

PROOF OF NOTIFICATION

As required by Section 116450 of the California Health and Safety Code (H&SC), I notified all users of water supplied by the

of the total coliform positive sample.

Notification was performed on _____ by: _____.
(Date)

Method of distribution: _____.

Signature of Title of Water System Representative

Return form to: Amador County Environmental Health Department
 Attention: Michelle Opalenik
 810 Court Street
 Jackson, CA 95642-2132
 Fax# (209) 223-6228

Disclosure: Be advised that Sections 116725 and 116730 of the H&SC state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the California Safe Drinking Water Act may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for separate violation for each day that violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in the county jail not to exceed one year, or both the fine and imprisonment.