2025 CCR PROCESSING FORM

Mississippi Rural Water Association, Inc.
172 Country Place Parkway
Pearl, MS 39208

Dear Community Water Provider:

As some of you may know, as of December 31, 2024, I retired from the Mississippi Rural Water Association, Inc. I am, however, still processing the Consumer Confidence Reports through the association. My contact information is: Cell: 601.209.3317 and email: cag2735@gmail.com .

The 2025 report is due by July 1, 2026, and must be uploaded through the MS PWS Portal. See the letter from MSDH for full instructions.

We will once again add the information that EPA would like to see in the report, such as a paragraph that includes general information about the system, any improvements have been made in the past year, any future expansions and/or rate increases, if your board has attended the required training, and only other information that you would like to pass on to your customers.

When you have retrieved your information from the Mississippi Department of Health Portal from the Blue Tab labeled "Consumer Confidence Report Data, we will be glad to assist you in completing your report. We will need a copy of all the **2025 or latest** test results that show all contaminants with or without detects. Be sure to include any results on the unregulated contaminants. https://pws.mswater.us

Also be sure to send:

1) Copies of all violations with the documentation that you used to correct the violations
2) All significant deficiency(s) with any documentation that shows they have been corrected.
3) If you had any Level 1 or Level 2 Assessments, how many of each and the number of corrective actions taken with copies of the corrected actions.
4) Copies of any public notices that your system was required to send to your customers
5) If you have had an administrative enforcement hearing:
   - Reason for hearing
   - Date of hearing
   - Corrective actions to be taken to comply with the hearing.
   - Copy of letter to MSDH stating that corrective actions have been completed
6) If your system took over another system, please be sure to send the test results for all systems.

Be sure to read the delivery instructions on the CCR Certification Form from MSDH**. This year you may want to consider placing your CCR on your website or MsRWA** has a special page on our website to host your CCR. This form of delivery usually cost less than what it cost to publish in the local paper, and you don't have to mail out to each customer. You will have to follow the MSDH instructions concerning putting the information on your water bill where your customers can find your report on a website with a direct URL. The CCR will have to stay on the website for three years. If you chose to use the MsRWA website the cost for hosting the 2025 report for the required three years will be an additional $175.00 hosting fee. If you would like for MsRWA to host your CCR please order it that way on the payment form.

Processing Fee per ID#: Standard format that does not include non-detected contaminants, returned by email.

Member Systems	Non-Member Systems
$175.00	$350.00

Please read the enclosed form carefully, it has changed: fill in ALL BLANKS, this information is required to process your report correctly, be sure to sign, then return with a copy of your sample test results and payment. Completed reports will be returned to you within 10 - 15 working days from the date we receive all the required paperwork and payment.

Don't forget, it is your responsibility to have the report published in the form you chose and upload your completed report and the certification through your MSDH portal by July 1st.

If you need any additional information, feel free to contact me on my cell at 601.209.3317.

Sincerely,

Cecilia

Cecilia Garris
CCR Consultant, MsRWA

Please don't send any materials until you retrieve your results from the Health Department Portal with final instructions.

2025 CCR PROCESSING ORDER FORM

All Blanks Must Be Filled In On Both Sides of this form!

All Blanks Must Be Filled In On Both Sides for this form!

ALL BLANKS MUST BE FILLED IN TO PROCESS YOUR REPORT

2025 Consumer Confidence Report Oder Form

IMPORTANT NOTICE:

For the 2025 Consumer Confidence Report, the MSDH will not accept the report if all the information is not included. More information is required on this form than on prior year forms.

SO, please fill out this form completely.

Please Print

Name of System: South Sunflower Water Association Member #: _____

System PWS ID#(s): 0670013 & 0670015 Population: _____

System Full Mailing Address: PO Box 88

City: Inverness MS Zip: 38753

Email Address (Required to return report): CustomerCare@MagnoliaH2OSvc.com; CEO@MagnoliaH2OSvc.com

Phone Number: 662-379-7700

CCR Processing Fee per PWS ID # - (Member Rate) MUST BE IN GOOD STANDING

Member Systems	Non-Member Systems
$175.00	$350.00

Number of Member PWS IDs 2 **@ $175.00 =** 350.00

Number of Non - Member PWS IDs _____ **@ $350.00 =** _____

MsRWA Website CCR Hosting for your 2025 CCR for the next three years as required $175.00/three years. 175.00

If you choose for MsRWA to pull info from your portal it is a Fee of $30.00 per PWS ID#. 60.00

Any reports received for processing after June 12– Add Late Fee $100.00 _____

Total Enclosed 585.00

If MsRWA pulls the info (test results) from the portal, you will still have to provide the Information for any public notifications, deficiencies or violations with this form.

Payment can be made by credit card at: msrwa.org/pay

Contact Information:

Contact person & phone number that you want printed in the report:

Name: Micah Nightingale Position: Manager Phone: 662-379-7700

Regular monthly meetings or annual meeting are scheduled:

Day: Meetings scheduled as needed Date: _____

Time: _____ Location: _____

Source of Water: https://landandwater.deq.ms.gov/swap/reports/

Name of Aquifer(s): Sparta & Meridian Upper Wilcox Number of Wells: Purchased Water

Please provide the following information from your system's Source Water Assessment Program (SWAP) Our wells received the following ranking of susceptibility to contamination. Please check one.

_____ Lower _____ Moderate _____ Higher

__X__ Lower to Moderate _____ Lower to Higher _____ Moderate to Higher

Do you purchase water? (X) Yes ( ) No On a regular basis __X__ or emergency only _____
Be sure to include copies of test results of the purchased from system.

If Yes:
Our System ID#: 0670013
Purchases from System Name: City of Indianola
& System ID #: 0670006

Our System ID#: 0670015
Purchases from System Name: Town of Invernesss
& System ID #: 0670007

Fluoride Information:

Does your system add fluoride? __X__ No or _____ Yes – Please include a copy of the fluoride letter from portal.

If your system has stopped adding fluoride, please include a copy of the letter from the MSDH approving this.

MRDL Report (Maximum Residual Disinfection Level)
If the MRDL in your portal has the following message, you must fill in the readings from your monthly bacteriological sample results:

MRDL Range: * See below (This range must be reported on your CCR in the "Range" field.)
Highest QTR RAA: * See below (This value must be reported on your CCR in the "Your Water" field.)

* Because your water system has either not reported a free chlorine residual or has reported a chlorine residual of zero for one or more compliance periods, you must refer to your bacteriological sample results or other system records to determine the MRDL Range and the Highest QTR RAA to report on the CCR. To avoid this manual calculation, please analyze and record both the free and total chlorine residuals

From Bacteriological Sample Results
Individual Total Chlorine residual. - _____ Lowest _____ Highest
Individual Free Chlorine residual. - 0.02 Lowest 2.18 Highest

Revised Total Coliform Rule (RTCR)
Did your system(s) have any bacteria present in 2025? (X) Yes ( ) No
If yes:

What is the system ID#: 0670015

What type: (X) Coliform ( ) E. coli What Month: December
How many routine samples were taken? 1 regular plus 3 resamples
How many samples tested positive for bacteria? 1
Did your re-samples test positive for bacteria? ( ) Yes (X) No

If yes:

Were you required to conduct an Assessment? ( ) Yes (X) No

Total Coliform Rule Assessment: ( ) Level 1 or ( ) Level 2
If your system had bacteria present and was required to complete an assessment:

Complete this statement for Level 1

"During the past year we were required to conduct _____ Level 1 assessment (s). ____ Level 1 assessments (s) were completed. In addition, we were required to take _____ corrective actions and we completed ____ of these actions."

Complete this statement for Level 2

"During the past year _____ Level 2 assessments were required to be completed for our water system. ____ Level 2 assessments (s) were completed. In addition, we were required to take _____ corrective actions and we completed ____ of these actions."

Violations:
Did your system have **any** violations? ( ) Yes (X) No

If yes, what type and when? **If you were required to send a public notice to your customers, you must attach a copy.**

_____ Major Date: _____

_____ Minor Date: _____

_____ Monitoring Date: _____

_____ Recordkeeping Date: _____

Please explain what corrective actions were taken: _____

_____

_____

Was your system scheduled for an administrative enforcement hearing where issues have not been resolved yet? ( ) Yes ( ) No

If yes, attach copies of the following:
Notification:
Date of Hearing: _____
Corrective Actions to be taken in detail.
Letter to MSDH stating the corrective actions have been completed.

Public Notification:

If you were required to send any public notices to your customers, you MUST attach a copy. The MSDH will no longer allow the CCR to be your public notification for any violations.

If there is a Significant Deficiency in your portal it will have to be listed in the present CCR, if it has been resolved, please contact MSDH. Call Ciara King 15 601.576.7894 or email water.gwr@msdh.ms.gov

Did your system have any significant deficiency(s) in 2025 or unsolved from prior years?
( ) Yes (X) No

Does your system have a compliance plan to correct deficiency? ( ) Yes ( ) No

Does your system have any unresolved significant deficiencies from prior years? ( ) Yes ( ) No

If yes include a copy of the Ground Water Rule Significant Deficiency Summary Report and any compliance plan to correct.
Have the corrections been completed? ( ) Yes ( ) No – If yes attach copy that was sent to MSDH.

Boil Water Notices:

Did your water system use MSDH to assist with distribution of boil water notices in 2025?

( ) Yes (X) No

Lead & Copper

What is your system's sampling schedule for L&C:

__X__ Every Three Years _____ Annually _____ Every 6 months

Please provide a copy of the latest Lead & Copper 90th Percentile Page

_____ # of Lead and Copper samples were taken.

__0__ # of Lead samples that exceeded the Action Level

__0__ # of Copper samples that exceeded the Action Level

NEW UCMR5:

Did your system monitor for UCMR5 between 2023 and 2025? ( ) Yes (X) No

If Yes, be sure to go on the EPA website at the address below and get your results and include them to be added to your report.

Community water systems required to monitor under UCMR must inform their customers of UCMR results (including the average and range of results) in their annual Consumer Confidence Report (CCR).
UCMR5 specifies monitoring between 2023 and 2025 for lithium and 29 per- and polyfluoroalkyl substances (PFAS).

If not already obtained, results are stored in the EPA's web-based Safe Drinking Water Accession and Review System (SDWARS). https://cdx.epa.gov/

Person to contact at your system if we need additional information:

Name: Micah Nightingale Position: Manager

Daytime Phone (8:00 AM – 5:00PM): 662-379-7700

Cell: _____ Best time to contact: _____

Email address: CEO@MagnoliaH2OSvc.com

The EPA would like to see a paragraph that includes general information about the system, what improvements have been made in the past year, any future expansions and/or rate increases, if your board has attended the required training, and any other information that you would like to pass on to your customers. If you would like for us to insert any additional information, please provide on a separate page. Please type or print.

The MsRWA will not be responsible if the report is missing information that you did not provide.
I understand that the MsRWA can complete a true Consumer Confidence Report only if I provide them with the necessary information. If the MsRWA must re-develop the report, extra charges will be added.

Date: _____ System Name: South Sunflower Water Association

Signature: _____

Return these forms with test results, all necessary info, and the processing fee to:
Mississippi Rural Water Association, Inc.
172 Country Place Parkway, Pearl, MS 39208
If you need additional information, please contact MsRWA, PH: 601.857.2433
Cecilia Garris- Cell: 601.209.3317 – Email: cag2735@gmail.com

No Report will be returned without payment. Please do not send your results on a CD. You may send in hard copy format, email or fax.

If MsRWA did not process your report last year, please enclose a copy.

Please do not send originals of test results. Send copies of results only - they will not be returned. No Results needed that are over 5 years old.

Your report can not be completed without the required information.