



State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Mail Code 401-04Q

PHILIP D. MURPHY
GOVERNOR

SHEILA Y. OLIVER
LT. GOVERNOR

Division of Water Supply & Geoscience
Water System Operations Element
Bureau of Safe Drinking Water
401 E. State Street - P.O. Box 420
Trenton, New Jersey 08625-0420
Tel #: (609) 292-5550 - Fax #: (609) 292-1654
<http://www.nj.gov/dep/watersupply/>

SHAWN LaTOURETTE
Acting Commissioner

CCR Year: 2021
(2020 data)

2021 Consumer Confidence Report (CCR) Certification Form

PWS ID# NJ _____

Community Water System Name: _____

Community Water System Address: _____

1. CCRs must be mailed or electronically delivered to all bill-paying customers by July 1st. Provide date(s) of distribution: _____

2. Please check the distribution method(s) utilized to reach your bill-paying customers.

_____ Mailed the CCR

_____ Mailed the direct URL of the CCR

_____ Embedded in an email message

_____ Attached as a PDF file in an email message

_____ Provided the website link (URL) in an email message

_____ Provided information on how a hardcopy of the CCR can be obtained

3. If the CCR was provided to customers electronically, provide the direct URL:

4. Community Water Systems serving greater than or equal to 100,000 persons must post their CCR on the Internet. Date posted on the Internet *and* the URL: _____

5. Community Water Systems must make a good faith effort to reach all appropriate non-bill paying customers. Check all of the methods that were utilized by your community water system.

_____ Posted the CCR on the Internet at www._____

_____ Mailed the CCR to postal patrons within the service area (attach a list of zip codes used)

- _____ Advertised availability of the CCR in news media (attach copy of announcement)
- _____ Published CCR in local newspaper (attach copy of newspaper announcement)
- _____ Posted the CCR in public places (attach a list of locations)
- _____ Delivered multiple copies to single bill addresses serving several persons such as: apartments, businesses, and large private employers
- _____ Delivered copy of the CCR to community organizations (attach a list)
- _____ Electronic city newsletter or electronic community newsletter or listserv (attach a copy of the article or notice)
- _____ Electronic announcement of CCR availability via social media outlets (attach list of social media outlets utilized)
- _____ Other (List): _____

6. If your Community Water System sells water to another Community Water System, list the name and PWSID Number of the Community Water System(s) and the date the information was provided (due no later than April 1st unless mutually agreed upon by both systems): _____
7. Is the CCR being utilized to satisfy a Public Notice requirement pertaining to N.J.A.C. 7:10-7.4 for iron, manganese, or sodium? No / Yes (circle one)
8. Is the CCR being utilized to satisfy a Tier 3 Public Notice requirement? No / Yes (circle one)

NOTE: If you circled “Yes”:

1. Submit the PN Certification Form for any Tier 3 PN requirement not previously submitted to DEP.
2. Include the necessary standard language for a reporting violation, found at 40 CFR 141.205(d).

9. Check all distribution method(s) for the submittal to the Bureau of Safe Drinking Water (Bureau)**.

- _____ Attached as a PDF file in an email message to **watersupply@dep.nj.gov**
- _____ Provided the website link (URL) in an email message to **watersupply@dep.nj.gov**
- _____ Mailed the CCR** (see note below)

****IMPORTANT** Note that a non-submittal or late submittal of the CCR and/or Certification to the Bureau will result in a reporting violation. As such, we strongly recommend that you submit a copy using a means that can document the date of Bureau receipt, such as by email (watersupply@dep.nj.gov) or by Certified mail.**

10. The Certification below must be completed by the Community Water System.

I certify that the above referenced community water system has distributed the CCR in accordance with all applicable regulations. Furthermore, I certify that the information contained in the report is correct and consistent with the compliance monitoring data previously submitted to the state.

Signature: _____ Date: _____

Print Name: _____ Title: _____

PWSID #: _____ Water System Name: _____

Email : _____ Phone Number: _____