



RECEIVED-WATER SUPPLY
2010 JUN 30 AM 8:55

MISSISSIPPI STATE DEPARTMENT OF HEALTH

BUREAU OF PUBLIC WATER SUPPLY

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

City of Ridgeland

Public Water Supply Name

450013

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 / 29 / 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*) Library & Apartment complexes

Date Posted: 6 / 29 / 10

- CCR was posted on a publicly accessible internet site at the address: www. ridgelandms.org

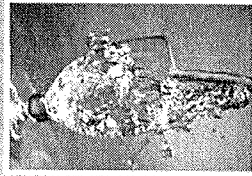
CERTIFICATION

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.

[Signature]
Name/Title (President, Mayor, Owner, etc.)

20100629
Date

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



All sources of drinking water are subject to potential contamination by substances that are naturally occurring or man made. Remember that the presence of contaminants in small amounts does not necessarily indicate 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.

Some people may be more vulnerable to contaminants in drinking water than the general population. Immune-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 ways to lessen the risk of infection by cryptosporidium and other microbiological contaminants are available from the Safe Drinking Water Hotline (1-800-426-4791).

The City of Ridgeland asks all our customers to help us protect our water sources, which are the heart of our community, our way of life and our children's future. Citizens can report water leaks and contamination of the system by contacting the Public Works Department at 601-853-2027. The City of Ridgeland is expanding its system to include a new tank and well west of U.S. Interstate 55, new distribution lines and improvements to existing facilities. These improvements will provide a reliable source of water for years to come.

If you would like additional information about your drinking water, you may contact our certified waterworks operator or you may prefer to log on to the Internet and obtain specific information about your system and its compliance history at the following address:

<http://www.msdc.state.us/watersupply/index.htm>. Information including current and past boil water notices, compliance and reporting violations, and other information pertaining to your water supply including "Why, When, and How to Boil Your Drinking Water" and "Flooding and Safe Drinking Water" may be obtained.

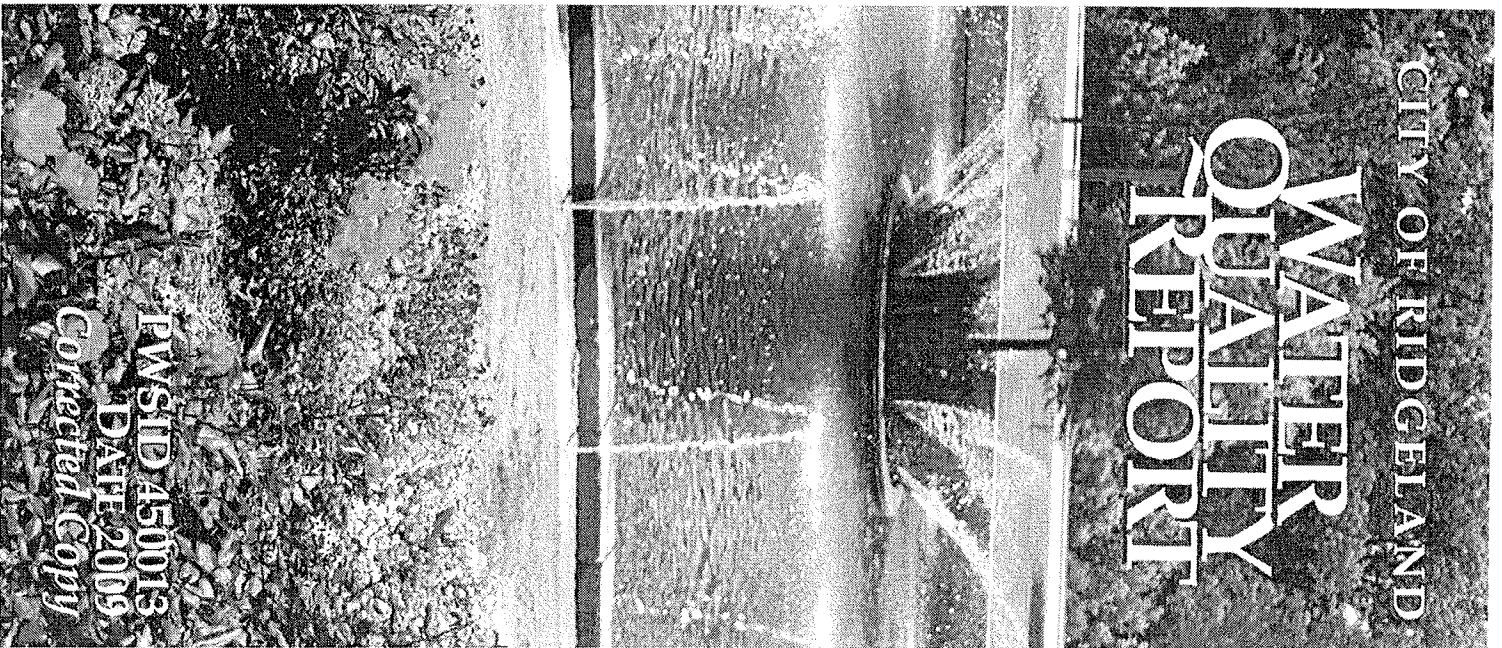
If you have any questions about this report or concerning your water supply utility, please contact Mark McManus - Water/Sewer System Superintendent at 601-853-2027. We want our customers to be informed about their water supply utility.

Presorted
Standard
U.S. Postage
PAID
Jackson, MS
Permit No. 80

the city of **RIDGELAND**



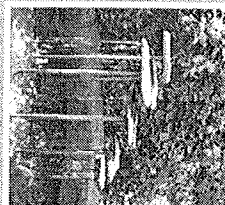
CITY OF RIDGELAND
PUBLIC WORKS DEPARTMENT
P.O. BOX 217
RIDGELAND, MS 39158



PWSID 450013
DATE 2009
Corrected Copy

CITY OF RIDGELAND

PWSID 450013 - Date 2009



Ridgeland's Public Works Department is pleased to present to you the 2009 Annual Water Quality Report to inform you about the quality of water and services we deliver to you every day. Our constant goal is to provide a safe and dependable supply of drinking water, and we work consistently to improve the water treatment process and protect our water resources. Ridgeland's water source is two deep-water supply wells in the Cockfield Aquifer and four deep-water supply wells in the Sparta Aquifer.

Last year, we conducted tests for over 80 contaminants. We found only one at a level higher than the EPA allows. We are committed to providing you with information because informed customers are our best allies. (For more information see the section labeled Violations at the end of the report.)

The City of Ridgeland routinely tests for contaminants in your drinking water, according to Federal and State laws. The following table shows the results of our monitoring for the period of January 1 to December 31, 2009. As water travels over the land or underground, it can pick up substances or nutrients 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 is important to recognize that the presence of these elements does not necessarily pose a health risk.

⚠ 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. ABC Water 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://www.epa.gov/safewater/lead>. The Mississippi State Department of Health Public Health Laboratory offers lead testing for \$10 per sample. Please contact 601-576-7562 if you wish to have your water tested.

DEFINITIONS:

Unless otherwise noted, the data presented in this table is from testing done in the calendar year of the report. The EPA and the Mississippi State Department of Health requires the City to monitor for certain contaminants less than once per year because the concentrations of these contaminants do not change frequently. Some of the data, though representative of the water quality, may be more than one year old. In the following table you will find several terms and abbreviations with which you may not be familiar. 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** - one part per billion corresponds to one minute in 2,000 years, or a single penny in \$10,000,000.
- 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** - The "Maximum Allowed" (MCL) 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** - The "Goal" (MCLG) is 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.

TEST RESULTS

Contaminant	Violation Y/N	Date Collected	Level Detected	Range of Detects or No. of Samples Exceeding MCL/AL	Unit Measurement	MCLG	MCL	Likely source of contamination:
MICROBIAL CONTAMINANTS:								
Total Coliform	N	2009	0.0	No Range	#	0	>1	Naturally present in the environment
HALOACETIC ACIDS:								
(HAA5)	N	2009	.045	No Range	ppb	NA	60	By-product of drinking water disinfection
INORGANIC CONTAMINANTS:								
Nitrate	N	2009	0.2	No Range	ppm	10	10	Runoff from fertilizer, leaching from septic tanks, sewage, erosion of natural deposits
Nitrite	N	2009	0.05	No Range	ppm	1	1	
Nitrite Nitrite	N	2009	0.25	No Range	ppm	10	10	
VOLATILE ORGANIC CONTAMINANTS:								
THM (total trihalomethanes)	Y	2009	76	No Range	ppb	0	80	Chlorine By-Product
RADIOLOGICAL CONTAMINANTS:								
Radium 228	N	2009	1.15	.087-1.15	pCi/L	1.15	80	Naturally present in the environment
DISINFECTANTS & DISINFECTION BY-PRODUCTS:								
Chlorine ppm	N	2009	1.12	.87 - 1.34	ppm	4	4	Water additive to control microbes

VIOLATIONS AND EXCEEDANCES

Some people who drink water containing trihalomethanes in excess of the MCL over many years may experience problems with their liver, kidneys, or central nervous system, and may have an increased risk of getting cancer. The THM violation occurred during the 2009 testing cycle as required by the Mississippi State Department of Health. The City of Ridgeland is working with the Mississippi State Department of Health to reduce the amount of THM in its drinking water supply. We anticipate a minor adjustment in the amount of Chlorine injected into the water system for the purpose of bacterial disinfection as a short term solution.



- Client Home
- Bill Messages
- Logout

Remove All

Search Results

Type	Name/Number	Message	Date Size Range	Operation
All Bills		A corrected copy of the 2009 City of Ridgeland Water Quality Report is available in the Public Works office at City Hall, 304 Highway 51, or you may view it on our website at www.ridgelandms.org/public_works/water.html .	222	
All Bills			5	
All Bills		Please remember to keep grass and other vegetation trimmed around your water meter this summer.	99	
All Bills			5	
All Bills		Registration for Flag Football and Adult Softball starts August 2 and ends August 20. For more information, call 601-853-2011.	128	
All Bills			5	
All Bills		If you would like to receive Ridgeland Alerts on your cell phone or by email, go to www.ridgelandms.org and complete a notification form.	137	

Remove All

DP Auto/Connect

2009 CCR Contact Information

Date: 7/22/10 Time: 9:10

PWSID: 450013

System Name: City of Ridgeland

Lead/Copper Language

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 a corrected copy and notify customer on
water bill.

Spoke with Renee 601 853-2027
(Operator, Owner, Secretary)
Administrative Assistance

United States Postal Service
Postage Statement — Standard Mail

Comments: **ATTN Renee**
USPS: Note Mail Arrival Date & Time (Do not Round-Stamp)

MAILER	Permit Holder's Name and Address and Email Address, If Any Dearing Addressing & Mailing Service 200 I 55 Trace Dr PO Box 2728 Madison MS 39130-2728	Telephone (601)-853-6133 Extension	Name and Address of Mailing Agent (if other than permit holder) Dearing Addressing & Mailing Service 200 I 55 Trace Dr PO Box 2728 Madison MS 39130-2728	Telephone (601)-853-6133 Extension	Name and Address of Individual or Organization for Which Mailing is Prepared (if other than permit holder) City of Ridgeland 394 Hwy 51 PO Box 217 Ridgeland MS 39158 renee.buckner@ridgelandms.org
	CAPS Cust Ref No. Customer Number	Customer Number		Customer Number	

MAILING	Post Office of Mailing Jackson, MS 39201	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 6-29-2010	Fed. Agency Cost Code	Statement Seq. No CITY 0	No. of Containers 1 MM Trays 9 2 MM Trays 6 2 EMM Trays Total Trays 15 Flat Trays Sacks Pallets Other
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Weight of a Single Piece 0.0201 pounds	Total Pieces 6,385	Total Weight 134.3685		

Permit # 80	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	If Sacked, Based on <input type="checkbox"/> 125 pcs <input type="checkbox"/> 15 lbs <input type="checkbox"/> Both	For Automation Price Pieces, Enter Date of Address Matching and Coding 6/21/2010	For CR Price Pieces, Enter Date of Address Matching and Coding 6/21/2010	For CR Price Pieces, Enter Date of Carrier Route Sequencing 6/21/2010	For Pieces Bearing a Simplified Address Enter Date of Delivery Statistics File or Alternative Method
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Move Update method:
 Ancillary service endorsement FASTforward NCOA Link ACS Alternate method Multiple OneCode ACS n/a Alternative Address Format

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)	1,300.99	
	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 \$ =	Postage Affixed	
	Net Postage Due (Subtract postage affixed from total postage)			
	Additional Postage Payment (State reason)		Total Adjusted Postage Affixed	
USPS	For postage affixed add additional payment to net postage due; for permit imprint add additional payment to total postage.	Total Adjusted Postage Permit Imprint		
	Postmaster: Report Total Postage in AIC 130 (Permit Imprint Only)			

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	Signature of Mailer or Agent <i>Laurie Hutson</i>	Printed Name of Mailer or Agent: Signing Form Laurie HUTSON	Telephone 601-853-6133 Extension
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NOTATIONS	Weight of a Single Piece _____ pound	Are postage figures at left adjusted from mailer's entries? If yes, reason: [] Yes [] No
	Total Pieces _____ Total Weight _____	
	Total Postage _____	Round Stamp (Required) Date Mail Released _____
	Presort Verification Performed? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Mailer Notified _____ Contact _____
	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).	By (Initials) _____ Time _____ AM/PM
	USPS Employee's Signature _____	Print USPS Employee's Name _____