

Mississippi Rural Water Association, Inc.



Dear Community Water Provider:

The Mississippi Rural Water Association will, once again, assist you with your Consumer Confidence Report. The 2023 report is due by July 1, 2024.

This year you will notice some changes in the information that we are asking for. The EPA through the MS State Department of Health are asking to increase the readability, clarity, and understandability of the report. 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 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 **2023 or latest** test results that show any detects.

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 cu
- 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.

The processing fee for the report is \$150.00 per system ID Number for member systems and \$300.00 per system ID Number for non-member systems. If your system is not a member call for membership info today and save \$150.00 on the processing of your report. This is for the standard format. If you would like a special format, please give me a call. All reports will be returned in a PDF by **email**, unless you state that you would like a hard copy.

172 Country Place Parkway, Pearl, MS 39208-6675
PH: 601.857.2433 FAX: 601.857.2434
Website: www.msrrwa.org Email: msrrwa@msrrwa.org

Be sure to read the delivery instructions on the CCR notice from MSDH it has changed for the population levels. **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 is usually 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 hosing the 2023 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.

Please read the enclosed form carefully, it has changed: **fill in ALL spaces**, 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.

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

If you need any additional information, feel free to contact me at 601.857.2433.

Sincerely,

Cecilia

Cecilia Garris

CFO/Office Manager, MsRWA

Please don't send any materials until you retrieve your results from the Health Department Portal with final instructions.

Results needed 2023 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.

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

No Results needed that are over 5 years old.

Your report can not be completed without the required information.

**ALL BLANKS MUST BE FILLED IN
TO PROCESS YOUR REPORT
2023 Consumer Confidence Report Oder Form**

Please Print

Name of System: Hazlehurst Municipal Water System Member #: _____

System PWS ID#(s): 150007

System Full Mailing Address: PO Box 367

City: Hazlehurst MS Zip: 39083

Email Address (Required to return report): emitchell@cityofhazlehurst.com

Please check here if you would like the report mailed in hard copy to the above address instead of email.

CCR Fee per PWS ID # 150007 #of PWS 150007 @ \$150.00 = \$150.00 po 6279
(Member Rate) **MUST BE IN GOOD STANDING**

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

CCR Fee per PWS ID # _____ #of PWS _____ @ \$300.00 = _____
(Non-Member Rate) or pay dues and member rate above

CCR Hosting for your 2023 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 of \$25.00 per PWS ID#. _____

Any reports received for processing after June 17- 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 deficiencies or violations.

Contact Information:

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

Name: Damion Robinson Phone: 662-545-6650

Regular monthly meetings or annual meeting are scheduled:
Day: 1st Tuesday each month Date: _____

Time: 6:00 p.m. Location: Hazlehurst City Hall, 209 S Extension St
Hazlehurst, MS 39083

Source of Water: Catahoula

Name of Aquifer(s): _____ Number of Wells: 9

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

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

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 (x) No On a regular basis _____ or emergency only _____

If yes, from System Name: _____

System ID #: _____

Fluoride Information:

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

MRDL Report (Maximum Residual Disinfection Level)

If you do not have an MRDL in your portal. 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 2023? () Yes (x) 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.

Violations:

Did your system have any violations? () Yes (x) 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: _____

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

If yes, attach copies of the following:

Notification:

Date of Hearing: _____

Corrective Actions to be taken in detail.

Did your system have any significant deficiency(s) in 2023? () Yes (X) No

Does your system have a compliance plan to correct deficiency? () 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 send to MSDH.

Lead & Copper

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

_____ Every Three Years _____ Annually X Every 6 months

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

20 # of Lead and Copper samples were taken.

_____ # of Lead samples that exceeded the Action Level

_____ # of Copper samples that exceeded the Action Level

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

Name: Damion Robinson Position: Operator

Daytime Phone (8:00 AM – 5:00PM): 601-894-2261

Cell: 662-545-6650


Best time to contact: 8:00 a.m. - 4:00 p.m. Fax: 601-894-3086

Email address: damion.robinson@inframark.com

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 only 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.

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 must re-develop the report, extra charges will be added.

Date: 5/10/2024 System Name: Hazlehurst Municipal Water System

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**

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.