|  | Massachusetts Department of Environmental Protection  Bureau of Water Resources – Drinking Water Program  WIIN 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](mailto: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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EPA or DEP Use Only