



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 PUBLIC DRINKING WATER BRANCH
CONSUMER CONFIDENCE REPORT DISTRIBUTION CERTIFICATION

PUBLIC WATER SUPPLY NAME	PUBLIC WATER SUPPLY ID NUMBER MO	POPULATION
--------------------------	-------------------------------------	------------

Population = number of connections x 2.5 Water systems serving 10,000 or more people must use: Distribution method 1 Water systems serving 500 or more people but less than 10,000 must use: Distribution method 1 or Distribution method 2, 3 and 4 Water systems serving less than 500 people must use: Distribution method 1 or Distribution methods 2, 3 and 4 or Distribution methods 3 and 4	FOR PDWB OFFICE USE ONLY DATE RECEIVED ENTERED BY COMMENTS
---	--

The following methods were used to distribute the Consumer Confidence Report (CCR) to our customers:

1. CCR directly delivered using one or more method below (Must submit copy of CCR and notification given to customer)

Provided direct Web address to customer.
 Provide the direct Web address URL here _____
Example: "The current CCR is available at www.dnr.mo.gov/ccr/MOXXXXXXX.pdf. Call (#) for paper copy"
 Replace XXXXXXX above with PWS ID # for your system and replace (#) with PWS contact phone number.

Hand delivered full report.
 Mail paper copy. Submit copy of CCR and any supporting documentation. (ie. newsletter, postal receipts, etc.)
 Email. Submit copy of email notification to customers
 Other. Describe delivery method _____

Date(s) distributed _____

2. Published the complete CCR in the local newspaper.
 Submit copy of newspaper clipping and affidavit. Date(s) published _____

3. Inform customers the CCR will not be mailed, but is available upon request.
 List method(s) used below (examples – newspaper, water bills, newsletter, etc.). Submit notice given to customers.

 Date(s) distributed _____

4. Post the complete CCR continuously at the local water office.
 Good faith effort in other public buildings within the water system service area. (ie. City Hall, Public Library, etc.)
 Date _____ and locations posted: _____

CERTIFIED BY:

This community public water system confirms it has distributed its Consumer Confidence Report (CCR) for the _____ calendar year to its customers and the appropriate notices of availability have been given and that the information contained in its CCR is correct and consistent with the compliance monitoring data previously submitted to the Missouri Department of Natural Resources.

NAME _____ TITLE _____ EMAIL ADDRESS _____ PHONE NUMBER WITH AREA CODE _____ FAX NUMBER WITH AREA CODE _____	Please submit the following items to meet requirements: <input type="checkbox"/> Completed certification form <input type="checkbox"/> Copy of the distributed/available CCR <input type="checkbox"/> Any additional paperwork requested on this form Email: CCR@dnr.mo.gov Fax: 573-751-3110 Mail: Missouri Department of Natural Resources Public Drinking Water Branch ATTN: CCR Coordinator P.O. Box 176 Jefferson City, MO 65102-0176
For more information or assistance filling out this form, contact the department's Consumer Confidence Report coordinator at 800-361-4827 or 573-526-3832	