

2012 MAY 30 PM 3: 51

BUREAU OF PUBLIC WATER SUPPLY  
CALENDAR YEAR 2011 CONSUMER CONFIDENCE REPORT CERTIFICATION FORM

City of Horn Lake  
Public Water Supply Name

170022 & 170025  
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: 5 / 29 / 12

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

Name of Newspaper: \_\_\_\_\_

Date Published: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

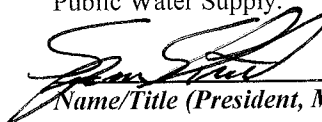
CCR was posted in public places. *(Attach list of locations)*

Date Posted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CCR was posted on a publicly accessible internet site at the address: www. \_\_\_\_\_

**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.) *Dir. Operations*

5/25/12  
Date

PRSRT STD  
US POSTAGE PAID  
MEMPHIS, TN  
PERMIT NO. 380

Horn Lake Utility and Sanitation Department  
3101 Goodman Road West  
Horn Lake, MS 38637

## 2011 Annual Water Quality Report City of Horn Lake PWS# 170022 PWS# 170025



We are pleased to present to you this year's Annual Water Quality Report. We want to keep you informed about the quality water and services we deliver to you everyday. Our goal is to provide you with a safe and dependable supply of drinking water.

### Horn Lake Consumer Confidence Report

**Is my water safe?**  
Last year, as in years past, your tap water met all U.S. Environmental Protection Agency (EPA) and state drinking water health standards. The City of Horn Lake vigilantly safeguards the water supplies and once again we are proud to report that our system has not violated a maximum contaminant level or any other water quality standard.

**Where does my water come from?**  
In 2011 our water department distributed 736,819,504 gallons of water to our customers. Our water is groundwater pumped from a natural underground aquifer, the Sparta Aquifer. The water is drawn by wells.

**Do I need to take special precautions?**  
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/Centers for Disease Control (CDC) guidelines on appropriate means to lessen the risk of infection by Cryptosporidium and other microbial contaminants are available from the Safe Water Drinking Hotline (800-426-4791).

**Source water assessment and its availability**  
Source Water Assessment Program was conducted by the Department of Environmental Quality under contract from the Mississippi Department of Health. The results of the report are available at <http://landandwater.dem.ms.gov/swap/reports/report.aspx?id=0170022>

The susceptibility assessment ranking for each well is:  
-PWS ID: 170022, Source ID: 1, Susceptibility: Moderate  
-PWS ID: 170022, Source ID: 2, Susceptibility: Moderate  
-PWS ID: 170022, Source ID: 3, Susceptibility: Moderate  
-PWS ID: 170022, Source ID: 4, Susceptibility: Moderate  
<http://landandwater.dem.ms.gov/swap/reports/report.aspx?id=0170025>

The susceptibility assessment ranking for each well is:  
-PWS ID: 170025, Source ID: 1, Susceptibility: High  
-PWS ID: 170025, Source ID: 2, Susceptibility: Moderate  
-PWS ID: 170025, Source ID: 3, Susceptibility: Moderate  
-PWS ID: 170025, Source ID: 4, Susceptibility: Moderate

**Conservation Tips**

- Report household leaks.
- Use water saving shower heads, faucets, toilets and appliances.
- Wash only full loads of clothes or dishes.

**Additional Information for Lead**

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. The City of Horn Lake 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.

**\*\*\*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 an action 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 completely met 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, 2011. If you have any questions, please contact Melissa Parker, Deputy Director, Bureau of Public Water Supply, a 601.576.7518.

**Why are there contaminants in my drinking water?**  
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 the water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the Environmental Protection Agency's (EPA) Safe Drinking Water Hotline (800-426-4791). The sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and, in some cases, radioactive material, and can pick up substances resulting from the presence of animals or from human activities. Inorganic contaminants, such as salts and metals, which can be naturally occurring or result from urban stormwater 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 stormwater 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, urban stormwater runoff, 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. Food and Drug Administration (FDA) regulations establish limits for contaminants in bottled water which must provide the same protection for public health.

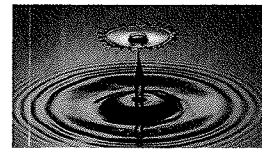
**Contact Us**

If you have any questions about this report or concerning your water utility, please contact Spencer Shields, the Director of Operations, at 662-342-7099, or by writing to the following address: City of Horn Lake in c/o of Utility and Sanitation Department, 3101 Goodman Road West, Horn Lake, MS 38637. If you want to learn more, please attend any of our regularly scheduled meetings on the 1st and 3rd Tuesdays of each month, a 6:00 P.M., in City Hall at 3101 Goodman Road West.

**Water Quality Data Table**

The table below lists all of the drinking water contaminants that we detected during the calendar year of this report. The presence of contaminants in the water does not necessarily indicate that the water poses a health risk. Unless otherwise noted, the data presented in this table is from testing done in the calendar year of the report. The EPA or the State requires us to monitor for certain contaminants less than once per year because the concentrations of these contaminants do not change frequently.

Contaminants	MCLG	MCL	Your Water	Range		Sample Date	Violation	Typical Source
	or MRDLG	TT, or MRDL		Low	High			
<b>Inorganic Contaminants</b>								
Cyanide [as Free Cn] (ppb)	200	200	< 15	< 15	< 15	2011	No	Discharge from plastic and fertilizer factories; Discharge from steel/metal factories.
Antimony (ppb)	6	6	< 0.50	< 0.50	< 0.50	2011	No	Discharge from petroleum refineries; fire retardants; ceramics; electronics; solder; test addition.
Arsenic (ppb)	0	10	< 0.50	< 0.50	< 0.50	2011	No	Erosion of natural deposits; Runoff from orchards; Runoff from glass and electronics production wastes.
Barium (ppm)	2	2	0.0227	0.0142	0.0293	2011	No	Discharge of drilling wastes; Discharge from metal refineries; Erosion of natural deposits.
Beryllium (ppb)	4	4	< 0.5	< 0.5	< 0.5	2011	No	Discharge from metal refineries and coal-burning factories; Discharge from electrical, aerospace, and defense industries.
Cadmium (ppb)	5	5	< 0.5	< 0.5	< 0.5	2011	No	Corrosion of galvanized pipes; Erosion of natural deposits; Discharge from metal refineries; runoff from waste batteries and paints.
Chromium (ppb)	100	100	1.47	0.523	3.152	2011	No	Discharge from steel and pulp mills; Erosion of natural deposits.
Fluoride (ppm)	4	4	< 0.1	< 0.1	< 0.1	2011	No	Erosion of natural deposits; Water additive which promotes strong teeth; Discharge from fertilizer and aluminum factories.
Mercury [Inorganic] (ppb)	2	2	< 0.5	< 0.5	< 0.5	2011	No	Erosion of natural deposits; Discharge from refineries and factories; Runoff from landfills; Runoff from cropland.
Selenium (ppb)	50	50	< 2.5	< 2.5	< 2.5	2011	No	Discharge from petroleum and metal refineries; Erosion of natural deposits; Discharge from mines.
Thallium (ppb)	0.5	2	< 0.5	< 0.5	< 0.5	2011	No	Discharge from electronics, glass, and leaching from ore-processing sites, drug factories.
Nitrate [measured as Nitrogen] (ppm)	10	10	0.17	< 0.08	0.37	2011	No	Runoff from fertilizer use; Leaching from septic tanks, sewage; Erosion of natural deposits.
Nitrite [measured as Nitrogen] (ppm)	1	1	< 0.02	< 0.02	< 0.02	2011	No	Runoff from fertilizer use; Leaching from septic tanks, sewage; Erosion of natural deposits.
Copper (ppm)	1.3	1.3=AL	0.14 (89 <sup>th</sup> percentile)	All sites below AL		2011	No	Corrosion of household plumbing systems; Erosion of natural deposits; Leaching from wood preservatives.
Lead (ppb)	0	15=AL	1.05 (87 <sup>th</sup> percentile)	All sites below AL		2011	No	Corrosion of household plumbing systems; Erosion of natural deposits.
Chlorine <sup>2</sup> (ppm)	MRDLG = 4	MRDL=4	1.05	0.78	1.60	2011	No	Water additive used to control microbes.
Haloacetic Acids (HAA5) (ppb)	NA	60	6.0 (HAA5)	6.0	6.0	2011	No	Byproduct of drinking water chlorination.
Total Trihalo-Methane (ppb)	0	80	11.31 (TTHM)	11.31	11.31	2011	No	Byproduct of drinking water chlorination.



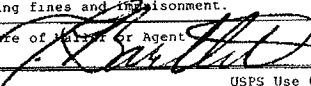
Term	Definition
ppm	ppm: parts per million, or milligrams per liter (mg/L).
ppb	ppb: parts per billion, or micrograms per liter (µg/L).
NA	NA: not applicable.
ND	ND: Not detected.
NR	NR: Monitoring not required, but recommended.
<b>Important Drinking Water Definitions</b>	
Term	Definition
MCLG	MCLG: Maximum Contaminant Level Goal: 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.
MCL	MCL: Maximum Contaminant Level: 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.
TT	TT: Treatment Technique: A required process intended to reduce the level of a contaminant in drinking water.
AL	AL: Action Level: The concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow.
Variance and Exemption	Variances and Exemptions: State or EPA permission not to meet an MCL or a treatment technique under certain conditions.
MRDLG	Maximum Residual Disinfection Level Goal: The level of a drinking water disinfectant below which there is no known or expected risk to health. MRDLGs do not reflect the benefits of the use of disinfectants to control microbial contaminants.
MNR	MNR: Monitored, Not Regulated.
MRDL	Maximum Residual Disinfection Level: The highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for control of contaminants.
MPL	MPL: State Assigned Maximum Permissible Level.

Post Office: Note Mail Arrival  
 Date & Time (Do not Round Stamp)

RECEIVED-WATER SUPPLY

2012 MAY 30 PM 3:51

Horn Lake  
 Twin Lakes

Mailler				
Entry Point: (1) SCF-MEMPHIS, MEMPHIS, TN 38101-7501 Presort: ALL				
Permit Holder's Name and Address and Email Address, If Any Neel Schaeffer 5740 Getwell Bldg 2  Southaven, MS 38672 CAPS Cust Ref No  CRID	Telephone 6628906404	Name and Address of Mailing Agent (If other than permit holder) Baber Inc 3135 Millbranch Rd  Memphis, TN 38116  CRID 3609272	Telephone	Name and Address of Individual or Organization for Which Mailing is Prepared (if other than permit holder) Horn Lake Utility and Sanitation De 145839L - Neel Schaeffer 3101 Goodman Rd W Horn Lake, MS 38637  CRID
Mailing				
Post Office of Mailing MEMPHIS TN 38101-7501	Fed Agency Cost Code	Statement Sequence No. 0001	No. and Type of Containers 0 -Sacks 1 -1' Ltr Trays 19 -2' Ltr Trays 0 -EMM Ltr Trays 20 -TTL Ltr Trays 0 -Flat Trays 0 -Pallets 0 -Other	
Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> CHM <input type="checkbox"/> Catalogs <input type="checkbox"/> Marketing Parcels <input type="checkbox"/> Parcels - Mailable <input type="checkbox"/> Parcels - Irregular  Total number of Pieces in Mailing 5143	Mailler's Mailing Date 05/24/2012   Combined Mailing <input type="checkbox"/> Mixed Class <input type="checkbox"/> Single Class		
Permit No. 380	Weight of a Single Piece 0.0375 pounds	Total Weight 192.8625		
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				
For Automation Pieces, Enter Date of Address Matching and Coding 05/21/2012   For Carrier Route Pieces, Enter Date of Address Matching and Coding / /   For Carrier Route Pieces, Enter Date of Carrier Route Sequencing / /				
For pieces bearing a simplified address enter date of delivery statistics file or alternative method / /				
Move Update method: <input type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> FASTforward <input type="checkbox"/> HCOA Link <input type="checkbox"/> ACS <input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> In/a Alternative Address Format <input type="checkbox"/> OneCode ACS				
Postage				
Parts Completed (Select all that apply) <input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input 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"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> X <input type="checkbox"/> Y <input type="checkbox"/> Z <input type="checkbox"/> AA <input type="checkbox"/> AB <input type="checkbox"/> AC <input type="checkbox"/> AD <input type="checkbox"/> AE <input type="checkbox"/> AF <input type="checkbox"/> AG <input type="checkbox"/> AH <input type="checkbox"/> AI <input type="checkbox"/> AJ <input type="checkbox"/> AK <input type="checkbox"/> AL <input type="checkbox"/> AM <input type="checkbox"/> AN <input type="checkbox"/> AO <input type="checkbox"/> AP <input type="checkbox"/> AQ <input type="checkbox"/> AR <input type="checkbox"/> AS <input type="checkbox"/> AT <input type="checkbox"/> AU <input type="checkbox"/> AV <input type="checkbox"/> AW <input type="checkbox"/> AX <input type="checkbox"/> AY <input type="checkbox"/> AZ <input type="checkbox"/> BA <input type="checkbox"/> BB <input type="checkbox"/> BC <input type="checkbox"/> BD <input type="checkbox"/> BE <input type="checkbox"/> BF <input type="checkbox"/> BG <input type="checkbox"/> BH <input type="checkbox"/> BI <input type="checkbox"/> BJ <input type="checkbox"/> BK <input type="checkbox"/> BL <input type="checkbox"/> BM <input type="checkbox"/> BN <input type="checkbox"/> BO <input type="checkbox"/> BP <input type="checkbox"/> BQ <input type="checkbox"/> BR <input type="checkbox"/> BS <input type="checkbox"/> BT <input type="checkbox"/> BU <input type="checkbox"/> BV <input type="checkbox"/> BW <input type="checkbox"/> BX <input type="checkbox"/> BY <input type="checkbox"/> BZ <input type="checkbox"/> CA <input type="checkbox"/> CB <input type="checkbox"/> CC <input type="checkbox"/> CD <input type="checkbox"/> CE <input type="checkbox"/> CF <input type="checkbox"/> CG <input type="checkbox"/> CH <input type="checkbox"/> CI <input type="checkbox"/> CJ <input type="checkbox"/> CK <input type="checkbox"/> CL <input type="checkbox"/> CM <input type="checkbox"/> CN <input type="checkbox"/> CO <input type="checkbox"/> CP <input type="checkbox"/> CQ <input type="checkbox"/> CR <input type="checkbox"/> CS <input type="checkbox"/> CT <input type="checkbox"/> CU <input type="checkbox"/> CV <input type="checkbox"/> CW <input type="checkbox"/> CX <input type="checkbox"/> CY <input type="checkbox"/> CZ <input type="checkbox"/> DA <input type="checkbox"/> DB <input type="checkbox"/> DC <input type="checkbox"/> DD <input type="checkbox"/> DE <input type="checkbox"/> DF <input type="checkbox"/> DG <input type="checkbox"/> DH <input type="checkbox"/> DI <input type="checkbox"/> DJ <input type="checkbox"/> DK <input type="checkbox"/> DL <input type="checkbox"/> DM <input type="checkbox"/> DN <input type="checkbox"/> DO <input type="checkbox"/> DP <input type="checkbox"/> DQ <input type="checkbox"/> DR <input type="checkbox"/> DS <input type="checkbox"/> DT <input type="checkbox"/> DU <input type="checkbox"/> DV <input type="checkbox"/> DW <input type="checkbox"/> DX <input type="checkbox"/> DY <input type="checkbox"/> DZ <input type="checkbox"/> EA <input type="checkbox"/> EB <input type="checkbox"/> EC <input type="checkbox"/> ED <input type="checkbox"/> EE <input type="checkbox"/> EF <input type="checkbox"/> EG <input type="checkbox"/> EH <input type="checkbox"/> EI <input type="checkbox"/> EJ <input type="checkbox"/> EK <input type="checkbox"/> EL <input type="checkbox"/> EM <input type="checkbox"/> EN <input type="checkbox"/> EO <input type="checkbox"/> EP <input type="checkbox"/> EQ <input type="checkbox"/> ER <input type="checkbox"/> ES <input type="checkbox"/> ET <input type="checkbox"/> EU <input type="checkbox"/> EV <input type="checkbox"/> EW <input type="checkbox"/> EX <input type="checkbox"/> EY <input type="checkbox"/> EZ <input type="checkbox"/> FA <input type="checkbox"/> FB <input type="checkbox"/> FC <input type="checkbox"/> FD <input type="checkbox"/> FE <input type="checkbox"/> FF <input type="checkbox"/> FG <input type="checkbox"/> FH <input type="checkbox"/> FI <input type="checkbox"/> FJ <input type="checkbox"/> FK <input type="checkbox"/> FL <input type="checkbox"/> FM <input type="checkbox"/> FN <input type="checkbox"/> FO <input type="checkbox"/> FP <input type="checkbox"/> FQ <input type="checkbox"/> FR <input type="checkbox"/> FS <input type="checkbox"/> FT <input type="checkbox"/> FU <input type="checkbox"/> FV <input type="checkbox"/> FW <input type="checkbox"/> FX <input type="checkbox"/> FY <input type="checkbox"/> FZ <input type="checkbox"/> GA <input type="checkbox"/> GB <input type="checkbox"/> GC <input type="checkbox"/> GD <input type="checkbox"/> GE <input type="checkbox"/> GF <input type="checkbox"/> GH <input type="checkbox"/> GI <input type="checkbox"/> GJ <input type="checkbox"/> GK <input type="checkbox"/> GL <input type="checkbox"/> GM <input type="checkbox"/> GN <input type="checkbox"/> GO <input type="checkbox"/> GP <input type="checkbox"/> GQ <input type="checkbox"/> GR <input type="checkbox"/> GS <input type="checkbox"/> GT <input type="checkbox"/> GU <input type="checkbox"/> GV <input type="checkbox"/> GW <input type="checkbox"/> GX <input type="checkbox"/> GY <input type="checkbox"/> GZ <input type="checkbox"/> HA <input type="checkbox"/> HB <input type="checkbox"/> HC <input type="checkbox"/> HD <input type="checkbox"/> HE <input type="checkbox"/> HF <input type="checkbox"/> HG <input type="checkbox"/> HH <input type="checkbox"/> HI <input type="checkbox"/> HJ <input type="checkbox"/> HK <input type="checkbox"/> HL <input type="checkbox"/> HM <input type="checkbox"/> HN <input type="checkbox"/> HO <input type="checkbox"/> HP <input type="checkbox"/> HQ <input type="checkbox"/> HR <input type="checkbox"/> HS <input type="checkbox"/> HT <input type="checkbox"/> HU <input type="checkbox"/> HV <input type="checkbox"/> HW <input type="checkbox"/> HX <input type="checkbox"/> HY <input type="checkbox"/> HZ <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IC <input type="checkbox"/> ID <input type="checkbox"/> IE <input type="checkbox"/> IF <input type="checkbox"/> IG <input type="checkbox"/> IH <input type="checkbox"/> II <input type="checkbox"/> IJ <input type="checkbox"/> IK <input type="checkbox"/> IL <input type="checkbox"/> IM <input type="checkbox"/> IN <input type="checkbox"/> IO <input type="checkbox"/> IP <input type="checkbox"/> IQ <input type="checkbox"/> IR <input type="checkbox"/> IS <input type="checkbox"/> IT <input type="checkbox"/> IU <input type="checkbox"/> IV <input type="checkbox"/> IW <input type="checkbox"/> IX <input type="checkbox"/> IY <input type="checkbox"/> IZ <input type="checkbox"/> JA <input type="checkbox"/> JB <input type="checkbox"/> JC <input type="checkbox"/> JD <input type="checkbox"/> JE <input type="checkbox"/> JF <input type="checkbox"/> JG <input type="checkbox"/> JH <input type="checkbox"/> JI <input type="checkbox"/> JJ <input type="checkbox"/> JK <input type="checkbox"/> JL <input type="checkbox"/> JM <input type="checkbox"/> JN <input type="checkbox"/> JO <input type="checkbox"/> JP <input type="checkbox"/> JQ <input type="checkbox"/> JR <input type="checkbox"/> JS <input type="checkbox"/> JT <input type="checkbox"/> JU <input type="checkbox"/> JV <input type="checkbox"/> JW <input type="checkbox"/> JX <input type="checkbox"/> JY <input type="checkbox"/> JZ <input type="checkbox"/> KA <input type="checkbox"/> KB <input type="checkbox"/> KC <input type="checkbox"/> KD <input type="checkbox"/> KE <input type="checkbox"/> KF <input type="checkbox"/> KG <input type="checkbox"/> KH <input type="checkbox"/> KI <input type="checkbox"/> KJ <input type="checkbox"/> KL <input type="checkbox"/> KM <input type="checkbox"/> KN <input type="checkbox"/> KO <input type="checkbox"/> KP <input type="checkbox"/> KQ <input type="checkbox"/> KR <input type="checkbox"/> KS <input type="checkbox"/> KT <input type="checkbox"/> KU <input type="checkbox"/> KV <input type="checkbox"/> KW <input type="checkbox"/> KX <input type="checkbox"/> KY <input type="checkbox"/> KZ <input type="checkbox"/> LA <input type="checkbox"/> LB <input type="checkbox"/> LC <input type="checkbox"/> LD <input type="checkbox"/> LE <input type="checkbox"/> LF <input type="checkbox"/> LG <input type="checkbox"/> LH <input type="checkbox"/> LI <input type="checkbox"/> LJ <input type="checkbox"/> LK <input type="checkbox"/> LL <input type="checkbox"/> LM <input type="checkbox"/> LN <input type="checkbox"/> LO <input type="checkbox"/> LP <input type="checkbox"/> LQ <input type="checkbox"/> LR <input type="checkbox"/> LS <input type="checkbox"/> LT <input type="checkbox"/> LU <input type="checkbox"/> LV <input type="checkbox"/> LW <input type="checkbox"/> LX <input type="checkbox"/> LY <input type="checkbox"/> LZ <input type="checkbox"/> MA <input type="checkbox"/> MB <input type="checkbox"/> MC <input type="checkbox"/> MD <input type="checkbox"/> ME <input type="checkbox"/> MF <input type="checkbox"/> MG <input type="checkbox"/> MH <input type="checkbox"/> MI <input type="checkbox"/> MJ <input type="checkbox"/> MK <input type="checkbox"/> ML <input type="checkbox"/> MN <input type="checkbox"/> MO <input type="checkbox"/> MP <input type="checkbox"/> MQ <input type="checkbox"/> MR <input type="checkbox"/> MS <input type="checkbox"/> MT <input type="checkbox"/> MU <input type="checkbox"/> MV <input type="checkbox"/> MW <input type="checkbox"/> MX <input type="checkbox"/> MY <input type="checkbox"/> MZ <input type="checkbox"/> NA <input type="checkbox"/> NB <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> NE <input type="checkbox"/> NF <input type="checkbox"/> NG <input type="checkbox"/> NH <input type="checkbox"/> NI <input type="checkbox"/> NJ <input type="checkbox"/> NK <input type="checkbox"/> NL <input type="checkbox"/> NM <input type="checkbox"/> NO <input type="checkbox"/> NP <input type="checkbox"/> NQ <input type="checkbox"/> NR <input type="checkbox"/> NS <input type="checkbox"/> NT <input type="checkbox"/> NU <input type="checkbox"/> NV <input type="checkbox"/> NW <input type="checkbox"/> NX <input type="checkbox"/> NY <input type="checkbox"/> NZ <input type="checkbox"/> OA <input type="checkbox"/> OB <input type="checkbox"/> OC <input type="checkbox"/> OD <input type="checkbox"/> OE <input type="checkbox"/> OF <input type="checkbox"/> OG <input type="checkbox"/> OH <input type="checkbox"/> OI <input type="checkbox"/> OJ <input type="checkbox"/> OK <input type="checkbox"/> OL <input type="checkbox"/> OM <input type="checkbox"/> ON <input type="checkbox"/> OO <input type="checkbox"/> OP <input type="checkbox"/> OQ <input type="checkbox"/> OR <input type="checkbox"/> OS <input type="checkbox"/> OT <input type="checkbox"/> OU <input type="checkbox"/> OV <input type="checkbox"/> OW <input type="checkbox"/> OX <input type="checkbox"/> OY <input type="checkbox"/> OZ <input type="checkbox"/> PA <input type="checkbox"/> PB <input type="checkbox"/> PC <input type="checkbox"/> PD <input type="checkbox"/> PE <input type="checkbox"/> PF <input type="checkbox"/> PG <input type="checkbox"/> PH <input type="checkbox"/> PI <input type="checkbox"/> PJ <input type="checkbox"/> PK <input type="checkbox"/> PL <input type="checkbox"/> PM <input type="checkbox"/> PN <input type="checkbox"/> PO <input type="checkbox"/> PP <input type="checkbox"/> PQ <input type="checkbox"/> PR <input type="checkbox"/> PS <input type="checkbox"/> PT <input type="checkbox"/> PU <input type="checkbox"/> PV <input type="checkbox"/> PW <input type="checkbox"/> PX <input type="checkbox"/> PY <input type="checkbox"/> PZ <input type="checkbox"/> QA <input type="checkbox"/> QB <input type="checkbox"/> QC <input type="checkbox"/> QD <input type="checkbox"/> QE <input type="checkbox"/> QF <input type="checkbox"/> QG <input type="checkbox"/> QH <input type="checkbox"/> QI <input type="checkbox"/> QJ <input type="checkbox"/> QK <input type="checkbox"/> QL <input type="checkbox"/> QM <input type="checkbox"/> QN <input type="checkbox"/> QO <input type="checkbox"/> QP <input type="checkbox"/> QQ <input type="checkbox"/> QR <input type="checkbox"/> QS <input type="checkbox"/> QT <input type="checkbox"/> QU <input type="checkbox"/> QV <input type="checkbox"/> QW <input type="checkbox"/> QX <input type="checkbox"/> QY <input type="checkbox"/> QZ <input type="checkbox"/> RA <input type="checkbox"/> RB <input type="checkbox"/> RC <input type="checkbox"/> RD <input type="checkbox"/> RE <input type="checkbox"/> RF <input type="checkbox"/> RG <input type="checkbox"/> RH <input type="checkbox"/> RI <input type="checkbox"/> RJ <input type="checkbox"/> RK <input type="checkbox"/> RL <input type="checkbox"/> RM <input type="checkbox"/> RN <input type="checkbox"/> RO <input type="checkbox"/> RP <input type="checkbox"/> RQ <input type="checkbox"/> RR <input type="checkbox"/> RS <input type="checkbox"/> RT <input type="checkbox"/> RU <input type="checkbox"/> RV <input type="checkbox"/> RW <input type="checkbox"/> RX <input type="checkbox"/> RY <input type="checkbox"/> RZ <input type="checkbox"/> SA <input type="checkbox"/> SB <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> SE <input type="checkbox"/> SF <input type="checkbox"/> SG <input type="checkbox"/> SH <input type="checkbox"/> SI <input type="checkbox"/> SJ <input type="checkbox"/> SK <input type="checkbox"/> SL <input type="checkbox"/> SM <input type="checkbox"/> SN <input type="checkbox"/> SO <input type="checkbox"/> SP <input type="checkbox"/> SQ <input type="checkbox"/> SR <input type="checkbox"/> SS <input type="checkbox"/> ST <input type="checkbox"/> SU <input type="checkbox"/> SV <input type="checkbox"/> SW <input type="checkbox"/> SX <input type="checkbox"/> SY <input type="checkbox"/> SZ <input type="checkbox"/> TA <input type="checkbox"/> TB <input type="checkbox"/> TC <input type="checkbox"/> TD <input type="checkbox"/> TE <input type="checkbox"/> TF <input type="checkbox"/> TG <input type="checkbox"/> TH <input type="checkbox"/> TI <input type="checkbox"/> TJ <input type="checkbox"/> TK <input type="checkbox"/> TL <input type="checkbox"/> TM <input type="checkbox"/> TN <input type="checkbox"/> TO <input type="checkbox"/> TP <input type="checkbox"/> TQ <input type="checkbox"/> TR <input type="checkbox"/> TS <input type="checkbox"/> TT <input type="checkbox"/> TU <input type="checkbox"/> TV <input type="checkbox"/> TW <input type="checkbox"/> TX <input type="checkbox"/> TY <input type="checkbox"/> TZ <input type="checkbox"/> UA <input type="checkbox"/> UB <input type="checkbox"/> UC <input type="checkbox"/> UD <input type="checkbox"/> UE <input type="checkbox"/> UF <input type="checkbox"/> UG <input type="checkbox"/> UH <input type="checkbox"/> UI <input type="checkbox"/> UJ <input type="checkbox"/> UK <input type="checkbox"/> UL <input type="checkbox"/> UM <input type="checkbox"/> UN <input type="checkbox"/> UO <input type="checkbox"/> UP <input type="checkbox"/> UQ <input type="checkbox"/> UR <input type="checkbox"/> US <input type="checkbox"/> UT <input type="checkbox"/> UY <input type="checkbox"/> UZ <input type="checkbox"/> VA <input type="checkbox"/> VB <input type="checkbox"/> VC <input type="checkbox"/> VD <input type="checkbox"/> VE <input type="checkbox"/> VF <input type="checkbox"/> VG <input type="checkbox"/> VH <input type="checkbox"/> VI <input type="checkbox"/> VJ <input type="checkbox"/> VK <input type="checkbox"/> VL <input type="checkbox"/> VM <input type="checkbox"/> VN <input type="checkbox"/> VO <input type="checkbox"/> VP <input type="checkbox"/> VQ <input type="checkbox"/> VR <input type="checkbox"/> VS <input type="checkbox"/> VT <input type="checkbox"/> VU <input type="checkbox"/> VV <input type="checkbox"/> VW <input type="checkbox"/> VX <input type="checkbox"/> VY <input type="checkbox"/> VZ <input type="checkbox"/> WA <input type="checkbox"/> WB <input type="checkbox"/> WC <input type="checkbox"/> WD <input type="checkbox"/> WE <input type="checkbox"/> WF <input type="checkbox"/> WG <input type="checkbox"/> WH <input type="checkbox"/> WI <input type="checkbox"/> WJ <input type="checkbox"/> WK <input type="checkbox"/> WL <input type="checkbox"/> WM <input type="checkbox"/> WN <input type="checkbox"/> WO <input type="checkbox"/> WP <input type="checkbox"/> WQ <input type="checkbox"/> WR <input type="checkbox"/> WS <input type="checkbox"/> WT <input type="checkbox"/> WU <input type="checkbox"/> WV <input type="checkbox"/> WW <input type="checkbox"/> WX <input type="checkbox"/> WY <input type="checkbox"/> WZ <input type="checkbox"/> XA <input type="checkbox"/> XB <input type="checkbox"/> XC <input type="checkbox"/> XD <input type="checkbox"/> XE <input type="checkbox"/> XF <input type="checkbox"/> XG <input type="checkbox"/> XH <input type="checkbox"/> XI <input type="checkbox"/> XJ <input type="checkbox"/> XK <input type="checkbox"/> XL <input type="checkbox"/> XM <input type="checkbox"/> XN <input type="checkbox"/> XO <input type="checkbox"/> XP <input type="checkbox"/> XQ <input type="checkbox"/> XR <input type="checkbox"/> XS <input type="checkbox"/> XT <input type="checkbox"/> XU <input type="checkbox"/> XV <input type="checkbox"/> XW <input type="checkbox"/> XX <input type="checkbox"/> XY <input type="checkbox"/> XZ <input type="checkbox"/> YA <input type="checkbox"/> YB <input type="checkbox"/> YC <input type="checkbox"/> YD <input type="checkbox"/> YE <input type="checkbox"/> YF <input type="checkbox"/> YG <input type="checkbox"/> YH <input type="checkbox"/> YI <input type="checkbox"/> YJ <input type="checkbox"/> YK <input type="checkbox"/> YL <input type="checkbox"/> YM <input type="checkbox"/> YN <input type="checkbox"/> YO <input type="checkbox"/> YP <input type="checkbox"/> YQ <input type="checkbox"/> YR <input type="checkbox"/> YS <input type="checkbox"/> YT <input type="checkbox"/> YU <input type="checkbox"/> YV <input type="checkbox"/> YW <input type="checkbox"/> YX <input type="checkbox"/> YY <input type="checkbox"/> YZ <input type="checkbox"/> ZA <input type="checkbox"/> ZB <input type="checkbox"/> ZC <input type="checkbox"/> ZD <input type="checkbox"/> ZE <input type="checkbox"/> ZF <input type="checkbox"/> ZG <input type="checkbox"/> ZH <input type="checkbox"/> ZI <input type="checkbox"/> ZJ <input type="checkbox"/> ZK <input type="checkbox"/> ZL <input type="checkbox"/> ZM <input type="checkbox"/> ZN <input type="checkbox"/> ZO <input type="checkbox"/> ZP <input type="checkbox"/> ZQ <input type="checkbox"/> ZR <input type="checkbox"/> ZS <input type="checkbox"/> ZT <input type="checkbox"/> ZU <input type="checkbox"/> ZV <input type="checkbox"/> ZW <input type="checkbox"/> ZX <input type="checkbox"/> ZY <input type="checkbox"/> ZZ <input type="checkbox"/> [ ] N/A				
<input type="checkbox"/> Mailpiece is a product sample.   <input type="checkbox"/> Letter-size or flat mailpiece contains DVD/CD or other disk.   1   Subtotal Postage (Add parts totals) \$ 1023.89				
2   Price at Which Postage Affixed (Check one) pcs. x \$ = Postage Affixed \$ <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither Complete if the mailing includes pieces bearing metered or precanceled stamps.				
3   Incentive/Discount Flat Dollar Amount - \$				
4   Fee Flat Dollar Amount + \$				
5   Permit No. Net Postage Due (Line 1 +/- Lines 2,3,4) \$				
USPS Use Only				
Additional Postage Payment (State reason) \$				
For postage affixed add additional payment to net postage due; for permit imprint add additional payment to total postage. Total Adjusted Postage Affixed \$				
Postmaster: Report Total Postage in AIC 130 (Permit Imprint Only) Total Adjusted Postage Permit Imprint \$				
Certification				
Incentive/Discount Claimed _____ Type of Fee _____ 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. Privacy Notice: For information regarding our Privacy Policy visit <a href="http://www.usps.com">www.usps.com</a>				
Signature of Mailer or Agent 		Printed Name of Mailer or Agent Signing Form Tom Bartlett		Telephone 901-497-4873
USPS Use Only - To be completed in non-PostalOne! sites				
Weight of a Single Piece 0. _____ pound		Are postage figures at left adjusted from mailer's entries? If yes, reason: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Total Pieces   Total Weight		Round Stamp (Required) Payment Date		
Total Postage				
Presort Verification Performed? (if required) <input type="checkbox"/> Yes <input type="checkbox"/> No I CERTIFY that this mailing has been inspected for each item below if required: (1) eligibility for postage prices claimed; (2) proper preparation (and presort where req.); (3) proper completion of postage statement; (4) payment of annual fee; and (5) sufficient funds on deposit (if req.).		Date Mailer Notified	Contact	
USPS Employee's Signature		By (Initials)	Time AM PM	
		Print USPS Employee's Name		

2012 MAY 30 PM 3: 50

engineers  
planners  
surveyors  
environmental  
scientists  
landscape  
architects

May 29, 2012  
N-S Project No. 6.05899.000.015

Ms. Karen Walters  
Director of Compliance and Enforcement  
Water Supply Division  
Mississippi Department of Health  
P. O. Box 1700  
Jackson, MS 39215-1700

Re: City of Horn Lake, Mississippi  
2011 Consumer Confidence Report

Dear Ms. Walters:

Enclosed please find a copy of the 2011 Consumer Confidence Report (CCR) Certification Statement, the CCR, the proof of distribution for the two public water systems operated by the City of Horn Lake. This should fulfill the City of Horn Lake's requirements by the Federal Safe Drinking Water Act for 2011.

If there are any questions or concerns, please contact me at 662-890-6404.

Sincerely,

NEEL-SCHAFFER, INC.



Jason Allen  
Project Engineer

JA/jl

Enclosures

c: Spencer Shields, Director of Public Works