

CERTIFICATION OF PUBLIC NOTICE
PLEASE PRINT ALL RELEVANT INFORMATION

WSID#: **GA1610001**

System Name: **Hazlehurst**

Violation Type: **02-MCL, AVERAGE**

Violation IDs: **2025-21578**

Contaminant(s): **Gross Alpha (4000)**

Violation Period: **07/01/2024-09/30/2024**

Name of Person Making Response: DRSOW P. H

Phone: (912) 347-0173 County: CLIF DAVIS CO

Mailing Address: 86 SO. CROMWELL ST.

City: Hazlehurst State: GA Zip Code: 31539

Notices Were Given By: (**MUST** use at least 2 methods of delivery—1 involving direct delivery) (check all that apply)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Direct Mail | Date: <u>water bill on 30th</u> |
| <input checked="" type="checkbox"/> With Water Bill | Date: <u>water bill</u> |
| <input type="checkbox"/> Hand Delivery | Date: _____ |
| <input checked="" type="checkbox"/> Posted in Service Area | Date: <u>2-20-24</u>
<u>city web site</u> |

If published in a newspaper please include a copy of the newspaper notice and:

Date(s) Published: _____

Newspaper Name: _____

This is to certify that I have complied with all Public Notification requirements of section 391-3-5-.32 of the Rules for Safe Drinking Water, which were established as a requirement of the Georgia Safe Drinking Water Act of 1977.


Signature

2-20-25
Date

This form may be submitted by email to cassandra.nickle@dnr.ga.gov or by mail to:

Environmental Protection Division-Drinking Water Compliance Unit
2 Martin Luther King Drive, Suite 1052 East Floyd Tower
Atlanta, Georgia 30334
Attn: Cassandra Nickle