

Lead Action Level Exceedance Tier 1 Public Notice Certification Form

PWS must provide a public notice to persons served as soon as practical but no more than 24 hours after learning of the lead action level exceedance (ALE).

PWS must certify to the DEC Drinking Water Program that all the public notification requirements have been met to your primacy agency within 10 days after issuing notice by completing & submitting this form.

System Name:				PWSID:		
Date Lead ALE known to PWS:			Date	e of PN:		
Was copy of PN provided to E	PA (at LeadALE@EI	PA.gov)? Ye	es	No		
Date copy of PN provided to E	PA:					
Does your PWS provide/sell water to other water systems? Yes			Yes	No	_	
If yes, Date PN provided to ow	ner/operator of co	onsecutive wate	er syster	n:		_
Check all distribution method	ls used to reach all	consumers:				
Hand delivered to cons	umers P	osted througho	out the o	communit	y/establishmen	t in conspicuous location
Sent electronically to consumers Broadcast ov			the VF	IF radio		
Broadcast over the radio/TV Social Med			ia (Facebook, Instagram, X, etc.)			
Other *						
 What happened (exceeded the 2. When the lead ALE occurred. The mandatory health effects and children can have decrease existing learning and behavior increased risk of these adverse system problems. Whether alternative water support with the system of the s	language: Exposure to less in IQ and attention sproblems. The children health effects. Adults of pplies should be used. Id take. Id take. In the lead ALE. In the lead ALE.	lead in drinking wa pan. Lead exposure of women who ar can have increased perator, or designe Please share this in the directly (for exar in public place or dis	eter can can can lead e exposed I risks of h e. nformation mple, peo	I to new lead before a to lead before a to lead before a to lead before a to lead to l	rning and behavior fore or during preg e, high blood presso ne other people wh ments, nursing hon and or mail.	problems or exacerbate nancy can have ure, kidney, or nervous no drink this water, nes, schools, and
systems in accordance with the d requirements for notifying new b Drinking Water Program and I mu	elivery, content, and Illing units will be me	format requirem t. I also understa	nents of <i>i</i> and this r	Article 10 c notice may	of 18 AAC 80. I aff	firm that future
Certified by:	Name:					
	Title:					
1	Phone:					_
Signature:						

Wasilla Office

Email: DEC.DWData.Wasilla@alaska.gov Fax: 907-376-2382 Address:

notice requirement has been met.

Alaska Dept. of Environmental Conservation Division of Environmental Health Drinking Water Program - Wasilla 1700 E Bogard Road, Building B, Suite 103 Wasilla, AK 99654

Soldotna Office

Email: DEC.DWData.Soldotna@alaska.gov Fax: 907-262-2294 Address:

Alaska Dept. of Environmental Conservation Division of Environmental Health Drinking Water Program - Soldotna 43335 Kalifornsky Beach Road, Suite 11 Soldotna, AK 99669-9792

Fairbanks Office

Mail, email, or fax this certification form along with a copy of the Public Notice back to the Department when the public

Email: DEC.DWData.Fairbanks@alaska.gov Fax: 907-451-2188 Address:

Alaska Dept. of Environmental Conservation Division of Environmental Health Drinking Water Program - Fairbanks 610 University Ave Fairbanks, AK 99709-3643

Anchorage Office

Email: DEC.DWData.Anchorage@alaska.gov Fax: 907-269-7650 Address:

Alaska Dept. of Environmental Conservation Division of Environmental Health Drinking Water Program - Anchorage 555 Cordova St Anchorage, AK 99501

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