

## 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			

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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.			