**PUBLIC NOTICE**

**Date of Release**: **PWS Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAILURE TO MONITOR VIOLATION**

**TOTAL COLIFORM BACTERIA**

To All Water Users

*(Name of water system/business)*

*We are required to monitor your drinking water for total coliform bacteria on a regular basis. Results of regular monitoring are an indicator of whether or not our drinking water meets health standards. During \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ we did not complete all monitoring for total coliform*

 *(compliance period)*

*bacteria and therefore cannot be sure of the quality of our drinking water during that time.*

The table below lists the failure to monitor violations we received for total coliform monitoring during the last year. (Please check the ones that apply to your system.)

|  |  |  |  |
| --- | --- | --- | --- |
| Monitoring Period(Month/Year) | Failure to Monitor  | No Replacement Sample after a Routine sample was invalidated | Insufficient Number of Routine Samples |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

What happened? What is being done?

If you have any questions, please contact at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (Water system contact person) (Phone)

*Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing* *copies by hand or mail.*

Optional: If applicable, you may also include the statement that “Subsequent water samples have been analyzed as safe.”

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SAMPLE: Suggested public notice language for FAILURE TO MONITOR FOR TOTAL COLIFORM.

You may use the above notice sample or write your own but the text in italics must be included in any notification.

**PWS Operator/Responsible Party:**

Since most monitoring violations are included in Tier 3, you must provide public notice to persons served within one year after you learn of the violation. Multiple monitoring violations can be serious, and your primacy agency may have more stringent requirements. Check with your primacy agency to make sure you meet its requirements.

**Community Systems must use one of the following methods:**

* hand or direct delivery
* mail, as a separate notice or included with the bill

**Non-Community Systems must use one of the following methods:**

* posting in conspicuous locations
* hand delivery
* mail

**In addition,** both community and non-community systems must use another method reasonably calculated to reach others if they would not be reached by the first method. Such methods could include newspapers, e-mail, or delivery to community organizations. If you post the notice, it must remain posted until the violation is resolved but in no case less than seven (7) days, even if the violation is resolved. If the violation has been resolved, you must post the notice for at least one week. If you mail, post, or hand deliver, print your notice on letterhead, if available.

The notice on the reverse is appropriate for distribution after each violation or collectively at the end of the calendar year. If you choose to wait until the end of the year to give notice, the enclosed form can be issued or it can be inserted into your CCR as long as public notification requirements are met.

After issuing the notice, make sure to send your primacy agency a copy of each type of notice and a certification that you have met all the public notice requirements within ten days after issuing the notice.

Send the copy of your notice and dates posted to:

Email: R8DWU@epa.gov (preferred)

Fax: 303-312-7517

Mail: Refer to the address at the top of your notice of violation letter. Use Mail Code 8WD-SDR on the envelope.

If you have questions about your RTCR FTM violation, call 1-800-227-8917 and ask to speak with the RTCR Manager.

**Certification** **of Public Notification**

**I**  **certify that the attached public notification was issued**

 (PWS Operator/Responsible Party)

**from** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **to** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_.**

 (Date) (Date)

**The attached notice was issued by** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**.**

 (Method of delivery)

**Signature**  **Date**

 Rev. 06/30/2025