



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION
Mail Code 401-04Q

Division of Water Supply & Geoscience

Water System Operations Element

Bureau of Safe Drinking Water

401 E. State Street - P.O. Box 420

Trenton, New Jersey 08625-0420

Tel #: (609) 292-5550 - Fax #: (609) 292-1654

http://www.nj.gov/dep/watersupply/

CHRIS CHRISTIE
GOVERNOR

KIM GUADAGNO
LT. GOVERNOR

BOB MARTIN
Commissioner

CCR Year: 2017
(2016 data)

2017 Consumer Confidence Report (CCR) Certification Form

PWS ID# NJ _____

Community Water System Name: _____

Community Water System Address: _____

1. CCRs must be mailed or electronically delivered to all bill-paying customers by July 1st. Provide date(s) of distribution: _____

2. Please check the distribution method(s) utilized to reach your bill-paying customers.

_____ Mailed the CCR

_____ Mailed the direct URL of the CCR

_____ Embedded in an email message

_____ Attached as a PDF file in an email message

_____ Provided the website link (URL) in an email message

_____ Provided information how a hardcopy of the CCR can be obtained

3. If the CCR was provided to customers electronically, provide the direct URL:

4. Community Water Systems serving greater than or equal to 100,000 persons must post their CCR on the Internet. Date posted on the Internet and the URL: _____

5. Community Water Systems must make a good faith effort to reach all appropriate non-bill paying customers. Check all of the methods that were utilized by your community water system.

_____ Posted the CCR in public places (attach a list of locations)

_____ Delivered copies of the CCR to several single bill addresses serving a significant number of people (example: apartment buildings, businesses and companies).

_____ Advertised the availability of the CCR in news media
(attach copy of announcement)

_____ Published the CCR in a local newspaper (copy enclosed)

_____ Other (List): _____

6. If your Community Water System sells water to another Community Water System, list the name and PWS ID Number of the Community Water System(s) and the date the information was provided (due no later than April 1st unless mutually agreed upon by both systems):

7. Is the CCR being utilized to satisfy a Public Notice requirement pertaining to N.J.A.C. 7:10-7.4 for iron, manganese, or sodium? No / Yes (circle one)

8. Is the CCR being utilized to satisfy a Tier 3 Public Notice requirement? No / Yes (circle one)
NOTE: If you circled "Yes" please make sure to submit the PN Certification Form for any Tier 3 PN requirement not previously submitted to DEP.

9. Please check the distribution method(s) for the submittal to the Bureau of Safe Drinking Water*.

_____ Attached as a PDF file in an email message

_____ Provided the website link (URL) in an email message

_____ Mailed the CCR*

*** Note that a non-submittal or late submittal to the Bureau of Safe Drinking Water will result in a reporting violation. As such, we recommend that you submit a copy using a means that can document the date of Bureau receipt, such as by email or by Certified mail.**

10. The Certification below must be completed by the Community Water System.

I certify that the above referenced community water system has distributed the CCR in accordance with all applicable regulations. Furthermore, I certify that the information contained in the report is correct and consistent with the compliance monitoring data previously submitted to the state.

Signature: _____ Date: _____

Print Name: _____ Title: _____

PWSID #: _____ Water System Name: _____

Email Address: _____

Phone Number: _____ Fax Number: _____