



Atlantic States Rural Water & Wastewater Association
11 High Street, Suite 204 | Suffield, CT 06078
Tel: 860-370-5759

March 2020

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 1st. 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, ASRWVA will prepare CCRs once again this year for its voting members for the cost of \$300.00 per report. Join ASRWVA as a 2020 Voting Member and get your 2019 CCR for only \$300 per report! The cost of the CCR for non-members is \$400.

We will provide our members with the following services:

1. Prepare your 2019 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 2019 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, 2020, please be sure to return this completed form to our office at your earliest convenience, however no later than **Friday, May 15, 2020!** Along with this form, please submit full payment to: ASRWVA/11 High Street, Suite 204/ Suffield, CT 06078. Once payment is received your system will be notified where to send your **2019 lab data/testing results**, any **violations** and **public notices** you may have received in 2019. If you have any questions or concerns, please email: rita@nrwa.org. We look forward to working with you on your CCR!

2019 Connecticut CCR Request Form

Yes, please prepare our 2019 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 2018 data for chlorine residual:

2019 Annual Average: _____ ppm Annual Range (low & high): _____ ppm

For surface water systems, you must include your highest annual 2019 turbidity results: _____ ntu

Please enclose a check in the amount of \$300 and return with this form with all the necessary information. Please mail to the address at the top of this letter. Thank you.