

2017 MAY 22 AM 9:20 **CERTIFICATION**

Consumer Confidence Report (CCR)

EAST QUITMAN WATER ASSOCIATION

Public Water Supply Name

0120011

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: 04/20/2017 / / , / /

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: THE CLARKE COUNTY TRIBUNE

Date Published: 04/20/2017

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 **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

W. L. Brown
Name/Title (President, Mayor, Owner, etc.)

5/18/17
Date

Submission options (Select one method ONLY)

Mail: (U.S. Postal Service)
MSDH, Bureau of Public Water Supply
P.O. Box 1700
Jackson, MS 39215

Fax: (601) 576 - 7800

Email: water.reports@msdh.ms.gov

CCR Deadline to MSDH & Customers by July 1, 2017!

PROOF OF PUBLICATION

STATE OF MISSISSIPPI
COUNTY OF CLARKE

Invoice # _____

Before me, the undersigned authority in and for said county of Clarke, legal clerk of The Clarke County Tribune, a newspaper published in the City of Quitman, County of Clarke, Mississippi, being duly sworn says that the notice, a copy of which is hereto attached, was published in said newspaper as follows, to-wit:

Dated 4-20 2017

Dated _____ 20____

Dated _____ 20____

Dated _____ 20____

The Clarke County Tribune

By: _____

Jennifer Bozeman

Sworn to and subscribed before me, the said Notary Public as aforesaid, do certify that the newspaper containing said notice has been produced before me and compared with the copy hereto attached and that the same is correct and truly made.

Given under my hand and the seal of said county, this the 28 day of April ~~2016~~ 2017

Printer's Fee: \$ _____

Proof of Pub: \$ _____

TOTAL: \$ _____



Jennifer Bozeman

Notary Public