

2024 CCR Certification Form
Systems Serving 501 to 9,999 People

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:

Check Initial Method of Delivery: ☐ **Mailed CCR to all customers, or** ☐ **Published the entire CCR in the local newspaper; or** ☐ **Mailed written notice of CCR electronic availability to all customers.**

(For e-delivery, a one- click URL 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.)

List the dates and newspapers: _____

_____ If published, how informed customers the CCR will not be mailed. List methods of notification (must be separate from published report):

_____ List the procedures to make reports available upon request. Specify:

_____ Delivered CCR to North Dakota Department of Environmental Quality DWP.

_____ Delivered CCR to local health unit and/or county health nurse. List below:

_____ 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)

_____ 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.