

# NOTICE TO WATER SYSTEM USERS

## COLIFORM MONITORING VIOLATION

Water System: TOLEDO MUNICIPAL ID # 88660 3 County: Lewis

is required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring indicate whether your drinking water meets health standards. During the month of March 2020 we did not monitor or test for coliform bacteria. Therefore we cannot be sure of the quality of your drinking water during that time.

### At this time:

- No action is required by the users.
- We collected the routine coliform sample required for the month of \_\_\_\_\_ and the lab found no coliform bacteria.
- We will collect samples in the future as required.
- Other information for customers:

For more information, contact Mike Fisher at (360) 864-4564 or at 130 N. 2<sup>nd</sup> St.  
(owner or operator) (phone number) (address)

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses.) You can do this by posting this notice in a public place or distributing copies by hand or mail.

This notice is sent to you by Toledo Municipal Water System on 5/12/2020

### Coliform Monitoring Public Notice Certification Form

By completing the information below, we certify to the state Department of Health that we distributed public notice to our customers.

Please check the appropriate box and fill in the date you distributed the notice:

- Notice was mailed to all water customers on \_\_\_\_\_
- Notice was hand delivered to all water customers on \_\_\_\_\_
- Notice was posted *with Department of Health approval* at:  
toledowa.us on 5/12/2020



Sign below and send this completed notification and certification form to us at the address checked below:

[Signature] Public works director 5-11-20  
Signature of owner or operator Position Date

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|--|---|--|
| <input type="checkbox"/> Northwest Region<br>Department of Health<br>20425 72 <sup>nd</sup> Ave S, Suite 310<br>Kent, WA 98032-2388<br>dw.nwro@doh.wa.gov<br>Fax: 253-395-6760 | <input checked="" type="checkbox"/> Southwest Region<br>Department of Health<br>PO Box 47823<br>Olympia, WA 98504-7823<br>SWRO.Coli@doh.wa.gov<br>Fax: 360-664-8058 | <input type="checkbox"/> Eastern Region<br>Department of Health<br>16201 E Indiana Ave, Suite 1500<br>Spokane Valley, WA 99216<br>mark.steward@doh.wa.gov<br>Fax: 509-329-2104 |
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For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).