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

UNION WATER ASSOCIATION

Public Water Supply Name

0610030

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: 5/30/12

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

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

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

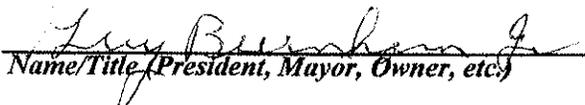
- CCR was posted in public places. *(Attach list of locations)*

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

- 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.)

6/13/12

Date

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

