

PWS Name _____ - PWS # _____
CCR Provider Certification of Delivery
Drinking Water Quality Data

I certify that as a representative of _____ (provider), that our system has given the appropriate drinking water quality data to the community water system(s) (receiver) we provided water to in 2015 by **April 1, 2016** as described in 30 TAC §290.274(g). This will ensure that they can create and deliver their 2015 Consumer Confidence Report to their customers. This certification form must be returned to the TCEQ by **May 1, 2016**.

Date of Delivery to receiver(s): _____

OR (if you did not provide water to any other systems during the year of 2015):

I certify that as a representative of this water system that this system did not provide water to another system by any means in the previous calendar year.

Certified by:

Name: _____

Title: _____

Employer: _____

Phone number (include area code): _____

Email: _____

Signature: _____

Date: _____

If submitting by certified mail:	If submitting by regular mail:
TCEQ PDW Section - MC 155, Attn CCR 12100 Park 35 Circle Austin, Texas 78753	TCEQ PDW Section - MC 155, Attn CCR PO BOX 13087 Austin, TX 78711-3087