

2016 JUL 25 AM 8:51

**MISSISSIPPI STATE DEPARTMENT OF HEALTH
BUREAU OF PUBLIC WATER SUPPLY**

CCR CERTIFICATION
CALENDAR YEAR 2015

CITY OF INDIANOLA MISSISSIPPI

Public Water Supply Name

PWS-ID-0670006

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: 7 / 23 / 2016 / / , / /

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

Date Mailed/Distributed: 7 / 21 / 2016

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 2015 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.

Steve Rosenthal

STEVE ROSENTHAL, MAYOR

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

7-21-2016

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:

CCR Due to MSDH & Customers by July 1, 2016!

water.reports@msdh.ms.gov

2015 Annual Drinking Water Quality Report
 City of Indianola - PWSID# 0670006 2016 MAY 18 PM 4: 17
 April 2016

We're pleased to present to you this year's Annual Water Quality Report. This report is designed to inform you about the quality water and services we deliver to you every day. Our constant goal is to provide you with a safe and dependable supply of drinking water. We want you to understand the efforts we make to continually improve the water treatment process and protect our water resources. We are committed to ensuring the quality of your water. Our water source is from wells drawing from the Meridian Wilcox Aquifer.

Our source water assessment has been completed for our public water system to determine the overall susceptibility of its drinking water supply to identify potential sources of contamination. A report containing detailed information on how the susceptibility determinations were made has been furnished to our public water system and is available for viewing upon request. The wells for the City of Indianola have received lower to moderate susceptibility rankings to contamination.

If you have any questions about this report or concerning your water utility, please contact Steve Rosenthal at 662.887.1825. We want our valued customers to be informed about their water utility. If you want to learn more, please attend any of our regularly scheduled meetings. They are held on the second and fourth Monday of each month at 7:00 PM at the City Hall Annex.

We routinely monitor for constituents in your drinking water according to Federal and State laws. This table below lists all of the drinking water contaminants that we detected during the period of January 1st to December 31, 2015. In cases where monitoring wasn't required in 2015, the table reflects the most recent results. As water travels over the surface of land or underground, it dissolves naturally occurring minerals and, in some cases, radioactive materials and can pick up substances or contaminants 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 storm-water 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 storm-water 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 and septic systems; 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. All drinking water, including bottled drinking water, may be reasonably expected to contain at least small amounts of some constituents. It's important to remember that the presence of these constituents does not necessarily indicate that the water poses a health risk.

In this table you will find many terms and abbreviations you might not be familiar with. To help you better understand these terms we've provided the following definitions:

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

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.

Maximum Residual Disinfectant Level (MRDL) – The highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary to control microbial contaminants.

Maximum Residual Disinfectant Level Goal (MRDLG) – The level of a drinking water disinfectant below which there is no known or expected risk of health. MRDLGs do not reflect the benefits of the use of disinfectants to control microbial contaminants.

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.

TEST RESULTS								
Contaminant	Violation Y/N	Date Collected	Level Detected	Range of Detects or # of Samples Exceeding MCL/ACL/MRDL	Unit Measurement	MCLG	MCL	Likely Source of Contamination
Inorganic Contaminants								
10. Barium	N	2013*	.012	.011-.012	ppm	2	2	Discharge of drilling wastes; discharge from metal refineries; erosion of natural deposits
14. Copper	N	2011/13*	.2	0	ppm	1.3	AL=1.3	Corrosion of household plumbing systems; erosion of natural deposits; leaching from wood preservatives
16. Fluoride **	N	2013*	.518	.514 - .518	ppm	4	4	Erosion of natural deposits; water additive which promotes strong teeth; discharge from fertilizer and aluminum factories
17. Lead	N	2011/13*	1	0	ppb	0	AL=15	Corrosion of household plumbing systems, erosion of natural deposits

Disinfection By-Products								
81. HAA5	N	2014*	11	2 - 11	ppb	0	60	By-Product of drinking water disinfection.
82. TTHM [Total trihalomethanes]	N	2014*	9.85	.59 – 9.85	ppb	0	80	By-product of drinking water chlorination.
Chlorine	N	2015	.6	.4 – 1	mg/l	0	MRDL = 4	Water additive used to control microbes

* Most recent sample, no sample required in 2015

** Fluoride level is routinely adjusted to the Ms. State Dept. of Health's recommended level of 0.7-1.3 mg/l

Our system received a CCR report violation for 2015 for the 2014 CCR was not received by the MS State Dept of Health by the July 1st deadline.

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. Our water system 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>. The Mississippi State Department of Health Public Health Laboratory offers lead testing. Please contact 601.576.7582 if you wish to have your water tested.

To comply with the "Regulation Governing Fluoridation of Community Water Supplies", our water system is 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 within the optimal range of 0.7-1.3 ppm was 12. The percentage of fluoride samples collected in the previous calendar year that was within the optimal range of 0.7-1.3 ppm was 100%.

All sources of drinking water are subject to potential contamination by substances that are naturally occurring or man made. These substances can be microbes, inorganic or organic chemicals and radioactive substances. All 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 the water poses 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. 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/CDC guidelines on appropriate means to lessen the risk of infection by cryptosporidium and other microbiological contaminants are available from the Safe Drinking Water Hotline 1-800-426-4791.

We at the City of Indianola work around the clock to provide quality water to every tap. We ask that all our customers help us protect our water sources, which are the heart of our community, our way of life and our children's future.



101 Front Street • P.O. Box 269
Indianola, MS 38751

PRSR1 STD
US Postage Paid
Permit No. 56
Indianola, MS 38751

=====
INDIANOLA
100 W PERCY ST
INDIANOLA
MS
38751-9998
2737050751
07/21/2016 (800)275-8777 4:10 PM
=====

Table with 3 columns: Product Description, Sale Qty, Final Price. Rows include Cust Permit Dep, Total, and Personl/Bus Check.

BRIGHTEN SOMEONE'S MAILBOX. Greeting cards available for purchase at select Post Offices.

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.

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

HELP US SERVE YOU BETTER
TELL US ABOUT YOUR RECENT POSTAL EXPERIENCE

Go to:
https://postalexperience.com/Pos
840-5390-0085-002-00009-55965-02

or scan this code with your mobile device:



or call 1-800-410-7420.

YOUR OPINION COUNTS

Postage Statement—Standard Mail-Easy Nonautomation Letters or Flats

This form may be used only for a single nonautomation price mailing of identical-weight pieces. Use PS Form 3602-R for all other regular Standard Mail mailings. Checklists and other tools for mailers are available on the Postal Explorer website at pe.usps.com.

Mailer	Permit Holders Name and Address and Email Address, if Any CITY OF INDIANOLA, MS P.O. BOX 269 101 FRONT STREET INDIANOLA, MISSISSIPPI	Telephone 662-887-3101	This is a Political Campaign Mailing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No This is Official Election Mail <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	CRID _____		

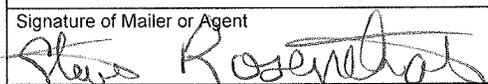
Mailing	Post Office of Mailing INDIANOLA, MS	Mailer's Mailing Date 7-21-2016	Permit No. 56	Federal Agency Cost Code	Statement Seq. No.	No. & Type of Containers Sacks _____ Trays 7 BOXES Pallets _____
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Weight of a Single Piece 0 . 6 OZ _____ pound		<input type="checkbox"/> Mailpiece is a product sample	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats	
	Move Update Method: <input checked="" 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				Total Pieces 3796	Total Weight

Postage	<input type="checkbox"/> Letter-size or flat mailpiece contains DVD/CD or other disk	Total Postage (Add Parts Totals)	142 LB 5.6 OZ
	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		

Permit # 56	Net Postage Due (Subtract postage affixed from total postage)	\$1165.00
--------------------	--	------------------

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 (Permit imprint only) AIC 130	Total Adjusted Postage Permit Imprint

Certification
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 that 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.
Privacy Notice: For information regarding our Privacy Policy visit www.usps.com

Signature of Mailer or Agent 	Printed Name of Mailer or Agent Signing Form STEVE ROSENTHAL, MAYOR	Telephone 662-887-1825
---	---	----------------------------------

USPS Use Only To be completed in non-Posta/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-Posta/One! sites
	Total Pieces _____ Total Weight _____		
	Total Postage _____		
	Presort Verification Performed? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)		
	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 _____		
	Date Mailed Notified _____ Contact _____	Round Stamp (Required) Payment Date _____	
	By (Initials) _____ Time _____ AM _____ PM		
	Print USPS Employee's Name _____		

See reverse side of this form for complete Postage section