

2024 Consumer Confidence Report Information Needed

Below is information that I must receive to complete the report. If you have any questions, you may call me at 601-527-0457 or email me at melindasmith42@gmail.com. Additional information about completing this form is available at msmithreports.com. **Please fill out entirely and mail back to me with your payment.**

Name of System: _____ County: _____

PWS ID #(s): _____

System Mailing Address: _____

CITY/STATE/ZIP: _____

Email address (**required to return report**): _____

Contact name & phone number to place on the CCR (for customer questions)

Name: _____ Phone #: _____

Regular monthly meetings or annual meeting date:

Day: _____ Time: _____

Date: _____ Location: _____

Name of Aquifer: _____

Number of Wells: _____

Source Water Protection (swap) Report: _____ LOWER _____ MEDIUM _____ HIGH

Do you purchase water? _____ YES _____ NO

If yes, system name: _____

Address: _____

Does your system add fluoride? _____ YES _____ NO

MRDL Report - If you do not have an MRDL in your portal, you must review all routine sample results and provide the lowest and highest level Total or Free Chlorine residual. _____ lowest _____ highest

Lead and Copper: Please include information about lead service line inventory:

Do you have any lead service lines? _____ YES _____ NO If yes, indicate how the public can access the service line inventory information: _____

What methods were used to determine there are no lead service lines? (Specify methods such as visual inspection, water operator knowledge, archived records, etc.) _____

Did your system have any violations? _____ YES _____ NO If yes, please explain below and attach any documents that you were required to send to your customers.

EXPLAIN:

Were you scheduled for an administrative enforcement hearing? _____ YES _____ NO

If yes, attach copies of the following : Notification, Date of Hearing and Corrective Actions to be taken in detail.

Provide a paragraph that includes general information about your system, what improvements you have made in the past year, future expansions, rate increases, the cost of making the water safe to drink, including the cost of maintaining your infrastructure, cost of chemicals, maintenance of grounds, etc., so customers understand what their water bill is covering and any other information you wish to share with your customers.

Do you have a website? Yes _____ No _____ (if no, a direct link can be provided for an additional \$175)

Do you publish your CCR in the newspaper? Yes _____ No _____

If you plan to publish your CCR in the newspaper instead of giving customers a direct link to your CCR, you will be responsible for sending it to the newspaper. If changes are needed on your CCR to prepare it for the newspaper (removing color, etc.) there will be an additional charge of \$25.

The fee this year is **\$100.00 per ID number plus \$175 per report for the direct web link (if needed)** and must be mailed with this form and any test results from sources other than MSDH. If payment is not received 30 days after an invoice is sent, there will be a **10% late fee added**. Please note, I will not be responsible if the report is missing information that you did not provide and the report has to be re-done. Also, if that happens, an additional fee may incur. CCR's will not be mailed to you, only e-mailed in PDF format and you will be responsible for uploading your CCR Information. If you need an invoice emailed to you before sending payment, please let me know.

\$100 CCR Fee per PWS ID# - \$100 \$ _____

Website Hosting for your 2024 CCR (available for 3 years as required) - \$175 \$ _____

Fee for newspaper - \$25 (**you must email report to the paper**) \$ _____

TOTAL Due \$ _____

PLEASE MAKE CHECK PAYABLE TO AND MAIL WITH THIS FORM TO:

**Melinda Smith
PO Box 171
Enterprise, MS 39330**