

**2018 CCR Certification Form
Systems Serving 500 Persons or less**

PWS Name: _____ PWS Number: _____

The community water system hereby confirms that the Consumer Confidence Report has been distributed to customers (or 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.

The following items are mandatory:

_____ List all methods used to inform customers the CCR will not be mailed:

_____ 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 two "good faith" options were also used:

_____ delivered multiple copies for distribution by single-bill customers such as apartment buildings or large private employers

_____ posting the CCR on the Internet at _____

_____ mailed the CCR to postal patrons within the service area (attach zip codes used)

_____ advertised 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)

_____ electronic delivery (A one-click link must lead directly to CCR. If customer prefers paper copy or if electronic delivery is unsuccessful, CCR must be made available through alternate method. Reverse 911 is not allowed.)

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

This certification form must be mailed or delivered to the North Dakota Department of Environmental Quality, Drinking Water Program, 918 E Divide Ave, Bismarck, ND 58501-1947 within three months of notification to all customers or by October 1, 2019.