

# CERTIFICATION THAT THE CCR WAS DISTRIBUTED

**Mail a copy of your CCR and this form to your Ohio EPA District Office only**

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 "Good Faith" 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 and lg. private employers. <input type="checkbox"/> Other _____
5	Wholesalers	Date information was delivered to each community master metered public water system _____

\_\_\_\_\_  
Signature of Responsible Official

\_\_\_\_\_  
Name of Public Water System

\_\_\_\_\_  
Printed Name and Title of Responsible Official

\_\_\_\_\_  
PWS ID.

\_\_\_\_\_  
County

Date \_\_\_\_\_

For Calendar Year \_\_\_\_\_

**For OEPA Use Only**

Date received \_\_\_\_\_

Date reviewed \_\_\_\_\_