

**CCR CERTIFICATION - FORMAT FOR SYSTEMS WITH MAILING WAIVERS**

Complete only the sections that apply to your water system's method of notification to your customers.

Fill in completely: **CWS Name, PWS ID#, method of notification, and certified by.**

CWS NAME; \_\_\_\_\_

PWS ID#: \_\_\_\_\_

I confirm that the Consumer Confidence Report (CCR) has been distributed to customers (or appropriate notices of availability have been given) and that the information is correct and consistent with the compliance monitoring data previously submitted to the primacy agency.

**SYSTEMS SERVING EQUAL TO OR LESS THAN 500 PERSONS (e.g., POSTED NOTICE LOCALLY OR VERBALLY INFORMED EACH CUSTOMER).**

\_\_\_\_\_ A notice was posted to inform customers that the CCR is available and that it will not be mailed. [Specify Locations where notice(s) was posted].

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Each customer was verbally informed of the availability and opportunity to read or obtain a copy of the CCR.

\_\_\_\_\_ CCR was distributed by e-mail and/or a dedicated URL link

**OR**

**SYSTEMS SERVING EQUAL TO OR LESS THAN 500 PERSONS (e.g., MAILED CCR, DIRECT DELIVERY, PLACED NOTICE WITH/ON WATER BILL, OR OTHER).**

\_\_\_\_\_ CCR was distributed by mail, direct delivery or other methods. [Specify which method(s) was used].

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certified By: Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_

Phone # \_\_\_\_\_ Date: \_\_\_\_\_