



MISSISSIPPI STATE DEPARTMENT OF HEALTH

BUREAU OF PUBLIC WATER SUPPLY

CALENDAR YEAR 2009 CONSUMER CONFIDENCE REPORT
CERTIFICATION FORM

Town of Naben
Public Water Supply Name

0530010
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: ___ / ___ / ___

- CCR was published in local newspaper. (*Attach copy of published CCR or proof of publication*)
Name of Newspaper: Starkville Daily News
Date Published: ___ / ___ / ___

- CCR was posted in public places. (*Attach list of locations*)
Date Posted: ___ / ___ / ___

- CCR was posted on a publicly accessible internet site at 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.

Barbara McCuskey, Clerk
Name/Title (President, Mayor, Owner, etc.)

7-6-10
Date

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

The State of Mississippi

OKTIBBEHA COUNTY



AFFIDAVIT OF PUBLICATION

Before me, in and for said county, this day personally came the undersigned representative of the Starkville Daily News, a newspaper published in the City of Starkville, of said county and state, who being duly sworn deposes and says that the publication of a certain notice, a true copy of which, is hereto affixed has been made for 1 weeks consecutively, to wit:

Dated June 30, 20 10
Dated _____, 20____
Dated _____, 20____
Dated _____, 20____
Dated _____, 20____

Said representative further certifies that the several numbers of the newspaper containing the above mentioned notice have been produced and compared with the copy affixed; and that the publication thereof has been correctly made.

WITNESS MY HAND AND SEAL OF OFFICE, this the

30 day of June, A.D., 20 10

By: Maria B. Deat
Notary Public

Notary Public State of Mississippi At Large
My Commission Expires: October 19, 2010
Bonded Thru Heiden, Brooks & Garland, Inc.

STARKVILLE DAILY NEWS

By: Carrie Johnson
() Publisher (X) Clerk

SEAL:

Publication Fee \$ 430.20
Proof(s) Of Publication \$ _____
Total Charges \$ 430.20

AFFIDAVIT# 33988