

RECEIVED-WATER SUPPLY
2009 JUN 29 AM 9:22

APPROVED

BUREAU OF PUBLIC WATER SUPPLY

**CALENDAR YEAR 2008 CONSUMER CONFIDENCE REPORT
CERTIFICATION FORM**

City of Meridian
Public Water Supply Name

0380005
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 mailed copy to each customer

Date customers were informed: 6/25/09

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

Date Mailed/Distributed: 6/25/09

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

Name of Newspaper: _____

Date Published: ___ / ___ / ___

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

Date Posted: 6/23/09

- CCR was posted on a publicly accessible internet site at the address: www.meridianms.org
posted on website 6-8-09

CERTIFICATION

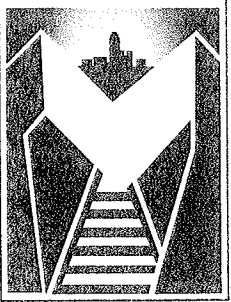
I hereby certify that a consumer confidence report (CCR) has been distributed to the customers of this public-water system in the form and manner identified above. I further certify that the information included in this CCR is true and correct and is consistent with the water quality monitoring data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

Morris Johnson
Name/Title (President, Mayor, Owner, etc.)

6-26-09
Date

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

CITY OF



MERIDIAN

June 25th, 2009

Public Service Commission
P.O. Box 1174
Jackson, MS 39215 1174

Mayor:

JOHN ROBERT SMITH
(601) 485-1927
FAX: (601) 485-1911

Re: 2008 Consumer Confidence Report

Council members:

GEORGE M THOMAS
Ward 1

MARY A. B. PERRY
Ward 2

BARBARA HENSON
Ward 3

JESSE E. PALMER, SR.
Ward 4

JOHN C. HARRIS
Ward 5

COUNCIL CLERK:
(601) 485-1959
FAX: (601) 485-1913

To Whom It May Concern:

Enclosed is a copy of our federally mandated 2008 Consumer confidence Report. The Report was distributed to all of our customers via the US Postal system on June 25th, 2009. The information used in the report is correct and consistent with compliance monitoring data previously submitted to the Mississippi State Department of Health's Water Supply Division.

Although we do not normally hold regularly scheduled meetings. We will be holding a special meeting on Tuesday, July 21st, 2008 at 2415 6th St., at 4:00 PM, specifically to allow citizens to ask questions concerning this report.

CITY DEPARTMENTS:

Chief Administrative Officer

(601) 485-1929
FAX: (601) 485-1911

Community Development:

(601) 485-1910
FAX: (601) 484-6813

Finance and Records:

(601) 485-1946
FAX: (601) 485-1979

Fire:

(601) 485-1822
FAX: (601) 485-1878

Homeland Security:

(601) 484-6890
FAX: (601) 484-6895

Parks and Recreation:

(601) 485-1802
FAX: (601) 485-1851

Police:

(601) 485-1841
FAX: (601) 484-6832

Public Works:

(601) 485-1920
FAX: (601) 485-1864

Please advise if any other information is required concerning this report.

Sincerely,

Monty Jackson
Public Works Director

CITY OF MERIDIAN
PRICE QUOTATION REQUEST
for
2008 ANNUAL DRINKING WATER QUALITY REPORT

COMPANY NAME

AUTHORIZED SIGNATURE

ADDRESS

PRINT NAME

CITY

ST

ZIP

PHONE NUMBER

PRICE QUOTE PRINTING: _____

PRICE QUOTE POSTAGE: _____

QUOTATION DUE DATE 6/3/09

TOTAL PRICE QUOTED: _____

Fax quote to: 484-7177 Attn: Rebecca Parker

Mail hard copy: Attn: Rebecca Parker, % City of Meridian, P.O. Box 1430, Meridian, MS 39302

SCOPE OF PROJECT: Printer to print piece, fold into pamphlet with wafer seal, address with delivery point barcode, sort, provide postal forms, and CASS certify mailing list. Mailing list will be provided in ASCII Format. Printer must provide standard mail bulk mailing permit Mailing must qualify for automated postal rate.

SPECIFICATIONS: (questions – contact Rebecca Parker 601-485-1948)

PROOF REQUIRED

QUANTITY: 15,000 printed forms

1. Approximately 14,000 will be mailed
2. Approximately 1,000 will be delivered to Utility Billing Office at 311 27th Ave South, Meridian, Ms. 39301

DEADLINE FOR MAILING REPORT: June 25, 2009

PAPER: white 60lb. 8 1/2" x 14", printed on 2 sides in pantone 280 blue ink and red ink as per sample to be folded into pamphlet with perforated center wafer seal.

FOLD: must be printed and folded so perforated center wafer seal does not impair printed area when opened or mail to address.

LOGO: pantone 280 blue

Sunburst on logo shall be white not yellow

Logo Size: to be size of sample

Logo Placement: to be same as sample

INK: Pantone 280 blue and red as sample

CERTIFICATION OF COMPLETION: Printer shall provide letter-verifying completion of job through sample of printing and receipt from Post Office.

**CITY OF MERIDIAN
PRICE QUOTATION REQUEST**

for

2008 ANNUAL DRINKING WATER QUALITY REPORT

Rich Printing Inc
COMPANY NAME

Jeff Horne
AUTHORIZED SIGNATURE

3365 Martin Farm Rd.
ADDRESS

JEFF HORNE
PRINT NAME

Sumner, GA 30024
CITY ST ZIP

770-263-8827
PHONE NUMBER

PRICE QUOTE PRINTING: \$ 984.00

PRICE QUOTE POSTAGE: \$ 3358.55

QUOTATION DUE DATE 6/30/09

TOTAL PRICE QUOTED: \$ 4342.55

Fax quote to: 484-7177 Attn: Rebecca Parker

Mail hard copy: Attn: Rebecca Parker, % City of Meridian, P.O. Box 1430, Meridian, MS 39302

SCOPE OF PROJECT: Printer to print piece, fold into pamphlet with wafer seal, address with delivery point barcode, sort, provide postal forms, and CASS certify mailing list. Mailing list will be provided in ASCII Format. Printer must provide standard mail bulk mailing permit Mailing must qualify for automated postal rate.

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Logo Placement: to be same as sample

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CITY OF MERIDIAN
PRICE QUOTATION REQUEST

for
2008 ANNUAL DRINKING WATER QUALITY REPORT

Graphic Printers
COMPANY NAME

[Signature]
AUTHORIZED SIGNATURE

P.O. Box 1430
ADDRESS

ED PIERCE
PRINT NAME

Meridian MS 39302-5246
CITY ST ZIP

601-425-7088
PHONE NUMBER

PRICE QUOTE PRINTING: \$2,768.00

PRICE QUOTE POSTAGE: \$278.40

QUOTATION DUE DATE: 6/3/09

TOTAL PRICE QUOTED: \$5,557.40

Fax quote to: 484-7177 Attn: Rebecca Parker

Mail hard copy: Attn: Rebecca Parker, % City of Meridian, P.O. Box 1430, Meridian, MS 39302

SCOPE OF PROJECT: Printer to print piece, fold into pamphlet with wafer seal, address with delivery point barcode, sort, provide postal forms, and CASS certify mailing list. Mailing list will be provided in ASCII Format. Printer **must** provide standard mail bulk mailing permit Mailing must qualify for automated postal rate.

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Logo Placement: to be same as sample

INK: Pantone 280 blue and red as sample

CERTIFICATION OF COMPLETION: Printer shall provide letter-verifying completion of job through sample of printing and receipt from Post Office.



3365 Martin Farm Road
Suwanee, GA 30024
Fax: 770-263-8856
Phone: 770-263-8827
Toll Free: 1-866-899-8827

Invoice: 116922
Invoice Date: 6/26/2009
Order Date: 6/5/2009

Job: 81972
Salesperson: Rich Printing
Purchase Order Form Number: 905572

Bill To: CIT143
City Of Meridian
P.O. Box 1430
Meridian MS 39302

INVOICE

Contact: Becky Parker

Visit our Website, www.richprintinginc.com for Promotional Products!

Qty Ordered	Qty Shipped	Description	Amount
14,000	14,000	2008 CCR Report (printing)	984.00
		Mail Processing & Postage	3,358.55
1,000	1,000	2008 CCR Report Shipped to City of Meridian Utility Building, Meridian, MS.	
Net Sales:			4,342.55
Invoice Total:			4,342.55

Terms: Due in 30 days

STRAIGHT BILL OF LADING
BOL#: 219559

Job Name: Rich - Meridian
PO #: 50-121978

Ship Date: 06/24/2009

FedEx


Consignee:
SCF/393 MERIDIAN MS 39301
2100 9TH ST
MERIDIAN, MS 39301-9998
Tel: 601-693-2581

Shipper:
DLI/Post Haste Direct Mail, Inc.
4544 Atwater Ct
Buord, GA 30518
Tel: 972-456-1070

SKIDS	DESCRIPTION, SPECIAL MARKS	GROSS WEIGHT	RATE
1	SKID(S) INSERTS (PRINTED MATTER) NMFC 161685 SUB 1, CLASS 60	223.1br	

Driver signature acknowledges receipt of freight only.
Terms & Conditions of the Carrier's Tariffs apply.

149107657-6



ARRIVE [] [] [] [] DEPART [] [] [] []

USPS PRINT NAME: _____

DATE: _____ TIME: _____

APPOINTMENT DELIVERY 6/25/09 11:00 am APPOINTMENT CONFIRMATION:
MUST DELIVER ON APPOINTMENT DAY, NOT BEFORE OR AFTER...
IF DELIVERY CANNOT BE MET, DLI MUST BE NOTIFIED IMMEDIATELY AT
ATTACHED POSTAL FORM 8125 MUST ACCOMPANY FREIGHT TO DESTINATION, SIGNED AND COPY
RETURNED TO DLI FOR PAYMENT

BILL FREIGHT CHARGES TO:
 Direct Logistics
 PO Box 612488
 DFW Airport, TX 75261

IF CHARGES ARE TO BE PREPAID
 WRITE "PPD"
 PREPAID

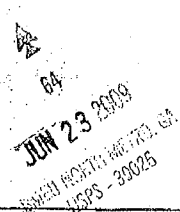
THIS IS TO CERTIFY THAT THE ABOVE NAMES MATERIALS ARE PROPERLY CLASSED, PACKAGED, MARKED, LABELED
 AND IN PROPER CONDITION FOR TRANSPORTATION PURSUANT TO DEPARTMENT OF TRANSPORTATION
 REGULATIONS

SHIPPER: _____ CARRIER: FEDEX
 PER: WJL
 DATE: 6-24-09

United States Postal Service @ Plant-Verified Drop Shipment (PVDS) Verification and Clearance

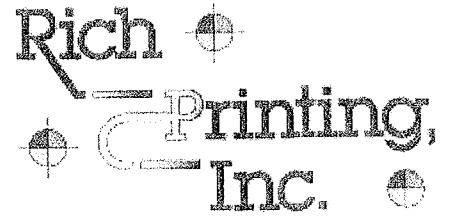
This form available at www.usps.com

See Instructions on Reverse

3. Mailer Name Post Haste Direct Mail		4. FAST Scheduler ID	5. Mailer Contact Name Douglas Stancoff	6. Mailer Contact Telephone (Include area code) 770-614-7280
7. Origin Plant Location (City, state, ZIP+4®) North Metro, GA 30026		8. Check One <input checked="" type="checkbox"/> Identical-Weight Pieces. Weight of a Single Piece <u>0.0154</u> lbs. <input type="checkbox"/> Nonidentical-Weight Pieces		
9. Class of Mail <input type="checkbox"/> Periodicals <input checked="" type="checkbox"/> Std. Mail <input type="checkbox"/> Package Services <input type="checkbox"/> International (Specify class)		10. Product or Publication Title or Names		11. Total Gross Weight of Shipment (Verified at origin office) 203.0336
13. Pallets		a. No. Pallets of Trays	b. No. Pallets of Sacks	c. No. Pallets of Parcels
Optional if Pallet Presort is Known				d. No. Pallets of Bundles
i. 5-Digit				13e. Non-Palletized Containers
ii. 5-D Scheme				i. No. of Bundles
iii. 5-D CR				ii. No. of Trays <u>25</u>
iv. 5-D Scheme CR				iii. No. of Sacks
v. 3-D				iv. No. of Parcels
vi. All Other				v. No. of Other (Describe)
14. Entry Discounts Claimed <input type="checkbox"/> DDU <input type="checkbox"/> DBMC <input type="checkbox"/> Mailing Includes Pieces For Delivery Outside Service Area of Entry Office. (Check all that apply) <input checked="" type="checkbox"/> DSCF <input type="checkbox"/> International Service Center (ISC) <input type="checkbox"/> DADC <input type="checkbox"/> Other (International):				
15. Comments -- Record SCF/ADC/BMC/ASF designator(s) and ZIP Code(s) from the DMM label list for mailing presented or attach register.				
16a. Contact at Company Making Drop Ship Appointment (If other than mailer and if known when completing this form)				16b. Telephone
17. Origin Post Office (City, state, ZIP+4) <u>NORTH METRO GA 30026</u>		25a. Name of USPS Employee Verifying Mailing <u>[Signature]</u>		26b. Employee's Telephone Number (Include area code) <u>770 717 3545</u>
18. Verified at <input type="checkbox"/> DMU (Mailer's plant) <input checked="" type="checkbox"/> BMEU or Post Office		25b. Signature of Verifying Employee <u>[Signature]</u>		27. Round Stamp (Required)
19. Permit Number <u>365</u>		20. Postage Payment Method (Except for Periodicals) <input checked="" type="checkbox"/> Permit <input type="checkbox"/> Stamped <input type="checkbox"/> Meter		
21. Total Pieces <u>13184</u>		22. Total Weight of Mailing <u>203.30</u>		
23. Vehicle PVDS Seal Number		24. Vehicle ID Number		
25. Comments		33. Load Condition Irregularities (Check all that apply) <input type="checkbox"/> Broken Pallets <input type="checkbox"/> Mailings are not Separated by Form 8125 <input type="checkbox"/> Container Counts do not Match Form 8125 <input type="checkbox"/> Overweight Pallets <input type="checkbox"/> Damaged Mail <input type="checkbox"/> Pallets Too Tall <input type="checkbox"/> Improper Mail Makeup <input type="checkbox"/> Incorrect Mail Class <input type="checkbox"/> Load Unsafe <input type="checkbox"/> Other (Describe in item 32) <input type="checkbox"/> Incorrect Appointment Type		
26. Entry Office (Facility name, address, city state and ZIP+4® code as found in the Drop Ship Product) SCF MERIDIAN 393 2100 9TH ST MERIDIAN MS 39301-9998 Note: Appointments with 100% Periodicals can be presented whenever the destination facility is open and staffed.				
29a. USPS Receiving Employee Signature		29b. USPS Receiving Employee Name		
30. Date/Time of Arrival		31. Date/Time of Departure		
32. Comments (NOTE: Enter bedload discrepancies as percentages and pallet discrepancies as pallet counts.)				
34. Scan the barcode upon receipt.				

Packing List

J200906050015



3365 Martin Farm Road
Suwanee, GA 30024
Fax: 770-263-8856
Phone: 770-263-8827
Toll Free: 1-866-899-8827

Job: 81972
2008 CCR Report
8 1/2 x 14, 2/2

Customer Purchase Order: 905572
Form Number:
Expense Code:

Date Shipped: 6/17/09

Ship To:
Becky Parker
City of Meridian Utility Building
311 27th Ave. South

Ordered By:
Customer: CIT143
City Of Meridian
P.O. Box 1430

Meridian, MS 39301

Meridian, MS 39302

Quantity Ordered	Quantity Shipped	Number of Packages	Shipment Method	Waybill Number
1,000	1,000	1	UPS Ground	1Z49X7840355965088

Bundle Quantity:

Quantity per Box: 1,000

Quantity per Partial Box:

Number of Skids:

Instructions:

Received By:	Date Received:	Time Received:	AM/PM
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CITY OF MERIDIAN - PWS ID #0380005

2009 CCR REPORT POSTINGS/MAILINGS BASED ON 2008 TESTING RESULTS

APARTMENT COMPLEX NAME:	ADDRESS	DATE POSTED
CEDAR BEND APTS	7100 HWY 80 W	<u>6/23/2009</u>
COLLEGE CROSSING	1100 PERIMETER DR	<u>6/23/2009</u>
COLLEGE PARK APTS	4901 14TH	<u>6/23/2009</u>
COLONIAL APARTMENTS	4100 40TH ST	<u>6/23/2009</u>
DEVILLE APARTMENTS	1914 11TH	<u>6/23/2009</u>
EAST GATE APARTMENTS	3500 HWY 39 N	<u>6/23/2009</u>
FOUR FOUNTAINS APTS	2705-1/2 45TH	<u>6/23/2009</u>
J.T. DAVIS COURTS	3715 VALLEY ST	<u>6/23/2009</u>
LANDMARK APARTMENTS	211 NORTH HILLS ST	<u>6/23/2009</u>
LAUDERDALE CO PROPERTIES	HWY 19 SOUTH	<u>6/23/2009</u>
MAR RAY APARTMENTS	4609 BROADMOOR DR	<u>6/23/2009</u>
MARION RD APTS	OLD MARION RD	<u>6/23/2009</u>
THE MARK APTS	3315 NORTH HILLS ST	<u>6/23/2009</u>
MARK VILLA APTS	4907 SHUMATE RD	<u>6/23/2009</u>
MEADOWBROOK APTS	4313 5TH	<u>6/23/2009</u>
MERIDIAN MANOR APTS	815 33RD ST	<u>6/23/2009</u>
NORTH HILLS MANOR	4401 40TH AVE	<u>6/23/2009</u>
NORTHWOODS PLACE	4315 HWY 39 NORTH	<u>6/23/2009</u>
OAK MANOR APTS	200 NORTH HILLS ST	<u>6/23/2009</u>
OKATIBBEE RIDGE APTS	1719 HWY 19 N	<u>6/23/2009</u>
PINE CREEK APTS	4524 HWY 39N	<u>6/23/2009</u>
REGENCY APTS	4320 36TH APT	<u>6/23/2009</u>
ROLLING HILLS APTS	1312-B 22ND AVE	<u>6/23/2009</u>
ST FRANCIS APTS	2427 4TH AVE	<u>6/23/2009</u>
STRAFORD MANOR	4640 POPLAR SPRINGS DR	<u>6/23/2009</u>
VILLAGE APTS	2015 MOSBY RD	<u>6/23/2009</u>
WALKER HILLS APTS	615 21ST PLACE	<u>6/23/2009</u>
WILLOW RIDGE APTS	2701 WILLOW BEND DR	<u>6/23/2009</u>
WOODLANDS APTS	4501 HWY 39 N	<u>6/23/2009</u>

US POST OFFICE MAIN BRANCH	2100 9th St	<u>6/23/2009</u>
US POST OFFICE NORTH BRANCH	5008 GREAT RIVER DR	<u>6/23/2009</u>
US POST OFFICE WEST STATION	708 45TH AVE	<u>6/23/2009</u>

MAILED:

MS PUBLIC SERVICE COMMISSION CERTIFIED MAIL	P.O. BOX 1174, JACKSON, MS 39215-1174	<u>6/29/2009</u>
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CERTIFICATION FORM TO: MS DEPT OF HEALTH, DIVISION OF WATER SUPPLY - CERTIFIED MAIL)	P.O. BOX 1700 JACKSON MS 39215-1700	<u>6/29/2009</u>
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TOWN OF MARION	P O BOX 35 MARION, MS 39342	<u>6/23/2009</u>
LONG CREEK WATER ASSN.	4695 LONGCREEK WATER RD 39301	<u>6/23/2009</u>
SOUTHWEST LAUDERDALE WATER	P.O. BOX 4266 MDN MS 39304	<u>6/23/2009</u>
NORTH LAUDERDALE WATER ASSN	P.O. BOX 143 BAILEY, MS 39320	<u>6/23/2009</u>
CLARKDALE WATER ASSN.	5160 HWY 145 MDN, MS 39301	<u>6/23/2009</u>
NTS WATER ASSOCIATION	8802 WHIPPOORWILL RD MDN, 39307	<u>6/23/2009</u>
TOOMSUBA WATER ASSN.	P.O. BOX 520 TOOMSUBA 39364	<u>6/23/2009</u>
COLLINSVILLE WATER ASSN	P.O. BOX 67 COLLINSVILLE 39325	<u>6/23/2009</u>
RUSSELL UTILITIES	1767 WILLOW LAKE RD, RUSSELL, MS 39364	<u>6/23/2009</u>

POSTED ON WEB SITE Found on Departments - Public Works	MERIDIANMS. ORG	<u>6/8/2009</u>
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WATER QUALITY TEST RESULTS

Likely Source of Contamination
#6-10 MA 05 JUL 08

Contaminant	Violation Y/N	Date Collected	Level Detected	Range of Detects Or # of Samples Exceeding MCL/ACL	Unit Measurement	MCLG	MCL	Likely Source of Contamination
Microbiological Contaminants								
Total Coliform	N	2008	0	NA	NA	0	Present in 0 in 3% of monthly samples	Naturally present in the environment
Radioactive Contaminants:								
5. Alpha emitters	N	2001*	1..2	No Range	Pci/l	0	15	Erosion of natural deposits
Inorganic Contaminants:								
10. Barium	N	2003*	.034	2	Ppm	2	2	Discharge of drilling wastes; discharge from metal refineries; erosion of natural deposits.
13. Chromium	N	2005*	1.52	2	Ppb	100	100	Discharge from steel and pulp mills; erosion of natural deposits.
14. Copper	N	2005-2007*	.000	30	Ppm	1.3	AL 1.3	Corrosion of household plumbing systems; erosion of natural deposits; leaching from wood preservatives.
15. Cyanide	N	2006*	<.5	2	Ppb	200	200	Discharge from steel/metal factories; discharge from plastic and fertilizer factories
16. Fluoride**	N	2003*	2.23	2	Ppm	4	4	Erosion of natural deposits; water additive which promotes strong teeth; discharge from fertilizer and aluminum factories
17. Lead	N	2005-2007*	.002	30	Ppm	0	AL 1.5	Corrosion of household plumbing systems; erosion of natural deposits.
19. Nitrate (as Nitrogen)	N	June	<.08	2	Ppm	10	10	By product of drinking water chlorination
20. Nitrite (as Nitrogen)	N	June	<.02	2	Ppm	1	1	By product of drinking water chlorination
Nitrate +Nitrite (as Nitrogen)	N	June	<.1	2	Ppm	10	10	By product of drinking water chlorination
Nickel***	N	2004*	.001	1	Ppm	N/A	.100	By product of drinking water chlorination.
Sulfate***	N	2004*	16.1	2	Ppm	N/A	250	By-product of drinking water chlorination.
Volatile Organic Contaminants:								
64. Dichloromethane	N	2004*	2.04	2	Ppb	N/A	5	Discharge from pharmaceutical and chemical factories.
73. THM [Total trihalomethanes]	N	July	12.94	1	Ppb	NA	80	By-product of drinking water chlorination.
HAA5 Haloacetic Acids	N	July	6.0	1	Ppb	NA	60	By product of drinking water chlorination
Radionuclides								
Alpha particles	N	December	2.755	2	Ug/l	0	15	Erosion of natural deposits of certain minerals that are radioactive and may emit a form of radiation known as alpha radiation
Radium 226 & Radium 228 (combined)	N	December	2.523	2	Pci/l	0	5	Erosion of natural deposits
Uranium	N	December	.0585	2	Pci/l	0	30	Erosion of natural deposits

* No Samples required in 2008. ** We boost the fluoride levels for dental hygiene. *** Non-regulated contaminants which EPA requires monitoring.

TERMINOLOGY: In this table you will find many terms and abbreviations you might not be familiar with. To help you better understand these terms we've provided the following definitions:

Parts per million (Ppm) or Milligrams per liter (mg/l) - one part per million corresponds to one minute in two years or a single penny in \$10,000.

Parts per Billion (Ppb) or Micrograms per liter(ug/l) - one part per billion corresponds to one minute in 2,000 years or a single penny in \$10,000,000.

Pico curies per liter (pCi/L) - is a measure of the radioactivity in water.

Millirems per year (mrem/yr) - measure of radiation absorbed by the body.

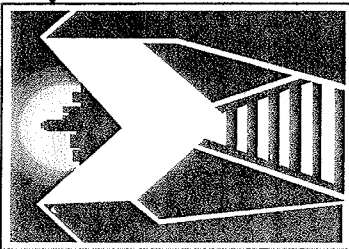
Action Level - the concentration of a contaminant which, if exceeded, triggers treatment or other requirements, which a water system must follow.

Treatment Technique (TT) - A treatment technique is a required process intended to reduce the level of a contaminant in drinking water.

Maximum Contaminant Level (MCL) - The "Maximum Allowed" - is 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.

Maximum Contaminant Level Goal - (MCLG) - The "Goal" - is the level of a contaminant in drinking water below, which there is no known or expected risk of health. MCLGs allow for a margin of safety.

CITY OF



MERIDIAN

RECEIVED - WATER SUPPLY

2009 JUN 29 AM 10:04

Drinking Water
Quality Report
June 25th, 2009
PWG ID #
0380005

The City of Meridian is pleased to present to you this year's Annual Water Quality report. This report is designed to inform you about the quality water and services we deliver to you everyday. Our constant goal is to provide you with a safe and dependable supply of drinking water. We want you to understand the efforts we make to continually improve the water treatment process and protect our water resources. We are committed to insuring the quality of your water.

Our water source consists of eight wells pumping from the LOWER WILCOX AQUIFER. The depth of these wells range from 747' to 948'. A source water assessment has been completed by the Mississippi State Department of Health and can be reviewed in the utility billing office at 311 27th Ave.

THE CITY IS PLEASED TO REPORT THAT OUR DRINKING WATER MEETS OR EXCEEDS ALL FEDERAL AND STATE REQUIREMENTS.

If you have any questions about this report or concerning your water utility, please contact Asst. Public Works Director of Utilities, Hugh Smith, at 4609 48th Place or call 601-484-6836. We want our valued customers to be informed about their water utility. If you want to learn more please attend our scheduled meeting on Tuesday, July 21, 2009 at 4:00 PM, in the City of Meridian Police Court Room at 2415 6th Street.

The City of Meridian routinely monitors for 154 constituents in your drinking water according to Federal and State Laws and we only had **5 detected in 2008**, The table on the back shows the results of our monitoring for the period of **January 1st to December 31st, 2008**.

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QUESTIONS:

Please call our office if you have questions: **601-484-6836**.

We at the City of Meridian work around the clock to provide top quality water to every tap. We ask that all our customers help us protect our water sources, which are the heart of our community, our way of life and our children's future.

Sincerely,

Monty Jackson

Public Works Director/City Engineer

MORE INFORMATION:

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NO VIOLATIONS:

As you can see by the following table, our system had **NO VIOLATIONS**.

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Bad Debt was less than .0044 of 1% of total services billed. For every \$ 100 billed all but \$.44 cents was collected.

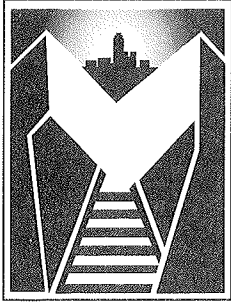
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City of Meridian - Public Works
Freshwater Treatment Plant
4609 48th Place
Meridian, MS 39305

Phone: 601 - 484-6836
Contact: Hugh Smith - Asst. PW Director -
Utilities

38/65

CITY OF



MERIDIAN

July 23, 2009

Attn: Jessie Byrd
Bureau of Public Water Supply
P.O. Box 1700
Jackson, MS 39215

Mayor:
CHERI BARRY
(601) 485-1927
FAX: (601) 485-1911

Council members:
GEORGE M THOMAS
Ward 1

MARY A. B. PERRY
Ward 2

BARBARA HENSON
Ward 3

JESSE E. PALMER, SR.
Ward 4

BOBBY R. SMITH
Ward 5

COUNCIL CLERK:
(601) 485-1959
FAX: (601) 485-1913

Re: Corrected CCR Report – Notification on back of water bills.

Dear Ms. Byrd:

Enclosed is a copy of the corrected CCR Report that includes the chlorine residuals and radiological sampling information that was inadvertently left off the original report. I have highlighted the corrections on the report in yellow.

Also, enclosed is a copy of four of the water bills (front/back) that are going out today with a message on the back advising customers of this error and the availability of the corrected CCR report in our office. This message will be printed on our bills from now through the end of August to ensure all customers get a copy.

If you have any questions, please contact me at 601 485 1948.

CITY DEPARTMENTS:

Chief Administrative Officer
(601) 485-1929
FAX: (601) 485-1911

Community Development:
(601) 485-1910
FAX: (601) 484-6813

Finance and Records:
(601) 485-1946
FAX: (601) 485-1979

Fire:
(601) 485-1822
FAX: (601) 485-1878

Homeland Security:
(601) 484-6890
FAX: (601) 484-6895

Parks and Recreation:
(601) 485-1802
FAX: (601) 485-1851

Police:
(601) 485-1841
FAX: (601) 484-6832

Public Works:
(601) 485-1920
FAX: (601) 485-1864

Sincerely,

Rebecca Parker
Utility Accounts Superintendent

2412 7th Street (Temporary)
Post Office Box 1430
Meridian, MS 39302-1430
www.meridianms.org



A better longitude on life.

RECEIVED - WATER SUPPLY
2009 JUL 27 AM 9: 27

CITY OF MERIDIAN WATER AND SEWERAGE
PHONE (601)485-1950
KEEP THIS STUB FOR YOUR RECORDS
BARFIELD, SABRINA
3805 27 ST

ACCOUNT NUMBER 33 150 0003
DELINQUENT DATE 8/03/2009

SERVICE DATE 7/13/2009
CURR. 940 WAT 38.90
PREV. 926 SEW 33.26
CUFT. 14 GRB 10.00
GALS. 105.00
DAYS 34

TOTAL 79.54
CRD 2.62-

SEE REVERSE FOR INFORMATION

CITY OF MERIDIAN
WATER AND SEWERAGE
P.O. BOX 231
MERIDIAN, MS 39302-0231
www.meridianms.org

RETURN SERVICE REQUESTED

ACCOUNT NUMBER 33 150 0003
SERVICE DATE 7/13/2009
PLEASE PAY THIS AMOUNT 79.54
THIS STUB MUST BE RETURNED TO INSURE PROPER CREDIT

BARFIELD, SABRINA
3805 27 ST
MERIDIAN MS 39307-4428

FIRST-CLASS MAIL
AUTO
U.S. POSTAGE PAID
MERIDIAN, MS
PERMIT NO. 0566

CITY OF MERIDIAN WATER AND SEWERAGE
PHONE (601)485-1950
KEEP THIS STUB FOR YOUR RECORDS
BRITAIN, APRIL D.
4060 34 AVE

ACCOUNT NUMBER 35 264 0009
DELINQUENT DATE 8/03/2009

SERVICE DATE 7/14/2009
CURR. 165 WAT 19.16
PREV. 158 SEW 19.16
CUFT. 7 GRB 10.00
GALS. 52.50
DAYS 35

TOTAL 48.32

SEE REVERSE FOR INFORMATION

CITY OF MERIDIAN
WATER AND SEWERAGE
P.O. BOX 231
MERIDIAN, MS 39302-0231
www.meridianms.org

RETURN SERVICE REQUESTED

ACCOUNT NUMBER 35 264 0009
SERVICE DATE 7/14/2009
PLEASE PAY THIS AMOUNT 48.32
THIS STUB MUST BE RETURNED TO INSURE PROPER CREDIT

BRITAIN, APRIL D.
4060 34 AVE
MERIDIAN MS 39305-3228

FIRST-CLASS MAIL
AUTO
U.S. POSTAGE PAID
MERIDIAN, MS
PERMIT NO. 0566

CITY OF MERIDIAN WATER AND SEWERAGE
PHONE (601)485-1950
KEEP THIS STUB FOR YOUR RECORDS
CLEARMAN, J.K.
3834 27 ST

ACCOUNT NUMBER 33 154 0000
DELINQUENT DATE 8/03/2009

SERVICE DATE 7/13/2009
CURR. 1096 WAT 13.52
PREV. 1091 SEW 13.52
CUFT. 5 GRB 10.00
GALS. 37.50
DAYS 34

TOTAL 37.04

SEE REVERSE FOR INFORMATION

CITY OF MERIDIAN
WATER AND SEWERAGE
P.O. BOX 231
MERIDIAN, MS 39302-0231
www.meridianms.org

RETURN SERVICE REQUESTED

ACCOUNT NUMBER 33 154 0000
SERVICE DATE 7/13/2009
PLEASE PAY THIS AMOUNT 37.04
THIS STUB MUST BE RETURNED TO INSURE PROPER CREDIT

CLEARMAN, J.K.
3834 27 ST
MERIDIAN MS 39307-4427

FIRST-CLASS MAIL
AUTO
U.S. POSTAGE PAID
MERIDIAN, MS
PERMIT NO. 0566

CITY OF MERIDIAN WATER AND SEWERAGE
PHONE (601)485-1950
KEEP THIS STUB FOR YOUR RECORDS
KATZES, WM D., JR.
4056 34 AVE

ACCOUNT NUMBER 35 262 0000
DELINQUENT DATE 8/03/2009

SERVICE DATE 7/14/2009
CURR. 636 WAT 27.62
PREV. 626 SEW 14.46
CUFT. 10 GRB 10.00
GALS. 75.00
DAYS 35

TOTAL 52.08

SEE REVERSE FOR INFORMATION

CITY OF MERIDIAN
WATER AND SEWERAGE
P.O. BOX 231
MERIDIAN, MS 39302-0231
www.meridianms.org

RETURN SERVICE REQUESTED

ACCOUNT NUMBER 35 262 0000
SERVICE DATE 7/14/2009
PLEASE PAY THIS AMOUNT 52.08
THIS STUB MUST BE RETURNED TO INSURE PROPER CREDIT

KATZES, WM D., JR.
4056 34 AVE
MERIDIAN MS 39305-3228

FIRST-CLASS MAIL
AUTO
U.S. POSTAGE PAID
MERIDIAN, MS
PERMIT NO. 0566

PAYMENTS RECEIVED AT TRUSTMARK ARE POSTED THE FOLLOWING DAY.

IN THE LATEST CONSUMER CONFIDENCE REPORT (CCR), REQUIRED BY THE FEDERAL GOVERNMENT, SOME INFORMATION ON WATER QUALITY WAS MISTAKENLY OMITTED. A CORRECTED CCR, INCLUDING RADIOLOGICAL SAMPLING AND CHLORINE RESIDUALS, IS NOW AVAILABLE IN THE UTILITY BILLING OFFICE.

THAT OFFICE IS LOCATED ON THE SECOND FLOOR OF THE PUBLIC WORKS COMPLEX AT 311 27TH AVENUE.

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WATER QUALITY TEST RESULTS

Contaminant	Violation Y/N	Date Collected	Level Detected	Range of Detects Or # of Samples Exceeding MCL/AQL	Unit Measurement	MCLG	MCL	Likely Source of Contamination
Microbiological Contaminants								
Total Coliform	N	2008	0	NA	NA	0	Presence of 16.5% of monthly samples	Naturally present in the environment
Radioactive Contaminants:								
5. Alpha emitters	N	2001*	1.2	No Range	Pci/l	0	15	Erosion of natural deposits
Inorganic Contaminants:								
10. Barium	N	2005*	.034	2	Ppm	2	2	Discharge of drilling wastes; discharge from metal refineries; erosion of natural deposits.
13. Chromium	N	2005*	1.52	2	Ppb	100	100	Discharge from steel and pulp mills; erosion of natural deposits.
14. Copper	N	2005-2007*	.000	30	Ppm	1.3	AL 1.3	Corrosion of household plumbing systems; erosion of natural deposits; leaching from wood preservatives.
15. Cyanide	N	2006*	<.5	2	Ppb	200	200	Discharge from steel/metal factories; discharge from plastic and fertilizer factories
16. Fluoride**	N	2005*	2.23	2	Ppm	4	4	Erosion of natural deposits; water additive which promotes strong teeth; discharge from fertilizer and aluminum factories
17. Lead	N	2005-2007*	.002	30	Ppm	0	AL 15	Corrosion of household plumbing systems; erosion of natural deposits.
19. Nitrate (as Nitrogen)	N	June	<.08	2	Ppm	10	10	By product of drinking water chlorination
20. Nitrite (as Nitrogen)	N	June	<.02	2	Ppm	1	1	By product of drinking water chlorination
Nitrate +Nitrite (as Nitrogen)	N	June	<.1	2	Ppm	10	10	By product of drinking water chlorination
Nickel***	N	2004*	.001	1	Ppm	N/A	.100	By product of drinking water chlorination.
Sulfate***	N	2004*	16.1	2	Ppm	N/A	250	By-product of drinking water chlorination.
Volatile Organic Contaminants:								
64. Dichloromethane	N	2004*	2.04	2	Ppb	N/A	5	Discharge from pharmaceutical and chemical factories.
73. THM [Total trihalomethanes]	N	July	12.94	1	Ppb	NA	80	By-product of drinking water chlorination.
HAA5 Halooacetic Acids	N	July	6.0	1	Ppb	NA	60	By product of drinking water chlorination
Chlorine (as Cl2) (ppm)	N	Jan.-Dec. 2008	2.03	Low - High 1.76 - 2.03	Ppm	4	4	Water additive used to control microbes
Radionuclides								
Alpha particles	N	December	2.755	2	Ug/l	0	15	Erosion of natural deposits of certain minerals that are radioactive and may emit a form of radiation known as alpha radiation
Radium 226 & Radium 228 (combined)	N	December	.2523	2	Pci/l	0	5	Erosion of natural deposits
Uranium	N	December	.0585	2	Pci/l	0	30	Erosion of natural deposits

* No Samples required in 2008. - ** We boost the fluoride levels for dental hygiene. - *** Non-regulated contaminants which EPA requires monitoring.

TERMINOLOGY: In this table you will find many terms and abbreviations you might not be familiar with. To help you better understand these terms we've provided the following definitions:

Ppms per million (Ppm) or Milligrams per liter (mg/l) - one part per million corresponds to one minute in two years or a single penny in \$10,000.

Ppms per Billion (Ppb) or Micrograms per liter (ug/l) - one part per billion corresponds to one minute in 2,000 years or a single penny in \$10,000,000.

Ppms per liter (pCi/L) - is a measure of the radioactivity in water.

Millirems per year (mrem/yr) - measure of radiation absorbed by the body.

Action Level - the concentration of a contaminant which if exceeded, triggers treatment or other requirements, which a water system must follow.

Treatment Technique (TT) - A treatment technique is a required process intended to reduce the level of a contaminant in drinking water.

Maximum Contaminant Level (MCL) - The "Maximum Allowed" - is 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.

Maximum Contaminant Level Goal - (MCLG) - The "Goal" - is the level of a contaminant in drinking water below, which there is no known or expected risk of health. MCLGs allow for a margin of safety.

URGENT 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 analyses and reporting of radiological compliance samples and results until further notice.

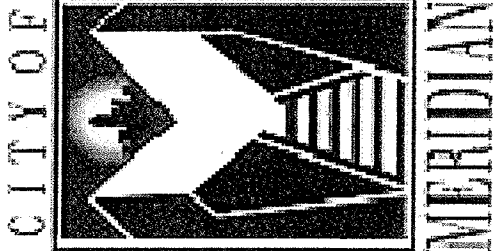
Although this was not the result of inaction by the public water supply, MSDH was required to issue a violation. The Bureau of Public Water Supply is taking action to resolve this issue as quickly as possible. If you have any questions, please contact Melissa Parker, Deputy Director, Bureau of Public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

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Freshwater Treatment Plant
4607 48th Place
Meridian, MS 39305

Phone: 601 - 464-6836
Contact: Hugh Smith - Asst. PW Director -
Utilities



**2008 Annual
Drinking Water
Quality Report
June 25th, 2009
PWG ID #
0380005**

City of Meridian - Public Works
Freshwater Treatment Plant
4609 48th Place
Meridian, MS 39305

Mailing Address Line 1
Mailing Address Line 2
Mailing Address Line 3
Mailing Address Line 4
Mailing Address Line 5

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2008 CCR Contact Information

Date: 7/21/09 Time: 1:33

PWSID: 3800005

System Name: Meridian

Lead/Copper Language

MSDH Message re: Radiological Lab

MRDL Violation

Chlorine Residual (MRDL) RAA

Other Violation(s) _____

Will correct report & mail copy marked "**corrected copy**" to MSDH.

Will notify customers of availability of corrected report on next monthly bill.

WILL DO CORRECTED COPY AND NOTIFY CUSTOMERS OF AVAILABLE CORRECTED REPORT ON WATER BILL OR LETTER AND SEND US A COPY.

Spoke with Becky Parker 601 485-1948
(Operator, Owner, Secretary)
Superintendent: 601 484-7177