



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**BUREAU OF PUBLIC WATER SUPPLY**

**CALENDAR YEAR 2009 CONSUMER CONFIDENCE REPORT  
CERTIFICATION FORM**

Sharon Water Works Assoc. Inc  
Public Water Supply Name

340018  
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: 6/11/10

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:      /      /     

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.

Deana Smith  
Name/Title (President, Mayor, Owner, etc.)

6/11/10  
Date

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

# SHARON WATER WORKS ASSOCIATION

## ANNUAL DRINKING WATER QUALITY REPORT

PWS ID: 340018 - June 2010

We are very pleased to provide you with this year's Annual Water Quality Report. We want to keep you informed about the excellent water and services we have delivered to you over the past year. Our goal is and always has been, to provide to you a safe and dependable supply of drinking water. Our wells draw from the Catahoula and Cockfield Aquifer.

If you have any questions about this report or concerning your water utility, please contact *Jim Kervin* or *Deana Smith* at 601-425-1023 between the hours of 7:00 a.m. – 4:00 p.m. Monday thru Friday. We want our valued customers to be informed about their water utility. If you want to learn more, please attend any of our regularly scheduled meetings. They are held on the first Tuesday of each month at 7 p.m. and our annual meeting is held on the second Tuesday in September at the Sharon Water Association office at 4173 Sharon Road.

The Sharon Water Association routinely monitors for constituents in your drinking water according to Federal and State laws. This table shows the results of our monitoring for the period of *January 1st to December 31st, 2009*. As water travels over the land or underground, it can pick up substances or contaminants such as microbes, inorganic and organic chemicals, and radioactive substances. All drinking water, including bottled drinking water, may be reasonably expected to contain at least small amounts of some constituents. It's important to remember that the presence of these constituents does not necessarily pose a health risk.

### TEST RESULTS

Contaminant	Violation Y/N	Date Collected	Highest Level Detected	Range of Detects or # of Samples Exceeding MCL/ACL	Unit Measurement	MCLG	MCL	Likely Source of Contamination
<b>Inorganic Contaminants</b>								
Barium	N N	2006*	.015mg/l .009mg/l	.001-.015mg/l .002-.009mg/l	ppm	2	2	Discharge of drilling wastes; Discharge from metal refineries; Erosion of natural deposits.
Chromium	N N	2006*	2	.50-2	ppb	100	100	Discharge from steel & pulpmills; Erosion of natural deposits.
Copper	N	2008	0.7mg/l	0	ppm	1.3	AL=1.3	Corrosion of household plumbing systems; Erosion of natural deposits.
Lead	N	2008	0.015mg/l	0	ppm	0	AL=15	Corrosion of household plumbing systems; Erosion of natural deposits.
<b>Volatile Organic Contaminants</b>								
TTHMs	N N N	2006 2008	55 39 53.9		ppb	80	80	By-product of drinking water chlorination.
HAA5s	N N N	2006 2008	27 20 40		ppb	60	60	By product of drinking water Chlorination.
Chlorine	N N	2008	1.31 1.32	1.22 - 1.31 1.15 - 1.32	ppm	MRDLG 4	MRDL 4	Water additive used to control microbes.

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** - 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** - one part per billion corresponds to one minute in 2,000 years, or a single penny in \$1,000,000.

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

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

**Maximum Contaminant Level** - The "Maximum Allowed" (MCL) is the highest level of a contaminant that is allowed in drinking water. MCL's are set as close to the MCLG's as feasible using the best available treatment technology.

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

As you can see by the table, our system had no violations. We're proud that your drinking water meets or exceeds all Federal and State requirements. We have learned through our monitoring and testing that some constituents have been detected, however, they are not above the level considered unsafe.

Our source water assessment has been completed. Our wells were ranked Lower to Moderate in terms of susceptibility to contamination. For a copy of the report, please contact our office at 601-425-1023.

We are required to monitor your drinking water for specific constituents on a monthly basis. Results of regular monitoring are an indicator of whether or not our drinking water meets health standards. Beginning January 1, 2004, the Mississippi State Department of Health (MSDH) required public water systems that use chlorine as a primary disinfectant to monitor/test for chlorine residuals as required by the Stage 1 Disinfection By-Products Rule. We did complete the monitoring requirements for bacteriological sampling that showed no coliform present. In an effort to ensure systems complete all monitoring requirements, MSDH now notifies systems of any missing samples prior to the end of the compliance period.

All sources of drinking water are subject to potential contamination by substances that are naturally occurring or man made. These substances can be microbes, inorganic or organic chemicals and radioactive substances. All 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 the water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the Environmental Protection Agency's Safe Drinking Water Hotline at 1-800 426-4791.

#### **Additional Information for Lead**

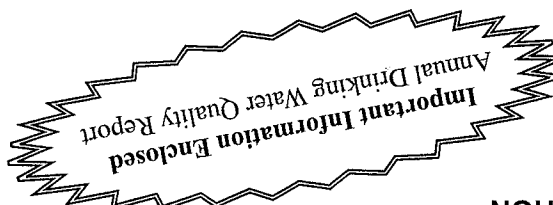
If present, elevated levels of lead can cause serious health problems, especially for pregnant women and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. Sharon Works Association is responsible for providing high quality 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://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.

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/CDC guidelines on appropriate means to lessen the risk of infection by cryptosporidium and other microbiological contaminants are available from the Safe Drinking Water Hotline (1-800-426-4791).

**P**lease call our office at 601-425-1023 if you have any questions. 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.

RECEIVED - WATER SUPPLY  
2010 JUN 17 AM 8:52

PRESORTED  
STANDARD  
U.S. POSTAGE PAID  
PERMIT# 625  
LAUREL, MS



SHARON WATER WORKS ASSOCIATION  
4173 Sharon Road  
Laurel, Mississippi 39443

SHARON WATER WORKS ASSOCIATION

4173 Sharon Road  
Laurel MS 39443

Phone & Fax:  
601-425-1023

Emergency After Hours:  
601-580-5859

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June 15, 2010

Mississippi State Department of Health  
Division of Water Supply  
P.O. Box 1700  
Jackson MS 39215-1700

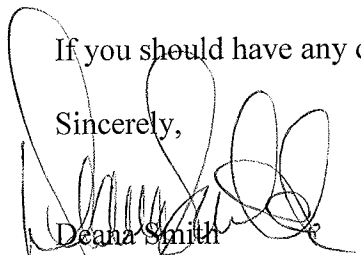
Re: 2009 CCR Report

Dear Sirs

Please find enclosed our required 2009 CCR report and certification form. The report was distributed via US mail on June 11, 2010 for delivery on June 12, 2010.

If you should have any questions, please call.

Sincerely,



Deana Smith  
Office Manager

Enclosures

RECEIVED - WATER SUPPLY  
2010 JUN 17 AM 8:52

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Jim Kervin, Certified Operator/Manager \* Deana Smith, Office Manager

**Board of Directors**

Billy Tolbert, President Al Shoemaker, Vice President, Albert Short, Sec./Treasurer  
Johnny Brewer, Director C.W. Hopkins, Director

# First-Class Mail

## Part A

Automation Prices

Letters

Entry	Price Category	Piece Price X	No. of Pieces =	Pieces Subtotal	Total Postage
A9	Single-Piece - From Standard Mail mailing	0.4400 X	1 = \$	0.4400	\$ 0.4400

### Part A Total

\$ 0.4400



This form may be generated as the output of address matching processing using CASS Certified™ software in conjunction with current USPS® address database files. Any facsimile must contain the same information in the same format as the printed form.

# CASS® Summary Report

See DMM™ Section 708 for more information.

A. Software			
CASS A1	1. CASS Certified Company Name <b>Datatech SmartSoft, Inc.</b>	2. CASS Certified Software Name & Version <b>AccuMail 10.00.11.M</b>	3. Configuration AAA
	4. Z4Change Certified Company Name	5. Z4Change Certified Software Name & Version	6. Configuration
	7. DirectDPV™ Certified Company Name	8. DirectDPV Certified Software Name & Version	9. Configuration
	10. eLOT™ Certified Company Name <b>Datatech SmartSoft, Inc.</b>	11. eLOT Certified Software Name & Version <b>AccuMail 10.00.11.M</b>	12. Configuration AAA
MASS A2	1. MASS™ Certified Company Name	2. MASS Certified Software Name, Version & Model No.	3. Configuration
			4. MLOCR Serial No.

B. List		
1. List Processor's Name  <b>THE PRINT SHOP, INC. 1108 TRACE ROAD LAUREL, MS 39443</b>	2. Date List Processed	3. Date of Database Update
	a. Master File <b>06/08/2010</b>	a. ZIP + 4/DPV <b>04/15/2010</b>
	b. Z4Change	b. Z4Change
	c. DirectDPV	c. DirectDPV
	d. eLOT <b>06/08/2010</b>	d. eLOT <b>04/15/2010</b>
	e. CRIS	e. CRIS
4. List Name or ID No. (If using ID No., number must start with ID #) <b>WATER REPORT JUNE 2010.DBF</b>	5. Number of Lists <b>1</b>	6. Total Records Submitted for Processing <b>956</b>

C. Output							
Output Rating	1. Total Coded	2. Validation Period		Output Rating	1. Total Coded	2. Validation Period	
a. ZIP + 4/DPV Confirmed ▶	<b>949</b>	From	To	5-Digit Coded ▶	<b>955</b>	From	To
		<b>06/08/2010</b>	<b>12/05/2010</b>			<b>06/08/2010</b>	<b>06/08/2011</b>
b. Z4Change Processed ▶				CRRT Coded ▶	<b>952</b>	From	To
						<b>06/08/2010</b>	<b>09/06/2010</b>
DirectDPV ▶		From	To	eLOT Assigned ▶	<b>949</b>	From	To
						<b>06/08/2010</b>	<b>09/06/2010</b>

D. Mailer	
I certify that the mailing submitted with this form has been coded (as indicated above) using CASS Certified software meeting all of the requirements listed in the DMM Section 708.	3. Name and Address of Mailer <b>THE PRINT SHOP, INC. 1108 TRACE ROAD LAUREL, MS 39443</b>
1. Mailer's Signature 	2. Date Signed <b>06/08/2010</b>

E. Qualitative Statistical Summary (QSS)						
For informational Purposes Only: QSS is solely made available for the list processor's review and analysis. This information is not to be considered by the Postal Service personnel in determining rate eligibility under any circumstances.						
High Rise Default	High Rise Exact	RR Default	RR Exact	LACSLink™	EWS	SuiteLink™
<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Report: USPS Qualification Report  
 Entry: LAUREL MS 39440  
 Sort: Standard Mail Automation Letters - 245.7.5

Mailer: GREG E. SIMMONS  
 Mail ID: water report june 2010 20100608 15:37:40  
 Date: 06/08/2010

CONTAINER INFO					PKG/GRP INFO		RATE CATEGORY INFORMATION													Running Total			
No.	Size	Total	Level	ZIP	No.	Destination	Zone	WS	HD	CR	5B	5D	3B	3D	AB	AD	MB	MD	BS	Prsrt	SP		
1	2	700	5DG	39443	1	39443					700												700
2	1	183	5DG	39443	1	39443					183												883
3	1	57	3DG	394	1	394									57								940
4	1	9	MAAD	380	1	325												1					941
					2	350												1					942
					3	360												1					943
					4	365												2					945
					5	390												2					947
					6	700												2					949
											883				57							9	949

**RATE SUMMARY**

Automation 5-Digit (5B)	883
Automation AADC (AB)	57
Automation Mixed AADC (MB)	9
<b>TOTAL</b>	<b>949</b>

Report: USPS Qualification Report  
 Entry: LAUREL MS 39440  
 Sort: Standard Mail Machinable Letters - 245.5.3

Mailer: GREG E. SIMMONS  
 Mail ID: water report june 2010 20100608 15:37:40  
 Date: 06/08/2010

CONTAINER INFO					PKG/GRP INFO		RATE CATEGORY INFORMATION														Running Total			
No.	Size	Total	Level	ZIP	No.	Destination	Zone	WS	HD	CR	5B	5D	3B	3D	AB	AD	MB	MD	BS	Prsrt	SP			
5	1	6	3DG	394	1	394																		955
																						955		

RATE SUMMARY	
AADC (AB)	6
TOTAL	6



# Postage Statement—Standard Mail

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

<b>Mailer</b>	Permit Holder's Name and Address and Email Address, If Any <b>The Print Shop, Inc. 1108 Trace Road Laurel, MS 39443</b>	Telephone <b>601-428-4602</b>	Name and Address of Mailing Agent (If other than permit holder) <b>The Print Shop, Inc. 1108 Trace Road Laurel, MS 39443</b>	Telephone <b>601-428-4602</b>	Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder) <b>Sharon Water Association 4173 Sharon Road Laurel, MS 39443</b>
	CAPS Cust. Ref. No. <u>N/A</u>	Customer No. <u>N/A</u>	Customer No. <u>N/A</u>	Customer No. <u>N/A</u>	Customer No. <u>N/A</u>

<b>Mailing</b>	Post Office of Mailing <b>LAUREL MS 39440</b>	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	Mailing Date <b>06/08/2010</b>	Federal Agency Cost Code <b>N/A</b>	Statement Seq. No. <b>N/A</b>	No. & Type of Containers <b>4 - 1'MM Trays 1 - 2'MM Trays</b>	
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Weight of a single-piece <b>0.0161 pounds</b>		Total Pieces <b>955</b>			
	Permit # <b>625</b>	For Mail Enclosed Within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post	<input type="checkbox"/> Periodicals	If Sacked, Based On <input type="checkbox"/> 125 pcs <input type="checkbox"/> 15 lbs. <input type="checkbox"/> both	Total Weight <b>15.3755</b>		
	For Automation Pieces, Enter Date of Address Matching and Coding <b>06/08/2010</b>	For Carrier Route Pieces, Enter Date of Address Matching and Coding <b>N/A</b>	For Carrier Route Pieces, Enter Date of Carrier Route Sequencing <b>N/A</b>	For pieces bearing a simplified address enter date of delivery statistics file or alternative method			

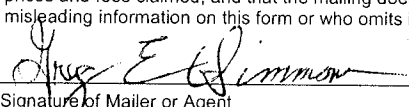
Move Update Method:  
 Ancillary Service Endorsement  FASTforward  NCOALink  ACS  Alternative Method  Multiple  OneCode ACS  n/a Alternative Address Format

<b>Postage</b>	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	<b>Total Postage (Add Parts Totals)</b>	<b>\$224.13</b>
	Price at Which Postage Affixed (Check one) Complete if the mailing includes pieces bearing metered or precanceled stamps. <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither _____ pcs. x \$ _____ = <b>Postage Affixed</b>		
	<b>Net Postage Due (Subtract postage affixed from total postage)</b>	<b>\$224.13</b>	

<b>USPS Use</b>	<b>Additional Postage Payment (State reason)</b>	
	For postage affixed add additional payment to net postage due; for permit imprint add additional payment to total postage.	<b>Total Adjusted Postage Affixed</b>
	Postmaster Report Total Postage in (Permit Imprint Only) <b>AIC 130</b>	<b>Total Adjusted Postage Permit Imprint</b>

**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 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.

Signature of Mailer or Agent: 

Printed Name of Mailer or Agent Signing Form: **Greg E. Simmons**

Telephone: **601-428-4602**

Privacy Notice: For information regarding our Privacy Policy visit [www.usps.com](http://www.usps.com)

<b>USPS Use Only</b> To be completed in non-Postal/One! sites	Weight of a Single Piece _____ pound	Are postage figures at left adjusted from mailer's entries? If yes, reason: <input type="checkbox"/> Yes <input type="checkbox"/> No	Round Stamp (Required) Date Mail Released: _____
	Total Pieces: _____ Total Weight: _____		
	Total Postage: _____		
	Presort Verification Performed? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No		
	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: _____		
Date Mailed Notified: _____	Contact: _____		
By (Initials): _____	Time: _____ AM/PM		
Print USPS Employee's Name: _____			

# Standard Mail

## Part A

### Automation Letters

Letters 3.3 oz. (0.2063 lbs.) or less

Entry	Price Category	Piece Price X	No. of Pieces =	Pieces Subtotal	Total Postage
NONE A1	5-Digit	0.2330 X	883 = \$	205.7390	\$ 205.7390
A3	AADC	0.2530 X	57 = \$	14.4210	\$ 14.4210
A4	Mixed AADC	0.2700 X	9 = \$	2.4300	\$ 2.4300

### Part A Total

\$ 222.5900

## Part D

### Nonautomation Letters

Machinable Letters 3.3 oz. (0.2063 lbs.) or less

Entry	Price Category	Piece Price X	No. of Pieces =	Pieces Subtotal	Total Postage
NONE D1	AADC	0.2560 X	6 = \$	1.5360	\$ 1.5360

### Part D Total

\$ 1.5360