|  | Massachusetts Department of Environmental Protection Bureau of Water Resources – Drinking Water ProgramWIIN Confirmation Form Lead-WINN-C**Safe Drinking Water Act 1414(c)(5) Exceedance of Lead Level at Households**(A copy of the disseminated material must be included with the completed confirmation form) **Information Delivery Confirmation****Instructions:** This template is for public water system (PWS) to confirm distribution of the required information to the following: 1. EPA - to the EPA point of contact that forwarded the sample data. 2. MassDEP - Drinking Water Program, 5th Floor, 1 Winter Street Boston MA, 02108 or as a signed PDF copy by email to program.director-dwp@mass.gov, Subject: WIIN ACT Confirmation. 3. Your Local Board of Health. |
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| **Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.keys |  |
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|        City/Town |       State / Zip Code |       PWS ID# |
|   |  |
|       Public Water System Name |
|       Point of contact Name |
|
|       Phone |       E-mail address |
|        Date PWS received data information      Date Information was distributed to affected household(s)     Deadline to disseminate the information **Delivery method (check all that apply):** |   |
|  [ ]  Mail [ ]  Certified mail [ ]  Hand delivery [ ]  Email  |
|  [ ]  Other (e.g., posting): Proof of Mailing (attach post office receipt or print-out of certified mail tracking #, and/or  include tracking # here): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Required information in accordance with SDWA 1414(c)(5)(C):**• Explanation of potential adverse human health effects• Steps the PWS is taking to mitigate the concentration of lead• The necessity of seeking alternative water supplies |
| The public water system/jurisdiction indicated above hereby affirms that the required information listed above has been provided to the affected household(s) within the timeline assigned. |
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|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature |
|  |       Printed name of owner/operator or PWS point of contact |       Date |
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