

# 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 survey.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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