

2012 MAY 25 AM 9:41

BUREAU OF PUBLIC WATER SUPPLY

CALENDAR YEAR 2011 CONSUMER CONFIDENCE REPORT
CERTIFICATION FORMMs. State Hospital
Public Water Supply Name0610032
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 Campus Take Note

Date customers were informed: 5/21/12

- 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: Campus Take NoteDate Published: 5/21/12

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

Date Posted: / /

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

James S. Clark, Director
Name/Title (President, Mayor, Owner, etc.)

5/24/12
Date

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

2011 Annual Drinking Water Quality Report
 Mississippi State Hospital - Whitfield
 PWS ID #: 0610032
 May 2012

2012 MAY 25 AM 9:41

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 wells drawing from the Cockfield Formation and Sparta Sand Aquifers.

The source water assessment has been completed for our public water system to determine the overall susceptibility of its drinking water supply to identify potential sources of contamination. 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 Mississippi State Hospital have received a lower susceptibility ranking to contamination.

If you have any questions about this report or concerning your water utility, please contact Stephen K. Strong at 601.351.8569. We want our valued customers to be informed about their water utility. A copy of this report will be posted on all bulletin boards and will be available in the main office.

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 were detected during the period of January 1st to December 31st, 2011. In cases where monitoring wasn't required in 2011, 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.

Treatment Technique (TT) - A treatment technique is a required process intended to reduce the level of a contaminant in drinking water.

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.

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.

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
Inorganic Contaminants								
8. Arsenic	N	2010*	.7	.6 - .7	ppb	n/a	10	Erosion of natural deposits; runoff from orchards; runoff from glass and electronics production wastes
10. Barium	N	2010*	.003	.001 - .003	Ppm	2	2	Discharge of drilling wastes; discharge from metal refineries; erosion of natural deposits

13. Chromium	N	2010*	3.1	2.1- 3.1	ppb	100	100	Discharge from steel and pulp mills; erosion of natural deposits
14. Copper	N	2010*	.1	0	ppm	1.3	AL=1.3	Corrosion of household plumbing systems; erosion of natural deposits; leaching from wood preservatives
16. Fluoride**	N	2010*	1.32	.69 – 1.32	ppm	4	4	Erosion of natural deposits; water additive which promotes strong teeth; discharge from fertilizer and aluminum factories
17. Lead	N	2010*	1	0	ppb	0	AL=15	Corrosion of household plumbing systems, erosion of natural deposits
21. Selenium	N	2010*	3.7	2.4 – 3.7	ppb	50	50	Discharge from petroleum and metal refineries; erosion of natural deposits; discharge from mines

Disinfection By-Products

81. HAA5	N	2011	20	No Range	ppb	0	60	By-Product of drinking water disinfection.
82. TTHM [Total trihalomethanes]	N	2011	24.9	No Range	ppb	0	80	By-product of drinking water chlorination.
Chlorine	N	2011	.70	.55 – 1.03	ppm	0	MDRL = 4	Water additive used to control microbes

* Most recent sample. No sample required for 2011.

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. 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. Please contact 601.576.7582 if you wish to have your water tested.

To comply with the "Regulation Governing Fluoridation of Community Water Supplies", the MS STATE HOSPITAL-WHITFIELD is required to report certain results pertaining to fluoridation of our water system. The number of months in the previous calendar year that average fluoride sample results were within the optimal range of 0.7-1.3 ppm was 9. The percentage of fluoride samples collected in the previous calendar year that was within the optimal range of 0.7-1.3 ppm was 74%.

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.

*****A MESSAGE FROM MSDH CONCERNING RADIOLOGICAL SAMPLING*****

In accordance with the Radionuclides Rule, all community public water supplies were required to sample quarterly for radionuclides beginning January 2007 – December 2007. Your public water supply completed sampling by the scheduled deadline; however, during an audit of the Mississippi State Department of Health Radiological health laboratory, the Environmental Protection Agency (EPA) suspended analyses and reporting of radiological compliance samples and results until further notice. Although this was not the result of inaction by the public water supply, MSDH was required to issue a violation. This is to notify you that as of this date, your water system has not completed the monitoring requirements. The Bureau of Public Water Supply has taken action to ensure that your water system be returned to compliance by March 31, 2013. If you have any questions, please contact Melissa Parker, Deputy Director, Bureau of Public Water Supply, at 601.576.7518.

We at Mississippi State Hospital work around the clock to provide top quality water to every tap. After MSDH Regional Engineer conducted the annual inspection, the Mississippi State Hospital PWS received an overall capacity rating of 5.0 out of a possible 5.0.



TAKE NOTE

A Publication for Employees of MSH

Volume 24, Number 20

May 21, 2012

MEMORIAL DAY AND VETERANS RECOGNITION IS WEDNESDAY, MAY 23



Matt Bounds is just one of those who will be recognized in the Memorial Day and Veterans Recognition Program at 2 p.m. on Wednesday, May 23rd in the Auditorium on B-38.

Mississippi State Hospital is fortunate to have a number of employees who, in addition to serving the citizens of Mississippi through their work here, are also serving their country through their service in the military.

This Wednesday, May 23, at 2 p.m. in the auditorium on B-38, the hospital will host the 2012 Memorial Day and Veterans Recognition Program. The guest speaker will be Major Cregg Puckett, President of the Congregational Methodist Church in Florence who also serves as battalion chaplain in the Mississippi Army National Guard, 2nd

Battalion, 20th Special Forces Group. While Major Puckett will be a guest of honor for the program, there are many others patients, residents, and employees here who have served in the military.

Matt Bounds is one of those many people. Like Dr. Stephen Shoop, who was featured last week, Bounds splits his time between Mississippi State Hospital and the military. Bounds is a First Lieutenant in the Mississippi Air National Guard.

"My third deployment will be in January. For this next one, I'll be stationed in Qatar," Bounds said. "Our missions, about 95 percent of them, will be flying into Afghanistan."

As a member of the 183rd Aeromedical Evacuation Squadron, Lt. Bounds will be on the C-17s that are part of the 172nd Airlift Wing located on nearby Airport Road. He joined the military in 1989, a family tradition that he intended to continue.

He was a flight med tech during his first deployment, back during Desert Storm.

"That's what got me to pursue nursing," he said. "All I knew was I wanted to fly. The only flying positions at that time were a load master, a flight navigator, or air evac, and I chose air evac."

After 10 years in the military, he left the service to pursue nursing. He actually spent two years here at the hospital and then became a travel nurse. After several years of that, he decided join back up and was commissioned as a lieutenant. Since then, he has been on another deployment, this time to Germany in support of Operation Enduring Freedom.

"I was stationed in Germany, but all of our missions were in Iraq or Afghanistan," Bounds said. "I got to come home twice because we actually flew the patients here."

"The Jackson birds out here are actually the primary aircraft in the Air Force that fly the medevac missions. All the patients that come out of Afghanistan go to Germany. In Germany, a Mississippi bird picks them up and takes them either to D.C. or down to San Antonio."

"The Mississippi birds are known worldwide for medevac," he said.

In addition to his deployments to the Middle East, Bounds also flew to Haiti two years ago after the earthquake that devastated that island nation, providing support and transport for civilians, mostly children, to hospitals in the United States.

He has worked here at MSH for the past six years, during which he has worked on Oak Circle Center and on the Forensics Service. He is currently working with Infection Prevention.

One of the big benefits of working at MSH, he said, is that it is very flexible in allowing someone to serve in the National Guard or Reserve in addition to a full-time, civilian job. In the Air Guard, he could be up for a six-month deployment every 15 months.

In his last deployment to Germany, his flight crew alone flew 36 missions, evacuated about 650 patients, and had about 400 hours of flight time during his six months there. They would fly missions about every other day – that would mean roughly an eight-hour flight to Germany, four hours on the ground in Iraq or Afghanistan, then another flight back, and then several more hours to offload patients, equipment and prepare reports.

His upcoming deployment to Qatar won't be quite as busy, but it will be mostly daytime flights, which means a more dangerous environment. Even so, he is grateful for the opportunity to serve.

"I'm just glad I have good support out here from the hospital," Bounds said. "It's gratifying to know everyone out here is so supportive of what we do."

Lieutenant Bounds will be just one of the many employees, patients, and residents who are honored in Wednesday's ceremony. If you served in the military, are currently serving, or know of a patient, resident, or staff member who has served, please contact Lynn Dilmore at extension 8485.

MSH ANNUAL TRAINING FAIR 2012

As a part of Staff Education and Training Services' continued commitment to ensure that all MSH employees receive the necessary job-related training, skills and knowledge needed to provide the best possible care for our patients, residents and individuals in the community, Staff Education will host its Annual

Annual Training continues on Page 2

RESPECT

TEAMWORK

TRUST

COMMUNICATION

COMMITMENT



TAKE NOTE

2011 Annual Drinking Water Quality Report Mississippi State Hospital - Whitfield PWS ID #: 0610032 May 2012

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 wells drawing from the Cockfield Formation and Sparta Sand Aquifers.

The source water assessment has been completed for our public water system to determine the overall susceptibility of its drinking water supply to identify potential sources of contamination. 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 Mississippi State Hospital have received a lower susceptibility ranking to contamination.

If you have any questions about this report or concerning your water utility, please contact Stephen K. Strong at 661.351.8569. We want our valued customers to be informed about their water utility. A copy of this report will be posted on all bulletin boards and will be available in the main office.

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 were detected during the period of January 1st to December 31st, 2011. In cases where monitoring wasn't required in 2011, 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.

Treatment Technique (TT) - A treatment technique is a required process intended to reduce the level of a contaminant in drinking water.

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.

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.

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
Inorganic Contaminants								
8. Arsenic	N	2010*	7	.6 - .7	ppb	n/a	10	Erosion of natural deposits, runoff from orchards; runoff from glass and electronics production wastes.
10. Barium	N	2010*	.003	.001 - .003	Ppm	2	2	Discharge of drilling wastes; discharge from metal refineries; erosion of natural deposits.



TAKE NOTE

13. Chromium	N	2010*	3.1	2.1-3.1	ppb	100	100	Discharge from steel and pulp mills; erosion of natural deposits
14. Copper	N	2010*	.1	0	ppm	1.3	AL=1.3	Corrosion of household plumbing systems, erosion of natural deposits, leaching from wood preservatives
16. Fluoride**	N	2010*	1.32	.69-1.32	ppm	4	4	Erosion of natural deposits; water additive which promotes strong teeth; discharge from fertilizer and aluminum factories
17. Lead	N	2010*	1	0	ppb	0	AL=15	Corrosion of household plumbing systems, erosion of natural deposits
21. Selenium	N	2010*	3.7	2.4-3.7	ppb	50	50	Discharge from petroleum and metal refineries; erosion of natural deposits; discharge from mines

Disinfection By-Products

81. HAA5	N	2011	20	No Range	ppb	0	60	By-Product of drinking water disinfection.
82. TTHM [Total trihalomethanes]	N	2011	24.9	No Range	ppb	0	80	By-product of drinking water chlorination.
Chloro	N	2011	70	.55-1.03	ppm	0	MDRL = 4	Water additive used to control microbes

* Most recent sample. No sample required for 2011

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. 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. Please contact 601.576.7582 if you wish to have your water tested.

To comply with the "Regulation Governing Fluoridation of Community Water Supplies", the MS STATE HOSPITAL-WHITFIELD is required to report certain results pertaining to fluoridation of our water system. The number of months in the previous calendar year that average fluoride sample results were within the optimal range of 0.7-1.3 ppm was 9. The percentage of fluoride samples collected in the previous calendar year that was within the optimal range of 0.7-1.3 ppm was 74%.

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.

*****A MESSAGE FROM MSDH CONCERNING RADIOLOGICAL SAMPLING*****

In accordance with the Radionuclides Rule, all community public water supplies were required to sample quarterly for radionuclides beginning January 2007 - December 2007. Your public water supply completed sampling by the scheduled deadline; however, during an audit of the Mississippi State Department of Health Radiological health laboratory, the Environmental Protection Agency (EPA) suspended analyses and reporting of radiological compliance samples and results until further notice. Although this was not the result of inaction by the public water supply, MSDH was required to issue a violation. This is to notify you that as of this date, your water system has not completed the monitoring requirements. The Bureau of Public Water Supply has taken action to ensure that your water system be returned to compliance by March 31, 2013. If you have any questions, please contact Melissa Parker, Deputy Director, Bureau of Public Water Supply, at 601.576.7518.

We at Mississippi State Hospital work around the clock to provide top quality water to every tap. After MSDH Regional Engineer conducted the annual inspection, the Mississippi State Hospital PWS received an overall capacity rating of 5.0 out of a possible 5.0.