



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
DRINKING WATER BRANCH

CONSUMER CONFIDENCE REPORT DISTRIBUTION CERTIFICATION

FOR OFFICE USE ONLY

ENTERED BY

DATE

PUBLIC WATER SUPPLY NAME

PUBLIC WATER SUPPLY ID NUMBER

MO

Population = number of connections x 2.5

FOR MDNR-PDWB OFFICE USE ONLY

Water systems serving 10,000 or more people must use:

Distribution method 1

Water systems serving more than 500 people but less than 10,000 must use:

Distribution method 1 or

Distribution method 2, 3, and 4

Water systems serving 500 or fewer people may use:

Distribution method 1 or

Distribution methods 2, 3 and 4 or

Distribution methods 3 and 4

DATE RECEIVED

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)**

☐ Direct delivery using internet Uniform Resource Locator (URL) with contact information to request paper copy.

Provide the direct URL Internet address 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.)

☐ E-mail. **(Submit copy of email notification to customers)**

☐ Other: **(Describe delivery method here)** _____

Date(s) Distributed _____

☐ 2. **Published the complete CCR in the local newspaper.**

☐ Attach copy of newspaper clipping or affidavit. **Date(s) Published** _____

☐ 3. **Inform customers the CCR will not be mailed, but is available upon request and provide PWS contact telephone number.**

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 Location(s) posted:** _____

CERTIFIED BY:

This community public water system confirms it has distributed its Consumer Confidence Report (CCR) for the 2021 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

If you have any questions, concerns, or need assistance filling out this form, please contact the CCR Coordinator at: (573) 526-3832

Please submit the following items to meet requirements:

- ☐ completed certification form
- ☐ a copy of the distributed/available CCR
- ☐ 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