

2018 CERTIFICATION

Consumer Confidence Report (CCR)

Public Water System Name _____

List PWS ID #s for all Community Water Systems included in this CCR _____

The Federal Safe Drinking Water Act (SDWA) requires each Community Public Water System (PWS) to develop and distribute a Consumer Confidence Report (CCR) to its customers each year. Depending on the population served by the PWS, this CCR must be mailed or delivered to the customers, published in a newspaper of local circulation, or provided to the customers upon request. Make sure you follow the proper procedures when distributing the CCR. **You must email, fax (but not preferred) or mail, a copy of the CCR and Certification to the MSDH.** Please check all boxes that apply.

Customers were informed of availability of CCR by: (*Attach copy of publication, water bill or other*)

Advertisement in local paper (*Attach copy of advertisement*)

On water bills (*Attach copy of bill*)

Email message (*Email the message to the address below*)

Other _____

Date(s) customers were informed: ____ / ____ / 2019 ____ / ____ / 2019 ____ / ____ / 2019

CCR was distributed by U.S. Postal Service or other direct delivery. Must specify other direct delivery methods used _____

Date Mailed/Distributed: ____ / ____ / ____

CCR was distributed by Email (*Email MSDH a copy*) Date Emailed: ____ / ____ / 2019

As a URL _____ (*Provide Direct URL*)

As an attachment

As text within the body of the email message

CCR was published in local newspaper. (*Attach copy of published CCR or proof of publication*)

Name of Newspaper: _____

Date Published: ____ / ____ / ____

CCR was posted in public places. (*Attach list of locations*) Date Posted: ____ / ____ / 2019

CCR was posted on a publicly accessible internet site at the following address:

_____ (*Provide Direct URL*)

CERTIFICATION

I hereby certify that the CCR has been distributed to the customers of this public water system in the form and manner identified above and that I used distribution methods allowed by the SDWA. I further certify that the information included in this CCR is true and correct and is consistent with the water quality monitoring data provided to the PWS officials by the Mississippi State Department of Health, Bureau of Public Water Supply

Name/Title (*Board President, Mayor, Owner, Admin. Contact, etc.*)

Date

Submission options (*Select one method ONLY*)

Mail: (U.S. Postal Service)
MSDH, Bureau of Public Water Supply
P.O. Box 1700
Jackson, MS 39215

Email: water.reports@msdh.ms.gov

Fax: (601) 576 - 7800

****Not a preferred method due to poor clarity****

CCR Deadline to MSDH & Customers by July 1, 2019!