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

BCM Water Association
Public Water Supply Name

470106
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: 06/29/15. ___/___/___, ___/___/___

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: New Albany Gazette

Date Published: 06/26/15

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.

Randy Brooks, Office Manager
Name/Title (President, Mayor, Owner, etc.)

6-29-15
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

Proof of Publication

State of Mississippi,
County of Union
PERSONALLY APPEARED BCM Water before me, the undersigned, a notary public in and for UNION County, Mississippi, the Publisher of The New Albany Gazette, a newspaper published in the City of New Albany, Union County, in said state, who, being duly sworn, deposes and says that the NEW ALBANY GAZETTE is a newspaper as defined and prescribed in Senate Bill No. 203 enacted at the regular session of the Mississippi Legislature of 1948, amending Section 1858, of the Mississippi Code of 1942, and that the publication of a notice, of which the annexed is a copy, in the matter of Cause No. _____

has been made in said newspaper _____ times consecutively, to-wit:

On the 26 day of June, 20 15

On the _____ day of _____, 20__

On the _____ day of _____, 20__

On the _____ day of _____, 20__

SWORN TO and subscribed before me, this 24 day of June, 20 15

Annette M Hicks
Notary Public

Chancy Clerk
Title

CHANCERY CLERK & EX OFFICIO NOTARY PUBLIC UNION COUNTY, MS
My Commission Expires January 1, 2016

RECEIVED OF _____
payment in full of the above account.

_____, 20__

THE NEW ALBANY GAZETTE
By T. Wayne Mitchell

New Albany, Miss., June 24, 2015

To THE NEW ALBANY GAZETTE Dr.

Re: Publishing _____

case of _____

_____ Cause No. _____

Amt. Due $_____

RUTLEDGE PRINTING

BCM WATER ASSOCIATION
P.O. BOX 358
NEW ALBANY, MS 38652
PHONE: (662) 534-2271

READ DATE	CODE
06/23/15	Bas

SRVC	NEW RDG	LAST RDG	USED	CHARGES
WAT	1648	1613	35	20.63
CREDIT				-2.41

CCR Report available at office

ROUTE	METER #	NOW DUE	PAY EARLY SAVE THIS	REMIT AFTER DUE DATE
00	6330	18.19	2.06	20.25
ACCT	0636			

ADDRESS SERVICE REQUESTED

FIRST CLASS MAIL
U.S. POSTAGE
PAID
NEW ALBANY, MS
38652
PERMIT NO. 13

PLEASE BRING THIS ENTIRE BILL TO OFFICE OR MAIL THIS STUB WITH YOUR PAYMENT

SRVC ADDR	1046, LOT 3, CR 13		
ACCOUNT #	0636	ROUTE	00
NOW DUE	DATE DUE	REMIT AFTER DUE DATE	
18.19	07/10/15	20.25	

WILLIAM GOLDING
1046 , LOT 3, CR 130
MYRTLE, MS 38650