

CROMERR Application Cover Sheet

Non-Federal: State Environmental Agency Tribe Local Government Agency

Federal: EPA Program Proposal EPA Program Conformance Plan

Please do not use acronyms when completing this form

Primary Contact Information			
First Name: Gary	Last Name: Haberstroh	Position: Env. Engineer	Agency: ND DoH
Mailing Address (Street Address, Mail Code/Suite, City, State, Zip Code): Environmental Health Section Chiefs Office 918 East Divide Avenue Bismarck, ND 58501-1947		E-mail: ghaberst@nd.gov	Primary Phone: 701.328.5206
		Fax: 701.328.5200	Secondary Phone:

Secondary Contact Information			
First Name: Barrett	Last Name: Brown	Position: Env Engineer	Agency: ND DoH
Mailing Address (Street Address, Mail Code/Suite, City, State, Zip Code): Division of Municipal Facilities 918 East Divide Avenue Bismarck, ND 58501-194		E-mail: bjbrown	Primary Phone: 701.328.5209
		Fax: 701.328.5200	Secondary Phone:

This application addresses (check or complete all that apply):

Priority Reports Non-Priority Reports New Systems Existing Systems

The OIE CROMERR application checklist is used for this application

Application under an authorized Part 142 Public Water System

Number of systems addressed in this application

Certifying Official			
<input checked="" type="checkbox"/> Certification of sufficient legal authority to implement electronic reporting by:			
First Name:	Last Name:	Title:	Certification Date:
<input type="checkbox"/> Copies of relevant laws and regulations establishing legal authority are included			

CROMERR Application Cover Sheet

Complete for each system addressed by the application.

For additional systems, please make copies of this page.

System 1 of 1			
System Name:	North Dakota Electronic Reporting Information System (ERIS)		
Please complete the information below for each report received by this system. For additional reports, please make copies of this page.			
Report 1 Name:	Drinking Water lab sample data		
	40 CFR Citation: 141	Associated EPA Office: Office of Drinking Water	Applicable EPA Region: Region 8
	Requires Signature: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Electronic Signature: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Priority Report: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Report 2 Name:			
	40 CFR Citation:	Associated EPA Office:	Applicable EPA Region:
	Requires Signature: <input type="checkbox"/> Yes <input type="checkbox"/> No	Electronic Signature: <input type="checkbox"/> Yes <input type="checkbox"/> No	Priority Report: <input type="checkbox"/> Yes <input type="checkbox"/> No
Brief Overview of System: This report is used to received public water system drinking water sample results from laboratories.			
Attachments included in this application for this system:			
<input checked="" type="checkbox"/> Description of how this system complies with CROMERR requirements under 40 CFR 3.2000			
<input type="checkbox"/> Schedule of planned upgrades or changes to this system			
<input checked="" type="checkbox"/> Other Attachments (Please list): System design document that the CROMERR Checklist refers too.			