



State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Mail Code 401-04Q

Division of Water Supply & Geoscience
Water System Operations Element
Bureau of Safe Drinking Water
401 E. State Street - P.O. Box 420
Trenton, New Jersey 08625-0420

Tel #: (609) 292-5550 - Fax #: (609) 292-1495
<http://www.nj.gov/dep/watersupply/>

ED POTOSNAK
ACTING COMMISSIONER

MIKIE SHERRILL
GOVERNOR

DR. DALE G. CALDWELL
LT. GOVERNOR

CCR Year: 2026
(2025 data)

2026 Consumer Confidence Report (CCR) Certification Form

PWS ID# NJ _____

Community Water System Name: _____

Community Water System Address: _____

1. CCRs must be mailed or electronically delivered to all bill-paying customers by July 1st. Provide date(s) of distribution: _____
2. Please check the distribution method(s) utilized to reach your bill-paying customers.
 - Mailed the CCR
 - Mailed the direct URL of the CCR
 - Embedded in an email message
 - Attached as a PDF file in an email message
 - Provided the website link (URL) in an email message
 - Provided information on how a hardcopy of the CCR can be obtained
3. If the CCR was provided to customers electronically, provide the direct URL: _____
4. Community Water Systems serving greater than or equal to 100,000 persons must post their CCR on the Internet. Date posted on the Internet *and* the URL: _____
5. Community Water Systems must make a good faith effort to reach all appropriate non-bill paying customers. Check all of the methods that were utilized by your community water system.
 - Posted the CCR on the Internet at www._____
 - Mailed the CCR to postal patrons within the service area (attach a list of zip codes used)
 - Advertised availability of the CCR in news media (attach copy of announcement)
 - Published CCR in local newspaper (attach copy of newspaper announcement)

- Posted the CCR in public places (attach a list of locations)
- Delivered multiple copies to single bill addresses serving several persons such as: apartments, businesses, and large private employers
- Delivered copy of the CCR to community organizations (attach a list)
- Electronic city newsletter or electronic community newsletter or listserv (attach a copy of the article or notice)
- Electronic announcement of CCR availability via social media outlets (attach list of social media outlets utilized)
- Other (List): _____

6. If your Community Water System sells water to another Community Water System, list the name and PWSID Number of the Community Water System(s) and the date the information was provided (due no later than April 1st unless mutually agreed upon by both systems): _____
7. Is the CCR being utilized to satisfy a Public Notice requirement pertaining to N.J.A.C. 7:10-7.4 for iron, manganese, or sodium? Yes No (check one)
8. Is the CCR being utilized to satisfy a **Tier 3 Public Notice** requirement? Yes No (check one)

NOTE: If you checked "Yes":

1. Submit the PN Certification Form for any Tier 3 PN requirement not previously submitted to DEP.
2. **Include the necessary standard language for a reporting violation**, found at 40 CFR 141.205(d).

9. Check all distribution method(s) for the submittal to the Bureau of Safe Drinking Water (Bureau)**.

- Attached as a PDF file in an email message to watersupply@dep.nj.gov (**this method strongly recommended****)
- Provided the website link (URL) in an email message to watersupply@dep.nj.gov
- Mailed the CCR** (see note below)

****IMPORTANT**** Note that a non-submittal or late submittal of the CCR and/or Certification to the Bureau will result in a reporting violation. As such, we **strongly recommend** that you submit a copy **using a means that can document the date of Bureau receipt, such as by email (watersupply@dep.nj.gov) or by Certified mail.**

10. The Certification below must be completed by the Community Water System.

I certify that the above referenced community water system has distributed the CCR in accordance with all applicable regulations. Furthermore, I certify that the information contained in the report is correct and consistent with the compliance monitoring data previously submitted to the state.

Signature: _____ Date: _____

Print Name: _____ Title: _____

PWSID #: _____ Water System Name: _____

Email : _____ Phone Number: _____