

RECEIVED - WATER SUPPLY
2010 JUN -4 AM 8:51



MISSISSIPPI STATE DEPARTMENT OF HEALTH

BUREAU OF PUBLIC WATER SUPPLY

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

HOMESTEAD COMMUNITY CLUB, INC.
Public Water Supply Name

0570003
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: 5/28/10

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

Date Mailed/Distributed: 5/26/10

- 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: 5/26/10 OFFICE

- 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.

David Blair president
Name/Title (President, Mayor, Owner, etc.)

6-1-10
Date

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

570 East Woodrow Wilson * Post Office Box 1700 * Jackson, MS 39215-1700
601-576-8090 * 1-866-HLTHY4U * www.HealthyMS.com

Equal Opportunity in Employment/Services

2009 Annual Drinking Water Quality Report
 Homestead Community Club, Inc.
 PWS#: 0570003
 May 2010

RECEIVED - WATER SUPPLY
 2010 JUN -4 PM 12:44

We're pleased to present to you this year's Annual Quality Water Report. This report is designed to inform you about the quality water and services we deliver to you every day. 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 ensuring the quality of your water. Our water source is from two wells drawing from the Miocene Series Aquifer.

The source water assessment has been completed for our public water system to determine the overall susceptibility of its drinking water supply to identified potential sources of contamination. The general susceptibility rankings assigned to each well of this system are provided immediately below. A report containing detailed information on how the susceptibility determinations were made has been furnished to our public water system and is available for viewing upon request. The wells for the Homestead Water have received moderate susceptibility rankings to contamination.

If you have any questions about this report or concerning your water utility, please contact Tommy Roberts at 601-684-8764. 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 second Tuesday of each month at 6:30 PM at the Magnolia Electric Power Association, McComb, MS.

We routinely monitor for constituents in your drinking water according to Federal and State laws. This table below lists all of the drinking water contaminants that we detected during the period of January 1st to December 31st, 2009. In cases where monitoring wasn't required in 2009, the table reflects the most recent results. As water travels over the surface of land or underground, it dissolves naturally occurring minerals and, in some cases, radioactive materials and can pick up substances or contaminants from the presence of animals or from human activity; microbial contaminants, such as viruses and bacteria, that may come from sewage treatment plants, septic systems, agricultural livestock operations, and wildlife; inorganic contaminants, such as salts and metals, which can be naturally occurring or result from urban storm-water runoff, industrial, or domestic wastewater discharges, oil and gas production, mining, or farming; pesticides and herbicides, which may come from a variety of sources such as agriculture, urban storm-water runoff, and residential uses; organic chemical contaminants, including synthetic and volatile organic chemicals, which are by-products of industrial processes and petroleum production, and can also come from gas stations and septic systems; radioactive contaminants, which can be naturally occurring or be the result of oil and gas production and mining activities. In order to ensure that tap water is safe to drink, EPA prescribes regulations that limit the amount of certain contaminants in water provided by public water systems. 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 indicate that the water poses a health risk.

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:

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

Maximum Contaminant Level (MCL) - 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 (MCLG) - 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.

Maximum Residual Disinfectant Level (MRDL) - The highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for control microbial contaminants.

Maximum Residual Disinfectant Level Goal (MRDLG) - The level of a drinking water disinfectant below which there is no known or expected risk of health. MRDLGs do not reflect the benefits of the use of disinfectants to control microbial contaminants.

TEST RESULTS								
Contaminant	Violation Y/N	Date Collected	Level Detected	Range of Detects or # of Samples Exceeding MCL/ACL	Unit Measure -ment	MCLG	MCL	Likely Source of Contamination
Inorganic Contaminants								
8. Arsenic	N	2006*	2	No Range	ppb	n/a	50	Erosion of natural deposits; runoff from orchards; runoff from glass and

								electronics production wastes
10. Barium	N	2006*	.020	No Range	ppm	2	2	Discharge of drilling wastes; discharge from metal refineries; erosion of natural deposits
16. Fluoride	N	2006*	.137	No Range	ppm	4	4	Erosion of natural deposits; water additive which promotes strong teeth; discharge from fertilizer and aluminum factories
17. Lead	N	2008*	2	0	ppb	0	AL=15	Corrosion of household plumbing systems, erosion of natural deposits
21. Selenium	N	2006*	3	No Range	ppb	50	50	Discharge from petroleum and metal refineries; erosion of natural deposits; discharge from mines
Disinfection By-Products								
81. HAA5	N	2007*	2	No Range	ppb	0	60	By-Product of drinking water disinfection.
Chlorine	N	2009	1.30	1 – 1.30	ppm	0	MDRL = 4	Water additive used to control microbes

* Most recent sample. No sample required for 2009.

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 the EPA has determined that your water IS SAFE at these levels.

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. 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.

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. Our 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 601.576.7582 if you wish to have your water tested.

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.

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.

The Homestead Community Water Club works 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.

HOMESTEAD COMM CLUB INC.
 3194 HWY 98 E
 MCCOMB, MS 39648
 601-250-1571

RETURN SERVICE REQUESTED

PRESORTED
 FIRST-CLASS MAIL
 U.S. POSTAGE
 PAID
 FERNWOOD MS
 PERMIT NO. 01

TYPE OF SERVICE	METER READING		USED	CHARGES
	PRESENT	PREVIOUS		
Water	524870	523400	1,470	13.00

CUSTOMER		PAY GROSS AMOUNT AFTER THIS DATE
ROUTE	ACCOUNT	
1	800	6/20/10
GROSS AMOUNT TO BE PAID		13.00
GROSS AMOUNT TO BE PAID		14.30

MAIL THIS STUB WITH YOUR PAYMENT



ACCOUNT 800 5/27/2010

METER READ MONTH	DAY	CLASS	TOTAL DUE UPON RECEIPT	LATE CHARGE AFTER DUE DATE	PAST DUE AMOUNT
5	19	1	13.00	1.30	14.30

SHERMAN BRUMFIELD
 3149 E FERNWOOD RD
 MCCOMB MS 39648-9697

PAY AT PIKE COUNTY NATIONAL BANK OR MAIL TO ABOVE ADDRESS.
 CONSUMER CONFIDENCE REPORT AVAILABLE UPON REQUEST. CALL 601-250-1571.

HOMESTEAD COMM CLUB INC.
 3194 HWY 98 E
 MCCOMB, MS 39648
 601-250-1571

RETURN SERVICE REQUESTED

PRESORTED
 FIRST-CLASS MAIL
 U.S. POSTAGE
 PAID
 FERNWOOD MS
 PERMIT NO. 01

TYPE OF SERVICE	METER READING		USED	CHARGES
	PRESENT	PREVIOUS		
Water	572990	570230	2,760	16.23

CUSTOMER		PAY GROSS AMOUNT AFTER THIS DATE
ROUTE	ACCOUNT	
4	572	6/20/10
GROSS AMOUNT TO BE PAID		(57.13)(CR)

MAIL THIS STUB WITH YOUR PAYMENT



ACCOUNT 572 5/27/2010

METER READ MONTH	DAY	CLASS	TOTAL DUE UPON RECEIPT	LATE CHARGE AFTER DUE DATE	PAST DUE AMOUNT
5	19	1	(57.13)		

ROCKY DICKERSON
 1113 OLD HIGHWAY 24
 MCCOMB MS 39648-9742

PAY AT PIKE COUNTY NATIONAL BANK OR MAIL TO ABOVE ADDRESS.
 CONSUMER CONFIDENCE REPORT AVAILABLE UPON REQUEST. CALL 601-250-1571.

HOMESTEAD COMM CLUB INC.
 3194 HWY 98 E
 MCCOMB, MS 39648
 601-250-1571

RETURN SERVICE REQUESTED

PRESORTED
 FIRST-CLASS MAIL
 U.S. POSTAGE
 PAID
 FERNWOOD MS
 PERMIT NO. 01

TYPE OF SERVICE	METER READING		USED	CHARGES
	PRESENT	PREVIOUS		
Water	227300	219750	7,550	36.59

CUSTOMER		PAY GROSS AMOUNT AFTER THIS DATE
ROUTE	ACCOUNT	
4	200	6/20/10
GROSS AMOUNT TO BE PAID		36.59
GROSS AMOUNT TO BE PAID		40.25

MAIL THIS STUB WITH YOUR PAYMENT



ACCOUNT 200 5/27/2010

METER READ MONTH	DAY	CLASS	TOTAL DUE UPON RECEIPT	LATE CHARGE AFTER DUE DATE	PAST DUE AMOUNT
5	19	1	36.59	3.66	40.25

KIPP JENKINS
 1185 OLD HIGHWAY 24
 MCCOMB MS 39648-9742

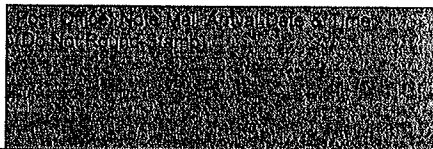
PAY AT PIKE COUNTY NATIONAL BANK OR MAIL TO ABOVE ADDRESS.
 CONSUMER CONFIDENCE REPORT AVAILABLE UPON REQUEST. CALL 601-250-1571.

Mailing of Consumer Confidence Reports

United States Postal Service

Postage Statement—First-Class Mail and Priority Mail

Use this form for either First-Class Mail or Priority Mail. They may not be combined.



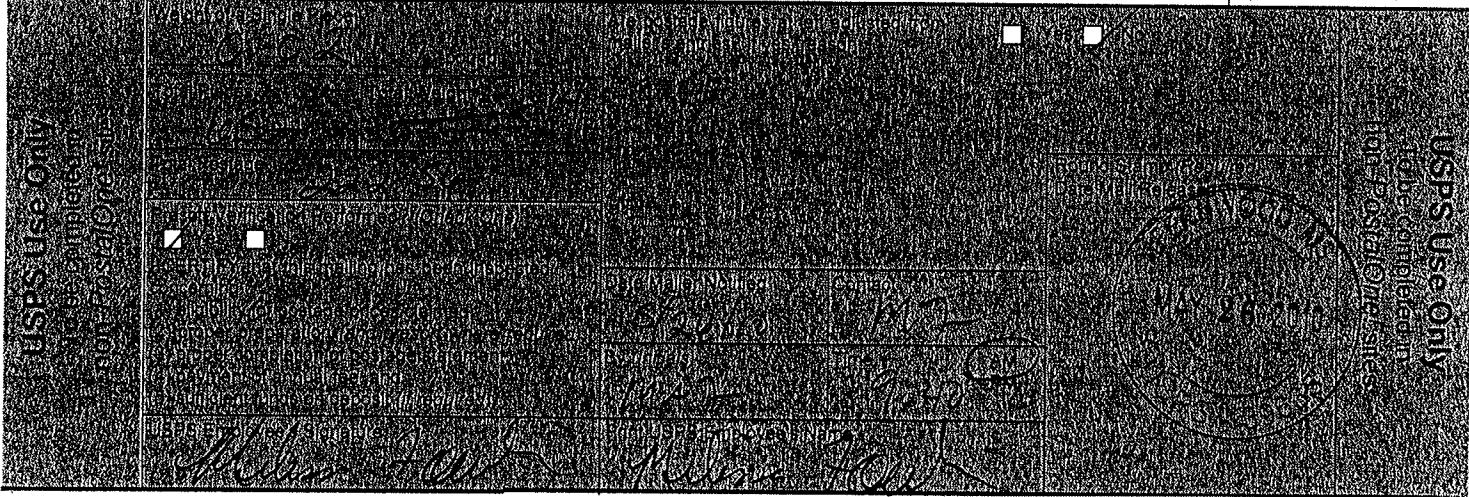
Mailer	Permit Holder's Name and Address and Email Address, If Any Homestead Community Club, Inc d/b/a Homestead Water 3194 Hwy 98 East McComb, MS 39648	Telephone 601-250-1571	Name and Address of Mailing Agent (If other than permit holder)	Telephone	Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder)
	CAPS Cust. Ref. No.	Customer No.	Customer No.	Customer No.	Customer No.

Mailing	Post Office of Mailing FERWOOD	Processing Category <input type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Automation Flats <input type="checkbox"/> Parcels	Mailing Date 5-26-10	Federal Agency Cost Code	Statement Seq. No.	No. & Type of Containers Sacks 1 ft. Letter Trays 2 ft. Letter Trays EMM Letter Trays Flat Trays Pallets Other
	Type of Postage <input type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	For Mail Enclosed Within Another Class <input type="checkbox"/> Standard Mail <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post	Weight of a Single Piece _____ pounds	Total Pieces 652	Total Weight 13.335 14	
	Permit # 01	For Automation Price Pieces, Enter Date of Address Matching and Coding ____/____/____	Move Update Method: <input type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> FASTforward <input type="checkbox"/> OneCode ACS <input type="checkbox"/> NCOALink <input type="checkbox"/> ACS <input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> n/a Alternative Address Format			
	Parts Completed (Select all that apply) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Commercial Base <input type="checkbox"/> Commercial Plus <input type="checkbox"/> Commercial Plus Cubic					

Postage	Total Postage (Add parts Totals)		222.56
	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)		222.56

Display Use	Total Adjusted Postage Affixed	
	Total Adjusted Postage Refund/Minimum	

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.	
	<i>Privacy Notice: For information regarding our Privacy Policy visit www.usps.com.</i>	
	Signature of Mailer or Agent <i>Judy Sharp</i>	Printed Name of Mailer or Agent Signing Form JUDY SHARP





USPS Receipt for Money or Services

Post Office <i>Ferwood</i>		Station		Receipt Number 13	
<input type="checkbox"/> P.O. Receipt for Money		Finance Number		Unit ID	
Receipt for: (indicate purpose) <i>Homestead Community Club</i>				AIC Number <i>070</i>	
Received from: (show address only when receipt is mailed) <i>1st Class Mail</i>				Amount \$ <i>22254</i>	
				Permit Number or SSN (Employees only) <i>61</i>	
<input type="checkbox"/> P.O. Box/Caller Service Fees		Information on your PS Form 1093, Application for Post Office Box or Caller Service, must be updated if it is changed. For regulations pertaining to P.O. Boxes, see rules for use of Post Office Boxes and Caller Service on PS Form 1093.			
Customer name:		Amount \$		AIC Number	
Box/Caller Number(s)		<input type="checkbox"/> For one semiannual payment period (AIC 158) <input type="checkbox"/> For annual payment period (AIC 115) <input type="checkbox"/> Reserved Number Fee (AIC 115) (Ending date / /) (mm/dd/yyyy)		Postmark 	
Certifying Signature <i>M Fouch</i>					