

# Tier 1 – 24 Hour – Delivery of Public Notice (PN) Certification Form and Instructions

Date of notification	_PWS name	
	_PWSID	
Contaminant and related violation_		
Sampling Point/Location ID		
Applicable part of the system		
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. Be sure
  to check the corresponding boxes for how the water system chooses to deliver the public
  notice.
- Be sure to 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 into a number of commonly-spoken languages and is available at <u>Public Notification Information</u>

(https://www.health.state.mn.us/communities/environment/water/com/pubnotinfo.html).

#### **Passage**

"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 u	ised below	:	
Amharic		French	Russian
Arabic		Hmong	Somali
Cambodian (Khmer)		Karen	Spanish
		Laotian	Vietnamese
Chinese (Mandarin	)	Oromo	Other
Step 2: Publication	n/Deliv	ery	
Required before			
By the date indicated for S following forms of delivery	•	water system <b>must</b> use	e at least one (or more) of the
Indicate the delivery meth	od(s) used	by the water system:	
Hand delivery. Date	e delivered	to customers	
Broadcast media (e	e.g., radio c	or television.) Date of b	roadcast
		Station	
one main location was shared mail box are	where all c ea, single b	ustomers go daily and vuilding entrance, etc.)	er 1-applicable to systems that have will see the notice regularly ex. If used, notice must remain in place ays. Date posted
	rs/hospita	ls/clinics and other gov	ounty public health agencies, ernment contacts that may receive
Sten 3: Consecutiv	ıo Sveta	m Requiremen	tc

## Step 3: Consecutive System Requirements

If the water system sells or shares water with a neighboring (consecutive) water system, it is the responsibility of the water system to inform the neighboring system (they provide water to) about the public notice circumstance.

Is water sold, or shared to any consecutive public water system(s)? No Yes

If yes, the water system must provide public notice to the owner of consecutive system(s) and inform them they are responsible to notify their customers as applicable.

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If yes, list consecutive systems notified
<b>Note:</b> Consecutive systems are responsible for providing public notice to the persons they serve.
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.
Print nameTitle
SignatureDate
PhoneEmail
Step 5: Submittal to MDH
Within 10 days of distributing the public notice, the water system <b>must</b> return to MDH this fully completed certification form <b>and a copy of any/all delivered public notices</b> .
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 <a href="mailto:health.community.pn@state.mn.us">health.community.pn@state.mn.us</a> .
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
02/15/2024   To obtain this information in a different format, call: 651-201-4850.