Minnesota Department of Health

# Copper Public Education Program Delivery Certification

PWS Name:

PWSID:

**Compliance Period**:

**Check between the brackets to mark the items that you completed.**

[ ] Distributed “Important Information about Copper in Your Drinking Water” brochure or notice to all residents served by the system.

[ ] Distributed “Important Information about Copper in Your Drinking Water” brochure or notice to facilities/organizations/programs served by the system.

Date all requirements completed: [mm/dd/yyyy]

The public water system indicated above hereby affirms that the copper public education program has been completed in accordance with the requirements described in the “Copper Public Education Program” memo.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Print Name:   
Title:   
Phone:   
Date:   
Email:

**Within 10 days** **after distribution of the public education materials, email this form to** [**Health.Community.LeadandCopper@state.mn.us**](mailto:Health.Community.LeadandCopper@state.mn.us)**.** We do not need the original copy.

If you have any questions, please call 651-201-3974, or email [stephanie.voeller@state.mn.us](mailto:pauline.wuoti@state.mn.us).

*To obtain this information in a different format, call 651-201-4700.*