Minnesota Department of Health

# Lead Public Education Program Delivery Certification

packet B

PWS Name: [name]

PWSID: [number]

**Compliance Period**: [*please write down the compliance period listed on the original memo you received*]

**You must do all of the following items. Check between the brackets for the items you have done or are doing.**

[ ] Submitted a press release to major daily and weekly newspaper(s), television, and radio stations **or** distributed the brochure to all households served by the system.

[ ] Providing notice on each water bill to all bill-paying customers with each billing cycle, at least quarterly.

[ ] Posting remained on utility's website *(****systems serving 100,000 or less:*** *this requirement can be waived)*

[ ] Submitted a public service announcement (PSA) to television and radio stations.

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

The public water system indicated above hereby affirms that the lead public education program has been completed in accordance with the requirements described in the “Lead Public Education Program, On-Going Exceedance Notification” memo.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Print Name:   
Title:   
Phone: [xxx-xxx-xxxx]   
Date: [mm/dd/yyyy]   
Email:

**Within 10 days after distribution of the public education materials, email this form and a list of names of all newspapers, television stations, and radio stations to** [**stephanie.voeller@state.mn.us**](mailto:stephanie.voeller@state.mn.us)**.** We do not need original copies.

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.