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 2018 report is due by July 1, 2019.

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 2018 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. 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 # (Member Rate) # of PWS ________ @ $80.00 = __________

Membership Fee for Non Members (See application for amount) __________

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

Email Fee - $15.00 in PDF Format
Email address: ____________________________

CD Fee – $15.00 if returned on CD in PDF Format __________

CCR Hosting for your 2018 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 __________

Any reports received for processing after June 17– 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 2018 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. No Results needed that are over 5 years old.

MsRWA Use Only:

Date Received: _______________
All Materials Included: __________
Check #: _______________
Date of Check: _______________
Amount: _______________
Date Report Returned: __________
Please Print
Name of System: __________________________________________

System PWS ID#: _________________________________________

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? _____ No  or _____ Yes – Please include a copy of the fluoride letter.

Revised Total Coliform Rule (RTCR)
Did your system(s) have any bacteria present in 2018? ( ) 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

Assessment: ( ) Level 1 or ( ) Level 2

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

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: ____________________________________________________________

________________________________

Did your system have any significant deficiency(s) in 2018? ( ) Yes ( ) No
If yes include a copy of the Ground Water Rule Significant Deficiency Summary Report.

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

Did the results exceed the action level for Lead or Copper?

______ Yes _______ No

If Yes, how many samples _____ and which containment ________________

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

Name: __________________________________ Position: _______________________

Daytime Phone (8:00 AM – 5:00PM): ___________________________

Cell: __________________________ Fax: ___________________________

Best time to contact: __________________ 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.

________________________________________________________

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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