

2017 CCR Certification Form
Systems Serving 10,000 Persons or more

PWS Name: _____ PWS Number: _____

The community water system indicated hereby confirms that the Consumer Confidence Report has been distributed to customers (and appropriate notices of availability have been given). Further, the system certifies that the information contained in the report is correct and consistent with the compliance monitoring data.

System specific details on CCR distribution to customers are outlined below: (check all that apply)
_____ CCR was distributed by mail or other direct delivery or system provided written notice of CCR electronic availability. (If using electronic delivery, a one-click link must lead directly to CCR. If customer prefers paper copy, or if message is undeliverable, CCR must be made available through alternate method. Reverse 911 is not allowed.) Specify other direct delivery methods:

- _____ _____
- _____ Posted CCR on publicly accessible Internet site for systems serving 100,000 or more persons.
 - _____ Delivered CCR to North Dakota Department of Health - DWP.
 - _____ Delivered CCR to local health unit and/or county health nurse. List below:

 - _____ List the procedures to make reports available upon request. Specify:

 - _____ A statement about the "Good Faith" effort was used in the CCR to reach consumers who do not receive water bills.

- The following three "good faith" options were also used:
- _____ delivery of multiple copies for distribution by single-bill customers such as apartment buildings or large private employers
 - _____ posting the CCR on the Internet at _____
 - _____ mailing the CCR to postal patrons within the service area (attach zip codes used)
 - _____ advertising availability of the CCR in news media (attach a copy)
 - _____ publication of the CCR in local newspaper (attach a copy)
 - _____ posting the CCR in public places (attach a list of locations)
 - _____ delivery to community organizations (attach a list)

Certified by: Name _____ Title _____
Telephone Number _____ Date _____

This certification form must be mailed or delivered to the North Dakota Department of Health, Drinking Water Program, 918 E Divide Ave, Bismarck, ND 58501-1947 within three months of distribution to all customers or by October 1, 2018.