

CONSUMER CONFIDENCE REPORT CHECKLIST

Water System: _____ WSSN: _____ District: _____

Missing	Inadeq.	Adeq.	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WATER SYSTEM INFORMATION

Name and phone number of contact person
 Information on public participation opportunities
 Information for non-English speaking populations (if applicable)

Missing	Inadeq.	Adeq.	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOURCES OF WATER

Type, name and location of bodies of water used as sources
 Availability and how to obtain information from Source Water Assessment, brief summary of susceptibility

Missing	Inadeq.	Adeq.	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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REQUIRED EDUCATIONAL INFORMATION

"The sources of drinking water, both tap water and bottled water, include..."
 "Contaminants that may be present in source water include all of the..."
 "To ensure that tap water is safe to drink, EPA prescribes..."
 "Drinking water, including bottled water, may reasonably be expected..."
 "Some people may be more vulnerable to contaminants..."
 Informational statement about lead: "If present, elevated levels of lead..."
 Informational statements on arsenic and nitrate
 Informational statements for vulnerable sub-populations on the following contaminants if detected over the level of concern: lead, copper, nitrate, fluoride, fecal coliform, or *E. coli*. See R 325.10420 (Rule 420).

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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DEFINITIONS

MCL / MCLG
 MRDL / MRDLG
 Action Level (AL)
 Units (i.e. ppm-ppb)
 Treatment Technique (TT)

Missing	Inadeq.	Adeq.	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TABLE OF DETECTED REGULATED CONTAMINANTS

Detected during calendar year or most recently w/in 5 years
 MCL / MCLG / MRDL / MRDLG / AL in units ≥ 1.0 ; detections in same units
 Likely source of contaminant, if known, or typical source of contamination
 Identification of data indicating violations of drinking water standards

Missing	Inadeq.	Adeq.	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TABLE OF UNREGULATED CONTAMINANTS

Detected during calendar year

Missing	Inadeq.	Adeq.	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER REQUIREMENTS

Detected Crypto and radon, if applicable
 Sodium levels, even if not detected
 Explanation of each violation of a drinking water standard and of each monitoring and reporting violation, including health effects language (for standards violations), length of violation, and actions taken by supplier to address or correct the violation

Comments: _____

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Items marked above must be corrected and redistributed by _____ (date)
<input type="checkbox"/>	<input type="checkbox"/>	Please make corrections on next year's report

Reviewed by: _____ Date: _____