

CERTIFICATION THAT THE CCR WAS DISTRIBUTED

Mail this form and your CCR to OEPA Central Office, DDAGW, POB 1049, Cols., OH 43216-1049

I hereby certify that the attached CONSUMER CONFIDENCE REPORT was distributed to all customers on the public water system and that the information is correct and consistent with the compliance monitoring data previously submitted to the Ohio EPA.

	Required Methods of Distribution	Actual Methods of Distribution <i>Fill in all appropriate blank(s)</i>
1	Mail or hand deliver a copy of the CCR to each customer (service connection) and make the CCR available upon request.	Date(s) of mail delivery: _____ or Date(s) of hand delivery: _____
2	Keep CCRs on hand so they are available upon request.	Contact name: _____ Contact phone no. of contact for requests: (_____) _____ Location(s) where CCRs are kept on hand: _____
3	Publish CCR on the Internet. (Systems with a population of 100,000 or more.)	Date CCR posted on the Internet: _____ Web site address: _____
4	Make a Good Faith a efforts to reach non-bill paying consumers. (Check all that apply.)	<input type="checkbox"/> Post the CCR on the Internet @ <input type="checkbox"/> Mail the CCR to postal patrons within the service area. (Attach zip codes used.) <input type="checkbox"/> Advertise availability of the CCR in news media. (Attach copy of the announcement.) <input type="checkbox"/> Publication of CCR in local newspaper (attach copy). <input type="checkbox"/> Post the CCR in public places (attach a list of locations). <input type="checkbox"/> Deliver multiple copies to single bill addresses serving many people i.e., apt. bldgs, businesses, lg. private employers. <input type="checkbox"/> Other _____
5	Wholesalers	Date information was delivered to each master metered community public water system _____
6	Include public notification in CCR to satisfy a Tier 3 monitoring violation or the fluoride secondary MCL	Contaminant for which public notification was included _____ Date or date range of violation _____

Signature of Responsible Official

Name of Public Water System

Printed Name and Title of Responsible Official

PWS ID

County

Date _____

For Calendar Year _____

CCRCertForm04/11/11

	For OEPA Use Only
Date received	_____
Date reviewed	_____
Reviewer	_____