

RECEIVED-WATER SUPPLY  
2009 JUN 29 AM 11:39

APPROVED

BUREAU OF PUBLIC WATER SUPPLY  
CALENDAR YEAR 2008 CONSUMER CONFIDENCE REPORT CERTIFICATION FORM

City of Southaven  
Public Water Supply Name

170018

List PWS ID #s for all Water Systems Covered by this CCR

The Federal Safe Drinking Water Act requires each *community* public water system to develop and distribute a consumer confidence report (CCR) to its customers each year. Depending on the population served by the public water system, this CCR must be mailed to the customers, published in a newspaper of local circulation, or provided to the customers upon request.

*Please Answer the Following Questions Regarding the Consumer Confidence Report*

Customers were informed of availability of CCR by: (*Attach copy of publication, water bill or other*)

Advertisement in local paper  
On water bills  
Other \_\_\_\_\_

Date customers were informed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CCR was distributed by mail or other direct delivery. Specify other direct delivery methods:

Date Mailed/Distributed: 6 / 23 / 2009

CCR was published in local newspaper. (*Attach copy of published CCR for proof of publication*)

Name of Newspaper: \_\_\_\_\_

Date Published: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CCR was posted in public places. (*Attach list of locations*)

Date Posted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CCR was posted on a publicly accessible internet site at the address: www. \_\_\_\_\_

**CERTIFICATION**

I hereby certify that a consumer confidence report (CCR) has been distributed to the customers of this public water system in the form and manner identified above. I further certify that the information included in this CCR is true and correct and is consistent with the water quality monitoring data provided to the public water system officials by the Mississippi State Department of Health, Bureau of Public Water Supply.

Ray N. Humphrey  
Name/Title (President, Mayor, Owner, etc.)

6-25-09  
Date

United States Post Service  
UNCONSOLIDATED POSTAGE STATEMENT -- Standard Mail

Post Office: Note Mail Arrival  
Date & Time (Do not Round Stamp)

Mailer

Entry Point: (1) SCP MEMPHIS P&DC, MEMPHIS, TN 38101-7900  
Presort: ALL

Permit Holder's Name and Address and Email Address, If Any Neel Schaffer 5740 Getwell	Telephone	Name and Address of Mailing Agent (If other than permit holder) BABER INC 3135 Millbranch Rd	Telephone 901-332-6300	Name and Address of Individual or Organization for which Mailing is Prepared (if other than permit holder) Neel Schaffer 5740 Getwell Southaven, MS 38672 Customer No.
Southaven, MS 38672 CAPS Cust. Ref. No. Customer No.		MEMPHIS, TN 38116 Customer No.		

Mailing

Post Office of Mailing MEMPHIS TN 38101-7900	Mailing Date 06/23/2009	Fed Agency Cost Code	Statement Sequence No. 0001 to 0002	No. and Type of Containers 0 - Sacks 2 - 1' Ltr Trays 16 - 2' Ltr Trays 0 - EMM Ltr Trays 18 - TTL Ltr Trays 0 - Flat Trays 0 - Pallets 0 - Other
Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> CMM <input type="checkbox"/> Flats <input type="checkbox"/> NFM <input type="checkbox"/> Parcels-Machinable <input type="checkbox"/> Parcels-Irregular <input type="checkbox"/> Letters-Paid as Nonauto Flats <input type="checkbox"/> ECR Letters-Paid as ECR Flats	If Sacked, Based on <input type="checkbox"/> 1125 pcs <input type="checkbox"/> 115 lbs. <input type="checkbox"/> both	Total Pieces 13551 Total Weight 79.9509	Weight of a Single Piece 0.0059 pounds
Permit No. 380	For Mail Enclosed within Another Class <input type="checkbox"/> Periodicals <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post			
For Automation Price Pieces, Enter Date of Address Matching and Coding 06/19/2009	For Enhanced Carrier Route Price Pieces, Enter Date of Address Matching and Coding / /	For Enhanced Carrier Route Price Pieces, Enter Date of Carrier Route Sequencing / /		
Move Update method: <input type="checkbox"/> Ancillary service endorsement <input type="checkbox"/> FASTforward <input type="checkbox"/> NCOA Link <input type="checkbox"/> ACS <input checked="" type="checkbox"/> Alternative method <input type="checkbox"/> Multiple				

Postage

Parts Completed (Select all that apply) <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> S	Total Postage (Add parts totals)	\$ 2582.40
Price at Which Postage Affixed (Check one) <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither Complete if the mailing includes pieces bearing metered or precanceled stamps.	pcs. x \$ * Postage Affixed	\$
	Net Postage Due (Subtract postage affixed from total postage)	\$ 2582.3950
Additional Postage Payment (State reason)		
For postage affixed add additional payment to net postage due; for permit imprint add additional payment to total postage.	Total Adjusted Postage Affixed	\$
Postmaster: Report Total Postage in AIC 130 (Permit Imprint only)	Total Adjusted Postage Permit Imprint	\$

Certification

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the prices and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment. Privacy Notice: For information regarding our Privacy Policy visit www.usps.com

Signature of Mailer or Agent  
Printed Name of Mailer or Agent Signing Form  
Tom Bartlett  
Telephone  
901 497-4873

USPS Use Only

Weight of a Single Piece 0. _____ pounds	Are postage figures at left adjusted from mailer's entries? If "yes", state reason.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Pieces	Total Weight	Round Stamp (Required) Date Mail Released
Total Postage		
Presort Verification Performed? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Mailer Notified	
By (Initials)		
I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage prices claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of annual fee (if required); (5) sufficient funds on deposit (if required).		
USPS Employee's Signature	Print USPS Employee's Name	Time AM PM

June 26, 2009  
N-S Project No. 6.05988.003

Ms. Karen Walters  
Director of Compliance and Enforcement  
Water Supply Division  
Mississippi Department of Health  
P. O. Box 1700  
Jackson, MS 39215-1700

Re: City of Southaven, Mississippi  
2008 Consumer Confidence Report

Dear Ms. Walters:

Enclosed please find a copy of the 2008 Consumer Confidence Report (CCR) Certification Statement, the CCR, the proof of distribution, and the water quality information for the 2008 CCR. This should fulfill the City of Southaven's requirements by the Federal Safe Drinking Water Act for 2008.

If there are any questions or concerns, please contact me at 662-890-6404.

Sincerely,

NEEL-SCHAFFER, INC.



Vincent J. Malavasi, P.E.  
Senior Project Manager

VJM/jl

Enclosure

c: Ray Humphrey, Assistant Utility Director

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JUN 26 2009

BUREAU OF PUBLIC WATER SUPPLY  
CALENDAR YEAR 2008 CONSUMER CONFIDENCE REPORT CERTIFICATION FORM

BY \_\_\_\_\_

City of Southaven  
Public Water Supply Name

170018  
List PWS ID #s for all Water Systems Covered by this CCR

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Ray W. Humphrey  
Name/Title (President, Mayor, Owner, etc.)

6-25-09  
Date

Mail Completed Form to: Bureau of Public Water Supply/P.O. Box 1700/Jackson, MS 39215  
Phone: 601-576-7518

RECEIVED

JUN 26 2009

BY \_\_\_\_\_

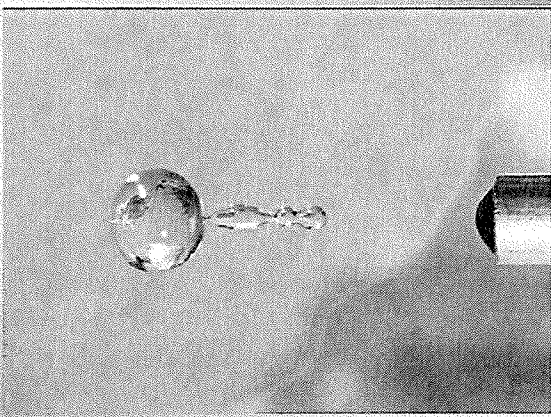
Southaven Utility Division  
5813 Peppercase Drive  
Southaven, MS 38671

PRRRT STD  
US POSTAGE PAID  
MEMPHIS, TN  
PERMIT NO.

# 2008 Annual Water Quality Report

## City of Southaven

### PWS# 170018



We are pleased to present to you this year's Annual Water Quality Report. We want to keep you informed about the quality water and services we deliver to you everyday. Our goal is to provide you with a safe and dependable supply of drinking water.

#### Is my water safe? Southaven Consumer Confidence Report

Last year, as in years past, your tap water met all U.S. Environmental Protection Agency (EPA) and state drinking water health standards. The City of Southaven vigilantly safeguards the water supplies and once again we are proud to report that our system has not violated a maximum contaminant level or any other water quality standard.

**Where does my water come from?**  
In 2008 our water department distributed 1,509,434,000 gallons of water to our customers. Our water is groundwater pumped from a natural underground aquifer, the SpartaAquifer. The water is drawn by wells.

**Do I need to take special precautions?**  
Some people may be more vulnerable to contaminants in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. EPA/Centers for Disease Control (CDC) guidelines on appropriate means to lessen the risk of infection by Cryptosporidium and other microbial contaminants are available from the Safe Water Drinking Hotline (800-426-4791).

**Source water assessment and its availability**  
Source Water Assessment Program was conducted by the Department of Environmental Quality under contract from the Mississippi Department of Health. The results of the report are available at: <http://landandwater.deq.ms.gov/snap/rep/rep.asp?x=2&id=0170018>

- The susceptibility assessment ranking for each well is:
- PWS ID: 170018, Source ID: 1, Susceptibility: Moderate
  - PWS ID: 170018, Source ID: 3, Susceptibility: Moderate
  - PWS ID: 170018, Source ID: 5, Susceptibility: Moderate
  - PWS ID: 170018, Source ID: 6, Susceptibility: Moderate
  - PWS ID: 170018, Source ID: 9, Susceptibility: Moderate
  - PWS ID: 170018, Source ID: 10, Susceptibility: Moderate
  - PWS ID: 170018, Source ID: 11, Susceptibility: Moderate
  - PWS ID: 170018, Source ID: 13, Susceptibility: Moderate
  - PWS ID: 170018, Source ID: 14, Susceptibility: Moderate

*Note: Wells 0170018-02, 0170018-04, 0170018-07, and 0170018-08 are plugged and abandoned. No data available for new well 0170018-12.*

#### Conservation Tips

- Use water saving shower heads, faucets, toilets and appliances.
  - Wash only full loads of clothes or dishes.
- Additional Information for Lead**  
If present, elevated levels of lead can cause serious health problems, especially for pregnant women and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. The City of Southaven is responsible for providing high quality drinking water, but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. If you are concerned about lead in your water, you may wish to have your water tested. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available from the Safe Drinking Water Hotline or at <http://www.epa.gov/safewater/lead>. The Mississippi State Department of Health Public Health Laboratory offers lead testing for \$10 per sample. Please contact 601.576.7582 if you wish to have your water tested.

#### \*\*\*A MESSAGE FROM MSDH CONCERNING RADIOLOGICAL SAMPLING\*\*\*

In accordance with the Radionuclides Rule, all community public water supplies were required to sample quarterly for radionuclides beginning January 2007 – December 2007. Your public water supply completed sampling by the scheduled deadline, however, during an audit of the Mississippi State Department of Health Radiological Health Laboratory, the Environmental Protection Agency (EPA) suspended analysis and reporting of radiological compliance samples and results until further notice.

Although this was not the result of inaction by the public water supply, MSDH was required to issue a violation. The Bureau of Public Water Supply is taking action to resolve this issue as quickly as possible. If you have any questions, please contact Melissa Parker, Deputy Director, Bureau of Public Water Supply, at 601.576.7518.

#### Why are there contaminants in my drinking water?

Drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the Environmental Protection Agency's (EPA) Safe Drinking Water Hotline (800-426-4791). The sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and, in some cases, radioactive material, and can pick up substances resulting from the presence of animals or from human activity. Microbial contaminants, such as viruses and bacteria, that may come from sewage treatment plants, septic systems, agricultural livestock operations, and wildlife. Inorganic contaminants, such as salts and metals, which can be naturally occurring or result from urban stormwater runoff, industrial, or domestic wastewater discharges, oil and gas production, mining, or farming. Pesticides and herbicides, which may come from a variety of sources such as agriculture, urban stormwater runoff, and residential uses. Organic Chemical Contaminants, including synthetic and volatile organic chemicals, which are by-products of industrial processes and petroleum production, and can also come from gas stations, urban stormwater runoff, and septic systems. Radon, a naturally occurring radioactive gas, which can occur naturally occurring or be the result of oil and gas production and mining activities. In order to ensure that tap water is safe to drink, EPA prescribes regulations that limit the amount of certain contaminants in water provided by public water systems. Food and Drug Administration (FDA) regulations establish limits for contaminants in bottled water which must provide the same protection for public health.

#### Contact Us

If you have any questions about this report or concerning your water utility, please contact Chris Hataway, the utility director, at 662-796-2490, Ext. 19 or Ray Humphrey at 662-796-2490, Ext. 20, or by writing to the following address: City of Southaven in c/o of Utility Division, 5813 Peppercase Drive, Southaven, MS 38671. If you want to learn more, please attend any of our regularly scheduled meetings on the 1st and 3rd Tuesdays of each month, at 6:00 P.M., in City Hall at 8710 Northwest Drive.

JUN 26 2009

BY

Water Quality Data Table

The table below lists all of the drinking water contaminants that we detected during the calendar year of this report. The presence of contaminants in the water does not necessarily indicate that the water poses a health risk. Unless otherwise noted, the data presented in this table is from testing done in the calendar year of the report. The EPA or the State requires us to monitor for certain contaminants less than once per year because the concentrations of these contaminants do not change frequently.

Contaminants	MCLG	MCL	Your Water	Range		Sample Date	Violation	Typical Source
	or MRDLG	TT, or MRDL		Low	High			
<b>Inorganic Contaminants</b>								
Cyanide [as Free Cn] (ppb)	200	200	5	5	5	2008	No	Discharge from plastic and fertilizer factories; Discharge from steel/metal factories.
Antimony (ppb)	6	6	0.5	0.5	0.5	2008	No	Discharge from petroleum refineries; fire retardants; ceramics; electronics; solder; test addition.
Arsenic (ppb)	0	10	0.5	0.5	0.50	2008	No	Erosion of natural deposits; Runoff from orchards; Runoff from glass and electronics production wastes.
Barium (ppm)	2	2	0.0246	0.0201	0.0276	2008	No	Discharge of drilling wastes; Discharge from metal refineries; Erosion of natural deposits.
Beryllium (ppb)	4	4	0.1	0.1	0.1	2008	No	Discharge from metal refineries and coal-burning factories; Discharge from electrical, aerospace, and defense industries.
Cadmium (ppb)	5	5	0.100	0.100	0.100	2008	No	Corrosion of galvanized pipes; Erosion of natural deposits; Discharge from metal refineries; runoff from waste batteries and paints.
Chromium (ppb)	100	100	0.500	0.500	0.500	2008	No	Discharge from steel and pulp mills; Erosion of natural deposits.
Fluoride (ppm)	4	4	0.644	0.567	0.726	2008	No	Erosion of natural deposits; Water additive which promotes strong teeth; Discharge from fertilizer and aluminum factories.
Mercury [Inorganic] (ppb)	2	2	0.2	0.2	0.2	2008	No	Erosion of natural deposits; Discharge from refineries and factories; Runoff from landfills; Runoff from cropland.
Selenium (ppb)	50	50	0.588	0.500	0.781	2008	No	Discharge from petroleum and metal refineries; Erosion of natural deposits; Discharge from mines.
Thallium (ppb)	0.5	2	0.5	0.5	0.5	2008	No	Discharge from electronics, glass, and leaching from ore-processing sites; drug factories.
Nitrate [measured as Nitrogen] (ppm)	10	10	0.233	0.080	0.350	2008	No	Runoff from fertilizer use; Leaching from septic tanks, sewage; Erosion of natural deposits.
Nitrite [measured as Nitrogen] (ppm)	1	1	0.02	0.02	0.02	2008	No	Runoff from fertilizer use; Leaching from septic tanks, sewage; Erosion of natural deposits.
Copper (ppm)	1.3	1.3=AL	0.03 (90 <sup>th</sup> percentile)	All sites below AL		2007	No	Corrosion of household plumbing systems; Erosion of natural deposits; Leaching from wood preservatives.
Lead (ppb)	0	15=AL	0.71 (90 <sup>th</sup> percentile)	All sites below AL		2007	No	Corrosion of household plumbing systems; Erosion of natural deposits.
Chlorine <sup>2</sup> (ppm)	MRDLG = 4	MRDL=4	1.00	0.91	1.42	2008	No	Water additive used to control microbes.
Halocetic Acids (HAA5) (ppb)	NA	60	6.0 (HAA5)	6.0	6.0	2008	No	Byproduct of drinking water chlorination.
Total Trihalo-Methane (ppb)	0	80	2.7 (TTHM)	1.07	4.1	2007	No	Byproduct of drinking water chlorination.

Un-regulated Contaminant Table

Unregulated contaminant monitoring helps EPA to determine where certain contaminants occur and whether it needs to regulate those contaminants

Contaminant	Unit	Highest Level Detected	Range Detected	Year Sampled
Nickel	ppm	0.001	All Samples	2004
Sulfate	ppm	2.88	ND - 2.88	2004

Term	Definition
ppm	parts per million, or milligrams per liter (mg/L).
ppb	parts per billion, or micrograms per liter (µg/L).
NA	not applicable.
ND	Not detected.
NR	Monitoring not required, but recommended.
<b>Important Drinking Water Definitions</b>	
<b>Term</b>	<b>Definition</b>
MCLG	Maximum Contaminant Level Goal: The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.
MCL	Maximum Contaminant Level: The highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible using the best available treatment technology.
TT	Treatment Technique: A required process intended to reduce the level of a contaminant in drinking water.
AL	Action Level: The concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow.
Variance and Exemption	Variances and Exemptions: State or EPA permission not to meet an MCL or a treatment technique under certain conditions.
MRDLG	Maximum residual disinfection level goal. The level of a drinking water disinfectant below which there is no known or expected risk to health. MRDLGs do not reflect the benefits of the use of disinfectants to control microbial contaminants.
MNR	Monitored, Not Regulated.
MRDL	Maximum Residual Disinfection Level: The highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for control of contaminants.
MPL	State Assigned Maximum Permissible Level.

June 26, 2009  
N-S Project No. 6.05988.003

Ms. Karen Walters  
Director of Compliance and Enforcement  
Water Supply Division  
Mississippi Department of Health  
P. O. Box 1700  
Jackson, MS 39215-1700

Re: City of Southaven, Mississippi  
2008 Consumer Confidence Report

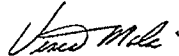
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Sincerely,

NEEL-SCHAFFER, INC.



Vincent J. Malavasi, P.E.  
Senior Project Manager

VJM/jl

Enclosure

c: Ray Humphrey, Assistant Utility Director

*G:\Projects\5000\5988\05988.003-CCR SERVICES 2008 CCR MS Dept Of Health-Letter.doc*

United States Post Service  
UNCONSOLIDATED POSTAGE STATEMENT -- Standard Mail

Post Office: Note Mail Arrival  
Date & Time (Do not Round Stamp)

Mailer

Entry Point: (1) SCP MEMPHIS P&O, MEMPHIS, TN 38101-7900  
Presort: ALL

Permit Holder's Name and Address and Email Address, If Any Neal Schaffer 5740 Getwell	Telephone	Name and Address of Mailing Agent (If other than permit holder) BABER INC 3135 Millbranch Rd	Telephone 901-332-6300	Name and Address of Individual or Organization for which Mailing is Requested (if other than permit holder) Neal Schaffer 5740 Getwell Southaven, MS 38672 Customer No.
Southaven, MS 38672 CAPS Cust. Ref. No. Customer No.		MEMPHIS, TN 38116 Customer No.		

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Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Parcels-Machinable <input type="checkbox"/> Letters-Paid as Nonauto Flats <input type="checkbox"/> ECR Letters-Paid as ECR Flats	<input type="checkbox"/> Flats <input type="checkbox"/> JNFM <input type="checkbox"/> Parcels-Irregular <input type="checkbox"/> Both	If Sacked, Based on <input type="checkbox"/> 1125 pcs <input type="checkbox"/> 115 lbs. <input type="checkbox"/> Both	Total Pieces 13551 Total Weight 79.9509
Permit No. 38C	Weight of a Single Piece		0.0059 pounds	
For Mail Enclosed in Another Class <input type="checkbox"/> Periodicals <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post				
For Automation Price Pieces, Enter Date of Address Matching and Coding 06/15/2009		For Enhanced Carrier Route Price Pieces, Enter Date of Address Matching and Coding / /		For Enhanced Carrier Route Price Pieces, Enter Date of Carrier Route Sequencing / /
Move Update method: <input type="checkbox"/> Ancillary service endorsement <input type="checkbox"/> FASTforward <input type="checkbox"/> NCOA Link <input type="checkbox"/> ACS <input checked="" type="checkbox"/> Alternative method <input type="checkbox"/> Multiple				

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Total Postage (Add parts total) \$ 2582.40	
Price at Which Postage Affixed (Check one): <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither	pcs. x \$ = Postage Affixed \$
Complete if the mailing includes pieces bearing metered or precanceled stamps.	
Net Postage Due (Subtract postage affixed from total postage) \$ 2582.3950	
Additions: Postage Payment (State reason) \$	
For postage affixed add additional payment to net postage due; for permit imprint add additional payment to total postage. Total Adjusted Postage Affixed \$	
Postmaster: Report Total Postage in AIC 130 (Permit Imprint only) Total Adjusted Postage Permit Imprint \$	

Certification

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the prices and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment. Privacy Notice: For information regarding our Privacy Policy visit [www.usps.com](http://www.usps.com)

Signature of Mailer or Agent  
Printed Name of Mailer or Agent Signing Form  
Tom Sartlett  
Telephone  
901 497-4873

USPS Use Only

Weight of a Single Piece 0. _____ pounds	Are postage figures at left adjusted from mailer's entries? If "yes", state reason. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Pieces	Total Weight	Round Stamp (Required) Date Mail Released
Total Postage		
Presort Verification Performed? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Mailer Notified	Contact
By (Initials)		
I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage prices claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of annual fee (if required); (5) sufficient funds on deposit (if required).		
USPS Employee's Signature	Print USPS Employee's Name	Time AM PM