



**CONSUMER CONFIDENCE REPORT CERTIFICATION IN DRINKING WATER**

State Form 54187 (R / 7-14)  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (IDEM)  
 OFFICE OF WATER QUALITY -- DRINKING WATER BRANCH -- COMPLIANCE SECTION

IDEM -- DRINKING WATER BRANCH  
 MC 66-34  
 100 N. Senate Ave.  
 Indianapolis, IN 46204-2251  
 Telephone: 317-234-7435  
 Fax: 317-234-7436  
 Email: dwbmgr@idem.in.gov

- INSTRUCTIONS: 1. Complete Consumer Confidence Report (CCR) Certification form.  
 2. Submit the certification form to IDEM by October 1<sup>st</sup> of reporting year.

**CERTIFICATION**

System Name: Cynthiana Water Works  
 PWSID Number: 5265004

The community water system named above hereby confirms that its consumer confidence report has been distributed to customers (and appropriate notices of availability have been given). Further, the system certifies that the information contained in the report is correct and consistent with the compliance monitoring data previously submitted to primacy agency.

**Certified by:**

Name Ken Borbett Signature Ken Borbett  
 Title Operator  
 Telephone number 812-205-1141 Date (month, day, year) 06 / 11 / 2024

\*\*\* You are not required by EPA rules to report the following information, but you may want to provide it to your state. Check all items that apply.

The consumer confidence report (CCR) was distributed by mail or other direct delivery on:

Date (month, day, year) 06 / 10 / 2024

Specify other delivery methods below:

U.S. Mail - 47612, Hand delivery

Good faith efforts were used to reach non-bill paying consumers. Those efforts included the following methods as recommended by the primacy agency:

- posting the CCR on the Internet at www.
- mailing the CCR to postal patrons within the service area (attach ZIP codes served)
- advertising availability of the CCR in news media (attach copy of announcement)
- publication of CCR in local newspaper (attach a copy)
- posting the CCR in public places (attach a list of locations) US Post Office, Town Hall
- delivering multiple copies to single bill addresses serving several persons such as apartments, businesses, and large private employers
- delivering CCR copies to community organizations (attach a list)

**RECEIVED**  
 JUN 24 2024  
 IDEM/OWQ  
 DRINKING WATER BRANCH

For systems serving at least 100,000 persons only, CCR was posted on a publicly-accessible Internet site at the address: www.

Delivered CCR to other agencies as required by the primacy agency (attach a list). IDEM  
Posey County Health Dept.

U.S. POSTAL SERVICE

DATE	DESCRIPTION	A.P.V. #	P.O. #	INVOICE #	INVOICE AMOUNT	TOTAL
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	postage for ccr report	6441			204.00	204.00 <
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ALLIED BY TOWN OF CYNTHIANA 2017... DETACH AND RETAIN FOR YOUR RECORDS...

RECEIVED

JUN 24 2024

IDEM/OWQ  
DRINKING WATER BRANCH

# WATER Accounts Payable Voucher

VOUCHER NO. 6441

WARRANT NO. 2468

DATE ALLOWED 07/08/2024  
Mo. Day Yr.

IN THE SUM OF \$ 204.00

**Town of Cynthiana**

An invoice or bill to be properly itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

V	W
#	#
6	2
4	4
4	6
1	8

Payee

40 U.S. POSTAL SERVICE	Terms  Date Due    06/10/2024
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INVOICE DATE	INVOICE NUMBER	APPROP NUMBER	PROJECT	PO NUMBER	DESCRIPTION (or note attached invoice(s) or bill(s))	AMOUNT
		6101001322.000			postage for ccr report	204.00

**TOTAL                    204.00**

<b>ACCOUNTS PAYABLE MUNICIPAL WATER DEPT. Town of Cynthiana</b>	
Favor Of <b>U.S. POSTAL SERVICE</b>	
Total Amount of Voucher	\$                    204.00
Deductions	
_____	
_____	
_____	
_____	
Total Amount of Warrant	\$                    204.00
Month of _____	

VOUCHER RECORD	ACCT #		
Source of Supply			
Water Treatment			
Transmission and Dist.			
Customer Accounts			
Administrative & Gen.			
Operation-Maintenance			
Utility Plant In Service			
Constr. Work In Progress			
Materials and Supplies			
Customers Deposits			
Total			

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received except

Mo. Day Yr.

Signature

Officer/Title

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and I have audited same in accordance with IC 5-11-10-1.6.

Clerk Treasurer

Mo. Day Yr.

Signature

Officer/Title

RECEIVED

JUN 24 2024

IDEM/OWG  
DRINKING WATER BRANCH

Board/Council Members