Minnesota Department of Health

# Copper Public Education Program Delivery Certification

PWS Name: [name]

PWSID: [number]

**Compliance Period**: [please write down the compliance period listed on the original memo you received]

**Click on the box to check the items that you completed:**

Distributed “Important Information about Copper in Your Drinking Water” brochure or notice to all residents served by the system.

Distributed “Important Information about Copper in Your Drinking Water” brochure or notice to facilities/organizations/programs served by the system.

The public water system indicated above hereby affirms that the copper public education program has been completed in accordance with the requirements described in the “Copper Public Education Program” memo.

Signature:

Print Name:

Title:

Phone: [xxx-xxx-xxxx]

Date: [mm/dd/yyyy]

Email:

**Within 10 days after distribution of the public education materials, email this form to** [**stephanie.voeller@state.mn.us**](mailto:stephanie.voeller@state.mn.us)**.** We do not need the original copy.

If you have any questions, please call 651-201-3974, or email [stephanie.voeller@state.mn.us](mailto:stephanie.voeller@state.mn.us).

11/2023 | To obtain this information in a different format, call 651-201-4700.