

CCR CERTIFICATION OF DISTRIBUTION FORM

PWS ID: _____

WATER SYSTEM NAME: _____

POPULATION ON RECORD: _____

You must submit this completed form along with a final copy of the distributed CCR to complete your annual CCR requirements.

CCRs must be distributed with "good-faith effort" based on population served by the PWS as follows:	
Population	Required Action
≤500	Notify customers of reports availability for review by hand, mail, or posting in public places.
501-9,999	Must mail or otherwise directly deliver one copy of the report to every customer or publish the report in one or more local newspapers serving the area
10,000 to 99,999	Must mail or otherwise directly deliver one copy of the report to every customer
≥100,000	Must mail or otherwise directly deliver one copy of the report to every customer, and post on a publicly-accessible web site.

Certificate of CCR Distribution

The below noted community public water system confirms that its Consumer Confidence Report has been prepared and distributed to its customers in accordance with the appropriate distribution method based on population served. Furthermore, 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 as well as fulfilling all CCR requirements of CFR Title 40, Part 141. **Certified by:**

Signature: _____

Printed Name/Job Title: _____ / _____

Date of CCR Distribution: ____/____/____

CCR Distribution Method (s): _____

Internet address (if applicable): _____

Publication. You must also keep a copy of this Certification Form and the associated CCR in your records for no less than 3 years and make them available to the public upon request. Any questions can be addressed to Sean Nolan by phone at 225-342-7495 or by message to the e-mail below.

Electronic copies of the Consumer Confidence Reports can be found at the following website:

<http://www.dhh.louisiana.gov/offices/publications.asp?ID=204&Detail=3063> or Requests for electronic copies can be mailed to Sean.Nolan@la.gov

Mail Signed and Completed form and Final Copy of CCR to:

Attn: Sean Nolan, CCR Program Manager
OPH/Center for Environmental Health Services
P.O. Box 4489
Baton Rouge, LA 70821-4489