

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: _____ **Winter Harbor Water District** _____ PWSID #: _____
Contact Person: _____ **P.O. Box 38** _____
Mailing Address: _____ **Winter Harbor, ME 04693-0038** _____
Phone: 207-963-7703 Fax: 207-963-7703 *Email: whwaterdistrict@myfairpoint.net
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***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