

3. Treatment Justification

Provide justification for the source water treatment recommendation(s) below. If no treatment has been recommended or deemed necessary, explain why.

4. Certification

This form must be signed by both the water system owner/executive director and (if applicable) the licensed operator of record.

<hr/> Licensed Operator Signature <input type="checkbox"/> N/A	<hr/> Date
<hr/> Printed Name	<hr/> Title
<hr/> Email Address	<hr/> Phone Number
<hr/> Owner/Executive Director Signature	<hr/> Date
<hr/> Printed Name	<hr/> Title
<hr/> Email Address	<hr/> Phone Number