

2021 Maine CCR Request Form

Yes, please prepare our 2021 CCR.

Please enclose your \$100.00 payment for your **2021 CCR**. If you have not paid your 2022 Membership dues, please be sure to enclose your check for **2022 Membership Dues**.

Please complete a form for each system (PWSID) requesting a CCR. Please mail this completed form with payment or, fax, or email followed by payment no later than MARCH 1, 2022.

System Name: Solon Water District PWSID #: ME 0091460

Contact Person: Shawna Albert

Mailing Address: PO BOX 131 Solon, ME 04979

Phone: 207-643-2473 Fax: _____ *Email: solonwater@gmail.com

***Note: A copy of your 2021 CCR will be emailed (in PDF format) to the email address provided above.**

For systems that chlorinate their water, you **must** include the following 2021 data for free chlorine residual:

2021 Annual Chlorine Residual Average: _____ ppm, Annual Chlorine Residual Range: Low: _____ ppm, High: _____ ppm

For surface water systems only, you **must** include your Highest Annual 2021 Turbidity Result: _____ ntu