

CALENDAR YEAR _____
CONSUMER CONFIDENCE REPORT
CERTIFICATION FORM

Water System Name: _____

PWSID No.: _____

I affirm that the attached Consumer Confidence Report (CCR) for the above referenced Public Water System has been distributed to customers, and the appropriate notices of availability have been given, in accordance with ADEM Administrative Code R 335-7-14. The information contained in the CCR is correct and consistent with the compliance monitoring data previously submitted to ADEM.

Furthermore, if drinking water was supplied to other Public Water System(s) for more than 60 consecutive days during the year, a copy of the applicable compliance monitoring data was mailed or supplied to the purchasing system(s) on the following date:

Certified by: Signature: _____

Print Name: _____

Title: _____

Phone #: _____

Date: _____