STATEMENT OF NOTIFICATION

Name of Publ	ic Water System:		
I,	(print name)	, owner/op	erator of the above Public Water
System, have	e delivered/posted th	e Public Notification	form approved by Contra Costa
Environmenta	al Health to my water	consumers via the follo	owing approved method (describe the
notification m	nethod):		
			
In the event n	otifications are posted,	indicate the location(s)	of posting:
	_		
The signed no	tification, as delivered/	posted, is attached to thi	s statement and returned to your office.
Signature			Date
Please retain	a copy of this statemen	t for your records and re	eturn the original to:

Contra Costa County Environmental Health 2120 Diamond Blvd., Ste 200 Concord, California 94520 Telephone: (925) 692-2500

Fax: (925) 692-2502