

# Annual Report

## Official Public Water Supply Information



(MSDH time/date stamp)
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Reviewed by: \_\_\_\_\_  
(MSDH staff only)

### SECTION I – Public Water System (PWS)

<sup>1</sup> PWS ID Number: <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 10%;">MS</td> <td style="width: 10%;">0</td> <td style="width: 10%;"></td> </tr> </table>	MS	0							<sup>2</sup> System Type: <i>(check one)</i> <input type="checkbox"/> Community <input type="checkbox"/> Transient <input type="checkbox"/> Non-Transient/Non-Community
MS	0								
<sup>3</sup> PWS Name: _____									
<sup>4</sup> PWS Physical Address: _____ <small style="color: red;">P.O. Box <u>not</u> acceptable.</small>									
<small>Street, Road, Highway, Avenue, Etc.</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>	<small>County</small>					
<sup>5</sup> PWS Email Address: _____ <small>(example: <a href="mailto:cityofwaterville@gmail.com">cityofwaterville@gmail.com</a>)</small>									
Used for electronic sample results and other time-sensitive messages.									
<sup>6</sup> Population	<sup>7</sup> Connections	<sup>8</sup> Connections	<sup>9</sup> Connections						
Number Served	Metered	+	Unmetered	=	TOTAL				
	<small>How many are residential?</small>		<small>How many are residential?</small>						

### SECTION II – Administrative Contact (City Clerk, Secretary, Office Manager, Bookkeeper, etc.)

<sup>10</sup> Name: _____	Title: _____
Email Address: _____	Telephone No.: _____

### SECTION III – Legally Responsible Official (Owner, Board President, or Mayor)

<sup>11</sup> Name: _____	Title: _____		
<sup>12</sup> Mailing Address: _____ <small style="color: red;">This mailing address is used to receive official correspondence.    An individual is limited to one (1) address for computer database.</small>			
<small>Street, Road, Highway, Avenue, Etc.</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
<sup>13</sup> Email Address: _____			
Business No.	(    )	Fax No.	(    )
<sup>14</sup> Alt. Business No.	(    )	Mobile No.	(    )
Home No.	(    )		

I hereby certify that I am the named Legally Responsible Official for this Public Water System, and all information contained on this report is true and accurate. I agree to notify the MSDH immediately should any contact information change including the Certified Waterworks Operator. Additionally, I understand that this report must be completed and returned within **45 days**, otherwise 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 Regulations**.

<sup>15</sup> Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Additional Required Addresses

<sup>16</sup> BACT sample results (Mailing Address)	Whose attention do these results need to be addressed to?	Name/Title	
	<small>Street, Road, Highway, Avenue, Etc.</small>	<small>City</small>	<small>State</small> <small>Zip Code</small>
<sup>17</sup> DELIVERY (sample kit) (Shipping Address)	P.O. Box address <u>not</u> acceptable.		
	<small>Street, Road, Highway, Avenue, Etc.</small>	<small>City</small>	<small>State</small> <small>Zip Code</small>

## SECTION IV – Designated Operator

<b>18 Name</b> <small>(As issued on the MSDH certificate)</small>		<b>Certificate No.</b>	
What is the distance <u>from your home address</u> to the physical location of this public water system?		Miles 19	<b>Verified by:</b> _____ <small>MSDH, staff only</small>
I herby 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 <b>50 miles</b> of this Public Water System.			
<sup>20</sup> Signature _____		Date _____	

## SECTION V – Board Members *(Community public water systems with a population less than 10,000)*

Each member elected or reelected after June 30, 1998, shall attend a minimum of eight (8) hours of management training approved by the Mississippi State Department of Health, within two (2) years following the election of that board member. In order to ensure that all board members comply with this requirement, please provide the following information for this public water system, if applicable.

<sup>21</sup> Name and Title	Mailing Address and Email Address	Attended Training? If Yes, when?	Date Term Begins	Date Term Ends
1.		____ Yes ____ No Date: __/__/__	__/__/__	__/__/__
2.		____ Yes ____ No Date: __/__/__	__/__/__	__/__/__
3.		____ Yes ____ No Date: __/__/__	__/__/__	__/__/__
4.		____ Yes ____ No Date: __/__/__	__/__/__	__/__/__
5.		____ Yes ____ No Date: __/__/__	__/__/__	__/__/__
6.		____ Yes ____ No Date: __/__/__	__/__/__	__/__/__
7.		____ Yes ____ No Date: __/__/__	__/__/__	__/__/__
8.		____ Yes ____ No Date: __/__/__	__/__/__	__/__/__
9.		____ Yes ____ No Date: __/__/__	__/__/__	__/__/__
10.		____ Yes ____ No Date: __/__/__	__/__/__	__/__/__

## SECTION VI – Submission Options *(Choose one method ONLY)*

Note: Fax not a preferred method. If necessary, (601)576-7800 or (601)576-7822 <sup>23</sup>

<b>Email</b> <small><sup>22</sup></small>	<a href="mailto:water.reports@msdh.ms.gov">water.reports@msdh.ms.gov</a>	<b>Mail</b> <small><sup>24</sup></small> U.S. Postal Service, UPS, FedEx, Etc.	<u>Mississippi State Department of Health</u> Bureau of Public Water Supply 570 E. Woodrow Wilson P.O. Box 1700, Jackson, MS 39215-1700
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# Annual Report

## Official Public Water Supply Information

### PURPOSE

To provide the Mississippi State Department of Health, Bureau of Public Water Supply with an official record for communication / data entry. The Bureau must receive this form each time a change occurs within the Public Water System.

### INSTRUCTIONS

This form must be completed by the Public Water System's Legally Responsible Official and the Certified Waterworks Operator. The Public Water System official has forty-five (45) days to complete and return to the Bureau.

### SECTION I Public Water System (PWS)

1. All PWS's are assigned a 7 digit ID number from the Bureau. Enter each number in the appropriate blank.  
NOTE: If you don't know, please call the Bureau office (601) 576-7518.

System Type:

2. Check the appropriate Public Water System type. Only one (1) box needs to be checked.  
Community (City of... Town of... College...)  
Transient (Visitor Centers, Rest Stops, State Parks, etc.).  
Non-Transient Non-Community (Hospitals, Poultry Plants, High Schools, etc.).
3. Enter the name of the Public Water System.
4. Enter the physical address and county of the Public Water System.
5. Enter the email account of the Public Water System. For Example: [cityofwaterville@gmail.com](mailto:cityofwaterville@gmail.com) not, [bigbadjohn01@gmail.com](mailto:bigbadjohn01@gmail.com)

Population and Connections

6. Enter the number of people served by the Public Water System. NOTE: If you do not know, use **2.64 persons per household** (2010 U.S. Census Bureau - MS) and multiply 2.64 by the total number of connections. For ex.  $2.64 \times 1,000 = 2,640$ .
7. Enter the number of metered connections and enter the number of those which are residential.
8. Enter the number of unmetered connections and enter the number of those which are residential.
9. Add the number of total metered connections and total unmetered connections and enter the final number in the box marked "Total".

### SECTION II Administrative Contact

10. Enter the name, title, email, and telephone number of person authorized to transport MSDH official correspondences to the Legally Responsible Official.

### SECTION III Legally Responsible Official

11. Enter name and title of the Legally Responsible Official (e.g. Owner, Board President, Mayor, Public Works Director, Etc.).
12. Enter mailing address of the Legally Responsible Official.
13. Enter the email address of the Legally Responsible Official.
14. Enter business, alternate business, fax, home, and mobile numbers of the Legally Responsible Official.

Signature and Date

15. The Legally Responsible Official must sign name and date when signature was signed.

Essential Addresses

16. Enter name and/or title of the person who needs to receive the bacteriological sample results and appropriate mailing address.
17. Enter the delivery shipment address for sample kits shipped via commercial carrier.

### SECTION IV Designated Operator

18. Enter name and certification number of the Designated Operator as it appears on the MSDH certificate
19. Enter the distance in miles from the Certified Waterworks Operator home address to this Public Water System.

Signature and Date

20. Certified Waterworks Operator must sign name and date when signature was signed.

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### SECTION V Board Members

21. Enter each name and title, mailing and emailing address, check if attended training and date, and enter term of Board Member, if applicable.

### SECTION VI Submission - 3 options available. Select one (1) method.

22. Scan/Email to the address provided.
23. Fax to number provided. Not preferred.
24. Mail to the address provided.

### **For Mississippi State Department of Health, Bureau of Public Water Supply staff only.**

Time/Date Stamp:

Stamp document when received.

Reviewed by:

Data entry personnel must initial document when reviewed.

Data entry personnel must initial document when verified.

### **OFFICE MECHANICS AND FILING**

The Annual Report must be scanned/e-filed under the appropriate auto file naming scheme and be placed in binder for final storage.

### **RETENTION PERIOD**

This form must be retained for three (3) years or until audited.