



Department of Environmental Protection - Bureau of Water System Engineering
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Office Use Only Reviewed by: Date:
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Certification Form - Consumer Notice of Lead Tap Water Monitoring Results
Requirements Pursuant to 40 CFR Part 141.85(d)

This form and a copy of the notification must be submitted to the State electronically via watersupply@dep.nj.gov, within **3 months following the end of the monitoring period **

PWSID#: _____ **Water System Name:** _____

Monitoring Period: _____ **Number of Sites Sampled:** _____

Date(s) of Lead and Copper Sampling: _____ **through** _____

Date(s) Water System Received Results from Laboratory: _____ **through** _____

Please indicate Yes or No for each and provide information as indicated below:

1. Provided all consumers occupying homes or buildings sampled as part of the water system's lead and copper sampling with notification including all of following: **Yes**; **No**
 - Individual lead result for the sampled location
 - Explanation of health effects of lead
 - Steps consumers can take to reduce their exposure to lead in drinking water
 - Contact information for the water system
 - The MCLG for lead
 - The action level for lead
 - Definition of MCLG and action level from 40 CFR Part 141.153(c) of the Consumer Confidence Rule
2. Was any lead sampling collected from a building with multiple units? **Yes**; **No**
If Yes: The water system provided notification to each individual unit that was tested. **Yes**; **No**
3. Distributed the notification by mail (community water systems) or posted (noncommunity water systems) within 30 days of when the water system learned of the results. **Yes**; **No**
4. Attach a copy of a representative completed notification to this certification form. (Do not attach copies of all notifications distributed)

The public water system named above hereby certifies that consumer notification of lead tap water monitoring results has been provided with all delivery, content, and format requirements specified in 40 CFR Part 141.85(d).

Owner/Operator: _____
(Signature) (Print Name) (Phone Number)

Date of Certification: ____/____/____