



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER RESOURCES
COMPLIANCE AND ENFORCEMENT UNIT
William R. Snodgrass - Tennessee Tower
312 Rosa L. Parks Avenue, 11th Floor
Nashville, Tennessee 37243-1102

CCR Certification for Community Water Systems with Populations $\geq 10,000$

(Water Systems required to directly deliver the Consumer Confidence Report to customers.)

Water System Name: _____

PWSID Number: _____

The community water system indicated above hereby confirms that the Consumer Confidence Report has been distributed to customers (and appropriate notices of availability have been given). Further, the system certifies that the information contained in the report is correct and consistent with the compliance monitoring data previously submitted to the primacy agency.

Approved CCR distribution methods are outlined below. (Check all that apply.)

_____ Mailed the CCR to customers within the service area. (Attach CCR and mail receipt.)

_____ Distributed CCR by direct delivery. (Attach CCR and specify method of delivery.)

_____ Distributed the CCR by electronic delivery methods. URL: _____

_____ Mailed customers a notification containing the URL address that will take customers directly to the CCR on our website or a publicly available site on the internet. (Attach a copy of the CCR and sample of the water bill or other direct mail notification.)

_____ Other electronic method. Explain: _____

In addition to the above distribution methods, the following "Good Faith" efforts were used to reach non-bill paying consumers. (Check all that apply and attach lists or press releases.)

_____ Posted the CCR on the Internet at: _____

(Required for Community Water Systems Serving 100,000 persons or more.)

_____ Issued press release on CCR to news media (Television, Radio, etc.)

_____ Published the CCR in local newspaper(s). (Attach newspaper page containing CCR.)

_____ Posted CCR in public places: (City Hall, Library, Water Office, Post Office, etc.)

_____ Delivery of multiple copies to single bill addresses serving several persons: (Apartments, condominiums, nursing and/or assisted living centers.)

_____ Delivery to large businesses, factories or community organizations

I hereby certify that the information provided is true and correct:

Name (Print): _____

Signature: _____

Title: _____

Phone #: _____ Date: _____

E-mail: _____

CCR Certification must be signed and mailed/delivered by October 1 to:

Division of Water Resources, Compliance and Enforcement Unit

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