

2024 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, 2025.