



Verification of Lead Consumer Notice Issuance

Public Water System Name: _____

Public Water System ID Number: _____

Monitoring Period: _____

Submit to NMED-DWB within 90 days following end of monitoring period

System Type	Method of Delivery	Date(s) of Delivery
Community Systems	Mail or hand delivery to location where samples were collected.	Date(s) of () mail () hand delivery: _____ _____ _____
Non-transient Non-community (NTNC) or Certain Small Community Systems (e.g., Correctional Institutions or Nursing Homes)	Post near locations where samples were collected.	Date notices posted: _____
Additional Requirements for Schools, Day Care Facilities, Nursing Homes, and Juvenile Correctional Institutions	Notify parents, legal guardians or power of attorney of postings. (e.g., by newsletter, e-mail, or other method accepted by NMED-DWB)	() Newsletter () e-mail () Other Method: _____ _____ Date(s): _____

DATE SYSTEM RECEIVED SAMPLE RESULTS: _____

I hereby certify that the Consumer Notice was issued to all locations that were sampled within 30 days of receiving sample results. Issuance was made by the method(s) indicated above in accordance with 40 CFR 141.85 and the attached sample is representative of what was issued.

Signature of Responsible Official

Date

Printed Name

Title of Responsible Official

Please return completed Verification of Lead Consumer Notice Issuance form and copies of all public notices distributed to:

By Mail: _____ or
NMED DWB
100 E. Manana, Unit #3
Clovis, NM 88101

By email: _____ or
rosalie.robinson@state.nm.us

By Fax: _____
575-769-2527