

Emergency Response Plan/VA Proof of Completion

**Oregon
Department of Human Services**

Drinking Water Program

For all Non-Community water systems and those Community water systems with populations of 3300 or less

Due by June 30, 2005

Public Water System ID number: _____

Water System Name: _____

Address: _____

Vulnerability Assessment tool used: _____

Name of person authorized to sign on behalf of this system:

Printed Name: _____

Title: _____ Phone: _____

Address: _____

I certify that this water system has completed an Emergency Response Plan/Security Vulnerability Assessment that complies with the minimum requirements prescribed by DHS-DWP and has coordinated, to the extent possible, with the Local Emergency Management System. Do not send your actual ERP/VA to DHS-DWP, these will be reviewed during routine sanitary surveys.

Signed: _____ Date: _____

Mail form to: Tony Fields, Department of Human Services-Drinking Water Program P.O. Box 14450, Portland, OR 97293-0450.