

Maine Drinking Water Program

Consumer Confidence Report Certification Form

PWSID#: _____ Water System Name: _____

INSTRUCTIONS:

1. Distribute copies of your Consumer Confidence Report (CCR) to all users served by your public water system **by JULY 1ST**.
2. Use the checklist below to check off which methods you use to distribute your CCR- you **MUST** select **AT LEAST ONE** option from **EACH** of the two columns below.
3. Please complete the certification section below and submit it, along with a copy of the CCR you distributed to customers, to the Maine Drinking Water Program **before OCTOBER 1ST**.

Primary Method of Distribution (you **MUST** use **at least one (1)** of these methods)

Direct Delivery Method- to get report to each customer

CHECK IF USED	METHOD	ADDITIONAL INFO
<input type="checkbox"/>	Mail hard copy	
<input type="checkbox"/>	Hand deliver	
<input type="checkbox"/>	Mail notice that CCR is available on website- MUST include a direct URL (<u>CCR MUST open when url is clicked</u>)	Provide url: _____ Attach copy of notice (i.e. bill)
<input type="checkbox"/>	Email the direct URL	Attach copy of email
<input type="checkbox"/>	Email the CCR as a file attachment	Attach copy of email
<input type="checkbox"/>	Email CCR in message	Attach copy of message

AND

Secondary Method of Distribution (you **MUST** use **at least one (1)** of these methods*)

Good Faith Effort to reach non-bill-paying consumers

CHECK IF USED	METHOD	ADDITIONAL INFO
<input type="checkbox"/>	Do a postal patron mailing with service area	Provide zip codes used in postal patron mailing
<input type="checkbox"/>	Deliver multiple copies to single bill addresses serving several people- i.e. apartment buildings, businesses, large private employers	Provide list of business/facilities receiving copies
<input type="checkbox"/>	Posting on internet at URL	Provide url: _____
<input type="checkbox"/>	Post the CCR in public places	Provide a list of where posted
<input type="checkbox"/>	Publication of CCR in local newspaper	Provide copy of newspaper notice
<input type="checkbox"/>	Advertising availability of CCR in news media	Provide copy of announcement
<input type="checkbox"/>	Deliver to community organizations	Provide list of facilities
<input type="checkbox"/>	Availability of paper copy	Provide method of sharing this info
<input type="checkbox"/>	Population <500-complete delivery by 1 st method	Only if you provided 100% distribution to all consumers by your 1 st method & population served is below 500

Certification of Distribution and Accuracy of Consumer Confidence Report (CCR)

I certify that the information in the attached CCR contains all data and required language found in the Fillable CCR provided by the Drinking Water Program and that the CCR was distributed by July 1st by the methods noted above.

Name of licensed designated operator: _____
Please print

Signature: _____ Date: _____ **(DO NOT PRE-DATE)**

Date CCR distribution completed: _____ **(DO NOT PRE-DATE)**

EMAIL COPY OF CCR, COMPLETED CERTIFICATION & ACCOMPANYING DOCS TO DWPMOR@maine.gov OR MAIL TO: MAINE DRINKING WATER PROGRAM, 11 STATE HOUSE STATION, 286 WATER STREET, AUGUSTA, ME 04333-0011