

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:

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:

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

_____ Please check if this system is using this CCR to provide Tier 3 Public Notice to their customers.

The public water system indicated above hereby affirms that a Tier 3 public notice has been provided within this CCR to consumers in accordance with Section 19-13-B102(i)(3)(C) and 19-13-B102(i)(4) of the Regulations of Connecticut State Agencies including: delivery, content, format requirements, notification deadlines, and that the public water system will meet future requirements for notifying new billing units and new customers of the violation.

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:

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

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

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*):

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 _____
 Signature _____
 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