



atlantic  
states

RURAL WATER & WASTEWATER ASSOC.

Atlantic States Rural Water & Wastewater Association  
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Tel: 860-370-5759 | Fax: 860-370-5784  
Email: [asrwwa@asrwwa.org](mailto:asrwwa@asrwwa.org) | Website: [www.asrwwa.org](http://www.asrwwa.org)

January 2017

Dear Community Water Supplier:

The 1996 Safe Drinking Water Act Amendments require you to prepare an Annual Drinking Water Quality Report, also known as a Consumer Confidence Report (CCR) each year, no later than July 1<sup>st</sup>. A CCR describes the quality of your water, your source of supply, testing results, and violations (if any).

We are pleased to announce that under this special offer, ASRWWA will prepare CCRs once again this year for its voting members for the very low cost of \$80.00 per report. That's right! Join ASRWWA as a 2017 Voting Member and get your 2016 CCR for only \$80 per report!

We will provide our members with the following services:

1. Prepare your 2016 CCR
2. Provide you with a final copy
3. Provide instructions on how to distribute your CCR and inform your customers and State agency
4. Post your 2016 CCR on our website to assist you in meeting regulatory requirements

To ensure that we can help all of you meet this year's compliance date of July 1, 2017, please be sure to return this completed form to our office no later than **Friday, March 10, 2017!** Along with this form, please submit all 2016 lab data/testing results, and any violations and public notices you may have received. If you have any questions or concerns, please call Jason's cell at 401-864-3178, email at [jasonblais@asrwwa.org](mailto:jasonblais@asrwwa.org). We look forward to working with you on your CCR!

Sincerely,

Jason Blais  
Executive Director | Cell: 401-864-3178 | [jasonblais@asrwwa.org](mailto:jasonblais@asrwwa.org)

### 2016 Connecticut CCR Request Form

Yes, please prepare our 2016 CCR – *Please complete a separate form for each water system (PWSID) requesting a report*

System Name: \_\_\_\_\_ PWSID #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email\*: \_\_\_\_\_

**\*Note: A copy of your CCR will be emailed to the email address provided above.**

For systems that chlorinate their water, you must include the following 2016 data for chlorine residual:

2016 Annual Average: \_\_\_\_\_ ppm Annual Range (low & high): \_\_\_\_\_ ppm

For surface water systems, you must include your highest annual 2016 turbidity results: \_\_\_\_\_ ntu