

Consumer Confidence Report (CCR) - Content Checklist

System Name: _____

System PWSID: AL000

System Population: ☐ (0 – 499)

☐ (500 – 9,999)

☐ (10,000 - Above)

System Sells Water to another CWS: ☐ Yes ☐ No

| Water System Information | | | | | | |
|--------------------------|--|--------------------------|--------------------------|--------------------------|----------------------|------|
| | Component | Yes | No | N/A | Regulation | Note |
| A. | System indicates data in the report is for calendar year _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.03 | |
| B. | Name and Telephone Number of Designee of PWS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (6) (b) | |
| C. | Names of Water Board Members (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (6) (b) | |
| D. | Time and Place of regularly scheduled board meetings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (6) (d) | |

| Source Water Information | | | | | | |
|--------------------------|---|--------------------------|--------------------------|--------------------------|------------------|------|
| | Component | Yes | No | N/A | Regulation | Note |
| A. | Type of Source (<input type="checkbox"/> Surface water, <input type="checkbox"/> Groundwater, or <input type="checkbox"/> Combination) | <input type="checkbox"/> | <input type="checkbox"/> | | 335-7-14-.04 (1) | |
| B. | General Location | <input type="checkbox"/> | <input type="checkbox"/> | | 335-7-14-.04 (1) | |
| C. | Brief Summary of Treatment Used | <input type="checkbox"/> | <input type="checkbox"/> | | 335-7-14-.04 (1) | |
| D. | Notification of how to obtain a copy of Source Water Assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (1) | |
| E. | Source Water Assessment Summary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (1) | |
| F. | Indicates if established Wellhead Protection Plan established (<u>Groundwater</u> systems only) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (1) | |

| Were the following REQUIRED DEFINITIONS included? | | | | | | |
|---|---|--------------------------|--------------------------|-----|----------------------|------|
| | Component "Required Text" | Yes | No | N/A | Regulation | Note |
| A. | <u>Maximum Contaminant Level Goal or MCLG</u> – “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.” | <input type="checkbox"/> | <input type="checkbox"/> | | 335-7-14-.04 (2) (a) | |
| B. | <u>Maximum Contaminant Level or MCL</u> – “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.” | <input type="checkbox"/> | <input type="checkbox"/> | | 335-7-14-.04 (2) (b) | |
| C. | <u>Maximum Residual Disinfectant Level Goal or MRDLG</u> – “The level of a drinking water disinfectant below which there is no known or expected risk to health. MRDLGs do not reflect the benefits of the use of disinfectants to control microbial contaminants.” | <input type="checkbox"/> | <input type="checkbox"/> | | 335-7-14-.04 (2) (c) | |
| D. | <u>Maximum Residual Disinfectant Level or MRDL</u> – “The highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for control of microbial contaminants.” | <input type="checkbox"/> | <input type="checkbox"/> | | 335-7-14-.04 (2) (d) | |

| If applicable, some of the following definitions should be included | | | | | | |
|---|---|--------------------------|--------------------------|--------------------------|---------------------|------|
| | Component "Required Text" | Yes | No | N/A | Regulation | Note |
| E. | <u>Variances and Exemptions</u> – “The Department or EPA permission not to meet an MCL or a treatment technique under certain conditions.” | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (3)(a) | |
| F. | <u>Treatment Technique</u> – “A required process intended to reduce the level of a contaminant in drinking water.” | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (3)(b) | |
| G. | <u>Action Level</u> – “The concentration of a contaminant that triggers treatment or other requirement a water system shall follow.” | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (3)(c) | |
| H. | <u>Level 1 Assessment</u> : “A Level 1 assessment is 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.” | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (3)(d) | |
| I. | <u>Level 2 Assessment</u> : “A Level 2 assessment is a very detailed study of the water system to identify potential problems and determine (if possible) why an <i>E. coli</i> MCL violation has occurred and/or why total coliform bacteria have been found in our water system on multiple occasions.” | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (3)(e) | |

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| Did the report include a Table of Primary Drinking Water Contaminants containing: | | | | | | |
|---|---|--------------------------|--------------------------|--------------------------|----------------------|------|
| | Component | Yes | No | N/A | Regulation | Note |
| A. | MCL for <u>each</u> contaminant (Refer to ADEM Admin. Code r. 335-7-14 Appendix A list) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (4) (a) | |
| B. | Highest detection level used to determine compliance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (4) (a) | |

| Did the report include a discrete Table of Detected Contaminants containing:* | | | | | | |
|---|---|--------------------------|--------------------------|--------------------------|-------------------------|------|
| | Component | Yes | No | N/A | Regulation | Note |
| A. | Detected contaminant name | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (4) (d) | |
| B. | MCL, Treatment Technique (TT), or Action Level (AL), as expressed in Appendix B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (4) (d) | |
| C. | MCLG of the contaminant expressed in the same units as the MCL | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (4) (d) | |
| D. | Highest detected level at any sample point | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (4) (e) 1. | |
| E. | Range of detected levels (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (4) (d) | |
| F. | Likely source of contamination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (4) (d) | |

| Did the report include Other Tables of Detected Contaminants? | | | | | | |
|---|--|--------------------------|--------------------------|--------------------------|---|--|
| G. | Unregulated contaminants monitored as required by the Department including monitoring required under the Information Collection Rule (ICR) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (4) (b) (2) | |
| H. | Disinfection by-products detected in finished water. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (4) (b) (3) | |
| I. | Microbiological contaminants detected in finished water. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (4) (b) (3) | |
| J. | Turbidity shall be reported pursuant to rule 335-7-2-.06 (turbidity as an MCL), the highest average monthly value. the highest single measurement and the lowest monthly percentage of samples meeting the turbidity limits. In addition, an explanation of the reasons for measuring turbidity. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (4) (f) 1. and 2. | |
| K. | For lead and copper, include 90th percentile of the most recent round of sampling, the number of sampling sites exceeding the action level, <u>and the range of tap sampling results.</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (4) (g) <i><u>Note: the underlined portion of the text was retained LCRR elements effective Oct 16, 2024.</u></i> | |
| L. | Total number of positive E. coli samples. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (4) (h) | |

| Did the report include Cryptosporidium, Radon, and Health Advisory Components? | | | | | | |
|--|--|--------------------------|--------------------------|--------------------------|----------------------|--|
| M. | Cryptosporidium results of monitoring, information on how it was performed, explain results. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (5) (a) | |
| N. | Detected radon in finished water results of monitoring, information on how it was performed, explain results. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (5) (b) | |
| O. | EPA Health Advisory contaminant present in finished water results of monitoring and explanation of significance noting the existence of a health advisory. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (5) (c) | |

* If a water system monitors certain contaminants less frequently than annually, the CCR shall include the most recent sample results, the date samples were collected, and a brief statement indicating that the data presented is from the most recent testing done in accordance with applicable regulations. A water system may exclude data more than five (5) years old.

| Did the report include all violations? | | | | | | |
|--|--|--------------------------|--------------------------|--------------------------|--------------------------|------|
| | <i>Brief explanation the violation that was incurred, potential health effects, steps taken to address violation and date system returned to compliance required for each of these.</i> | Yes | No | N/A | Regulation | Note |
| A. | Monitoring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (5) (d) (1) | |
| B. | Reporting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (5) (d) (1) | |
| C. | Treatment Technique | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (5) (d) (2) | |
| D. | Record Keeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (5) (d) (3) | |
| E. | Special monitoring requirements for organics and inorganics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (5) (d) (4) | |
| F. | Violation of a variance, exemption, admin. or judicial order | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (5) (d) (5) | |

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| Did the report include Variances or Exemptions? | | | | | | |
|---|---|--------------------------|--------------------------|--------------------------|----------------------|------|
| | Component | Yes | No | N/A | Regulation | Note |
| A. | Explained variance, date issued, status, and any public input opportunity. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.04 (5) (e) | |
| B. | Required Language: “Based on a study conducted by the Department with the approval of the EPA a statewide waiver for the monitoring of asbestos and dioxin was issued. Thus, monitoring for any of these contaminants was not required.” | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.06 (5) | |

| Did the report include the following Required Language | | | | | | |
|--|--|--------------------------|--------------------------|-----|---|------|
| | Component | Yes | No | N/A | Regulation | Note |
| A. | “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 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 (800-426-4791).” | <input type="checkbox"/> | <input type="checkbox"/> | | 335-7-14-.04 (6) (a) 1. | |
| B. | “The sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and radioactive material, and it can pick up substances resulting from the presence of animals or from human activity.” | <input type="checkbox"/> | <input type="checkbox"/> | | 335-7-14-.04 (6) (a) 2. | |
| C. | “Some people may be more vulnerable to contaminants in drinking water than the general population. People who are immuno-compromised such as cancer patients undergoing chemotherapy, organ transplant recipients, HIV/AIDS positive or other immune system disorders, some elderly, and infants can be particularly at risk from infections. People at risk 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 (800-426-4791) or on EPA's website <i>epa.gov/safewater</i> .” | <input type="checkbox"/> | <input type="checkbox"/> | | 335-7-14-.06 (1) OR Revised 40 CFR 141.154 (d) 1. | |
| D. | “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. [NAME OF 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 .” OR 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. [NAME OF UTILITY] is responsible for providing high quality drinking water and removing lead pipes, but cannot control the variety of materials used in plumbing components in your home. You share the responsibility for protecting yourself and your family from the lead in your home plumbing. You can take responsibility by identifying and removing lead materials within your home plumbing and taking steps to reduce your family's risk. Before drinking tap water, flush your pipes for several minutes by running your tap, taking a shower, doing laundry or a load of dishes. You can also use a filter certified by an American National Standards Institute accredited certifier to reduce lead in | <input type="checkbox"/> | <input type="checkbox"/> | | 335-7-14-.06 (4) OR Revised 40 CFR 141.154 (d) 1. | |

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| | drinking water. If you are concerned about lead in your water and wish to have your water tested, contact [NAME OF UTILITY and CONTACT INFORMATION]. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available at http://www.epa.gov/safewater/lead . | | | | | |
| Did the Systems use any portion the language of the following: | | | | | | |
| E. | Contaminants that may be present in source water include the following: (i) Microbiological contaminants, such as viruses and bacteria, which may come from sewage treatment plants, septic systems, agricultural livestock operations, and wildlife. (ii) Inorganic contaminants, such as salts and metals, which can be naturally-occurring or result from urban storm run-off, industrial or domestic wastewater discharges, oil and gas production, mining, or farming. (iii) Pesticides and herbicides, which may come from a variety of sources such as agriculture, storm water runoff, and residential uses. (iv) 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, urban storm water run-off and septic systems. (v) Radioactive contaminants, which can be naturally occurring or be the result of oil and gas production and mining activities. | <input type="checkbox"/> | <input type="checkbox"/> | | 335-7-14-.04 (6) (a) 3. | |
| F. | 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. FDA regulations establish limits for contaminants in bottled water. | <input type="checkbox"/> | <input type="checkbox"/> | | 335-7-14-.04 (6) (a) 4. | |

| Did the system use the Required Language when above detection? | | | | | | |
|---|--|--------------------------|--------------------------|--------------------------|-------------------|-------------|
| | Component | Yes | No | N/A | Regulation | Note |
| A. | Did the system detect arsenic > 5 µg/l, and up to and including 10 µg/l? | <input type="checkbox"/> | <input type="checkbox"/> | | 335-7-14-.06 (2) | |
| | <u>If yes, was the following statement included:</u> “Arsenic is a naturally occurring mineral known to cause cancer in humans at high concentrations. While your drinking water meets EPA's standard for arsenic, it does contain low levels of arsenic. EPA's standard balances the current understanding of arsenic's possible health effects against the costs of removing arsenic from drinking water. EPA continues to research the health effects of low levels of arsenic, which is a mineral known to cause cancer in humans at high concentrations and is linked to other health effects such as skin damage and circulatory problems.” | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.06 (2) | |
| B. | Did the system detect nitrate at levels > 5 mg/l, but below the MCL? | <input type="checkbox"/> | <input type="checkbox"/> | | 335-7-14-.06 (3) | |
| | <u>If yes, was the following statement included:</u> “Nitrate in drinking water at levels above 10 ppm is a health risk for infants less than six months of age. High nitrate levels in drinking water can cause blue baby syndrome. Nitrate levels may rise quickly for short periods of time because of rainfall or agricultural activity. If you are caring for an infant you should ask advice from your health care provider.” | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.06 (3) | |

| The following subparagraphs govern the reporting information regarding the Groundwater Rule contained in rule 335-7-5-.22 | | | | | | |
|--|--|--------------------------|--------------------------|--------------------------|------------------------------|-------------|
| | Components | Yes | No | N/A | Regulation | Note |
| A. | Did the system receive a significant deficiency or notice from the lab of a fecal indicator positive source sample? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.05 (1) (a) | |
| | <u>If yes, was the required content included?</u> Each report must include the following elements: 1. The nature of the particular significant deficiency or the source of the fecal contamination (if the source is known) and the date the significant deficiency was identified by the Department or the dates of the fecal indicator positive ground water source samples. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.05 (1) (a) 1. – 4. | |

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| | <p>2. If the fecal contamination in the ground water source has been addressed under subparagraph 335-7-5-.22(6)(a) and the date of such action.</p> <p>3. For each significant deficiency or fecal contamination in the ground water source that has not been addressed under subparagraph 335-7-5-.22(6)(a), the Department-approved plan and schedule for correction, including interim measures, progress to date, and any interim measures completed.</p> <p>4. If the system receives notice of a fecal indicator-positive ground water source sample that is not invalidated by the Department under subparagraph 335-7-5-.22(5)(d), the potential health effects using the health effects language of Appendix C of Division 7.</p> | | | | | |
| B. | Was the system required to perform a Level 1 or Level 2 Assessment <u>not</u> due to an E. Coli MCL? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.05 (2) | |
| | <p><i>If yes, was the required content included?</i></p> <p>(a) 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 coliforms indicating the need to look for potential problems in water treatment or distribution. When this occurs, we are required to conduct assessment(s) to identify problems and to correct any problems that were found during these assessments.</p> <p>(b) During the past year we were required to conduct [INSERT NUMBER OF LEVEL 1 ASSESSMENTS] Level 1 assessment(s). [INSERT NUMBER OF LEVEL 1 ASSESSMENTS] Level 1 assessment(s) were completed. In addition, we were required to take [INSERT NUMBER OF CORRECTIVE ACTIONS] corrective actions and we completed [INSERT NUMBER OF CORRECTIVE ACTIONS] of these actions.</p> <p>(c) During the past year [INSERT NUMBER OF LEVEL 2 ASSESSMENTS] Level 2 assessments were required to be completed for our water system. [INSERT NUMBER OF LEVEL 2 ASSESSMENTS] Level 2 assessments were completed. In addition, we were required to take [INSERT NUMBER OF CORRECTIVE ACTIONS] corrective actions and we completed [INSERT NUMBER OF CORRECTIVE ACTIONS] of these actions.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.05 (2) (a) – (c) | |
| C. | Did the system fail to complete all required assessments or correct sanitary defects? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.05 (2) (d) | |
| | <p><i>If yes, was the following required content included?</i></p> <p><i>Any system that has failed to complete all the required assessments or correct all identified sanitary defects, is in violation of the treatment technique requirement and must also include one or both of the following statements, as appropriate:</i></p> <p><i>1. During the past year we failed to conduct all of the required assessment(s).</i></p> <p><i>2. During the past year we failed to correct all identified defects that were found during the assessment.</i></p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.05 (2) (d) 1. and/or 2. | |
| D. | Was the system required to perform a Level 2 Assessment <u>due</u> to an E. Coli MCL? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.05 (3) | |

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|----|---|--------------------------|--------------------------|--------------------------|----------------------------|--|
| | <p><i>If yes, was the required content included?</i> Must include in the report the text found in subparagraph (a), subparagraph (b) of this paragraph, filling in the blanks accordingly; and the text found in paragraphs (c)1. and (c)2., as appropriate.</p> <p>(a) <i>E. coli</i> are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Human pathogens in these wastes can cause short-term effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a greater health risk for infants, young children, the elderly, and people with severely compromised immune systems. We found <i>E. coli</i> bacteria, indicating the need to look for potential problems in water treatment or distribution. When this occurs, we are required to conduct assessment(s) to identify problems and to correct any problems that were found during these assessments.</p> <p>(b) We were required to complete a Level 2 assessment because we found <i>E. coli</i> in our water system. In addition, we were required to take [INSERT NUMBER OF CORRECTIVE ACTIONS] corrective actions and we completed [INSERT NUMBER OF CORRECTIVE ACTIONS] of these actions.</p> <p>(c) Any system that has failed to complete the required assessment or correct all identified sanitary defects, is in violation of the treatment technique requirement and must also include one or both of the following statements, as appropriate:</p> <ol style="list-style-type: none"> 1. We failed to conduct the required assessment. 2. We failed to correct all sanitary defects that were identified during the assessment that we conducted. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.05 (3) (a) – (c) | |
| E. | Did the system detect <i>E. coli</i> and violated the <i>E. coli</i> MCL? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.05 (4) | |
| | <p><i>If yes, was the required content included?</i> The system must include one or more of the following statements to describe any noncompliance, as applicable:</p> <p>(a) We had an <i>E. coli</i>-positive repeat sample following a total coliform positive routine sample.</p> <p>(b) We had a total coliform-positive repeat sample following an <i>E. coli</i> positive routine sample.</p> <p>(c) We failed to take all required repeat samples following an <i>E. coli</i> positive routine sample.</p> <p>(d) We failed to test for <i>E. coli</i> when any repeat sample tests positive for total coliform.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 335-7-14-.05 (4) (a) – (d) | |

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| Lead and Copper Rule Revisions (LCRR) | | | | | | |
|---|--|--------------------------|--------------------------|--------------------------|-----------------------------|------|
| Components | | Yes | No | N/A | Regulation | Note |
| <p>The Federal Register notice published on January 15, 2021, included the LCRR (codified at 40 CFR 141, Subpart I), but also included minor revisions to other existing drinking water regulations. For the retained LCRR elements, these revisions to 40 CFR Part 141 included:</p> <p>Subpart O – Consumer Confidence Reports (CCR)</p> <p>Content of the reports [40 CFR 141.153]:</p> <p>Added CCR requirements for including, the range of tap sample results, as well as a statement about the completed service line inventory and where to access it.... Revised the lead educational statement in 40 CFR 141.154(d)(1) and the health effects language in appendix A of subpart O.</p> <p>https://www.epa.gov/system/files/documents/2024-04/revised-508_lcrr-compliance-fact-sheet_4.17.24.pdf</p> | | | | | | |
| For lead and copper: <ul style="list-style-type: none">the 90th percentile concentration of the most recent round(s) of sampling,the number of sampling sites exceeding the action level, andthe range of tap sampling results. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 40 CFR 141.153 (d) (4) (iv) | |
| Systems required to comply with subpart I – Control of Lead and Copper | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 40 CFR 141.153 (h) (8) | |
| (i) The report must notify consumers that complete lead tap sampling data are available for review and must include information on how to access the data. | | | | | | |
| (ii) The report must include a statement that a service line inventory (including inventories where the publicly accessible inventory consists of a written statement that there are no lead, galvanized requiring replacement, or lead status unknown service lines, known lead connectors or connectors of unknown material) has been prepared and include instructions to access the publicly accessible service line inventory. If the service line inventory is available online, the report must include the direct link to the inventory. | | | | | | |
| (iii) For systems with lead, galvanized requiring replacement, or lead status unknown service lines in the system's inventory pursuant to § 141.84(a) and (b) , the report must include information on how to obtain a copy of the service line replacement plan or a direct link to the plan if the system is required to make the service line replacement plan available online. | | | | | | |
| (iv) The report must contain a plainly worded explanation of the corrosion control efforts the system is taking in accordance with subpart I of this part . Corrosion control efforts consist of treatment (e.g., pH adjustment, alkalinity adjustment, or corrosion inhibitor addition) and other efforts contributing to the control of the corrosivity of water (e.g., monitoring to assess the corrosivity of water). The system may use one of the following templates or use their own explanation that includes equivalent information. | | | | | | |
| (A) For systems with State or EPA-designated Optimal Corrosion Control Treatment: | | | | | | |
| (1) Corrosion of pipes, plumbing fittings, and fixtures may cause lead and copper to enter drinking water. To assess corrosion of lead and copper, [name of system] conducts tap sampling for lead and copper at selected sites [insert frequency at which system conducts tap sampling]. [Name of system] treats water using [identify treatment method] to control corrosion, which was designated as the optimal corrosion control treatment by [the State or EPA, as applicable]. To ensure the treatment is operating effectively, [name of system] monitors water quality parameters set by the [the State or EPA, as applicable] | | | | | | |

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|--|--|--------------------------|--------------------------|--------------------------|---|--|
| | <p>[insert frequency at which system conducts water quality parameter monitoring].</p> <p>(2) If applicable add: [Name of system] is currently conducting a study of corrosion control to determine if any changes to treatment methods are needed to minimize the corrosivity of the water.</p> <p>(B) For systems without State or EPA designated Optimal Corrosion Control Treatment:</p> <p>(1) Corrosion of pipes, plumbing fittings and fixtures may cause metals, including lead and copper, to enter drinking water. To assess corrosion of lead and copper, [name of system] conducts tap sampling for lead and copper at selected sites [insert frequency at which system conducts tap sampling].</p> <p>(2) If applicable, add: [Name of system] treats water using [identify treatment method] to control corrosion.</p> <p>(3) If applicable add: [Name of system] is currently conducting a study of corrosion control to determine if any changes to treatment methods are needed to minimize the corrosivity of the water.</p> <p>(v) The report must include a statement that the water system is required to sample for lead in schools and licensed child care facilities as requested by the facility and that directs the public to contact their school or child care facility for further information about potential sampling results.</p> | | | | | |
| | <p>Exposure to lead in drinking water can cause serious health effects in all age groups. Infants and children can have decreases in IQ and attention span. Lead exposure can lead to new learning and behavior problems or exacerbate existing learning and behavior problems. The children of women who are exposed to lead before or during pregnancy can have increased risk of these adverse health effects. Adults can have increased risks of heart disease, high blood pressure, kidney, or nervous system problems.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 40 CFR 141.85(a)(1)(ii): Health effects of lead. | |

Consumer Confidence Report (CCR) - Content Checklist

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[Extra Notes Page May Be Added or Deleted]

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