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MISSISSIPPI STATE DEPARTMENT OF HEALTH

BUREAU OF PUBLIC WATER SUPPLY

CALENDAR YEAR 2009 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

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

- Advertisement in local paper
On water bills
X Other mailed to each customer

Date customers were informed: 6/23/10

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

Date Mailed/Distributed: 6/23/10

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

Name of Newspaper:

Date Published: / /

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

Date Posted: 6 / /

X CCR was posted on a publicly accessible internet site at the address: www.meridianms.org (Found under Departments - Public Works)

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.

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

Date 6-24-10

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



*A better longitude on life.*

**2009 Annual Drinking Water  
Quality Report  
June 18th, 2010  
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 20, 2010 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 3 detected in 2009. The table on the back 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 contaminants. It's important to remember that the presence of these contaminants does not necessarily pose a health risk.

**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

**MORE INFORMATION:**

Infants and young children are typically more vulnerable to lead in drinking water than the general population. It is possible that lead levels at your home may be higher than at other homes in the community as a result of materials used in your home's plumbing. If you are concerned about elevated lead levels in your home's water, you may wish to have your water tested and flush your tap for 30 seconds to 2 minutes before using tap water. Additional information is available from the Safe Drinking Water Hotline ( 1-800-426-4791).

**WATER QUALITY TEST RESULTS**

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
<b>Microbiological Contaminants</b>								
Total Coliform	N	2008	0	NA	NA	0	Presence in 5% of monthly samples	Naturally present in the environment
<b>Inorganic Contaminants:</b>								
10. Barium	N	February	.029458	2	Ppm	2	2	Discharge of drilling wastes; discharge from metal refineries; erosion of natural deposits.
13. Chromium	N	February	.000753	2	Ppm	.1	.1	Discharge from steel and pulp mills; erosion of natural deposits.
14. Copper	N	2005-2007*	.060	30	Ppm	1.3	AL 1.3	Corrosion of household plumbing systems; erosion of natural deposits; leaching from wood preservatives.
16. Fluoride**	N	February	1.11	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	AL15	Corrosion of household plumbing systems, erosion of natural deposits.
<b>Volatile Organic Contaminants:</b>								
73. TTHM [Total trihalomethanes]	N	2008	12.94	1	Ppb	NA	80	By-product of drinking water chlorination.
HAA5 Haloacetic Acids	N	2008	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
<b>Radionuclides</b>								
Alpha particles	N	2008	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	2008	2523	2	Pci/l	0	5	Erosion of natural deposits
Uranium	N	2008	.0385	2	Pci/l	0	30	Erosion of natural deposits
* No Samples required in 2009. - ** We boost the fluoride levels for dental hygiene. - *** Non-regulated contaminants which EPA requires monitoring.								
<b>TERMINOLOGY:</b>								
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:								
<b>Parts per million (Ppm) or Milligrams per liter (mg/l)</b> - one part per million corresponds to one minute in two years or a single penny in \$10,000.								
<b>Parts per Billion (Ppb) or Micrograms per liter(ug/l)</b> - one part per billion corresponds to one minute in 2,000 years or a single penny in \$10,000,000.								
<b>Picocuries per liter (pCi/L)</b> - is a measure of the radioactivity in water.								
<b>Millirems per year (mrem/yr)</b> - measure of radiation absorbed by the body.								
<b>Action Level</b> - the concentration of a contaminant which if exceeded, triggers treatment or other requirements, which a water system must follow.								
<b>Treatment Technique (TT)</b> - A treatment technique is a required process intended to reduce the level of a contaminant in drinking water.								
<b>Maximum Contaminant Level (MCL)</b> - 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.								
<b>Maximum Contaminant Level Goal - (MCLG)</b> - 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 - PWS ID #0380005**

**2010 CCR REPORT POSTINGS/MAILINGS BASED ON 2009 TESTING RESULTS**

APARTMENT COMPLEX NAME:	ADDRESS	DATE POSTED
CEDAR BEND APTS	7100 HWY 80 W	6/23/2010
COLLEGE CROSSING	1100 PERIMETER DR	6/23/2010
COLLEGE PARK APTS	4901 14TH	6/23/2010
COLONIAL APARTMENTS	4100 40TH ST	6/23/2010
DEVILLE APARTMENTS	1914 11TH	6/23/2010
EAST GATE APARTMENTS	3500 HWY 39 N	6/23/2010
FOUR FOUNTAINS APTS	2705-1/2 45TH	6/23/2010
J.T. DAVIS COURTS	3715 VALLEY ST	6/23/2010
LANDMARK APARTMENTS	211 NORTH HILLS ST	6/23/2010
LAUDERDALE CO PROPERTIES	HWY 19 SOUTH	6/23/2010
MAR RAY APARTMENTS	4609 BROADMOOR DR	6/23/2010
MARION RD APTS	OLD MARION RD	6/23/2010
THE MARK APTS	3315 NORTH HILLS ST	6/23/2010
MARK VILLA APTS	4907 SHUMATE RD	6/23/2010
MEADOWBROOK APTS	4313 5TH	6/23/2010
MERIDIAN MANOR APTS	815 33RD ST	6/23/2010
NORTH HILLS MANOR	4401 40TH AVE	6/23/2010
NORTHWOODS PLACE	4315 HWY 39 NORTH	6/23/2010
OAK MANOR APTS	200 NORTH HILLS ST	6/23/2010
OKATIBBEE RIDGE APTS	1719 HWY 19 N	6/23/2010
PINE CREEK APTS	4524 HWY 39N	6/23/2010
REGENCY APTS	4320 36TH APT	6/23/2010
ROLLING HILLS APTS	1312-B 22ND AVE	6/23/2010
ST FRANCIS APTS	2427 4TH AVE	6/23/2010
STRAFORD MANOR	4640 POPLAR SPRINGS DR	6/23/2010
VILLAGE APTS	2015 MOSBY RD	6/23/2010
WALKER HILLS APTS	615 21ST PLACE	6/23/2010
WILLOW RIDGE APTS	2701 WILLOW BEND DR	6/23/2010
WOODLANDS APTS	4501 HWY 39 N	6/23/2010

US POST OFFICE MAIN BRANCH	2100 9th St	6/23/2010
US POST OFFICE NORTH BRANCH	5008 GREAT RIVER DR	6/23/2010
US POST OFFICE WEST STATION	708 45TH AVE	6/23/2010

**MAILED:**

MS PUBLIC SERVICE COMMISSION CERTIFIED MAIL	P.O. BOX 1174, JACKSON, MS 39215-1174	6/23/2010
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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	6/24/2010
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TOWN OF MARION	P O BOX 35 MARION, MS 39342	6/23/2010
LONG CREEK WATER ASSN.	4695 LONGCREEK WATER RD 39301	6/23/2010
SOUTHWEST LAUDERDALE WATER	P.O. BOX 4266 MDN MS 39304	6/23/2010
NORTH LAUDERDALE WATER ASSN	P.O. BOX 143 BAILEY, MS 39320	6/23/2010
CLARKDALE WATER ASSN.	5160 HWY 145 MDN, MS 39301	6/23/2010
NTS WATER ASSOCIATION	8802 WHIPPOORWILL RD MDN, 39307	6/23/2010
TOOMSUBA WATER ASSN.	P.O. BOX 520 TOOMSUBA 39364	6/23/2010
COLLINSVILLE WATER ASSN	P.O. BOX 67 COLLINSVILLE 39325	6/23/2010
RUSSELL UTILITIES	1767 WILLOW LAKE RD, RUSSELL, MS 39364	6/23/2010

POSTED ON WEB SITE Found on Departments - Public Works	MERIDIANMS. ORG	6/23/2010
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FROM : PostHaste  
USPS PostalOne!

PHONE NO. : 770 614 7569

Jun. 22 2010 12:12PM P4  
Page 1 of 2



HOME | HELP | CUSTOMER CARE | SIGN OUT

Restricted Information

- Manage Mailing Activity
- Home
- Summary
- Balance and Fees
- Postal Wizard
- Electronic Data Exchange
- Mailing Reports
- Dashboard
- Manage Permits

Dashboard > Display

Today's Date: 06/22/2010

Mailing Group Summary Information

Mailing Group ID: 83178359

Mailer's Job #: 16295-meridian

Open Date: 08-21-11

Preparer: 385-POST HASTE DIRECT MAIL INC  
Description:

Finance No: 120440

Close Date:

PS # 80863701, FIN - Transaction # 201017211431 96M1 (processed by MDM on 06/21/2010 11:43:17 AM) Cancel | Register | Piece-Weight Information

PS Form 3602-R - Standard Mail - Permit Imprint

Final

Postage Summary

Permit Holder:	POST HASTE DIRECT MAIL INC 4544 ATWATER CT STE 105 BUFORD, GA 30518-3474 Contact: TRICIA (770) 614-7280 janb@posthastadm.com	Mailing Agent:	POST HASTE DIRECT MAIL INC 4544 ATWATER CT STE 105 BUFORD, GA 30518-3474 Telephone: (770) 614-7280	Org. For Mailing is Prepared:	
Permit Holder's Permit:	Permit Imprint 385	Mailing Agent's Permit:	Permit Imprint 385	Processing Category:	Letters
Post Office Of Mailing:	ATLANTA, GA 30304	Mailer Provided Mailing Date:	06/21/2010	Weight of Single Piece:	0.0156 lbs.
Total Pieces:	14,425 pcs.	Total Weight:	225.0300 lbs.	Total Postage:	\$ 2,806.80
Sequencing Date:	06/09/2010	Address Matching Date - Automation:	06/09/2010	Address Matching Date - Carrier Route:	06/09/2010
No of Containers:	1' MM 8 Trays	2' MM 15 Trays	2' EMM Trays	Flat Trays:	Sacks: Pallets: Other:
Customer Reference ID:	16295-meridian				
Comments:					
Statement Sequence No	16295-meridian				
Move Update Method:	NCOALink				
Statement Certification Date:	06/21/2010				

Part A : Automation Letters

Line	Entry	Title	Description	Price	Quantity	Postage
A4	None	Mixed AADC	Letters 3.3 oz (0.2083 lbs) or less	0.270	643 pcs.	\$ 173.610

FROM : PostHaste

PHONE NO. : 770 614 7569

Jun. 22 2010 12:11PM P3

United States Postal Service®  
Plant-Verified Drop Shipment (PVDS)

Verification and Clearance This form available at www.usps.com

See Instructions on Reverse

1. Requested In Home Delivery Date (1-day window)	2. Drop Ship Appointment Number
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1. Mailer Name Post Haste Direct Mail	4. FAST Scheduler ID	5. Mailer Contact Name Douglas Stancoff	6. Mailer Contact Telephone (Includes area code) 770-614-7280
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7. Origin Post Office (City, State, ZIP+4®) North Metro, GA 30026	8. Check One <input checked="" type="checkbox"/> Identical Weight Pieces Weight of a Single Piece 0.0154 lbs <input type="checkbox"/> Nondetical-Weight Pieces
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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) 209.3476
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12. Type of Mail Processing Category (Check all that apply)				
<input checked="" type="checkbox"/> Letters	<input checked="" type="checkbox"/> Automation Compatible	<input type="checkbox"/> Irregular Parcels		
<input type="checkbox"/> Flats	<input type="checkbox"/> Machinable Parcels	<input type="checkbox"/> Nonmachinable Parcels		

13. Pallets	a. No. Pallets of Trays	b. No. Pallets of Sacks	c. No. Pallets of Bundles	d. No. Pallets of Bundles	13e. Non-Palletized Containers
i. 5-Digit					i. No. of Bundles
ii. 5-D Scheme					ii. No. of Trays 19
iii. 5-D CR					iii. No. of Sacks
iv. 5-D Scheme CR					iv. No. of Parcels
v. 3-D					v. No. of Other (Describe)
vi. All Other					

14. Entry Discounts Claimed (Check all that apply) <input type="checkbox"/> DDU <input type="checkbox"/> DBMC <input type="checkbox"/> Mailing Includes Pieces For Delivery Outside Service Area of Entry Office. <input checked="" type="checkbox"/> DSCF <input type="checkbox"/> International Service Center (ISC) <input type="checkbox"/> DADC <input type="checkbox"/> Other (International):
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15. Comments -- Record SCF/ADC/BMC/ASF designator(s) and ZIP Code(s) from the DMM label list for mailing presented or attach register. SCF MERIDIAN 393
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16a. Contact Company Making Drop Ship Appointment (If other than mailer and if known when completing this form)	16b. Telephone
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17. Origin Post Office (City, state, ZIP+4) North Metro, Ga. 30026	28a. Name of USPS® Employee Verifying Mail Monica Mitchell	28b. Employee's Telephone Number (Includes area code) 770-712-3545
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18. Permitted at: <input type="checkbox"/> DMU (Mailer's plant) <input checked="" type="checkbox"/> OMEU or Post Office	28c. Signature of Verifying Employee Monica Mitchell	27. Round Stamp (Required) 
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19. Perm Number 365	20. Postage Payment Method (Except for Periodicals) <input checked="" type="checkbox"/> Permit <input type="checkbox"/> Stamped <input type="checkbox"/> Meter	28d. USPS Contact Name (If other than verifying employee) Terrance Davis
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21. Total Pieces 13594	22. Total Weight of Mailing 243.0000	
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)

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 <small>Note: Appointments with 100% Periodicals can be presented whenever the destination facility is open and staffed.</small>	34. Scan the barcode upon receipt
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29. USPS Receiving Employee Signature	28b. USPS Receiving Employee Name
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30. Date/Time of Arrival	31. Date/Time of Departure
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32. Comments (NOTE: Enter bonded discrepancies as percentages and pallet discrepancies as pallet counts.)
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