



## Annual Consumer Confidence Report (CCR) Mailing Waiver

<b>Public Water System ID Number</b>	<b>Public Water System Name</b>	
<b>Regulating Agency</b>	<b>CCR Calendar Year:</b>	<b>CCR Distribution Date:</b>
ADEQ      MCESD      PDEQ		

The Public Water System (PWS) named above hereby confirms that customers have been informed that the information contained in its Consumer Confidence Report (CCR) will not be delivered by mail, but published in local newspapers and/or made available upon request per Title 40, Code of Federal Regulations (CFR) § 141.155/Arizona Administrative Code R18-4-117. The PWS also certifies that the information contained in the CCR is correct and consistent with the compliance monitoring data previously submitted to their regulating agency. **The PWS must sign and submit this mailing waiver to their regulating agency within 90 days of distributing the CCR, and no later than October 1st.**

**All community water systems must mail or otherwise directly deliver one copy of the report to each customer. Systems serving <10,000 people may opt out of mailing CCRs by meeting the requirements below.**

### REQUIREMENTS FOR COMMUNITY WATER SYSTEMS SERVING >500 AND <10,000 PERSONS

THE PWS CERTIFIES THAT ALL OF THE FOLLOWING WERE PERFORMED:

- Inform customers it will not be providing copies of the CCR by mail or other direct delivery methods
- Publish the entire report annually in one (or more) local newspaper or other news media serving areas in which the system's customers are located (**attach a copy of newspaper/article announcement**)
- Make copies of the CCR available to the public upon request
- Keep copies available for a period of three (3) years

### REQUIREMENTS FOR COMMUNITY WATER SYSTEMS SERVING ≤500 PERSONS

THE PWS CERTIFIES THAT ALL OF THE FOLLOWING WERE PERFORMED:

- Inform customers it will not be providing copies of the CCR by mail or other direct delivery methods
- Make copies of the CCR available to the public upon request
- Keep copies available for a period of three (3) years.

*I certify that the above information is true and accurate to the best of my knowledge:*

**Contact Name, Position Title (PRINT)** \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
**Authorized Signature** *Heather Van* \_\_\_\_\_ **Date** \_\_\_\_\_

**Submit completed form within 90 days of distribution to your regulating agency:**

**ADEQ Water Quality Compliance Data**  
 Mail: 1110 W. Washington St., 5415B-2  
 Phoenix, AZ 85007  
 azdeq.gov/DWComplianceAssistance

**Maricopa County Environmental**  
 Mail: 501 N 44th Street Suite 200  
 Phoenix, AZ 85008  
 Phone: 602-506-6935  
 sdwquestions@mail.maricopa.gov

**Pima DEQ**  
 Mail: 33 N. Stone Ave., Suite 700  
 Tucson, AZ 85701  
 Phone: 520-724-7400  
 Fax: 520-838-7432