IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

AVAILABILITY OF MONITORING DATA FOR UNREGULATED CONTAMINANTS FOR

Buckhannon Water Board PWSID# 3304902

Our water system has sampled for a series of unregulated contaminants. Unregulated contaminants are those that do not yet have a drinking water standard set by the US Environmental Protection Agency (EPA). The purpose of monitoring for these contaminants is to help EPA decide whether the contaminants should have a standard. As our customers, you have a right to know that this data is available.

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If you are interested in examining the result	lts, please contact:	

Jerry Myers	at	304-472-2530
(Contact Name)	_	(Phone Number)

or at 70 East Main Street, Buckhannon, WV 26201

(Mailing 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 being sent to you by the Buckhannon Water Board.

State Water System ID# PWSID 3304902 Date Distributed <u>APRIL 26, 2025</u>

PUBLIC NOTICE CERTIFICATION

TIER 3 - COMMUNITY WATER SYSTEMS (Tier 3 public notice must be delivered within **1 year** from notification)

Public Wate	er System:	Bucknannon water Board	
Public Wate	er System ID#:	PWSID 3304902	
If you are re			ntaminants, you must provide Tier 3 notification ou receive the monitoring results [141.207(a)]
This certificathe notice [1		our primacy agency with a co	py of the notice within ten(10) days after issuing
	<u>Publi</u>	c Notice now requires two (2)	methods of delivery
□ Hand	Y SYSTEMS Must Use O I or direct delivery as a separate notice or in	_	
And one (1)	of the following		
			that distributed your public notice
•	 Please submit the nar 	news me of the newspaper that distributer r public notice that appeared in the	
□ N		se submit any other means of dis	stribution used (web site or social media)
Signature of 0	Owner or Operator:		Date:

COMPLETE THIS FORM <u>AND</u> "IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER" SHEET <u>SEND BOTH SHEETS TO:</u>

BUREAU FOR PUBLIC HEALTH
Office of Environmental Health Services
ATTN: COMPLIANCE & ENFORCEMENT
350 Capitol Street, Room 313
Charleston, West Virginia 25301-3713