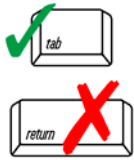




Consumer Confidence Report Certification

A. PWS Information

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Facility - the site or works at which the regulated activity occurs:

PWS Name _____

City /Town _____

The community water system named above hereby confirms that its Consumer Confidence Report (CCR) was distributed to each customer and/or appropriate notices of availability have been given in compliance with 310 CMR 22.16A. Further, the system certifies that the information contained in the report is correct and consistent with the compliance monitoring data previously submitted to the Massachusetts Department of Environmental Protection.

PWS ID# _____

Name _____

Title _____

Phone # _____

Date _____

Signature _____

Check all items that apply. (Note: ALL distribution/delivery/publication must be completed before July 1 st.

B. Consumer Delivery Methods – Based on Population Served

For systems selling water to another community water system:

- My system delivered the applicable information required at 310 CMR 22.16A(4), to the buying system(s) no later than April 1st of this year, or by the mutually agreed upon date specifically included in a written contract between the parties.

For systems serving less than 500 persons:

_____ Date Completed

- My system used one or more of the following methods to notify customers that the CCR would not be mailed directly to them and is available to them upon request. (A copy of the notice is attached).
 Mail door-to-door delivery newspaper posting notices

_____ Locations of Posted Notices

- My system provided a copy of the CCR to each customer by one of the following methods:
 Published the report in a local newspaper (a copy of the published report is attached).
 Directly mailed or delivered a CCR to consumers.

For systems serving between 500 and 9,999 persons:

_____ Date Completed

- My system provided a copy of the CCR to each customer by one of the following methods:
 Published the report in a local newspaper (a copy of the published report is attached).
 Directly mailed or delivered a CCR to consumers.
- My system provided a copy of the CCR to each customer by direct mail or delivery.



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B. Consumer Delivery Methods – Based on Population Served (cont.)

For systems serving 10,000 or more persons:

Date Completed

- My system provided a copy of the CCR to each customer by direct mail.
- My system provided a copy of the CCR to each customer by the following direct delivery methods (other than mail):

Locations of posted notices

- In addition to one of the delivery methods checked above, my system serves greater than 100,000 persons and as required has posted the CCR on a publicly accessible Internet site:

Web Address

C. Good Faith Delivery Methods – A minimum of three of the following were conducted:

- Posted CCR on a publicly accessible Internet site at the following address:
- Mailed the CCR to all postal patrons within the service area (list of zip codes used is attached).
- Advertised availability of the CCR in the following news media (a copy of the announcement is attached):
 - radio newspaper television / cable
- Published CCR in local newspaper (a copy of the published CCR is attached).
- Posted the CCR in public places, including post office, town hall, and public library (a list of locations is attached).
- Delivered multiple copies to single bill addresses serving several persons i.e., apartments, businesses, and large private employers
- Delivered to community organizations (A list of organizations is attached.)
- Post report or notice of availability in the lobby of apartment complexes.

Other

D. Mandatory Agency Delivery Requirements – For All Systems:

- | | |
|---|----------------|
| <input type="checkbox"/> Delivered 1-copy of CCR and 1-copy of Certification Form to the local board of health. | _____ |
| | Date Completed |
| <input type="checkbox"/> Delivered 1-copy of CCR and 1-copy of Certification Form to MA Dept. of Public Health. | _____ |
| | Date Completed |
| <input type="checkbox"/> Delivered 1-copy of CCR and 1-copy of Certification Form to MassDEP Boston Office. | _____ |
| | Date Completed |
| <input type="checkbox"/> Delivered 1-copy of CCR, 1-copy of Certification Form and 1-copy of ALL the attachments check-marked above to the appropriate MassDEP regional office. | _____ |
| | Date Completed |