Consumer Confidence Report Certification Form

Community Water System (CWS) Name:			Town:	PWS I.D. #:
The CWS indicate	ed above here	eby confirms that by July	1:	
2. Three (3	3) copies have		stributed to customers; partment of Public Health; r of Health of each city, town, b	orough or district served.
System-specific d	etails on dist	ribution of the CCR to cus	stomers are outlined below. Plea	ase complete the following:
The CCR was	s distributed	by mail or other direct del	ivery on, 20	Specify other direct delivery methods:
The CCR was	s provided to	the following Director(s)	of Health of each city, town, bo	orough or district served by the CWS:
The CCR was		ne Internet* on, ng >100,000	20; Website:	
Systems Utilizin	g Mailing V	<u>Vaiver</u> :		
Systems serving n	nore than 50	0/less than 10,000 person	es:	
Published the	CCR in the	local newspaper(s). Attach	h a copy of the notice. List news	spaper(s) and dates below:
Informed each	h customer tl	ne CCR will not be mailed	I. List methods of notification b	elow:
Developed pr	ocedures to	-	on request. Specify below:	
		requal to 500 persons:	ll not be mailed (e.g., post notice	e in public places, attach list of locations):
			t is correct and consistent wit ic Health, Drinking Water So	th the compliance monitoring data ection.
Certified by:	Name	(B: ()		
	Name	(Print)		
		(Signature Required)		
	Title Phone #		Date	
Return by	August 9 to	: CCR Coordinator CT Department of Pub Drinking Water Section P.O. Box 340308 410 Capitol Avenue Hartford, CT 06134-01	n, MS #51WAT	

CCR April 19, 2006