



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:** _____