

## Colorado Department of Public Health and Environment Water Quality Control Division Compliance Assurance and Data Management Unit

CCR Certificate of Delivery Form
\*\*Submit this certification form and a copy of the completed CCR no later than July 1, 2010.\*\*

| System Name    | MEHOON MOUNTAIN WATER  | SUPPLY PWS             | D: COO 020 1504  |                                 |  |
|----------------|--|------------------------|--|---------------------------------|--|
| appropriate no | ty water system named above hereby confin-<br>ptices of availability have been given). Furt<br>the the compliance monitoring data previously | her, the system certi  | fies the information contain   | ed in the report is correct and |  |
| Certified by:  | (Please print name) RACHEL BA  | RKWORTH                |  |                                 |  |
|                | ORDS COORDINATOR   |                        |  |                                 |  |
| Phone Numbe    | r: <u>303-823-2318</u>   | Date: JUN              | JE 30TH 2010   | danga mengangan                 |  |
| Signature: _   | RCBalt   |                        |  |                                 |  |
| Sections 1 an  | d 2 MUST be completed.   |                        |  |                                 |  |
|                | distributed by: (One must be checked.)   |                        |  |                                 |  |
|                | ing, or  |                        |  |                                 |  |
| ☐ Direc        | et delivery by<br>et delivery waiver. (The system must meet o  | one of the below )     |  | ; or                            |  |
|                | •  |                        |  |                                 |  |
|                | elivery Waivers (only complete one of the b  |                        |  |                                 |  |
|                | ne system serves 500 or fewer persons and an appropriate location that the report is a   |                        |  |                                 |  |
|                | Mail;  |                        |  |                                 |  |
|                | Direct Delivery by Posting in appropriate locations (attach a l  | ist of locations).     |  | ; or                            |  |
|                | he system serves less than 10,000 persons,   |                        | t delivery waiver, and has c   | ompleted all of the following   |  |
| ,              | requirements:  | quantities for a an ee | t don't or j warren, date more   | omprovou un or une rome mang    |  |
|                | Published the reports in the following new   | spaper(s)              |  |                                 |  |
|                |  |                        | on   | ; and                           |  |
|                | Informed the customers the reports would   | not be mailed in the   | tollowing manner:  | : and                           |  |
|                | Made the reports available to the public up  | on request.            | white the second | , 411                           |  |
| 2) "Good fait  | h" efforts are required. Please indicate w   | hich were complet      | ed.  |                                 |  |
|                | non-bill paying consumers the system:  |                        |  | CR online.)                     |  |
|                |  |                        |  |                                 |  |
| Mail           | ed the CCR on the Internet at http://www<br>ed the CCR to postal patrons within the ser  | vice area (attach a li | st of zip codes used);   |                                 |  |
|                | ished the CCR in local newspaper (attach co  |                        |  |                                 |  |
| □ Poste        |  |                        |  |                                 |  |
| ☐ Deli         |  |                        |  |                                 |  |
| 3) Using the   | CCR as public notification for system vio  |                        |  |                                 |  |
| • The          | system is using the CCR to fulfill Public Not the violation(s):  | tification requireme   | ents for the following system  | n violations:                   |  |
| Fmail in       | .PDF to: cdphe.drinkingwater@state.co.us   | Or V                   | fail to: CDPHE-WQCD-B2   |                                 |  |
| Lilian ili     | .i Di W. ouplie.ui ilitalig water (e) state (voita)  | <b>Q1</b> 10           | ATTN: CADM-CCR   |                                 |  |

Or Fax to: 303-758-1398

4300 Cherry Creek Drive South

Denver, CO 80246-1530