

Consumer Confidence Report Certification Form

Community Water System (CWS) Name: Wilmington Senior Center & Housing Town: Wilmington PWS I.D. #: CT1609141

The CWS indicated above hereby confirms that by July 1:

1. The Consumer Confidence Report has been distributed to customers;
2. Three (3) copies have been provided to the Department of Public Health;
3. One (1) copy has been provided to the Director of Health of each city, town, borough or district served.

System-specific details on distribution of the CCR to customers are outlined below. Please complete the following:

The CCR was distributed by mail or other direct delivery on _____, 20____. Specify other direct delivery methods:

The CCR was provided to the following Director(s) of Health of each city, town, borough or district served by the CWS:

Robert L. Miller

The CCR was posted on the Internet* on _____, 20____; Website: _____

**Required for CWSs serving > 100,000*

Systems Utilizing Mailing Waiver:

Systems serving more than 500/less than 10,000 persons:

Published the CCR in the local newspaper(s). Attach a copy of the notice. List newspaper(s) and dates below:

Informed each customer the CCR will not be mailed. List methods of notification below:

Developed procedures to make reports available upon request. Specify below:

Systems serving fewer than or equal to 500 persons:

List methods used to inform customers the CCR will not be mailed (e.g., post notice in public places, attach list of locations):

I certify that the information contained in the report is correct and consistent with the compliance monitoring data previously submitted to the CT Department of Public Health, Drinking Water Section.

Certified by: Name _____
(Print)
Name _____
(Signature Required)
Title First Selectman
Phone # _____ Date _____

Return by August 9 to: CCR Coordinator
CT Department of Public Health
Drinking Water Section, MS #51WAT
P.O. Box 340308
410 Capitol Avenue
Hartford, CT 06134-0308