

2019 SEP 3 AM 7:26

2018 CERTIFICATION

Consumer Confidence Report (CCR)

CITY OF INDIANOLA, MISSISSIPPI

Public Water System 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 (PWS) to develop and distribute a Consumer Confidence Report (CCR) to its customers each year. Depending on the population served by the PWS, 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 email, fax (but not preferred) or mail, a copy of the CCR and Certification to the 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 *(Email the message to the address below)*
 - Other _____
- Date(s) customers were informed: ____ / ____ / 2019 ____ / ____ / 2019 ____ / ____ / 2019
- CCR was distributed by U.S. Postal Service or other direct delivery. Must specify other direct delivery methods used _____
- Date Mailed/Distributed: 09 / 03 / 2019
- CCR was distributed by Email *(Email MSDH a copy)* Date Emailed: ____ / ____ / 2019
- As a URL _____ *(Provide Direct 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: ____ / ____ / 2019
- CCR was posted on a publicly accessible internet site at the following address: _____ *(Provide Direct URL)*

CERTIFICATION

I hereby certify that the 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 PWS officials by the Mississippi State Department of Health, Bureau of Public Water Supply

Steve Rosenthal, Mayor
Name/Title (Board President, Mayor, Owner, Admin. Contact, etc.)

9/03/2019

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

Email: water.reports@msdh.ms.gov

Fax: (601) 576 - 7800

Not a preferred method due to poor clarity

CCR Deadline to MSDH & Customers by July 1, 2019!

2018 Annual Drinking Water Quality Report
 City of Indianola - PWSID# 0670006
 June 2019

2019 JUL -1 PM 12: 14

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 Mayor Steve Rosenthal at 662.887.3101. 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 contaminants 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, 2018. In cases where monitoring wasn't required in 2018, 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 contaminants. It's important to remember that the presence of these contaminants 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.

Level 1 Assessment: A study of the water system to identify potential problems and determine (if possible) why total coliform bacteria have been found in our water system.

Picocuries per liter (pCi/L) - picocuries per liter is a measure of the radioactivity in water.

TEST RESULTS								
Contaminant	Violation Y/N	Date Collected	Level Detected	Range of Detects or # of Samples Exceeding MCL/ACL/MRDL	Unit Measure -ment	MCLG	MCL	Likely Source of Contamination
Microbiological Contaminants								
1. Total Coliform Bacteria	N	December	Positive	5	NA	0	presence of coliform bacteria in 5% of monthly samples	Naturally present in the environment
Radioactive Contaminants								
5. Gross Alpha	N	2018	3.8	3 - 3.8	pCi/L	0	15	Erosion of natural deposits
6. Radium 226	N	2018	.35	.18 - .35	pCi/L	0	5	Erosion of natural deposits
Inorganic Contaminants								

10. Barium	N	2016*	.0212	.0111 - .0212	ppm	2	2	Discharge of drilling wastes; discharge from metal refineries; erosion of natural deposits
13. Chromium	N	2016*	7	1.2 - 7	ppb	100	100	Discharge from steel and pulp mills; erosion of natural deposits
14. Copper	N	2014/16*	.2	0	ppm	1.3	AL=1.3	Corrosion of household plumbing systems; erosion of natural deposits; leaching from wood preservatives
16. Fluoride **	N	2016*	.525	.497 - .525	ppm	4	4	Erosion of natural deposits; water additive which promotes strong teeth; discharge from fertilizer and aluminum factories
17. Lead	N	2014/16*	1	0	ppb	0	AL=15	Corrosion of household plumbing systems, erosion of natural deposits

Disinfection By-Products

81. HAA5	N	2018	13	12- 13	ppb	0	60	By-Product of drinking water disinfection.
82. TTHM [Total trihalomethanes]	N	2018	29.5	No Range	ppb	0	80	By-product of drinking water chlorination.
Chlorine	N	2018	.7	.6 – 1.5	mg/l	0	MRDL = 4	Water additive used to control microbes

* Most recent sample, no sample required in 2018

** Fluoride level is routinely adjusted to the Ms. State Dept. of Health's recommended level of 0.6-1.2 mg/l

Microbiological Contaminants:

(1) Total Coliform/E Coli. Coliforms are bacteria that are naturally present in the environment and are used as an indicator that other, potentially harmful, waterborne pathogens may be present or that a potential pathway exists through which contamination may enter the drinking water distribution system. We found coliform indicating the need to look for potential problems in water treatment or distribution. When this occurs, we are required to conduct assessments (s) to identify problems and to correct any problems that were found during these assessments.

We are required to monitor your drinking water for specific contaminants on a monthly basis. Results of regular monitoring are an indicator of whether or not our drinking water meets health standards. In an effort to ensure systems complete all monitoring requirements, MSDH now notifies systems of any missing samples prior to the end of the compliance period.

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.

During the past year we were required to conduct and completed 1 (one) Level 1 assessment. In addition, we were required to take and completed 1 (one) corrective action.

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 0.6-1.2 ppm was 6. The percentage of fluoride samples collected in the previous calendar year that was within the optimal range of 0.6-1.2 ppm was 42%.

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.

Postage Statement—First-Class Mail and First-Class Package Service

Use this form for First-Class Mail and First-Class Package Service.

Mailer	Permit Holder Name, Address, Email, Telephone CITY OF INDIANOLA, MS 101 FRONT AVE P.O. BOX 269 INDIANOLA, MS 38751 CAPS Cust. Ref. No. _____ CRID _____			Mailing Agent (If other than permit holder) Name, Address, Telephone CRID _____		Mail Owner (If other than permit holder) Name, Address CRID _____	
	Post Office of Mailing		Mailer's Mailing Date	Federal Agency Cost Code	Statement Seq. No.	Permit #	No. and type of Containers
Mailing	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Parcels	For Mail Enclosed within Another Class <input type="checkbox"/> Marketing Mail <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Periodicals <input type="checkbox"/> Media Mail	Weight of a Single Piece _____ pounds 6	SSF Transaction ID#	Parcels Only Hold For Pickup (HFPU) No. of pieces _____	____ Sacks ____ 1 ft. Letter Trays ____ 2 ft. Letter Trays ____ EMM Letter Trays ____ Flat Trays ____ Pallets ____ Other
	Move Update Method <input type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> NCOA ^{Link} <input type="checkbox"/> ACS		<input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS <input type="checkbox"/> n/a Alternative Address Format	Total Pieces 3418	Total Weight 128.14	Customer Generated Electronic Labels <input type="checkbox"/> SigCon	
				Letter or flat-size mailpieces contain: <input type="checkbox"/> Round Trip ONLY: One DVD/CD or other disk.		For Automation Price Pieces, Enter Date of Address Matching and Coding ____/____/____	
				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				
Parts Completed (Select all that apply): <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> NSA							
Postage	1			Subtotal Postage (Add parts totals)			
	2 Price at Which Postage Affixed (Check one), <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither Complete if mailing includes pieces bearing metered/PC Postage.			3418 pcs. x \$ 0.302 = Postage Affixed		- 1032.24	
	3			Incentive/Discount Flat Dollar Amount			-
	4			Fee Flat Dollar Amount			+
	5 Permit # <u>56</u>			Net Postage Due (Line 1 +/- Lines 2, 3, 4)			1032.24
USPS Use Only	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 121				Total Adjusted Postage Permit Imprint		
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 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 <i>Steve Rosenthal</i>		Printed Name of Mailer or Agent Signing Form Steve Rosenthal			Telephone 662-887-1825	
USPS Use Only	Weight of a Single Piece _____ pounds		Total Weight		Are postage figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, reason:		Round Stamp (Required) Payment Date
	Total Pieces		Total Postage				
	Presort Verification Performed? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> 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).				Date Mailer Notified	Contact	
	USPS Employee's Signature				By (Initials)	Time AM PM	
				Print USPS Employee's Name			

First-Class Mail

Part B—Nonautomation prices Check box if prices are populated in this section.

Postcards (eligible for postcard price)

		Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
B1	Presorted						
B2	Single-Piece	0.302	3418	\$1032.24			\$1032.24

Letters

		Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
B3	Presorted						
B4	Residual From First-Class Mail Mailing (includes up to 1 oz. and between 1 oz. and 3.5 oz.)						
B5	Nonpresorted/Single-Piece*						
B6	Single-Piece From USPS Marketing Mail Mailing						

Nonmachinable Letters

		Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
B7	Presorted						
B8	Nonpresorted/Single-Piece						
B9	Single-Piece From USPS Marketing Mail Mailing						
B10	Nonmachinable Surcharge** (for presorted letters)						
B11	Nonmachinable Surcharge** (for single-piece letters)						

Flats

		Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
B12	Presorted						
B13	Single-Piece						
B14	Single-Piece From USPS Marketing Mail Mailing						

Permit Reply Mail

		Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
B15	Single-Piece Letter (1 oz. or less)						
B16	Single-Piece Letter (over 1 oz. to 3.5 oz.)						
B17	Single-Piece Flat (1 oz. or less)						
B18	Single-Piece Flat (over 1 oz. to 13 oz.)						

* First-Class Mail metered letter price

** Only on FCM letters with one or more nonmachinable characteristics

Part B Total (add lines B1–B18)							
----------------------------------------	--	--	--	--	--	--	--

Postage Statement—First-Class Mail and First-Class Package Service

Use this form for First-Class Mail and First-Class Package Service.

Mailer	Permit Holder Name, Address, Email, Telephone CITY OF INDIANOLA, MS 101 FRONT AVE P.O. BOX 269 INDIANOLA, MS 38751 CAPS Cust. Ref. No. _____ CRID _____		Mailing Agent (If other than permit holder) Name, Address, Telephone _____ CRID _____		Mail Owner (If other than permit holder) Name, Address _____ CRID _____		
	Post Office of Mailing _____ Mailer's Mailing Date _____		Federal Agency Cost Code _____ Statement Seq. No. _____		Permit # _____		
Mailing	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Parcels	For Mail Enclosed within Another Class <input type="checkbox"/> Marketing Mail <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Periodicals <input type="checkbox"/> Media Mail	Weight of a Single Piece 6 pounds	SSF Transaction ID# _____	Parcels Only Hold For Pickup (HFPU) No. of pieces _____	
	Move Update Method <input type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> NCOAL ^{ink} <input type="checkbox"/> ACS	<input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS <input type="checkbox"/> n/a Alternative Address Format	Combined Mailing <input type="checkbox"/> Single Class	Total Pieces 3418	Total Weight 128.14	Customer Generated Electronic Labels <input type="checkbox"/> SigCon	____ Sacks ____ 1 ft. Letter Trays ____ 2 ft. Letter Trays ____ EMM Letter Trays ____ Flat Trays ____ Pallets ____ Other
	Letter or flat-size mailpieces contain: <input type="checkbox"/> Round Trip ONLY: One DVD/CD or other disk.	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	For Automation Price Pieces, Enter Date of Address Matching and Coding ____/____/____			
	Parts Completed (Select all that apply): <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> NSA						
Postage	1	Subtotal Postage (Add parts totals)					
	2	Price at Which Postage Affixed (Check one). <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither Complete if mailing includes pieces bearing metered/PC Postage.	3418 pcs. x \$ 0.302	= Postage Affixed		- 1032.24	
	3	Incentive/Discount Flat Dollar Amount				-	
	4	Fee Flat Dollar Amount				+	
	5	Permit # 56	Net Postage Due (Line 1 +/- Lines 2, 3, 4)				
USPS Use Only	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 121			Total Adjusted Postage Permit Imprint			
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 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 _____		Telephone _____		
USPS Use Only	Weight of a Single Piece _____ pounds	Total Weight _____	Are postage figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, reason: _____		Round Stamp (Required) Payment Date _____		
	Total Pieces _____	Total Postage _____					
	Presort Verification Performed? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> 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)		Date Mailer Notified _____	Contact _____			
	USPS Employee's Signature _____		By (Initials) _____	Time _____ AM _____ PM			
		Print USPS Employee's Name _____					

First-Class Mail

Part A—Automation prices Check box if prices are populated in this section.

Postcards (eligible for postcard price)

		Price	No. of Pieces	Subtotal Postage	Discount Total*	Fee Total	Total Postage
A1	5-Digit						
A2	AADC						
A3	Mixed AADC						

Letters

		Price	No. of Pieces	Subtotal Postage	Discount Total*	Fee Total	Total Postage
A4	5-Digit						
A5	AADC						
A6	Mixed AADC						

Flats

		Price	No. of Pieces	Subtotal Postage	Discount Total*	Fee Total	Total Postage
A7	5-Digit						
A8	3-Digit						
A9	ADC						
A10	Mixed ADC						

* May contain both Full Service Intelligent Mail and other discount—see Instructions page for additional information.

A11	Part A Total (add lines A1–A10)						
-----	----------------------------------------	--	--	--	--	--	--

Full Service Intelligent Mail Option

A12	DISPLAY ONLY	Postcards—Number of Pieces that Comply _____	x \$0.003 =	
A13	DISPLAY ONLY	Letters—Number of Pieces that Comply _____	x \$0.003 =	
A14	DISPLAY ONLY	Flats—Number of Pieces that Comply _____	x \$0.003 =	

First-Class Mail

Part B—Nonautomation prices Check box if prices are populated in this section.

Postcards (eligible for postcard price)

		Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
B1	Presorted						
B2	Single-Piece	0.302	3418	\$1032.24			\$1032.24

Letters

		Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
B3	Presorted						
B4	Residual From First-Class Mail Mailing (includes up to 1 oz. and between 1 oz. and 3.5 oz.)						
B5	Nonpresorted/Single-Piece*						
B6	Single-Piece From USPS Marketing Mail Mailing						

Nonmachinable Letters

		Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
B7	Presorted						
B8	Nonpresorted/Single-Piece						
B9	Single-Piece From USPS Marketing Mail Mailing						
B10	Nonmachinable Surcharge** (for presorted letters)						
B11	Nonmachinable Surcharge** (for single-piece letters)						

Flats

		Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
B12	Presorted						
B13	Single-Piece						
B14	Single-Piece From USPS Marketing Mail Mailing						

Permit Reply Mail

		Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
B15	Single-Piece Letter (1 oz. or less)						
B16	Single-Piece Letter (over 1 oz. to 3.5 oz.)						
B17	Single-Piece Flat (1 oz. or less)						
B18	Single-Piece Flat (over 1 oz. to 13 oz.)						

* First-Class Mail metered letter price

** Only on FCM letters with one or more nonmachinable characteristics

Part B Total (add lines B1–B18)							
----------------------------------------	--	--	--	--	--	--	--

First-Class Package Service

Part C—Parcels Check box if prices are populated in this section.

Commercial Parcels (less than 16 oz.)

	Zone	Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
C1	1&2						
C2	3						
C3	4						
C4	5						
C5	6						
C6	7						
C7	8						
C8	9						
C9	Irregular shape surcharge						

Commercial Parcels—NSA

	Zone	Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
C10	1&2						
C11	3						
C12	4						
C13	5						
C14	6						
C15	7						
C16	8						
C17	9						
C18	Irregular shape surcharge						

Commercial Parcels—NSA

		Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
C19	Single-Piece						
C20	Irregular shape surcharge						

Retail Parcels (13 oz. or less)

	Zone	Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
C21	1&2						
C22	3						
C23	4						
C24	5						
C25	6						
C26	7						
C27	8						
C28	9						

Retail Parcels (13 oz. or less) from USPS Marketing Mail

	Zone	Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
C29	1&2						
C30	3						
C31	4						
C32	5						
C33	6						
C34	7						
C35	8						
C36	9						

Part C Total (add lines C1–C36)

Round Trip DVD, CD, or Other Disc Mail

Part D—Round Trip Mailings that Contain a DVD, CD, or Other Disc

Check box if prices are populated in this section.

Automation Letters

		Price	No. of Pieces	Subtotal Postage	Discount Total*	Fee Total	Total Postage
D1	5-Digit						
D2	AADC						
D3	Mixed AADC						

Presort Letters

		Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
D4	Presorted						
D5	Single-Piece						

Automation Flats

		Price	No. of Pieces	Subtotal Postage	Discount Total*	Fee Total	Total Postage
D6	5-Digit						
D7	3-Digit						
D8	ADC						
D9	Mixed ADC						

Presort Flats

		Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
D10	Presorted						
D11	Single-Piece						

Permit Reply Mail

		Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
D12	Single-Piece Letter (1 oz. or less)						
D13	Single-Piece Flat (2 oz. or less)						

* May contain both Full Service Intelligent Mail and other discount—see Instructions page for additional information.

D14	Part D Total (add lines D1–D13)						
-----	----------------------------------------	--	--	--	--	--	--

Full Service Intelligent Mail Option

D15	DISPLAY ONLY	Letters—Number of Pieces that Comply _____	x \$0.003 =	
D16	DISPLAY ONLY	Flats—Number of Pieces that Comply _____	x \$0.003 =	

Extra Services and Fees

Part S Check box if prices are populated in this section.

Items mailed with Extra Services must meet the mailing standards for the extra service.

		Fee	No. of Pcs. or Lbs.	Subtotal Postage	Discount Total	Total Postage
S1	Certificate of Mailing (3 or more - Form 3665)					
S2	Certified Mail					
S3	Collect on Delivery (COD)					
S4	USPS Tracking*					
S5	Insurance					
S6	Registered Mail					
S7	Signature Confirmation Restricted Delivery*					
S8	Return Receipt (Electronic)					
S9	Return Receipt (Form 3811)					
S10	Certified Mail Restricted Delivery					
S11	Signature Confirmation*					
S13	Fragile					
S14	Certified Mail Adult Signature Required					
S15	Adult Signature Required					
S16	Adult Signature Restricted Delivery					
S17	Picture Permit Imprint					
S18	Day Certain Delivery					
S19	Certificate of Bulk Mailing (Form 3606-D)					
S20	Sunday Delivery					
S21	Same Day					
S22	Extended Coverage					
S23	IMpb Non-Compliance Fee					
S25	Live Animal Transportation					
S26	Next Day					
S27	Certified Mail Adult Signature Restricted Delivery					
S28	Hazardous Material Transportation					
S29	Perishables					
S30	Registered Mail Restricted Delivery					
S31	Insurance Restricted Delivery					
S32	COD Restricted Delivery					

* Available for parcels only

Part S Total (Add lines S1-S32)						
----------------------------------------	--	--	--	--	--	--

First-Class Mail—Instructions

Use this form for First-Class Mail and First-Class Package Service.

Step 1: Complete Mailer and Mailing sections on page 1. The Mailer section must be completely filled in, including the Permit Holder in the first box, the Mailing Agent, if any as described below, in the second box, and the Mail Owner, as described below, if other than the Permit Holder, in the third box.

Mailing Agent: The mailing agent is a business entity, organization, or individual acting on behalf of one or more mail owners by providing mailing services for which the mail owners compensate the mailing agent. A business entity, organization, or individual whose services define it as a mailing agent may also be considered a mail owner, but only for its own mail or the mail of its subsidiaries. Mailing agents include, but are not limited to the following: Printer, letter shop, address list provider/manager; mail preparer, postage payment provider, mailing logistics provider, mailing tracking provider, ad agency, and mailing information manager.

Mail Owner: The mail owner is the business entity, organization, or individual who makes business decisions regarding the mailpiece content, directly benefits from the mailing, and ultimately pays for postage on the mailpiece directly or by way of a mailing agent.

Step 2: Before you complete the Postage section, go to parts A through S. Complete the part(s) that pertain to your mailing. The following information will help you to determine which parts to complete:

Part A: Automation prices—All pieces must be reported on the appropriate line at the full published price (not including the Full Service Intelligent Mail incentive). Pieces that comply with the Full Service Intelligent Mail option requirements are additionally reported on the lines provided. Enter total in Part A Total box.

Part B: Nonautomation prices. Report any mixed weight residual mail from a presort mailing on line B4. Report single piece and residual pieces on line B5, when choosing to present mail with various weights, separately. Enter total in Part B Total box.

Part C: Commercial and Retail Parcels. Enter total in Part C Total box.

Part D: Round Trip DVD, CD, or other disc mailer. Enter total in Part D Total box.

Part S: Extra Services—Report any combined Extra Services on the lines provided for them, e.g., Insured mail that is also Restricted Delivery would be reported on line S31—Insurance Restricted Delivery. Enter total in Part S Total box.

Step 3: Add the postage in parts A through S without rounding.

Step 4: Return to the Postage section on page 1. Check the boxes that correspond to the form parts used. Add the postage amounts for all parts and enter on Line 1 Subtotal Postage, rounded off to two decimal places. For postage affixed mailings round off to three decimal places.

Step 5: Complete Line 2 for Postage Affixed mailings. Check the box for the Price at Which Postage Affixed (Correct, Lowest, or Neither). Multiply the number of pieces by the postage affixed. Put the total in the Postage Affixed block.

Step 6: Lines 3 and 4 are for postage adjustments that apply to the entire mailing. Report any Incentive/Discount on Line 3 and any Fee on Line 4.

Step 7: Calculate Line 5 Net Postage Due by subtracting any Postage Affixed and Incentive/Discount (Lines 2 and 3) from the Subtotal Postage (Line 1) and adding any Fee (Line 4). For permit imprint mailings, the Net Postage Due is the amount that will be withdrawn from the permit imprint account listed in the Permit # box in the Mailing section. For postage affixed mailings, the Net Postage Due is the amount that must be tendered in addition to that already affixed to the mail, and it may be tendered by any of the applicable methods including withdrawal from an advance deposit account that can be listed by Permit # on Line 5.

Step 8: Read and sign the Certification section, including your telephone number. Attach all completed parts and submit with the mailing.

Instructions continued on next page

First-Class Mail—Instructions—Continued

Use this form for First-Class Mail and First-Class Package Service.

Further Information About Discount Total Column

Mailings that qualify for Full Service Intelligent Mail Option will report the discount in the Discount Total column of each line of the postage statement. The Full Service Intelligent Mail Option lines are for display and data gathering purposes only.

When there is a Full Service discount but no other incentive discount, the Full Service discount is reported directly in the Discount Total column.

When there is both a Full Service discount and an incentive discount, the Discount Total must include both discounts so it must be calculated in an offline calculation with the resulting value reported in the Discount Total column. The calculation is performed as follows:

The Subtotal Postage (SP) amount is not affected and is calculated in the usual way. The Discount Total (DT) is calculated by, first, determining the Full Service discount (FSD) by multiplying the number of Full Service pieces by the per-piece Full Service discount. Then you must calculate the Incentive Discount (ID) by subtracting the Full Service discount (FSD) from the Subtotal Postage (SP) and multiplying the result by the Incentive Discount percentage (ID%) expressed in decimal form, such as .02. Then add the Full Service discount (FSD) and the Incentive Discount (ID) to get the Discount Total (DT).

This calculation can be expressed as an equation as follows:

$$DT = FSD + ID \quad \text{or} \quad DT = FSD + ((SP - FSD) \times ID\%)$$

For more information on mailing standards, prices, and fees, please go to Postal Explorer at pe.usps.com.