Consumer Confidence Report (CCR) Certification Form

Name of CWS: Mahoning Valley Nursing & Rehabilitation Center  PWSID Number: 3130008

I am a representative of the community water system (CWS) indicated above. I certify that the CCR for the period of January 1, 2018 through December 31, 2018 has been distributed to customers (and appropriate notices of availability have been given). Furthermore, I certify that the information contained in the CCR is correct and consistent with the compliance self-monitoring data previously submitted to the Pennsylvania Department of Environmental Protection (DEP).

The CCR was distributed by mail or other direct delivery method to each customer on the following date: __________. If other direct delivery methods were used, describe in the space below or on an attached piece of paper.

Description of other direct delivery methods: Posting on the Internet Website

System-specific details on CCR distribution to customers are outlined below (check all that apply):

1. ☒ “Good faith” efforts were used to reach customers who do not get water bills. Those efforts included one or more of the following methods (check all that apply):
   a. ☒ Posted the CCR on the Internet at mvnrc.org
   b. ☐ Mailed the CCR to postal patrons within service area. (Attach zip codes used.)
   c. ☐ Advertised that the CCR was available in news media. (Attach a copy of advertisement.)
   d. ☐ Published the actual CCR in local newspaper(s). (Attach a copy.)
   e. ☒ Posted the CCR in public places. (Central foyer bulletin board).
   f. ☐ Delivered multiple copies of the CCR to bill-paying customers who serve water to other persons such as: apartments, businesses, schools and large, private employers.
   g. ☐ Delivered copies of the CCR to community organizations, libraries, etc. (Attach a list.)

2. ☐ The CCR was posted on a publicly accessible Internet site because this system serves 100,000 or more people. (Indicate Internet site in the space below, if different than above.)

3. ☐ The CCR was delivered to the other agencies specified by DEP. (Attach a list.)

Certified by: Signature: ____________________________

Print Name: Michael A. Mickey

Title: President/CEO

Phone Number: 570-386-5522  Date: ____________________________

For DEP use only. Checked by: ____________________________ Date: ____________________________