

## Consumer Confidence Report Certification Form

Community Water System (CWS) Name: \_\_\_\_\_ Town: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_

The CWS indicated above hereby certifies that the \_\_\_\_\_ (calendar year) CCR was distributed on: \_\_\_\_\_, 20\_\_\_\_ and hereby confirms that:

1. The Consumer Confidence Report has been mailed or directly delivered to customers;
2. Three (**3**) copies have been provided to the Department of Public Health;
3. One (**1**) copy has been provided to the following Director(s) of Health of each city, town, borough or district served:

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Please check all items that apply:

CCR was distributed by mail  
 CCR was distributed by other direct delivery method

Specify direct delivery methods:

Mail – notification that CCR is available on website via a direct uniform resource locator (URL)  
 E-mail – direct URL to CCR  
 E-mail – CCR sent as an attachment to the e-mail  
 E-mail – CCR sent embedded in the e-mail

If the CCR was provided by a direct URL, please provide the direct URL internet address:

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The CCR was posted on the Internet\* on \_\_\_\_\_, 20\_\_\_\_\_. Website \_\_\_\_\_

\*Required for CWSs serving >100,000

Good Faith Efforts made to reach consumers who do not get water bills (*e.g., publish in local newspaper, posting in public places*)

*Note:* Good Faith Efforts are required for all CWSs and are in addition to your primary method of delivery

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### Systems Utilizing Mailing Waiver:

#### ***Systems serving more than 500/less than 10,000 persons:***

Published the CCR in the local newspaper(s). Attach a copy of the notice. List newspaper(s) and dates below:

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Informed each customer the CCR will not be mailed. List methods of notification below:

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Developed procedures to make reports available upon request. Specify below:

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#### ***Systems serving fewer than or equal to 500 persons:***

List methods used to inform customers the CCR will not be mailed (*e.g., post notice in public places, attach list of locations*):

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I certify that the information contained in the report is correct and consistent with the compliance monitoring data previously submitted to the CT Department of Public Health, Drinking Water Section.

Certified by: Name \_\_\_\_\_  
(Print)  
Name \_\_\_\_\_  
**(Signature Required)**  
Title \_\_\_\_\_  
Phone # \_\_\_\_\_ Date \_\_\_\_\_

Return by **August 9** to: CCR Coordinator  
CT Department of Public Health  
Drinking Water Section, MS #12DWS  
P.O. Box 340308  
410 Capitol Avenue  
Hartford, CT 06134-0308