

24-HOUR NOTIFICATION

(Must be sent to Central Office within 7 days of consultation)

Date: _____

1. PWSID No.: WV

2. PWS Name: _____

3. PWS Representative Name & Title: _____

4. Violation: ☐ Total Coliform
☐ Nitrate
☐ Chlorine Dioxide
☐ Excess Turbidity
☐ Waterborne
☐ No Certified Operator at Surface/GWUDI System
☐ No chlorine residual detected
☐ Other

5. Approximate date violation occurred: _____

6. Time and Date PWS became aware of violation:

_____ (Time) _____ (Date)

7. Time and Date PWS contacted you:

_____ (Time) _____ (Date)

8. Method agreed upon to notify public (check all that apply):

- ☐ Appropriate Broadcast media
☐ Hand-delivery
☐ Posting
☐ Other

9. Comments (include information here on request for limited distribution and your reasoning why it should be approved/denied. Also any other information that you consider important in the consultation):

_____ (District Representative Name)

_____ (Date)

_____ (Print Name)