

MISSISSIPPI STATE DEPARTMENT OF HEALTH
BUREAU OF PUBLIC WATER SUPPLY
CCR CERTIFICATION
CALENDAR YEAR 2013

North Hinds Water Assn. Inc.
Public Water Supply Name

MS0250011

List PWS ID #s for all Community Water Systems included in this CCR

The Federal Safe Drinking Water Act (SDWA) 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 or delivered to the customers, published in a newspaper of local circulation, or provided to the customers upon request. Make sure you follow the proper procedures when distributing the CCR. **You must mail, fax or email a copy of the CCR and Certification to MSDH. Please check all boxes that apply.**

Customers were informed of availability of CCR by: *(Attach copy of publication, water bill or other)*

- Advertisement in local paper (attach copy of advertisement)
- On water bills (attach copy of bill)
- Email message (MUST Email the message to the address below)
- Other _____

Date(s) customers were informed: ____ / ____ / ____ , ____ / ____ / ____

CCR was distributed by U.S. Postal Service or other direct delivery. Must specify other direct delivery methods used _____

Date Mailed/Distributed: 06/26/14

CCR was distributed by Email (MUST Email MSDH a copy) Date Emailed: ____ / ____ / ____

As a URL (Provide URL _____)

As an attachment

As text within the body of the email message

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 following address (**DIRECT URL REQUIRED**):

CERTIFICATION

I hereby certify that the 2013 Consumer Confidence Report (CCR) has been distributed to the customers of this public water system in the form and manner identified above and that I used distribution methods allowed by the SDWA. 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.

Doug Barber MANAGER
Name/Title (President, Mayor, Owner, etc.)

6-26-14
Date

Deliver or send via U.S. Postal Service
Bureau of Public Water Supply
P.O. Box 1700
Jackson, MS 39215

May be faxed to:
(601)576-7800

May be emailed to:
Melanie.Yanklowski@msdh.state.ms.us

Rec'd 9/15/14
14

MISSISSIPPI STATE DEPARTMENT OF HEALTH
BUREAU OF PUBLIC WATER SUPPLY
CCR CERTIFICATION FORM
CALENDAR YEAR 2012

North Hinds Water Assn.
Public Water Supply Name

0250011

List PWS ID #s for all Community Water Systems included in this CCR

The Federal Safe Drinking Water Act (SDWA) 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 or delivered to the customers, published in a newspaper of local circulation, or provided to the customers upon request. Make sure you follow the proper procedures when distributing the CCR. **Since this is the first year of electronic delivery, we request you mail or fax a hard copy of the CCR and Certification Form to MSDH. Please check all boxes that apply.**

Customers were informed of availability of CCR by: *(Attach copy of publication, water bill or other)*

- Advertisement in local paper (attach copy of advertisement)
- On water bills (attach copy of bill)
- Email message (MUST Email the message to the address below)
- Other _____

Date(s) customers were informed: 07/29/14 / /

CCR was distributed by U.S. Postal Service or other direct delivery. Must specify other direct delivery methods used _____

Date Mailed/Distributed: _____ / /

CCR was distributed by Email (MUST Email MSDH a copy) Date Emailed: _____ / /

- As a URL (Provide URL _____)
- As an attachment
- As text within the body of the email message

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 following address (**DIRECT URL REQUIRED**):

CERTIFICATION

I hereby certify that the 2012 Consumer Confidence Report (CCR) has been distributed to the customers of this public water system in the form and manner identified above and that I used distribution methods allowed by the SDWA. 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.

Doug Barker / Manager
Name/Title (President, Mayor, Owner, etc.)

8-5-14
Date

Deliver or send via U.S. Postal Service:
Bureau of Public Water Supply
P.O. Box 1700
Jackson, MS 39215

May be faxed to:
(601) 576-7800

May be emailed to:
Melanie.Yanklowski@msdh.state.ms.us

Is my water safe?

North Hinds Water is pleased to present this year's Annual Water Quality Report (Consumer Confidence Report) as required by the Safe Drinking Water Act (SDWA). This report is designed to provide details about where your water comes from, what it contains, and how it compares to standards set by regulatory agencies. This report is a snapshot of last year's water quality. We are committed to providing you with information because informed customers are our best allies.

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).

Where does my water come from?

Our well draws from the Cockfeild aquifer.

Source water assessment and its availability

Our rating is moderate

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 that 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 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 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; and 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.

How can I get involved?

Please contact our office with any questions or comments you may have.

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. North Hinds Water Assn. 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>.

Water Quality Data Table

In order to ensure that tap water is safe to drink, EPA prescribes regulations which limit the amount of contaminants in water provided by public water systems. The table below lists all of the drinking water contaminants that we detected during the calendar year of this report. Although many more contaminants were tested, only those substances listed below were found in your water. All sources of drinking water contain some naturally occurring contaminants. At low levels, these substances are generally not harmful in our drinking water. Removing all contaminants would be extremely expensive, and in most cases, would not provide increased protection of public health. A few naturally occurring minerals may actually improve the taste of drinking water and have nutritional value at low levels. 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 vary significantly from year to year, or the system is not considered vulnerable to this type of contamination. As such, some of our data, though representative, may be more than one year old. In this table you will find terms and abbreviations that might not be familiar to you. To help you better understand these terms, we have provided the definitions below the table.

Additional Information for Fluoride: To comply with the "regulations Governing Fluoridation of Community Water Supplies" NORTH HINDS W/A #5 LIMEKILN required to report certain results pertaining to fluoridation of our water system. The number of months in the previous calendar year in which average fluoride sample results were in the optimal range of 0.7-1.3 ppm was 0. The percentage of samples collected in the previous year that was within the optimal range of 0.7-1.3 ppm was 0.

Contaminants	MCLG or MRDLG	MCL, TT, or MRDL	Your Water	Range		Sample Date	Violation	Typical Source
				Low	High			
Disinfectants & Disinfectant By-Products								
(There is convincing evidence that addition of a disinfectant is necessary for control of microbial contaminants)								
Haloacetic Acids (HAA5) (ppb)	NA	60	17	NA		2013	No	By-product of drinking water chlorination
Chlorine (as Cl ₂) (ppm)	4	4	0.7	0.4	0.7	2013	No	Water additive used to control microbes
TTHMs [Total Trihalomethanes] (ppb)	NA	80	57	NA		2013	No	By-product of drinking water disinfection
Inorganic Contaminants								
Barium (ppm)	2	2	0.0086	NA		2012	No	Discharge of drilling wastes; Discharge from metal refineries; Erosion of natural deposits
Fluoride (ppm)	4	4	0.158	NA		2012	No	Erosion of natural deposits; Water additive which promotes strong teeth; Discharge from fertilizer and aluminum factories
Chromium (ppb)	100	100	0.000711	NA		2008	No	Discharge from steel and pulp mills; Erosion of natural deposits
Selenium (ppb)	50	50	0.000901	NA		2008	No	Discharge from petroleum and metal refineries; Erosion of natural deposits; Discharge from mines
Contaminants	MCLG	AL	Your Water	Sample Date	# Samples Exceeding AL	Exceeds AL	Typical Source	
Inorganic Contaminants								
Copper - action level at consumer taps (ppm)	1.3	1.3	0.1	2011	0	No	Corrosion of household plumbing systems; Erosion of natural deposits	
Lead - action level at consumer taps (ppb)	0	15	2	2011	0	No	Corrosion of household plumbing systems; Erosion of natural deposits	
Unit Descriptions								
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.							
Important Drinking Water Definitions								
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.							
Variations and Exemptions	Variations and Exemptions: State or EPA permission not to meet an MCL or a treatment technique under certain conditions.							
MRDLG	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.							
MRDL	MRDL: Maximum residual disinfectant 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 microbial contaminants.							
MNR	MNR: Monitored Not Regulated							
MPL	MPL: State Assigned Maximum Permissible Level							
For more information please contact:								

Contact Name: Doug Barker
Address:
P.O. Drawer 300
Flora, MS 39071
Phone: 601-981-1657

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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 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; and 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.

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MPL	MPL: State Assigned Maximum Permissible Level							
For more information please contact:								

Contact Name: Doug Barker
Address:
P.O. Drawer 300
Flora, MS 39071
Phone: 601-981-1657

United States Postal Service
**Postage Statement—First-Class Mail and
 First-Class Package Service**

Post Office: Note Mail Arrival Date & Time
 (Do Not Round Stamp)
9.11 6:26 PM

Use this form for First-Class Mail and First-Class Package Service.

Mailler	Permit Holder's Name and Address and Email Address, if Any <u>North Winds Water Assn Inc. PO Drawer 300 Flora, Mo. 39071</u>	Telephone <u>601-981-1657</u>	Name and Address of Mailing Agent (If other than permit holder)	Telephone	Name and Address of Mail Owner (If other than permit holder)
	CAPS Cust. Ref. No. _____	CRID _____	CRID _____	CRID _____	CRID _____

Mailing	Post Office of Mailing <u>FLORA</u>	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Parcels	Parcels Only Hold For Pickup HFPU No. of Pieces	Mailler's Mailing Date <u>6-26-14</u>	Federal Agency Cost Code	Statement Seq. No.	No. and type of Containers <input type="checkbox"/> Sacks <input type="checkbox"/> 1 ft. Letter Trays <input checked="" type="checkbox"/> 2 ft. Letter Trays <input type="checkbox"/> EMM Letter Trays <input type="checkbox"/> Flat Trays <input type="checkbox"/> Pallets <input type="checkbox"/> Other
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Weight of a Single Piece <u>0.380 0.065</u> pounds	Combined Mailing <input type="checkbox"/> Single Class	SSF Transaction ID#	Total Pieces <u>2673</u>	Customer Generated Electronic Labels <input type="checkbox"/> SigCon	
	Permit # <u>6</u>	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	Periodicals	Total Weight <u>101.57 77.37</u>			
	For Automation Price Pieces, Enter Date of Address Matching and Coding <u>1/1/1</u>	Move Update Method: <input type="checkbox"/> Ancillary Service Endorsement <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					

Postage	Letter or Flat-size mailpieces contain: <input type="checkbox"/> Round Trip ONLY: One DVD/CD or other disk	Parts Completed (Select all that apply) <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> NSA <input type="checkbox"/> S	Subtotal Postage (Add parts totals) <u>1309.77</u>
	This is a Political Campaign Mailing Yes <input type="checkbox"/> No <input type="checkbox"/>	1	
	This is Official Election Mail Yes <input type="checkbox"/> No <input type="checkbox"/>		
	2 Price at Which Postage Affixed (Check one). Complete if the mailing includes pieces bearing metered/PC Postage or precanceled stamps. <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither _____ pcs. x \$ _____ = Postage Affixed		
	3 Incentive/Discount Flat Dollar Amount		
4 Fee Flat Dollar Amount	+		
5 Permit # <u>6</u> Net Postage Due (Line 1 +/- Lines 2, 3, 4)			<u>1309.77</u>

USPS Use	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 <u>AIC 121</u>	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. <i>Privacy Notice: For information regarding our Privacy Policy visit www.usps.com.</i>	
	Signature of Mailer or Agent <u>Diatra Davis</u>	Printed Name of Mailer or Agent Signing Form <u>Diatra DAVIS</u>

USPS Use Only To be completed in non-Postal/One/ sites	Weight of a Single Piece _____ pound	Are postage figures at left adjusted from mailer's entries? If yes, reason <input type="checkbox"/> Yes <input type="checkbox"/> No	USPS Use Only To be completed in non-Postal/One/ sites
	Total Pieces _____ Total Weight _____	Round Stamp (Required) Payment Date	
	Total Postage _____	Date Mailed/Notified: _____ Contact _____	
	Presort Verification Performed? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> No	By (Initials) _____ Time _____ AM/PM	
	(CERIFY) that this mailing has been inspected for each item below, if required: (1) eligibility for postage prices claimed, (2) proper preparation (and presort where required), (3) proper completion of postage statement, (4) payment of annual fee and (5) sufficient funds on deposit (if required)	Print USPS Employee's Name _____	
USPS Employee's Signature _____			

Flora
Flora, Mississippi
390719998
2737860071 -0098
06/26/2014 (601)879-3101 10:36:18 AM

Sales Receipt			
Product Description	Sale Qty	Unit Price	Final Price

Account Number: 1365770
Permit Type: Permit Imprint
Permit Number: 6
Customer Name: NORTH HINDS WATER ASSN.

Amount of Deposit: \$1,309.77
New Balance: \$1,309.77
Confirmation #: 201417710355656D

Total: \$1,309.77

Paid by: Personal Check \$1,309.77

Order stamps at usps.com/shop or call 1-800-Stamp24. Go to usps.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.

Get your mail when and where you want it with a secure Post Office Box. Sign up for a box online at usps.com/poboxes.

Bill#: 1000202213632
Clerk: 02

All sales final on stamps and postage
Refunds for guaranteed services only
Thank you for your business

HELP US SERVE YOU BETTER

Go to: <https://postalexperience.com/Pos>

TELL US ABOUT YOUR RECENT
POSTAL EXPERIENCE

YOUR OPINION COUNTS

Customer Copy



NORTH HINDS WATER ASSN., INC.
 P.O. DRAWER 300
 FLORA, MISSISSIPPI 39071
 (601) 981-1657

RETURN SERVICE REQUESTED

PRESORTED
 FIRST-CLASS MAIL
 U.S. POSTAGE
 P 39071
 FLORA MS 39071
 PERMIT NO. 6

6

TYPE OF SERVICE	METER READING		USED	CHARGES
	PRESENT	PREVIOUS		
Water	406600	401900	4,700	25.43

CUSTOMER		PAY GROSS AMOUNT	
ROUTE 71	ACCOUNT 22	AFTER THIS DATE 8/15/14	
NET AMOUNT TO BE PAID 25.43		GROSS AMOUNT TO BE PAID 27.97	

MAIL THIS STUB WITH YOUR PAYMENT

CORRECTED CCR AVAILABLE UPON REQUEST
 Service From 6/6/2014 TO 7/3/2014 ACCOUNT 22 7/29/2014



METER READ		CLASS	TOTAL DUE UPON RECEIPT	LATE CHARGE AFTER DUE DATE	PAST DUE AMOUNT
MONTH	DAY				
7	3	1	25.43	2.54	27.97

CLARENCE WEBSTER JR
 1029 COKER CIR
 JACKSON MS 39213-9515