

RI Department of Health Center for Drinking Water Quality

Consumer Confidence Report Certification Form

Submit this form by October 1 with documentation supporting evidence of direct delivery by July 1. Water System Name: The system representative named below hereby certifies that the system's Consumer Confidence Report (CCR) was distributed directly on _____/____ to customers and appropriate notices of availability have been given. Further, the system representative certifies that the information contained in the report is correct and consistent with compliance monitoring data submitted to the Rhode Island Department of Health. Name: Phone Number: Title: Date: Signature: YOU MUST SUBMIT THE CCR TO EACH CONSUMER DIRECTLY AND BY USING AT LEAST ONE "GOOD FAITH" EFFORT METHOD. To summarize CCR delivery methods and good faith efforts taken, complete the checklist below by indicating each method used. Provide supporting documentation where applicable. □ Distributed CCR by mail or the following approved direct delivery method(s): (attach supporting documentation) □ Notified customers of the following "one-click" URL web address that links directly to an electronic copy of the CCR: (attach sample notification) ☐ Used "good faith" efforts to reach non-bill paying consumers, including (must use at least one): □ Posted the CCR on the internet at ☐ Mailed the CCR to non-bill paying postal patrons within the service area (This option is for larger water systems that mail to every known address in a given zip code. Attach list of zip codes used.) ☐ Advertised the availability of the CCR in news media (attach copy of press release) Published the CCR in a local newspaper of general circulation (attach a copy of the published notice, including name of newspaper and date published)

□ Posted the CCR in public places (attach a list of locations)

		For large-volume, single-billed customers serving several persons, delivered instructions to disseminate the CCR, or the URL link to the CCR, to all non-bill paying consumers by public postings or direct delivery. (attach a list of delivery locations)
		Delivered to community organizations (attach a list of organizations)
		Other (attach a list and examples of other methods used if applicable)
— <u>F</u>	or S	ystems with Special Considerations
		systems serving at least 100,000 persons: Posted the CCR on a publicly accessible net site
		Public Water Systems regulated by R.I. Public Utilities Commission (PUC): Delivered CCR to the PUC
		ing email to contact customers: Regularly managed the email database(s) to ensure ect emails are being used for electronic delivery.
		communities with large, non-English speaking populations: Provided a CCR that ains information in the appropriate language(s). (attach examples)
	-	plicable, included any outstanding Tier 3 Public Notices from previous year with a due prior to July 1 of the current year in the CCR.
		One recommendation is to attach the outstanding Tier 3 Public Notice to the end of your CCR. Be sure to send the Center for Drinking Water Quality the Public Notice Certification Form by the due date provided in the original Notice of Violation letter.

Submit this form and all supporting documentation to Rhode Island Department of Health, Center for Drinking Water Quality, 3 Capitol Hill, RM 209, Providence, RI 02908 or to DOH.RIDWQ@health.ri.gov