

Community Water System Name: _____

PWS ID No: 41- 00464

For calendar year: 2022

The community water system named above hereby confirms that its Consumer Confidence Report has been distributed to customers (and appropriate notices of availability have been given). Further, the system certifies that the information contained in the report is correct and consistent with the compliance monitoring data previously submitted to the primacy agency.

CCR Certified by Name: Sean Petitmermet Title: Public Works Director

Phone No: 541-219-0272 Date CCR Certified: 2/9/2023

Date CCR distributed to customers: 2/9/23 - 3/6/2023

CCR Delivery Certification

(check all items below that apply)

X Paper CCR was distributed by mail or other direct delivery method to all bill-paying customers

Electronic delivery. Check box below and describe how customers may request a paper copy:

Notification (mail or email - check all that apply) that CCR is available on website: _____

CCR sent as an attachment to email (for example portable document format-PDF)

CCR sent as an embedded image in body of email

X "Good faith" efforts were used to reach non-bill paying consumers.

Those efforts may include a mix of the following methods, as recommended by OHA-DWS:

Posting the CCR on a publicly accessible Internet site at website: townoflakeview.org/consumer-confidence-report/ (required for systems serving at least 100,000 persons)

Mailing the CCR to postal patrons within the service area

Mailing a notification (for example, postcard) to postal patrons within the service area that the CCR is available on website: _____

X Advertising availability of the CCR in news media

X Publication of CCR in local newspaper

X Posting the CCR in public places. Locations: Senior center, Town Hall, Health Dep.

Delivery of multiple copies to single bill addresses serving several people such as: apartments, businesses, and large private employers

X Delivery to community organizations

X Electronic newsletter or listserv, or notice of availability via social media outlets

Email form

dwp.dmce@state.or.us

Mail form

OHA-Drinking Water Services P.O. Box 14350, Portland, OR 97293-0350

Fax form

(971) 673-0694

* If the CCR has been distributed, it is recommended that this form be sent to Drinking Water Services at the same time a copy of the CCR is sent to the program; but by rule, the certification form is due no later than Oct 1 annually.

Clear Form

Save form

Print form