



Department of Environmental Protection - Bureau of Safe Drinking Water Implementation
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Office Use Only
Reviewed by: _____
Date: _____

Public Education Certification Form – Lead Action Level Exceedance
Requirements Pursuant to 40 CFR Part 141.85

**This form and a copy of your Public Education materials must be submitted to the State within 10 days of issuance. **

PWSID#: _____ Water System Name: _____

ALE #: _____ ALE Date: _____

Monitoring Period: _____

Population: _____

Please check all that apply and provide information as indicated below:

1. Developed written public education (brochure or pamphlet) containing the following required elements:

- Language in paragraphs (a)(1)(i) through (ii) and (a)(1)(vi) of 40 CFR Part 141.85
- Explanation of what lead is
- Explanation of possible sources of lead and how it enters the drinking water
- Explanation of other sources of lead (i.e. paint)
- Steps consumers can take to reduce their exposure to lead in drinking water
- Explanation of why there are elevated levels of lead in the system's drinking water (if known) and what the system is doing to reduce lead levels in the homes and buildings in the area

Community Water Systems only:

- Information on how someone can have their water tested for lead
- Discussion of lead in plumbing components and the difference between low lead and lead free

2. Distributed the written public education within 60 days of the end of the monitoring period in which the lead ALE occurred by the following required method(s):

Community Water Systems:

- Provided to all bill paying customers
- Contacted local health agencies directly by phone or in person
- Provided to the following organizations within the water system's service area:
 - o Public and private schools or school boards
 - o Women, Infants and Children (WIC) and Head Start Programs
 - o Public and private hospitals and medical clinics
 - o Pediatricians
 - o Family planning clinics
 - o Local welfare agencies
- Provided to the following organizations within and around the water system's service area:
 - o Licensed child care centers
 - o Public and private preschools
 - o Obstetricians-Gynecologists and Midwives

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Nontransient Noncommunity Water System:

- Posted informational posters in a public place or common area in each building of the system
- Provided to each person served by the water system

Questions 3 through 6 for Community Water Systems only

3. Provided required language under 40 CFR Part 141.85(b)(2)(iii) in water bill

*Note: The language must be included in water bills quarterly as long as the system exceeds the lead action level.

4. Posted information under 40 CRF Part 141.85(a) on system website for those systems serving 100,000 or more

5. Submitted a press release to newspapers, television and radio stations

*Note: If the system serves $\leq 3,300$ people, it does not have to submit a press release as long as it hand delivers the written public education to every customer. If the system chose this option, please indicate below.

System serves $\leq 3,300$; therefore it did not submit a press release and instead hand delivered the written public education to every customer

6. Performed three of the following additional outreach activities (indicate which activities):

- Public Service Announcement
- Paid advertisement
- Public area information display
- Email customers
- Public meetings
- Household deliveries
- Targeted individual customer contact
- Direct material distribution to all multi-family homes and institutions
- Other method approved by the Bureau of Safe Drinking Water implementation

Outreach activity: _____ County Regional Manager: _____

*Note: If the system serves $\leq 3,300$ people it may conduct one of the above outreach activities.

7. Attach a copy of ALL public education material to this certification form.

The public water system named above hereby certifies that public education has been provided to its consumers in accordance with all delivery, content, and format requirements specified in 40 CFR Part 141.85.

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

Date of Certification: _____