WATER SUPPLY
2015 JUN 18 AM 8:06

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

City of Ridgeland
Public Water Supply Name

#450013
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: 5 /29 /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: 6 /15 / 15

CCR was posted on a publicly accessible internet site at the following address (**DIRECT URL REQUIRED**):

www.ridgelandms.org/wp-content/uploads/waterquality-ridgeland-2015.pdf

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.

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

John M. McCollum, Public Works Director

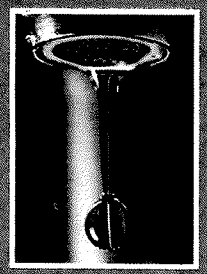
6/16/15
Date

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

All sources of drinking water are subject to potential contamination by substances that are naturally occurring or man made. Remember that the presence of contaminants in small amounts does not necessarily indicate a health risk. More information about contaminants and potential health effects can be obtained by calling the Environmental Protection Agency's Safe Drinking Water Hotline at 1-800-426-4791.



Some people may be more vulnerable to contaminants in drinking water than the general population. Immunocompromised 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/CDC guidelines on appropriate ways to lessen the risk of infection by cryptosporidium and other microbiological contaminants are available from the Safe Drinking Water Hotline (1-800-426-4791).

The City of Ridgeland asks all our customers to help us protect our water sources, which are the heart of our community, our way of life and our children's future. Citizens can report water leaks and contamination of the system by contacting the Public Works Department at 601-853-2027.

If you would like additional information about your drinking water, you may contact our certified waterworks operator or you may prefer to log on to the Internet and obtain specific information about your system and its compliance history at the following address: **http://www.msdh.state.us/watersupply/index.htm.**

Information including current and past boil water notices, compliance and reporting violations, and other information pertaining to your water supply including "Why, When, and How to Boil Your Drinking Water" and "Flooding and Safe Drinking Water" may be obtained.

If you have any questions about this report or concerning your water supply utility, please contact Mark McManus - Water/Sewer System Superintendent at 601-853-2027. We want our customers to be informed about their water supply utility.

Source water assessment and its availability - The Mississippi Source Water Assessment Program is a result of the Federal Safe Drinking Water Act 1996 which mandated all states to identify public water systems that may be susceptible to contamination and adopt appropriate management measures that will enhance their protection. More information is available at www.deq.state.ms.us.

Presorted
Standard
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Jackson, MS
Permit No. 80

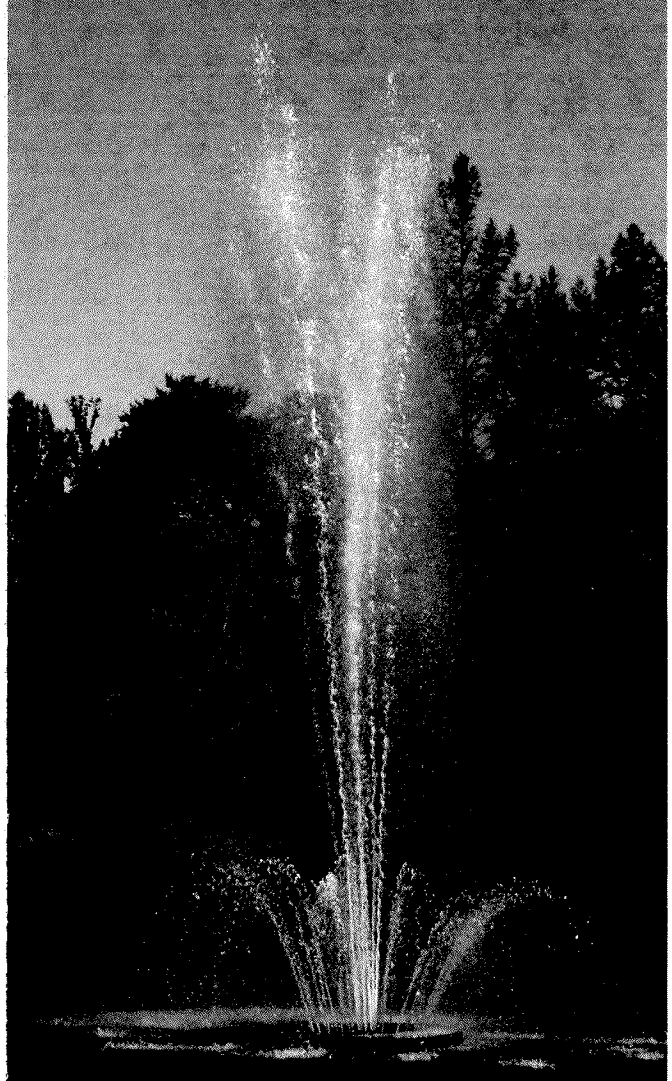
RECEIVED - WATER SUPPLY
2015 JUN 18 AM 8:06

the city of RIDGELAND

CITY OF RIDGELAND
PUBLIC WORKS DEPARTMENT
P.O. BOX 217
RIDGELAND, MS 39158

CITY OF RIDGELAND

WATER QUALITY REPORT



PWSID 450013
DATE 2014

CITY OF RIDGELAND

PWSID 450013 – Date 2014

Ridgeland's Public Works Department is pleased to present to you the 2014 Annual Water Quality Report to inform you about the quality of water and services we deliver to you every day. Our constant goal is to provide a safe and dependable supply of drinking water, and we work consistently to improve the water treatment process and protect our water resources. Ridgeland's water source is three deep-water supply wells in the Cockfield Aquifer and four deep-water supply wells in the Sparta Aquifer.

To comply with the "Regulation Governing Fluoridation of Community Water Supplies," the CITY OF RIDGELAND is required to report certain results pertaining to fluoridation of our water system. The number of months in the previous calendar year that average fluoride sample results were within the optimal range of 0.7-1.3 ppm was 6. The percentage of fluoride samples collected in the previous calendar year that was within the optimal range of 0.7-1.3 ppm was 66%.

The **City of Ridgeland** routinely tests for contaminants in your drinking water, according to Federal and State laws. The following table shows the results of our monitoring for the period of January 1 to December 31, 2014. As water travels over the land or underground, it can pick up substances or contaminants such as microbes, inorganic and organic chemicals, and radioactive substances. All drinking water, including bottled drinking water, may be reasonably expected to contain at least small amounts of some contaminants. It is important to recognize that the presence of these elements does not necessarily pose a health risk.

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. City of Ridgeland 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.

DEFINITIONS:

Unless otherwise noted, the data presented in this table is from testing done in the calendar year of the report. The EPA and the Mississippi State Department of Health requires the City to monitor for certain contaminants less than once per year because the concentrations of these contaminants do not change frequently. Some of the data, though representative of the water quality, may be more than one year old. In the following table you will find several terms and abbreviations with which you may not be familiar. To help you better understand these terms, we've provided the following definitions:

NON-DETECTS (ND) - laboratory analysis indicates that the constituent is not present.

PARTS PER MILLION (ppm) OR MILLIGRAMS PER LITER (mg/l) - one part per million corresponds to one minute in two years or a single penny in $10,000.

PARTS PER BILLION (ppb) OR MICROGRAMS PER LITER - one part per billion corresponds to one minute in 2,000 years, or a single penny in $10,000,000.

ACTION LEVEL - the concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow.

TREATMENT TECHNIQUE (TT) - A treatment technique is a required process intended to reduce the level of a contaminant in drinking water.

MAXIMUM CONTAMINANT LEVEL - The "Maximum Allowed" (MCL) is 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.

MAXIMUM CONTAMINANT LEVEL GOAL - The "Goal" (MCLG) is 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.

TEST RESULTS

Contaminant	Violation	Sample Date	Your Water	Range Low-High	Unit Measurement	MCLG or MRDLG	MCL, TT or MRDL	Typical Source
DISINFECTANTS & DISINFECTION BY-PRODUCTS:								
Chlorine ppm	No	2014	1.30	.35-2.19	mgl	4	4	Water additive to control microbes
Haloacetic acids (HAA5)	No	2014	28	19-34	ppb	NA	60	By-Product of drinking water disinfection
TTHM (total trihalomethanes)	No	2014	38.79	17.1-47.9	ppb	NA	80	
INORGANIC CONTAMINANTS								
Nitrate (measured as nitrogen)	No	2014	0.02	No Range	ppm	10	10	Runoff from fertilizer; leaching from septic tanks, sewage; erosion of natural deposits
Cyanide (as Free Cn)	No	2014	15	NA	ppb	200	200	Discharge from plastic and fertilizer factories; Discharge from steel/metal factories
Arsenic	No	2014	.5	NA	ppb	0	10	Erosion of natural deposits; Runoff from orchards; Runoff from glass and electronics production wastes
Barium	No	2014	.0021	No Range	ppm	2	2	Discharge of drilling wastes; Discharge from metal refineries; Erosion of natural deposits
Chromium	No	2014	9.5	No Range	ppm	100	100	Discharge from steel and pulp mills; Erosion of natural deposits
Fluoride	No	2014	0.581	No Range	ppm	4	4	Erosion of natural deposits; Water additive which promotes strong teeth; Discharge from fertilizer and aluminum factories

Contaminants	MCLG	AL	Your Water	Sample Date	# Samples Exceeding AL	Exceeds AL	Typical Source
INORGANIC CONTAMINANTS							
Lead-action level at consumer taps (ppb)	0	15	1	2010	0	No	Corrosion of household plumbing systems; Erosion of natural deposits

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Brochures were also posted at the City of Ridgeland Library, the main office of each apartment complex in Ridgeland and City Hall.

United States Postal Service
Postage Statement — Standard Mail

Comments:

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

MAILER

Permit Holder's Name and Address and Email Address, if Any
Dearing Addressing & Mailing Service
200 I 55 Trace Dr
PO Box 2728
Madison MS 39130-2728

Telephone (601)-853-6133 Extension

CAPS Cust. Ref. No. _____
CRID _____

Name and Address of Mailing Agent *(If other than permit holder)*
Dearing Addressing & Mailing Service
200 I 55 Trace Dr
PO Box 2728
Madison MS 39130-2728

Telephone (601)-853-6133 Extension

CRID _____

Name and Address of Mail Owner *(If other than permit holder)*
City of Ridgeland
304 Hwy 51
PO Box 217
Ridgeland MS 39158

When Quarterly Report

CRID _____

MAILING

Post Office of Mailing: Jackson, MS 39201

Type of Postage: [X] Permit Imprint [ ] Precanceled Stamps [ ] Metered

Permit #: 80

Processing Category: [X] Letters [ ] Catalogs [ ] Flats [ ] Marketing Parcels [ ] Parcels - Machinable [ ] Parcels - Irregular [ ] CMM

For Mail Enclosed Within Another Class: [ ] Periodicals [ ] Bound Printed Matter [ ] Library Mail [ ] Media Mail

Mailer's Mailing Date: 5/29/2015

Federal Agency Cost Code:

Weight of a Single Piece: 0.0202 pounds

Combined Mailing: [ ] Mixed Class [ ] Single Class

[ ] Mailpiece is a product sample. _____ % Samples

Statement Seq. No.: CITY O

SSF Transaction #:

Total # of Pieces in Mailing: 6,902

Total Weight: 139.4204

No. of Containers: 1' MM Trays 10; 2' MM Trays 6; 2' EMM Trays; Total Trays 16; Flat Trays; Sacks; Pallets; Other

For Automation Price Pieces, Enter Date of Address Matching and Coding: 5/29/2015

For Carrier Route Price Pieces, Enter Date of Address Matching and Coding: 5/29/2015

For Carrier Route Price Pieces, Enter Date of Carrier Route Sequencing: 5/29/2015

For Pieces Bearing a Simplified Address Enter Date of Delivery Statistics File or Alternative Method

Move Update Method: [ ] Ancillary Service Endorsement [✓] NCOALink [ ] ACS [ ] Alternative Method [ ] Multiple [ ] OneCode ACS [ ] n/a Alternative Address Format

This is a Political Mailing [ ] Yes [X] No | This is Official Election Mail [ ] Yes [X] No | [ ] Letter-size or flat mailpiece contains DVD/CD or other disk.

POSTAGE

Parts Completed *(Select all that apply)* [X]A [X]B [ ]C [ ]D [ ]E [ ]F [ ]G [ ]H [ ]L [ ]M [ ]S [ ]NSA

1	**Subtotal Postage** *(Add Parts Totals)*	1,518.74
2	Price at Which Postage Affixed *(Check one)* Complete if the mailing includes pieces bearing metered/PC Postage or precanceled stamps. [ ] Correct [ ] Lowest [ ] Neither pcs. x $ = **Postage Affixed**	
3	Incentive/Discount Flat Dollar Amount	
4	Fee Flat Dollar Amount	
5	**Permit #** _____ **Net Postage Due** *(Line 1 +/- Lines 2, 3, 4)*	1,518.74

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 ***AIC 130*** *(Permit Imprint Only, Excluding Simplified Addressing (EDDM))* **Total Adjusted Postage Permit Imprint**	
Postmaster: Report Total Postage in ***AIC 208*** *(Simplified Addressing (EDDM), Permit Imprint Only)* **Total Adjusted Postage Simplified Addressing (EDDM)**	

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.

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Signature of Mailer or Agent: [signature]

Printed Name of Mailer or Agent Signing Form: LINDY [signature]

Telephone / Extension

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Weight of a Single Piece: ___ . ___ ___ ___ ___ pound

Total Pieces | Total Weight

Total Postage

Presort Verification Performed? (If required) [ ] Yes [ ] 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 required);
(3) proper completion of postage statement;
(4) payment of annual fee; and
(5) sufficient funds on deposit (if required).

USPS Employee's Signature

Are postage figures at left adjusted from mailer's entries? If yes, reason: [ ] Yes [ ] No

Date Mailer Notified | Contact

By (Initials) | Time AM PM

Print USPS Employee's Name

Round Stamp (Required) Payment Date

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