



January 2019

Dear Community Water Supplier:

In the past, Rhode Island Department of Health (RIDOH) provided a contract to ASRWWA to prepare your water system’s Consumer Confidence Report (CCR) at no charge, unfortunately the contract is no longer available. The 1996 Amendments to the Safe Drinking Water Act Amendments require you to prepare an Annual Drinking Water Quality Report also known as a Consumer Confidence Report (CCR). **Failure to distribute an annual CCR to consumers and provide certification of distribution to RIDOH will result in compliance violations. All community water systems must prepare and provide their consumers with an annual CCR on the quality of their drinking water.**

RIDOH may be able to help you meet this requirement for the 2018 testing year. Please feel free to contact RIDOH.

As ASRWWA members, we are pleased to offer that ASRWWA will prepare CCRs this year for its voting members for the very low cost of \$95.00 per report. That’s right! Join ASRWWA as a 2019 Voting Member and get your 2018 CCR for only \$95 per report!

We will provide our members with the following services:

1. Prepare your 2018 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 2018 CCR on our website to assist you in meeting regulatory requirements

To ensure that we can help all of you meet the compliance date of July 1, 2019, please be sure to return this completed form to our office at your earliest convenience, however no later than **Friday, March 15, 2019!** Along with this form, please submit all 2018 lab data/testing results, any violations and public notices you may have received in 2018. If you have any questions or concerns, please email: [ccr@asrwwa.org](mailto:ccr@asrwwa.org). We look forward to working with you on your CCR!

### 2018 Rhode Island CCR Request Form

Yes, please prepare our testing year 2018 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 MS Word format) to the email address provided above.***

For systems that chlorinate their water, you must include the following 2018 data for chlorine residual:

2018 Annual Average: \_\_\_\_\_ ppm Annual Range (low & high): \_\_\_\_\_ ppm

Surface water systems, you must include your highest annual 2018 turbidity results: \_\_\_\_\_ ntu

Please enclose a check in the amount of \$95 and return with this form with all the necessary information. Please also enclosed all documents from section above and mail to the address at the top of this letter. Thank you.