



MISSISSIPPI STATE DEPARTMENT OF HEALTH

REPORT OF INSPECTION OF DRINKING WATER SUPPLY

PWS: 0530020 Class: B

An inspection of the CITY OF STARKVILLE water supply in OKTIBBEHA county was made on 06/29/2011. Present at the time of inspection was JOHN S THOMAS, OPERATOR; WRITER. Official PARKER WISEMAN Address 101 LAMPKIN STREET STARKVILLE MS 39759 W.W. Operator JOHN S THOMAS Address P O BOX 2071 STARKVILLE MS 39760 No. Connections 11643 No. Meters 100% Population Served 26721 Field Chemical Analysis: pH 8.2 Cl₂(free) 1.3 Cl₂(total) ___ H₂S N/A Iron 0.0 Fluoride 0.7 Point of Sampling Curry Plant Water Rates ___

COMMENTS

Technical: 5 Managerial: 4 Financial: 5

OVERALL CAPACITY RATING: 4.7 / 5.0

1. This supplies Sanitary Survey for compliance of the Ground Water Rule will be carried out in 2013. Any significant deficiencies identified should be corrected as soon as possible.
2. To get credit for Policies and Procedures, your Water User's Agreement must include a statement similar to the following: The applicant agrees that they have followed the guidelines set forth by the State Department of Health regarding onsite wastewater disposal. The purpose of this change is to help water systems ensure that applicants for water service are aware of the legal requirement to comply with onsite wastewater requirements. A copy of your water user's agreement will be checked for this statement during the inspection.
3. The Security Vulnerability Self-Assessments and Emergency Response Plans must be updated annually. Annual updates/changes to these two important security documents must be documented. This will be considered a Significant Deficiency under the Groundwater Rule if it is not carried out.

4. Pump tests are now required at least every two years on all wells that are greater than three (3) years old, and every year on wells at systems whose design capacity exceeds 80%.
The purpose of this change is to ensure that water production and capacity, master meter accuracy, and other information pertaining to the proper functioning of your wells are gathered regularly.
5. According to our records this supply is now at 50.2% of its Customer Design Capacity (See attached Design Capacity Sheet).
6. This supply does a great job of insuring that all new line extensions are approved by our office prior the construction beginning.
7. This supply should insure that it works on at least a 15 year future forecast if not 20 years to keep up with future demands for water. Currently this supply is getting credit for a long range plan based on the supply upgrades. During the next inspection a long range plan should be available at the time of inspection.
8. This supply serves Bluefield Water Association and Trimcane Water Association through a master meter. System officials should insure that communication between the City and the purchasing systems occur to insure consistent chlorine residuals at all times.
9. Back-up generators are located at all plants to be used as a source of power in the event of power failure.
10. Pressures on this supply are more than adequate according to system officials.
11. Mr. Thomas and staff are doing great at monitoring the three treatment plants and maintaining the Operators Log Book as required by our office. The following is the results of the finished water at each plant site:

Curry: pH 8.2, Iron 0.0 mg/l, Chlorine Free 1.2 mg/l
Montgomery: pH 7.9, Iron 0.0 mg/l, Chlorine Free 1.1 mg/l
Parkdale: pH 8.2, Iron 0.0 mg/l, Chlorine Free 1.3 mg/l
Bluefield: pH 8.1, Iron 0.0mg/l, Chlorine Free 1.4 mg/l
12. The design capacity calculations attached to this report give the required minimum free chlorine residual at the first connection. Should system officials choose to conduct 4-log the free chlorine residual will have to be measured and recorded DAILY at or before the first connection and must meet the minimum residuals given in the report.
13. The minimum free chlorine residuals for 4-log inactivation of viruses was calculated for the water leaving each plant. The attached sheet shows the calculations. Keep in mind that the Ground Water Rule requires the free chlorine residual to be at least 0.2 mg/l free to the ends of the distribution. This supply is working with me to insure that the monitors are placed such that they will operate to meet the Ground Water Rule without having to increase the chlorine residuals above that which are currently maintained.
14. The Cross Connection Program is being carried out on this supply by an outside contractor. All records are being maintained and all devices requiring testing are up-to-date.
15. The elevated tanks are on a tank contract; all tanks have been painted or recently constructed in the last couple of years.

16. The City has conducted a security assessment of this supply and insured that all fences, access covers, etc., have a lock in place and the site secure. The Emergency Response Plan for this supply is up to date.
17. The valves on this supply are exercised once a year and the hydrants and hydrant valves exercised twice a year.
18. This supply received one violation in 2010. This is noted on M3 of the Capacity Assessment Form.
19. Please feel free to give me a call if I may be of any help to this supply at any time. I enjoyed my visit with this supply and look forward to the next.

Completed by Scooter Lockhart on 07/13/2011.

Reviewed by Keith Allen on 07/14/2011.

If you have any questions, please call (601)573-4368.

pc:

PARKER WISEMAN, OFFICIAL
JOHN S THOMAS, OPERATOR



**Mississippi Department of Health
Bureau of Public Water Supply**

STANDARD FORM

FY 2011 Public Water System Capacity Assessment Form

NOTE: This form must be completed whenever a routine sanitary survey of a public water system is conducted by a regional engineer of the Bureau of Public Water Supply

PWS ID#: 0530020 Class: B Survey Date: 06-29-2011 County: OKTIBBEHA
 Public Water System: CITY OF STARKVILLE Conn: 11643
 Certified Waterworks Operator: JOHN S THOMAS Pop: 26721

CAPACITY RATING DETERMINATION

Technical (T) Capacity Rating: [5] Managerial (M) Capacity Rating [4] Financial (F) Capacity Rating [5]

Capacity Rating = $\frac{T + M + F}{3} = \frac{14}{3} = 4.7$

Overall Capacity Rating = 4.7

Completed by Scooter Lockhart on 07/13/2011

Reviewed by Keith Allen on 07/14/2011

Comments: _____

| Technical Capacity Assessment | Point Scale | Point Award |
|--|--|-------------|
| [T1] Does the water system have any significant deficiencies? [<u>Y</u> <u>N</u>] | N - 1pt. Y - 0pt. | 1 |
| [T2] 1) Was the water treatment process functioning properly? [<u>Y</u> <u>N</u>] (i.e. Is pH, iron, free chlorine, etc. within acceptable range?) 2) Was needed water system equipment in place and functioning properly at the time of survey? [<u>Y</u> <u>N</u>] (NOTE: Equipment deficiencies must be identified in survey report.) 3) Were records available to the regional engineer clearly showing that all water storage tanks have been inspected and cleaned or painted (if needed) within the past 5 years? [<u>Y</u> <u>N</u> <u>NA</u>] (NOTE: All YESs required to receive point) | All Y - 1 pt. Else - 0 pt. | 1 |
| [T3] 1) Was the certified waterworks operator or his/her authorized representative present for the survey? [<u>Y</u> <u>N</u>] 2) Was log book up to date and properly maintained and did it show that MDH Minimum JOB Guidelines for W. W. Operators were being met? [<u>Y</u> <u>N</u>] 3) Was the water system properly maintained at the time of survey? [<u>Y</u> <u>N</u>] 4) Did operator satisfactorily demonstrate to the regional engineer that he/she could fully perform all water quality tests required to properly operate this water system? [<u>Y</u> <u>N</u>] (NOTE: All YESs required to receive point) | All Y - 1 pt. Else - 0 pt. | 1 |
| [T4] 1) Does water system routinely track water loss and were acceptable water loss records available for review by the regional engineer? [<u>Y</u> <u>N</u>] 2) Is water system overloaded? (i.e. serving customers in excess of MSDH approved design capacity)? [<u>Y</u> <u>N</u>] 3) Was there any indication that the water system is/has been experiencing pressure problems in any part(s) of the distribution system? [<u>Y</u> <u>N</u>] (based on operator information, customer complaints, MSDH records, other information) 4) Are well pumping tests performed routinely? [<u>Y</u> <u>N</u> <u>NA</u>] (NOTE: YES FOR #1 & YES OR N/A FOR #4 AND NOs FOR #2 & #3 required to receive point) | 1)Y - pt. 2)N - pt. 3)N - pt. 4)Y - pt. | 1 |
| [T5] 1) Does the water system have the ability to provide water during power outages? (i.e. generator, emergency tie-ins, etc.) [<u>Y</u> <u>N</u>] 2) Does the water system have a usable backup source of water? [<u>Y</u> <u>N</u>] (NOTE: Must be documented on survey report) | All Y - 1 pt. Else - 0 pt. | 1 |
| TECHNICAL CAPACITY RATING = [<u>5</u>] (Total Points) | | |

| Managerial Capacity Assessment | Point Scale | Point Award |
|---|-------------------------------|-------------|
| [M1] Were all SDWA required records maintained in a logical and orderly manner and available for review by the regional engineer during the survey? <input checked="" type="radio"/> Y <input type="radio"/> N | Y - 1pt. N - 0pt. | 1 |
| [M2] 1) Have acceptable written policies and procedures for operating this water system been formally adopted and were these policies available for review during the survey? <input checked="" type="radio"/> Y <input type="radio"/> N 2) Have all board members (in office more than 12 months) completed Board Member Training? <input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA 3) Does the Board of Directors meet monthly and were minutes of Board meetings available for review during the survey? (NOTE: Quarterly meetings allowed if system has an officially designated full time manager) <input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA (NOTE: ALL YESs or NAs required to receive point. NA - Not Applicable) | All Y - 1 pt. Else - 0 pt. | 1 |
| [M3] Has the water system had any SDWA violations since the last Capacity Assessment? <input checked="" type="radio"/> Y <input type="radio"/> N | N - 1pt. Y - 0pt. | 0 |
| [M4] Has the water system developed a long range improvements plan and was this plan available for review during the survey? <input checked="" type="radio"/> Y <input type="radio"/> N | Y - 1pt. N - 0pt. | 1 |
| [M5] 1) Does the water system have an effective cross connection control program in compliance with MDH regulations? <input checked="" type="radio"/> Y <input type="radio"/> N 2) Was a copy of the MSDH approved bacti site plan and lead/copper site plan available for review during the survey and do the bacti results clearly show that this approved plan is being followed? <input checked="" type="radio"/> Y <input type="radio"/> N (NOTE: All YESs required to receive point) | All Y - 1 pt. Else - 0 pt. | 1 |
| MANAGERIAL CAPACITY RATING = [<u>4</u>] (Total Points) | | |

| Financial Capacity Assessment | Point Scale | Point Award |
|--|-------------------------------|-------------|
| [F1] Has the water system raised water rates in the past 5 years? <input checked="" type="radio"/> Y <input type="radio"/> N (NOTE: Point may be awarded if the water system provides acceptable financial documentation clearly showing that a rate increase is not needed, i.e. revenue has consistently exceeded expenditures by at least 10%, etc.) | Y - 1pt. N - 0pt. | 1 |
| [F2] Does the water system have an officially adopted policy requiring that water rates be routinely reviewed and adjusted as appropriate and was this policy available for review during the survey? <input checked="" type="radio"/> Y <input type="radio"/> N | Y - 1pt. N - 0pt. | 1 |
| [F3] Does the water system have an officially adopted cut-off policy for customers who do not pay their water bills, was a copy of this policy available for review by the regional engineer, and do system records (cut-off lists, etc.) clearly show that the water system effectively implements this cut-off policy? <input checked="" type="radio"/> Y <input type="radio"/> N | Y - 1pt. N - 0pt. | 1 |
| [F4] Was a copy of the water system's officially adopted annual budget available for review by the regional engineer and does the water system's financial accounting system clearly and accurately track the expenditure and receipt of funds? <input checked="" type="radio"/> Y <input type="radio"/> N | Y - 1pt. N - 0pt. | 1 |
| [F5 - Municipal Systems] 1) Is the municipality current in submitting audit reports to the State Auditor's Office? <input checked="" type="radio"/> Y <input type="radio"/> N 2) Was a copy of the latest audit report available for review at the time of the survey? <input checked="" type="radio"/> Y <input type="radio"/> N 3) Does this audit report clearly show that water and sewer fund account(s) are maintained separately from all other municipal accounts? <input checked="" type="radio"/> Y <input type="radio"/> N (NOTE: Yes answer to all questions required to receive point.) | All Y - 1 pt. Else - 0 pt. | 1 |
| [F5 - Rural Systems] 1) Has the rural water system filed the required financial reports with the State Auditor's Office and were these reports available for review? <input type="radio"/> Y <input type="radio"/> N 2) Does the latest financial report show that receipts exceeded expenditures? <input type="radio"/> Y <input type="radio"/> N (NOTE: Yes answer to both questions required to receive point) | All Y - 1 pt. Else - 0 pt. | |
| FINANCIAL CAPACITY RATING = [<u>5</u>] (Total Points) | | |