

STAGE 2 DBPR  
US EPA-IPMC  
P O Box 98  
Dayton, OH 45401-0098

**System Information**

PWS Name: \_\_\_\_\_ PWS ID: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Population Served: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_

Source Water Type: Ground Subpart H  
System Type: CWS NTNCWS  
Combined Distribution System: Wholesale Consecutive Neither

**Contact Person**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number (if available): \_\_\_\_\_  
Email Address (if available): \_\_\_\_\_

**Certification**

*I hereby certify that each individual Stage 1 DBPR compliance sample collected from \_\_\_\_\_ to \_\_\_\_\_ was less than or equal to 0.040 mg/L for TTHM and 0.030 mg/L for HAA5. I understand that to be eligible, each individual sample must be equal to or below these values. I also certify that this PWS collected all required Stage 1 samples and did not have any Stage 1 monitoring violations during this time period.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_