

REVISED FORM

**Mississippi Rural Water Association, Inc.
172 Country Place Parkway
Pearl, MS 39208**

Dear Community Water Provider:

As some of you may know, as of December 31, 2024, I retired from the Mississippi Rural Water Association, Inc. I am, however, still processing the Consumer Confidence Reports through the association. My contact information is: Cell: 601.209.3317 and email: cag2735@gmail.com or cgarris@msrwa.org.

The 2024 report is due by July 1, 2025, and must be uploaded through our systems portal. See the letter from MSDH for full instructions. **From the MSDH letter you can see that there will be several changes to the 2024 CCR.**

We will once again add the information that EPA would like to see in the report, such as a paragraph that includes general information about the system, any improvements have been made in the past year, any future expansions and/or rate increases, if your board has attended the required training, and only other information that you would like to pass on to your customers.

When you have retrieved your information from the Mississippi Department of Health Portal, we will be glad to assist you in completing your report. **We will need a copy of all the 2024 or latest test results that show all contaminants with or without detects.** Be sure to include any results on the unregulated contaminants. <https://pws.mswater.us> Be sure you are sending the results from the blue tab, labeled **"Consumer Confidence Reports"**.

Also be sure to send:

- 1) Copies of all violations with the documentation that you used to correct the violations
- 2) All significant deficiency(s) with any documentation that shows they have been corrected.
- 3) If you had any Level 1 or Level 2 Assessments, how many of each and the number of corrective actions taken with copies of the corrected actions.
- 4) Copies of any public notices that your system was required to send to your customers
- 5) If you have had an administrative enforcement hearing:
 - Reason for hearing
 - Date of hearing
 - Corrective actions to be taken to comply with the hearing.
- 6) Lead and Copper Service Line Inventory Information
- 7) Boil Water Notice Information for required statement.
- 8) If your system took over another system, please be sure to send the test results for all systems.

We have spoken with the MSDH, and at this time, the EPA is not requiring the non-detected contaminants to be included in the 2024 CCRs and therefore MSDH is not going to require them. We are going to leave it up to you as a water provider if you would like them in your report or not.

If you choose to include the non-detected contaminants on your 2024 report, the report could possibly be twice as long as in the past. Please consider this when you decide how to deliver the CCR to you customers/members. Be sure to read the delivery instructions on the CCR Certification Form from MSDH. This year you may want to consider placing your CCR on your website or MsRWA has a special page on our website to host your CCR. This form of delivery usually cost less than what it cost to publish in the local paper, and you don't have to mail out to each customer. You will have to follow the MSDH instructions concerning putting the information on your water bill where your customers can find your report on a website with a direct URL. The CCR will have to stay on the website for three years. If you chose to use the MsRWA website the cost for hosting the 2024 report for the required three years will be \$175.00. If you would like for MsRWA to host your CCR please order it that way on the payment form.

Processing Fee per ID#: Standard format, returned by email.

	Member Systems	Non-Member Systems
Non-detected contaminants included in report:	\$195.00	\$390.00
Non-detected contaminants excluded from report:	\$175.00	\$350.00

Please read the enclosed form carefully, it has changed: fill in ALL BLANKS, this information is required to process your report correctly, 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 the required paperwork and payment.

Don't forget, it is your responsibility to have the report published in the form you chose and upload your completed report and the certification through your MSDH portal by July 1st.

If you need any additional information, feel free to contact me on my cell at 601.209.3317.

Sincerely,

Cecilia

Cecilia Garris
CCR Consultant, MsRWA

Please don't send any materials until you retrieve your results from the Health Department Portal – from the Blue Tab labeled "Consumer Confidence Reports".

REVISED FORM

ALL BLANKS MUST BE FILLED IN TO PROCESS YOUR REPORT 2024 Consumer Confidence Report Oder Form

IMPORTANT NOTICE:

For the 2024 Consumer Confidence Report, the MSDH will not accept the report if all the information is not included. More information is required on this form than on prior year forms.

SO, please fill out this form completely.

Please Print

Name of System: _____ Member #: _____

System PWS ID#(s): _____ Population: _____

System Full Mailing Address: _____

City: _____ MS Zip: _____

Email Address (Required to return report): _____

CCR Processing Fee per PWS ID # - (Member Rate) **MUST BE IN GOOD STANDING**

	Member Systems	Non-Member Systems
Non-detected contaminants excluded from report:	\$175.00	\$350.00
Non-detected contaminants included in report:	\$195.00	\$390.00

Number of Member PWS IDs _____ @ \$175.00 = _____
Number of Member PWS IDs _____ @ \$195.00 = _____

Number of Non - Member PWS IDs _____ @ \$350.00 = _____
Number of Non - Member PWS IDs _____ @ \$390.00 = _____

CCR Hosting for your 2024 CCR for the next three years as required on the MsRWA Website \$175.00/three years. _____

If you choose for MsRWA to pull info from your portal it is a Fee \$30.00 per PWS ID#. Number of PWS IDs _____ @ \$30.00 = _____

Any reports received for processing after June 13--
Add Late Fee \$100.00 _____

Total Enclosed _____

If MsRWA pulls the info (test results) from the portal, you will still have to provide the Information for any public notifications, deficiencies or violations with this form.

No Report will be returned without payment

Payment can be made by credit card at: msrwa.org/pay

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

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

Contact Information:

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: _____

Source of Water: <https://landandwater.deq.ms.gov/swap/reports/>

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 On a regular basis _____ or emergency only _____

Be sure to include copies of test results of the purchased from system.

Your System ID# _____ that is purchasing water.

System Name and ID# from where you are purchasing water:

Fluoride Information:

Does your system add fluoride? _____ No or _____ Yes – **Please include a copy of the fluoride letter from portal.**

NEW MRDL Report (Maximum Residual Disinfection Level)

If your MRDL in your portal has the following statement:

* Because your water system has either not reported a free chlorine residual or has reported a chlorine residual of zero for one or more compliance periods, you must refer to your bacteriological sample results or other system records to determine the MRDL Range and the Highest QTR RAA to report on the CCR. To avoid this manual calculation, please analyze and record both the free and total chlorine residuals

You must review all routine sample results and provide the lowest and highest individual Total or Free Chlorine residual.

_____ Lowest _____ Highest

Revised Total Coliform Rule (RTCR)

Did your system(s) have any bacteria present in 2024? () Yes () No

If yes:

What is the system ID#: _____

What type: () Coliform () E. coli What Month: _____

How many routine samples were taken? _____

How many samples tested positive for bacteria? _____

Did your re-samples test positive for bacteria? () Yes () No

If yes:

Were you required to conduct an Assessment? () Yes () No

Total Coliform Rule Assessment: () Level 1 or () Level 2

If your system had bacteria present and was required to complete an assessment:

Complete this statement for Level 1

"During the past year we were required to conduct _____ Level 1 assessment (s). _____ Level 1 assessments (s) were completed. In addition, we were required to take _____ corrective actions and we completed _____ of these actions."

Complete this statement for Level 2

"During the past year _____ Level 2 assessments were required to be completed for our water system. _____ Level 2 assessments (s) were completed. In addition, we were required to take _____ corrective actions and we completed _____ of these actions."

Public Notification:

If you were required to send any public notices to your customers, you **MUST attach a copy. The MSDH will no longer allow the CCR to be your public notification for any violations.**

Violations:

Did your system have **any** violations? () Yes () No

If yes, what type and when? **If you were required to send a public notice to your customers, you **must** attach a copy.**

_____ Major	Date: _____
_____ Minor	Date: _____
_____ Monitoring	Date: _____
_____ Recordkeeping	Date: _____

Please explain what corrective actions were taken: _____

Compliance/Administrative Enforcement Hearing

Was your system scheduled for an administrative enforcement hearing? () Yes () No

If yes, attach copies of the following:

Notification:

Date of Hearing: _____

Corrective Actions to be taken in detail.

Do you have a letter from MSDH stating all requirements of the Agreement or Order were satisfied? If yes, please attach a copy.

Significant Deficiency(s)

Did your system have any significant deficiency(s) in 2024 or prior years that have not been resolved:
() Yes () No

Does your system have a compliance plan to correct deficiency? () Yes () No

Does your system have any unresolved significant deficiencies from prior years? () Yes () No

If yes include a copy of the Ground Water Rule Significant Deficiency Summary Report and any compliance plan to correct.

Have the corrections been completed? () Yes () No – If yes attach copy that was sent to MSDH.

NEW Boil Water Notices:

Did your water system use MSDH to assist with distribution of boil water notices in 2024?

() Yes () No

Lead & Copper

What is your system's sampling schedule for L&C:

_____ Every Three Years _____ Annually _____ Every 6 months

Please provide a copy of the latest Lead & Copper 90th Percentile Page

_____ # of Lead and Copper samples were taken.

_____ # of Lead samples that exceeded the Action Level

_____ # of Copper samples that exceeded the Action Level

NEW Lead Service Line Inventory:

Check One:

_____ There are no lead service lines on our system. **Date** LSLI was submitted on HD portal.

_____ There are lead service lines on our system. **Date** LSLI was submitted on HD portal.

Check One To Be Added to your report:

_____ Our system service line inventory has been prepared and can be accessed at this link:
_____.

_____ Our system service line inventory has been prepared and can be viewed at our office upon request.

NEW UCMR5:

Did your system monitor for UCMR5 between 2023 and 2024? () Yes () No

If Yes, be sure to go on the EPA website at the address below and get your results and include them to be added to your report.

Community water systems required to monitor under UCMR must inform their customers of UCMR results (including the average and range of results) in their annual Consumer Confidence Report (CCR).

UCMR5 specifies monitoring between 2023 and 2024 for lithium and 29 per- and polyfluoroalkyl substances (PFAS). See table for reference purposes.

If not already obtained, results are stored in the EPA's web-based Safe Drinking Water Accession and Review System (SDWARS). <https://cdx.epa.gov/>

The EPA would like to see a paragraph that includes general information about the system, what improvements have been made in the past year, any future expansions and/or rate increases, if your board has attended the required training, and any other information that you would like to pass on to your customers. If you would like for us to insert any additional information, please provide on a separate page. Please type or print.

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: _____

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

Date: _____ System Name: _____

Signature: _____

Return these forms with test results, all necessary info, and the processing fee to:

**Mississippi Rural Water Association, Inc.
172 Country Place Parkway, Pearl, MS 39208
If you need additional information, please contact MsRWA,
PH: 601.857.2433 Fax: 601.857.2434
Cecilia Garris- Cell: 601.209.3317**

Results needed 2024 or most recent:

Disinfection By-Products: Total Trihalomethane (TTHM) and Haloacetic Acid (HAA5) - All quarters if you test quarterly.

Sodium

Nitrate and Nitrite (NITR)

Inorganic Contaminants and Cyanide (IOC)

Radiological (RAD)

Volatile Organic Contaminants (VOC)

Synthetic Organic Contaminants (SOC)

Lead and Copper- PBCU90 % sheet

Any Bacti results with either Total Coliform or E-Coli present.

Assessment Information for Bacteria present

Assessment page from portal with blanks filled in

Chlorine (MRDL)

Fluoride

Violation page from portal

Any **significant deficiencies** and compliance plan your system may have

All public notifications to customers

Any required language that MSDH send you to add in your report.

Complete **violation & hearing information**.

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

No Results needed that are over 5 years old.

If you are pulling your results be sure to retrieve the results from the Blue Tab labeled

"Consumer Confidence Reports" in the MSDH Portal.

You may send in hard copy format, email or fax.

Your report can not be completed without the required information.