

Annual Report

Official Public Water Supply Information

RECEIVED WATER SUPPLY
2019 JUL 15 AM 8:35

Reviewed by: gc
2 (MSDH staff only)

SECTION I - Public Water System (PWS)

3 Public Water System - 7 digit ID Number: MS 0110026

4 System Type: (check one)
 Community Transient Non-Transient/Non-Community

5 PWS Name: Romola Water Association

6 PWS Physical Address: 3150 Old Hwy 18 City: Hermantown County: Clairborne Zip Code: 39086
NOTE: P.O. Box not acceptable

7 Population Number Served: 648

8 Connections Metered: 217 + Unmetered: NONE = TOTAL: 217

9 Connections How many are residential?: 215

10 Connections How many are residential?:

SECTION II - Legally Responsible Official

11 Name: Louis Beck Title: President

12 Are you also a Certified Waterworks Operator?
 Yes No If yes, what is your certificate no.?

13 Mailing Address To receive official correspondence: P.O. Box 725 Port Gibson MS 39150
NOTE: Multiple mailing addresses are not acceptable

14 Business Number: () Fax Number: (601) 437-4203

15 Home Number: (601) 415-8007 Mobile Number: ()

15 Email Address: ()

16 Sample Results (Mailing Address): 1309 Market St Port Gibson MS 39144
NOTE: For Bacteriological

17 Delivery Shipment (Mailing Address): P.O. Box 725 Port Gibson MS 39150
NOTE: P.O. Box address not acceptable

I hereby certify that I am the named individual for this Public Water System and will complete and return the Annual Report to the MS State Department of Health, Bureau of Public Water Supply within 45 days upon receiving and understand that if I do not complete and return within 45 days, the Public Water System will be declared without a Certified Waterworks Operator and the Public Water System shall be in violation of the Bureau of Public Water Supply, MS Primary Drinking Water Regulation, Rule 2.7.1, Annual Report Requirements.

18 Signature: Louis A. Beck Date: 6/25/19

SECTION III - Designated Operator

19 Name As on the MSDH issued certificate: Valerie Townsend Certificate No.: B03336

20 What is the distance from your home address to the physical location of this PWS? 9 1/2 Miles

21 Verified by: MSDH, staff only

I hereby certify that I am the person who directly supervises and is personally responsible for the daily operation and maintenance of this public water system, and I do hold a valid Certificate of Competency as required by Section 21-27-201 through 21-27-221, Mississippi Code of 1972, Annotated. I further certify that my personal residence is within 50 miles of this Public Water System.

22 Signature: Valerie Townsend Date: 6/20/19

SECTION IV - Submission Options (Select one method ONLY)

23 Email: water.reports@msdh.ms.gov

24 Fax: (601) 576-7800 OR (601) 576-7822

25 Mail: Mississippi State Department of Health
 U.S. Postal Service, Bureau of Public Water Supply
 570 E. Woodrow Wilson
 P.O. Box 1700, Jackson, MS 39215-1700