2021 CCR Certification Form  
Systems Serving 500 People 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) as required. 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 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 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 entire CCR in local newspaper (attach a copy)

___ Posting the CCR in public places or social media (attach 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, 4201 Normandy St, Bismarck ND 58503-1324 by October 1, 2022.