



Massachusetts Department of Environmental Protection - Drinking Water Program
SWTR- LT2 Round 2 Results
Form for Schedule 3 Systems Only

SWTR-LT2 H

III. CERTIFICATION

I certify under penalty of law that I am the person authorized to fill out this form, and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Print Name: _____ Title: _____

Signature: _____ Date: _____

Phone #: () _____ - _____ Email: _____

IV. FOR MassDEP/DWP USE ONLY

Received by MassDEP on:

Check one (✓)

Entered in WQTS: Yes No

Accepted:

Other Database: _____

Comments: