

**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 2017 report is due by July 1, 2018.

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 **2017 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 2016 CCR last year you paid for the three years up front, however if we hosted your 2015 CCR and you didn't pay the full fee please add \$25 for your 2015 CCR. Remember that the health department requires you 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 1st.

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 2017 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 \$25.00 _____

Any reports received for processing after June 22 – Add Late Fee \$100.00 _____

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 2017 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

2017 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 2017? () 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.

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.

**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.**