King, Jr. Drive, Suite 1152 East
Atlanta, GA 30334
ATTN: Drinking Water Compliance Unit**

