

**Section A. Identify Information**

Year action taken 20 \_\_\_\_\_ Enforcement of Rules and Regulations Part \_\_\_\_\_  
Public Water Supply \_\_\_\_\_  
Water Board or Company \_\_\_\_\_  
Municipality \_\_\_\_\_ County \_\_\_\_\_

**Section B. Inspections/Violations**

*Specify details of violations on reverse side.*

1. Number of Inspections during the year 20 \_\_\_\_\_ was \_\_\_\_\_

2. Total number of:

Violations found \_\_\_\_\_ Specify section of the Rules violated \_\_\_\_\_  
Notices served \_\_\_\_\_ Specify section of the Rules violated \_\_\_\_\_  
Violations corrected \_\_\_\_\_ Specify section of the Rules violated \_\_\_\_\_

3 Total number of violations remaining uncorrected as of January 1, 20 \_\_\_\_\_ is \_\_\_\_\_

4. Do you wish to update or revise your rules?  Yes  No

**Section C. Sanitary Conditions**

Provide all pertinent information bearing upon the general conditions on the watershed  
of the supply or in the vicinity of wells or springs used as the sources of water supply:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature  
(Water Supply Official) \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_ MM DD YY

**Section D. Details of Violations**

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**VIOLATION 1**

Name of Violator \_\_\_\_\_

Post Office Address of Violator \_\_\_\_\_

Township/Village of Violation \_\_\_\_\_

Detailed Description of Violation and Rule(s) Violated \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VIOLATION 2**

Name of Violator \_\_\_\_\_

Post Office Address of Violator \_\_\_\_\_

Township/Village of Violation \_\_\_\_\_

Detailed Description of Violation and Rule(s) Violated \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VIOLATION 3**

Name of Violator \_\_\_\_\_

Post Office Address of Violator \_\_\_\_\_

Township/Village of Violation \_\_\_\_\_

Detailed Description of Violation and Rule(s) Violated \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_