

RECEIVED-WATER SUPPLY  
2010 JUN 21 PM 4:25

BUREAU OF PUBLIC WATER SUPPLY  
CALENDAR YEAR 2009 CONSUMER CONFIDENCE REPORT CERTIFICATION FORM

Twin Lakes  
Public Water Supply Name

170025  
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 / 17 / 10

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.


James Shields Dir. Operations  
Name/Title (President, Mayor, Owner, etc.)

6/17/2010  
Date

PRSRT STD  
US POSTAGE PAID  
MEMPHIS, TN  
PERMIT NO. 380

Horn Lake Utility and Sanitation Department  
3101 Goodman Road West  
Horn Lake, MS 38637

**2009 Annual Water Quality Report**  
**Twin Lakes**  
**City of Horn Lake**  
**PWS# 170025**



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.

## Twin Lakes Consumer Confidence Report

### Is my water safe?

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 Horn Lake 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 2009 our water department distributed 55,619,784 gallons of water to our customers. Our water is groundwater pumped from a natural underground aquifer, the Sparta Aquifer. 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/swap/reports/report.aspx?id=0170025>

The susceptibility assessment ranking for each well is:

- PWS ID: 170025, Source ID: 1, Susceptibility: Higher
- PWS ID: 170025, Source ID: 2, Susceptibility: Moderate
- PWS ID: 170025, Source ID: 3, Susceptibility: Moderate
- PWS ID: 170025, Source ID: 4, Susceptibility: Moderate

### Conservation Tips

- Repair household leaks.
- 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 Horn Lake 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.

### 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	Range		Sample	Date	Violation	Typical Source
	or	TT, or		Low	High				
	MRDLG	MRDL	Water						
<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	0.500	0.500	0.500	2008	No	Discharge from petroleum refineries; fire retardants; ceramics; electronics; solder; test addition.	
Arsenic (ppb)	0	10	0.251	0.251	0.251	2008	No	Erosion of natural deposits; Runoff from orchards; Runoff from glass and electronics production wastes.	
Barium (ppm)	2	2	0.0457	0.0457	0.0457	2008	No	Discharge of drilling wastes; Discharge from metal refineries; Erosion of natural deposits.	
Beryllium (ppb)	4	4	0.100	0.100	0.100	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	0.109	0.109	0.109	2008	No	Erosion of natural deposits; Water additive which promotes strong teeth; Discharge from fertilizer and aluminum factories.	
Mercury [Inorganic] (ppb)	2	2	0.200	0.200	0.200	2008	No	Erosion of natural deposits; Discharge from refineries and factories; Runoff from landfills; Runoff from cropland.	
Selenium (ppb)	50	50	0.500	0.500	0.500	2008	No	Discharge from petroleum and metal refineries; Erosion of natural deposits; Discharge from mines.	
Thallium (ppb)	0.5	2	0.500	0.500	0.500	2008	No	Discharge from electronics, glass, and leaching from ore-processing sites; drug factories.	
Nitrate [measured as Nitrogen] (ppm)	10	10	< 0.02	< 0.02	< 0.02	2009	No	Runoff from fertilizer use; Leaching from septic tanks, sewage; Erosion of natural deposits.	
Nitrite [measured as Nitrogen] (ppm)	1	1	< 0.05	< 0.05	< 0.05	2009	No	Runoff from fertilizer use; Leaching from septic tanks, sewage; Erosion of natural deposits.	
Copper (ppm)	1.3	1.3=AL	0.06 (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	1.31 (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	1.27	1.05	1.60	2009	No	Water additive used to control microbes.	
Haloacetic Acids (HAA5) (ppb)	NA	60	0.0 (HAA5)	0.0	0.0	2008	No	Byproduct of drinking water chlorination.	
Total Trihalo-Methane (ppb)	0	80	0.0 (TTHM)	0.0	0.0	2008	No	Byproduct of drinking water chlorination.	



Term	Definition
ppm	ppm: p
ppb	ppb: p
NA	NA: n
ND	ND: n
NR	NR: n
<b>Important Drinking</b>	
Term	Definition
MCLG	MCL level there allow
MCL	MCL level water feasib
TT	TT: T inten drink
AL	AL: conta other
Variance and Exemption	Varia not to certa
MRDLG	Maxi of a no kn refle contr
MNR	MNR
MRDL	Maxi level Ther infec
MPL	MPL

Twin Lakes

United States Postal Service  
 CONSOLIDATED POSTAGE STATEMENT -- Standard Mail

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

Mailer				
Entry Point: (1) SCF MEMPHIS P&DC, MEMPHIS, TN 38101-7900 Presort: ALL				
Permit Holder's Name and Address and Email Address, If Any Neel Schaffer 5740 Getwell Rd  Southaven, MS 38672 CAPS Cust.Ref.No. Customer No.	Telephone 662-890-6404	Name and Address of Mailing Agent (If other than permit holder) BABER INC 3135 Millbranch Rd  MEMPHIS, TN 38116 Customer No.	Telephone 901-332-6300	Name and Address of Individual or Organization for which Mailing is Prepared (if other than permit holder) Horn Lake Utility and Sanitation De Neel Schaffer 141835TL 3101 Goodman Rd W Horn Lake, MS 38637 Customer No.
Mailing				
Post Office of Mailing MEMPHIS TN 38101-7900	Mailing Date 06/11/2010	Fed Agency Cost Code	Statement Sequence No. 0001	No. and Type of Containers
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"/> CR Letters-Paid as CR Flats	If Sacked, Based on <input type="checkbox"/> 125 pcs <input type="checkbox"/> 15 lbs. <input type="checkbox"/> both	Total Pieces 680  Total weight 13.6000	0 -Sacks 2 -1' Ltr Trays 2 -2' Ltr Trays 0 -EMM Ltr Trays 4 -TTL Ltr Trays 0 -Flat Trays 0 -Pallets 0 -Other
Permit No. 380	Weight of a Single Piece		0.0200 pounds	
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 Pieces, Enter Date of Address Matching and Coding 06/11/2010	For Carrier Route Pieces, Enter Date of Address Matching and Coding / /	For Carrier Route Pieces, Enter Date of Carrier Route Sequencing / /		
For pieces bearing a simplified address enter date of delivery statistics file or alternative method / /				
Move Update method: <input type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> FASTforward <input type="checkbox"/> NCOA Link <input type="checkbox"/> ACS <input type="checkbox"/> Alternative method <input type="checkbox"/> Multiple <input checked="" type="checkbox"/> n/a Alternative Address Format <input type="checkbox"/> OneCode ACS				
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)				\$ 129.25
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)				\$ 129.2460
USPS Use Only				
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 <a href="http://www.usps.com">www.usps.com</a>				
Signature of Mailer or Agent		Printed Name of Mailer or Agent Signing Form Tom Bartlett		Telephone 901 497-4873
USPS Use Only - To be completed in non-PostalOne! sites				
Weight of a Single Piece 0. ___ ___ pound	Are postage figures at left adjusted from mailer's entries? If yes, reason:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Pieces	Total weight			
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; (4) payment of annual fee; and (5) sufficient funds on deposit (if required).				
USPS Employee's Signature	Print USPS Employee's Name	Time	AM PM	Round Stamp (Required) Date Mail Released