

2010 JUN -4 AM 8:51



MISSISSIPPI STATE DEPARTMENT OF HEALTH

BUREAU OF PUBLIC WATER SUPPLY

CALENDAR YEAR 2009 CONSUMER CONFIDENCE REPORT
CERTIFICATION FORM

FERNWOOD WATER & SEWERAGE ASSOCIATION
Public Water Supply Name

0570001
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 *Delivered by meter reader.*

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

Name of Newspaper: _____

Date Published: / /

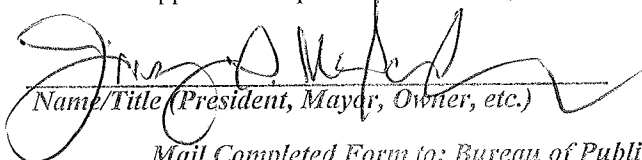
- CCR was posted in public places. (*Attach list of locations*)

Date Posted: 5/26/10 *1) FERNWOOD GROCERY*
2) 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.


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

Inorganic Contaminants

| | | | | | | | | |
|----------------|---|-------|------|-------------|-----|-----|--------|---|
| 8. Arsenic | N | 2006* | 5.34 | .585 - 5.34 | ppb | n/a | 50 | Erosion of natural deposits; runoff from orchards; runoff from glass and electronics production wastes |
| 10. Barium | N | 2006* | .037 | .011 - .037 | ppm | 2 | 2 | Discharge of drilling wastes; discharge from metal refineries; erosion of natural deposits |
| 14. Copper | N | 2008* | .2 | 0 | ppm | 1.3 | AL=1.3 | Corrosion of household plumbing systems; erosion of natural deposits; leaching from wood preservatives |
| 16. Fluoride** | N | 2006* | 1.41 | 1.13 – 1.41 | ppm | 4 | 4 | Erosion of natural deposits; water additive which promotes strong teeth; discharge from fertilizer and aluminum factories |
| 17. Lead | N | 2008* | 4 | 0 | ppb | 0 | AL=15 | Corrosion of household plumbing systems, erosion of natural deposits |
| 21. Selenium | N | 2006* | 15 | .6 - 15 | ppb | 50 | 50 | Discharge from petroleum and metal refineries; erosion of natural deposits; discharge from mines |

Disinfection By-Products

| | | | | | | | | |
|----------|---|------|-----|------------|-----|---|----------|---|
| Chlorine | N | 2009 | 1.5 | 1.33 – 1.5 | ppm | 0 | MDRL = 4 | Water additive used to control microbes |
|----------|---|------|-----|------------|-----|---|----------|---|

* Most recent sample. No sample required for 2009.

** Fluoride level is routinely adjusted to the MS State Dept of Health's recommended level of 0.7 - 1.3 mg/l.

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 Fernwood Water & Sewerage Association 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.

FERNWOOD WATER & SEWG
 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 | | GALLONS | CHARGES |
|-----------------|---------------|----------|---------|---------|
| | PRESENT | PREVIOUS | | |
| Water | 1508450 | 1507290 | 1,160 | 15.00 |
| SEWAGE | | | | 10.00 |

FERNWOOD WATER & SEWG

| CUSTOMER | | PAY GROSS AMOUNT AFTER THIS DATE |
|----------|---------|-------------------------------------|
| ROUTE | ACCOUNT | |
| 1 | 206 | 6/10/10 |
| | | GROSS AMOUNT TO BE PAID |
| | | 27.50 |

25.00



ACCOUNT 206 5/27/2010

TIMOTHY ALLEN
 PO BOX 13
 FERNWOOD MS 39635-0013

| METER READ | | CLASS | TOTAL DUE UPON RECEIPT | LATE CHARGE AFTER DUE DATE | PAST DUE AMOUNT |
|------------|-----|-------|---------------------------|-------------------------------|--------------------|
| MONTH | DAY | | | | |
| 5 | 26 | 1 | 25.00 | 2.50 | 27.50 |

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



HS 135.95
FW 23.22 mailed bills

USPS Receipt for Money or Services

| | | | | | |
|--|---|---|--|-----------------------------|--|
| Post Office <i>Fenwood</i> | | Station | | Receipt Number 16 | |
| <input checked="" type="checkbox"/> P.O. Receipt for Money | | Finance Number | Unit ID | AIC Number <i>070</i> | |
| Receipt for: (indicate purpose) <i>Homestead Com. Club</i> | | | | Amount \$ <i>159.17</i> | |
| Received from: (show address only when receipt is mailed) <i>1st Class Pre-Sort</i> | | | Permit Number or SSN (Employees only) <i>01</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. Fowl</i> | | | | | |