

### IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

**Monitoring Requirements Not Met**  
**Pe Ell Town of (ID #66750) – Lewis County**

Our water system has violated surface water treatment monitoring requirements. Even though these were not emergencies, as our customers, you have a right to know what happened and what we did to correct these situations.

*We are required to monitor your drinking water for specific parameters on a regular basis. Results of regular monitoring are an indicator of whether our drinking water meets health standards. During the month of July 2024, we did not complete all the testing for biological contamination in the source water.*

**What should I do?** There is nothing you need to do at this time.

The table below lists the parameter(s) we did not properly test for, how often we are supposed to sample for this parameter and how many samples we are supposed to take, how many samples we took and when samples should have been taken.

Parameter	Required sampling frequency (#)	Number of samples taken	When the sample should have been taken
Source Fecal Coliform	Monthly (1)	None	July 2024

**What happened? What is being done?**

A monthly sample was missed.

The biological contamination in the source water has been monitored previously and since. Treated water has been monitored as required.

For more information, please contact Isaac Speer at (360) 208-4878.

*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.*

<i>(To be completed by Water System)</i>	
This notice was:	
<input type="checkbox"/>	Mailed to all water users on _____ (date).
<input type="checkbox"/>	Hand delivered to all water users on _____ (date).
<input type="checkbox"/>	Published in newspaper. (copy attached).
<input type="checkbox"/>	Posted at _____ on _____ (date) (BY DEPARTMENT APPROVAL ONLY.)
<input type="checkbox"/>	Other _____.
SIGNATURE _____	DATED _____.
<i>(SEND A COPY OF THIS COMPLETED PUBLIC NOTIFICATION TO: SOUTHWEST DRINKING WATER OPERATIONS; POST OFFICE BOX 47823, OLYMPIA, WA 98504-7823 or SWRO.Admin@DOH.WA.GOV)</i>	