

Consumer Confidence Report (CCR) Certification Form

Name of CWS: Oakland Borough Water Authority
PWSID Number: 2580025

The community water system (CWS) named above confirms that its CCR for the period of January 1, 2025 through December 31, 2025 has been distributed to customers (and appropriate notices of availability have been given). The system also confirms that the information in the CCR is correct and consistent with the compliance monitoring data previously submitted to the Pennsylvania Department of Environmental Protection (DEP).

Please check all items that apply to your CCR delivery.

CCR was hand-delivered to customers. Date delivered: _____

CCR was distributed by mail. Date mailed: _____

CCR was distributed by other direct delivery method(s). (Check all that apply):

Mail notification that CCR is available on website via a direct uniform resource locator (URL)*

Direct URL address: www._____ Date mailed: _____

E-mail – direct URL to CCR*

E-mail – CCR sent as an attachment to the e-mail* Date(s) email sent: _____

E-mail – CCR sent embedded in the e-mail*

* If the CCR was provided electronically, attach a description of how a customer requests a paper copy.

“Good faith” efforts were used to reach non-bill paying consumers:

posting the CCR on the Internet at www._____

mailing the CCR to postal patrons within the service area (attach a list of zip codes used)

advertising the availability of the CCR in news media (attach copy of announcement)

publication of CCR in local newspaper (attach copy of newspaper announcement)

posting the CCR in public places (attach a list of locations)

delivery of multiple copies to single bill addresses serving several persons

delivery to community organizations (attach a list)

electronic newsletter or listserv (attach a copy of the article or notice)

electronic announcement of CCR availability via social media outlets (attach list of outlets utilized)

The CCR was posted on a publicly-accessible Internet site because this system serves 100,000 or more.

Internet site address: www._____

Delivered CCR to other agencies as required by the state/primacy agency (attach a list)

A copy of the CCR and a completed CCR Certification Form have been sent to the DEP district office (or the Allegheny County Health Department) that provides oversight and support of this water system. (See back of form for addresses.)

Certified by: Signature: _____ Print Name: _____

Title: _____ Phone: _____ Date: _____
