

**Mississippi Rural Water Association  
5400 N Midway Road  
Raymond MS 39154**

Dear Community Water Provider:

The Mississippi Rural Water Association will, once again, assist you with your Consumer Confidence Report. The 2016 report is due by July 1, 2017.

When you have received your information from the Mississippi Department of Health, we will be glad to assist you in completing your report. We will need a copy of all the **2016 or latest** test results that show any detect. Please do not send originals of your results, these will not be returned. Also be sure to send a copy of all violations that you need printed in your report. **We will need a list of your system deficiencies under the ground water rule. This has to be reported in the CCR.**

The processing fee for the report is \$80.00 per system ID Number for member systems and \$240.00 per system ID Number for non-member systems. If your system is not a member call for membership info today and save \$160.00 on the processing of your report. This is for the standard format. If you would like a special format, please give me a call. If you want your report emailed or on a CD, please add \$15.00 to processing fee.

**Again, this year:** MsRWA has a special page on our website to host your CCR, if you don't have a website and would like to take this route of delivery. As stated in the health department information, you have the option of delivering your CCR electronically. **The CCR will have to stay on our website for three years.** The cost to host your CCR is \$90.00 for the first year, \$50.00 for the second year and \$25.00 for the third year. So the hosting fee for three years is \$165.00 if we prepare your report or \$100.00 per year if we don't. If you would like for MsRWA to host your CCR please order it that way on the payment form. If we hosted your CCR last year you will need to add \$50.00 to your processing fee for the hosting of your 2015 CCR & \$25.00 for your 2014 CCR. Remember that the health department requires to keep on website for three years.

Please read the enclosed form carefully, it has changed: fill in ALL spaces on the form, be sure to sign, then return with a copy of your sample test results and payment. Completed reports will be returned to you within 10 - 15 working days from the date we receive all required paperwork. Don't forget, it is your responsibility to have the report published and send a copy of the report, the certification, and proof of publication to the MSDH by July 1<sup>st</sup>.

If you need any additional information feel free to contact us at 1-800-343-2520.

Sincerely,

**Cecilia**

Cecilia Garris  
Office Manager, MsRWA

**Please don't send any materials until you get your packet from the Health Department with final instructions.**

# CCR Payment Form – You must return this page!

CCR Fee per PWS ID # \_\_\_\_\_ #of PWS \_\_\_\_\_ @ \$80.00 = \_\_\_\_\_  
(Member Rate)

Membership Fee for Non Members (See application for amount) \_\_\_\_\_

CCR Fee per PWS ID # \_\_\_\_\_ #of PWS \_\_\_\_\_ @ \$240.00 = \_\_\_\_\_  
(Non-Member Rate) or pay dues and member rate above

Email Fee - \$15.00 in PDF Format \_\_\_\_\_  
Email address: \_\_\_\_\_

CD Fee – \$15.00 if returned on CD in PDF Format \_\_\_\_\_

CCR Hosting for your 2016 CCR for the next three years as  
required on the MsRWA Website \$165.00/three years, if we  
prepare your CCR or \$100.00 per year if we don't prepare  
your CCR \_\_\_\_\_

CCR Hosting for your 2015 CCR- If it was on our website \$50.00 \_\_\_\_\_  
CCR Hosting for your 2014 CCR- If it was on our website \$25.00 \_\_\_\_\_

**Total Enclosed** \_\_\_\_\_

Return these forms and the processing fee to: Mississippi Rural Water Association,  
5400 N Midway Rd, Raymond, MS 39154

If you need additional information please contact MsRWA,  
PH: 1.800.343.2520 Fax: 1.601.857.2434

**No Report will be returned without payment. Please do not send your  
results on a CD. You may send in hard copy format or fax.**

Results needed 2016 or most recent:  
Total Trihalomethane (TTHM) and Haloacetic Acid (HAA5)  
All quarters if you test quarterly  
Nitrate and Nitrite (NITR)  
Inorganic Chemicals and Cyanide (IOC)  
Radiological (RAD)  
Volatile Organic Chemicals (VOC)  
Lead and Copper- 90 % sheet  
Any Bacti results with either Total Coliform or E-Coli present.  
Chlorine (MRDL)  
Fluoride  
Any significant deficiencies your system may have  
Any required language that MSDH send you to add in your report.  
All violation notices.

**If MsRWA did not process your report last  
year, please enclose a copy.**

**Please do not send originals. Send copies of  
results only - they will not be returned.**

MsRWA Use Only:

Date Received: \_\_\_\_\_

All Materials Included: \_\_\_\_\_

Check #: \_\_\_\_\_

Date of Check: \_\_\_\_\_

Amount: \_\_\_\_\_

Date Report Returned: \_\_\_\_\_

# ALL BLANKS MUST BE FILLED IN TO PROCESS YOUR REPORT

## 2016 Consumer Confidence Report

Please Print

Name of System: \_\_\_\_\_

System PWS ID#(s): \_\_\_\_\_

System Full Mailing Address: \_\_\_\_\_

Name of Aquifer(s): \_\_\_\_\_ Number of Wells: \_\_\_\_\_

Please provide the following information from your system's Source Water Assessment Program (SWAP)  
Our wells received the following ranking of susceptibility to contamination. Please check one.

\_\_\_\_\_ Lower      \_\_\_\_\_ Moderate      \_\_\_\_\_ Higher

\_\_\_\_\_ Lower to Moderate      \_\_\_\_\_ Lower to Higher      \_\_\_\_\_ Moderate to Higher

Do you purchase water ( ) Yes      ( ) No

If yes, from System Name: \_\_\_\_\_

System ID #: \_\_\_\_\_

Contact person & phone number that you want printed in the report:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Regular monthly meetings or annual meeting are scheduled:

Day: \_\_\_\_\_ Date: \_\_\_\_\_

Time: \_\_\_\_\_ Location: \_\_\_\_\_

Does your system add fluoride? \_\_\_\_\_ Yes or \_\_\_\_\_ No

If yes, what was your lowest to highest range? \_\_\_\_\_

Did your system have **any** violations? If yes, what type and when? **If you were required to send a public notice to your customers, please attach a copy.**

\_\_\_\_\_ Major      Date: \_\_\_\_\_

\_\_\_\_\_ Minor      Date: \_\_\_\_\_

\_\_\_\_\_ Monitoring      Date: \_\_\_\_\_

Please explain: \_\_\_\_\_

\_\_\_\_\_

All Blanks Must Be Filled In On Both Sides of this form!

All Blanks Must Be Filled In On Both Sides of this form!

Did your system have any bacteria present in 2016? ( ) Yes ( ) No

If yes:

What is the system ID#: \_\_\_\_\_

What type: \_\_\_\_\_ What Month: \_\_\_\_\_

How many routine samples were taken? \_\_\_\_\_

How many samples tested positive for bacteria? \_\_\_\_\_

Did your subquencial sample test positive for bacteria? ( ) Yes ( ) No

**If you were required to send a public notice to your customers, please attach a copy.**

Person we can contact at your system if we need additional information:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Daytime Phone (8:00 AM – 5:00PM): \_\_\_\_\_

Cell: \_\_\_\_\_

Best time to contact: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

You may add information to your report about your system, as a public relations tool. If you would like for us to insert any additional information, please provide here or attach on separate page. Please type or print.

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**Be sure to include a list of your system deficiencies under the ground water rule with this form.**

The MsRWA will not be responsible if the report is missing information that you did not provide us. I understand that the MsRWA can complete a true Consumer Confidence Report only if I provide them with the necessary information. If the MsRWA has to re-develop the report, extra charges will be added.

Date: \_\_\_\_\_

System Name: \_\_\_\_\_

Signature: \_\_\_\_\_

This form must be returned **with the necessary test results** for the MsRWA to complete your report. No report will be completed without it. Please make sure there is a signature on this form.

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