

CERTIFICATION THAT THE CCR WAS DISTRIBUTED

Mail a copy of your CCR and this form to Ohio EPA Central Office

Ohio EPA, DDAGW-Central Office, PO Box 1049, Columbus, 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 paper copy of the CCR to each customer (service connection) Or 2 Electronic Delivery: Date of delivery: _____ Direct Web Link Provided: _____ _____	Date(s) of mail delivery: _____ Date(s) of hand delivery: _____ Or Electronic CCR delivery with a paper CCR sent only on request. Check which these methods for electronic delivery were used: <input type="checkbox"/> Mail : A paper notice was mailed to each customer providing the link directly to the current CCR on the internet (water bill, insert, separate mailing, etc.) Attach sample notice or insert <input type="checkbox"/> Email: <ul style="list-style-type: none"> <input type="checkbox"/> CCR embedded in an email message; <input type="checkbox"/> CCR sent as an attachment to an email; <input type="checkbox"/> URL linked directly to the CCR sent via email
One of the above methods for Direct Delivery must be used		
3	Systems with a population of 100,000 or more must post the CCR on the internet.	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"/> 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 on the Internet (provide link) <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 community master metered public water system _____
6	Included public notification in CCR to satisfy a monitoring violation or the fluoride secondary MCL	Contaminant for which public notification was included _____ Date of violation _____

Signature of Responsible Official

Name of Public Water System

Printed Name and Title of Responsible Official

PWS ID.

Contact Phone

County

Date _____

CCR For Calendar Year _____

01/05/2016

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