



PUTNAM COUNTY DEPARTMENT OF HEALTH

1 Geneva Road, Brewster, NY 10509
www.putnamcountyny.gov/health

PUBLIC NOTIFICATION CERTIFICATION FORM

This form is to be completed and submitted to the PCDOH within 10 days of issuing a Public Notification

Public Water Supply name: Kent WD#2 PWSID: NY-3905702

Date of Violation: 7/27/23 Dates results received (if applicable): 8/14/23

Description of Violation: Exceedance of PFOS

Notified PCDOH within 24 hours ☐ N/A ☐ No ☒ Yes If yes date: 8/15/23

Notified PCDOH within 48 hours ☒ N/A ☐ No ☐ Yes If yes date: _____

Notification Tier level: ☐ Tier 1 ☒ Tier 2 ☐ Tier 3

Date Notification was approved by PCDOH: 9/20/23

Type of Notice addressed by this Certification: ☐ Initial ☒ Repeat (date of initial notice _____)

Method and date of Public Notification delivery to customers:

Method: _____ Date: _____

Method: _____ Date: _____

Method: _____ Date: _____

Certified by:

As an authorized representative of the Public Water Supply indicated above, I certify that above referenced required Public Notification was distributed to all customers served by this water system via the above listed methods. This Public Notification meets all the requirements of the Public Notification Rule and NYSSC Subpart 5-1.77-78 in terms of format, deadlines and delivery methods. The Public Notification has been submitted to and approved by the PCDOH and has not been altered without the explicit approval of the PCDOH.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Phone number: _____ Email Address: _____