2021 CCR Certification Form
Systems Serving 10,000 People 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) as required. 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: Check One

☐ CCR was distributed by mail, or other direct delivery method: Specify other method____________________
   or,

☐ System mailed 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 not allowed.

_____   Posted CCR on following publicly accessible Internet site for systems serving 100,000 or more persons: _________________________________________________________________

_____   Delivered CCR to North Dakota Department of Environmental Quality - 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 or social media (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 Environmental Quality, Drinking Water Program, 4201 Normandy St, Bismarck ND 58503-1324 by October 1, 2022.