



atlantic
states

RURAL WATER & WASTEWATER ASSOC.

Atlantic States Rural Water & Wastewater Association
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January 2017

Dear Community Water Supplier:

We are pleased to announce that the State of Rhode Island Department of Health (RIDOH) has again contracted with the Atlantic States Rural Water & Wastewater Association (ASRWWA) to prepare your water system’s Consumer Confidence Report (CCR) for the 2016 testing year. RIDOH is using a portion of its State Revolving Loan Fund to help you meet this requirement for the 2016 testing year **at no cost to you. All community water systems must prepare and provide their consumers with an annual CCR on the quality of their drinking water.**

We are pleased offer you this free service to assist your community water system in meeting the requirement within the 1996 Amendments to the Safe Drinking Water Act. **Failure to distribute an annual CCR to consumers and provide certification of distribution to RIDOH will result in compliance violations.**

We encourage you to participate in the preparation and editing of your CCR. We will send you a final copy and an information sheet on how to distribute the CCR to your customers and submit the required documents to RIDOH before the **July 1, 2017** deadline.

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!** Please call Jason Blais at 401-864-3178 or email him at jasonblais@asrwwa.org with any questions regarding CCR preparation requests. Please call Colin Millar at 401-222-7762 or email him at colin.millar@health.ri.gov with any questions regarding required technical content. We look forward to working with you on your CCR!

Sincerely,

Jason Blais
Executive Director | Cell: 401-864-3178 | jasonblais@asrwwa.org

2016 Rhode Island 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 (in PDF format) 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

Signature: _____ Date: _____