## New York State Department of Health Annual Water Quality Report Certification Form

AWQR Year: <u>2020</u>

Community Water System Name:			Brainardsville Water	Brainardsville Water District		
Community Water System Address:			ss: Reynolds Road, Bra	Reynolds Road, Brainardsville, NY 12915		
PWS						
custor	mers (and ined in the	appropriate notice	es of availability have l	rms that its Annual Water Quality Report has been distributed to been given). Further, the system certifies that the information compliance monitoring data previously submitted to the health		
Certified by:		Name:	Name: Lee J. Davis			
		Title: Brainardsville Water District Superintendent				
			518-651-0114	Date: March 23, 2021		
Please	e indicate	how your report w	as distributed to your cu	istomers:		
Annual Water Quality Report w			port was distributed to b	was distributed to bill-paying customers by mail.		
Annual Water Quality Report was distributed to bill-payi (please specify the direct delivery method used).				ill-paying customers by direct delivery		
	 XX		_	nat was directly delivered or mailed. Imont's Website "Townofbellmontny.org"		
XX	System	does not have bill-	-paying customers. Cust	tomers do pay an annual use tax.		
				reach non-bill paying consumers. Those efforts included the te Department of Health.		
	XX	Posting the Annua	al Water Quality Report	on the Internet at www.townofbellmontny.org		
		Mailing the Annu	al Water Quality Report	t to postal patrons within the service area.		
		Advertising the av	ailability of the Annual	Water Quality Report in the news media.		
		Publication of the	Annual Water Quality I	Report in a local newspaper.		
	XX	Posting the Annua	al Water Quality Report	in public places (attach a list of locations). (1)		
				-bill addresses serving several persons such as: apartments		
		businesses, and la	rge private employers.			
	, ,		• '	nt Town Office; Bellmont Town Clerk's Office; org"; Water Building at Reynolds Road.		