MISSISSIPPI STATE DEPARTMENT OF HEALTH
BUREAU OF PUBLIC WATER SUPPLY
CCR CERTIFICATION
CALENDAR YEAR 2014

THE OAKS UTILITIES
Public Water Supply Name

0240256
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 US Postal Service

Date Mailed/Distributed: 7/1/15

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 2014 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.

x _____
Name/Title (President, Mayor, Owner, etc.)

x 6-30-15
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:
water.reports@msdh.ms.gov