

Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Asa Hutchinson

Nothenial Smith MD MONT

Nathaniel Smith, MD, MPH, Director and State Health Officer

Engineering Section, Slot 37 www.Healthy.Arkansas.gov/eng/

Ph 501-661-2623 Fax 501-661-2032 After Hours Emergency 501-661-2136

3/21/2019

April Root COMPTON WATERWORKS P O BOX 825 Compton, AR 72624

PWS ID 669

RE: 2018 Annual Drinking Water Report (Consumer Confidence Report)

Dear April Root:

Enclosed is your water system's 2018 Consumer Confidence Report (CCR), instructions for distributing it to your customers, and a certification form. **The CCR must be distributed by July 1, 2019.** It is the responsibility of your water system to thoroughly review the report for accuracy.

Your water system is required to distribute your CCR in one of the following ways:

- 1. Electronic Distribution.
- 2. Publishing the CCR in the local newspaper for a least one day.
- 3. Mailing or hand delivering to each residential and commercial customers.

Electronic Distribution is the easiest and least costly way to deliver the CCR to your customers. You do not have to have your own website to use this method. Your CCR is already published on the Department of Health's Engineering Section's website, but you have to let your customers know the web address.

I. For Electronic Distribution:

 Notification that the CCR is available on a website must be provided to each customer in writing, either as an insert or printed on the water bill. The water system must provide a direct URL to the CCR. You can use the exact wording below:

Your Annual Drinking Water Quality Report is available at www.healthy.arkansas.gov/eng/ccr/669.pdf Copies are available upon request from our office.

YOUR DIRECT URL LINK TO VIEW THE CCR IS AS FOLLOWS:

www.healthy.arkansas.gov/eng/ccr/669.pdf

- Documentation of the water bill or notification that will be delivered to the customers must be delivered to our office, prior to sending to customers.
- 3. If the water system is aware that its customers are unable to receive CCRs electronically, it must provide a paper CCR using one of the traditional delivery methods.
- Two reminders must be sent to customers alerting them that the CCR is available electronically, and one reminder must be sent before July 1st.

II. SPECIAL RULES FOR NEWSPAPER PUBLICATION:

The following additional requirements **must** be met for distribution by publication in the newspaper:

Prior to publication you must notify customers that the CCR will not be mailed, and that copies
of the report are available from your office upon request. Placing the following statement on your
customers' water bills prior to newspaper publication is sufficient notification:

Our Annual Drinking Water Quality published in the	Report will not be mailed to you, and will be
Copies of the report will be sent to	

2. This pre-publication notification must be sent to this office prior to publication.

Note to systems publishing the CCR in a newspaper: The CCR enclosed is the actual size as it will appear in the newspaper. Get a cost estimate before committing to newspaper publication.

III. GOOD FAITH EFFORT TO REACH CONSUMERS WHO DO NOT RECEIVE WATER BILLS

EPA requires that your system make a good faith effort to get the CCR to consumers who do not receive water bills, such as renters and out-of-town workers. Some of the methods you may want to use include mailing multiple copies for posting to apartment complexes and large employers.

IV. CERTIFICATION FORM

- The enclosed Certification Form must be filled out and sent to our office on or before July 1, 2019.
- 2. The Form must also be accompanied by a copy of the CCR you distributed.
- If you published the CCR in the Newspaper, it must be accompanied by the actual page of the newspaper (NOT A COPY) on which the CCR was printed.

Make sure your water system understands and meets the above requirements in order to avoid redistribution of the CCR and to avoid receiving a violation for inadequate reporting.

Your water system is required to maintain a copy of its Consumer Confidence Report for three (3) years.

If you have any questions or need assistance, please call Doug Dawson or Maygun Butler at 501-661-2623, fax at 501-661-2032, or e-mail at safewater@arkansas.gov. Please put CCR in the subject line.

Sincerely,

Doug Dawson

Doug Dawson, Environmental Health Specialist

2018 CONSUMER CONFIDENCE REPORT (CCR) CERTIFICATION FORM

WATER SYSTEM NAME: COMPTON WATERWORKSWATER SYSTEM ID #: 669 811 Persons

IMPORTANT: Attach a complete copy of your water system's CCR exactly as it was distributed to your customers, even if the report was prepared by our office.

Reminder: Distribution is based on retail population served, not the number of meters or the population of your city or town.

The community water system named above hereby confirms that its Consumer Confidence Report has been distributed to customers (and appropriate notices of availability have been given). Further, the system certifies that the information contained in the report is correct and consistent with the compliance monitoring data previously submitted to the primacy agency.

CERT	TIFIED BY: Printed Name:Title:
Phone	#:Signature:
Our 2	018 Consumer Confidence Report was distributed by (check all that apply - don't forget to include dates):
	Mail or other direct delivery (date)
	Hand delivery (date)
	Electronic Distribution
	☐ Mail - Notification that CCR is available on website via a direct URL
W.	Customers were notified of electronic distribution with the following language: Our Annual Drinking atter Quality Report is available on-line at Copies of the report will be sent to you from ar office upon request.
off	Copy of water bill or other notification of the above distribution notification must be sent to this fice prior to electronic distribution. Date sent:
	wspaper publication:
Name	of newspaper: Date published:
	Copy of pre-publication notification Date sent:
	Posting on a publicly accessible Internet site at the address:
	Www(date)
	Delivery to community organizations (attach a list) (date):
	Important: We made a "Good Faith Effort" to reach all non-bill receiving customers (such as renters and employees of large employers) was made by (use a supplemental sheet if necessary):

Your water system's completed Certification of Distribution (this form) must be received by the Engineering Section by July 1, 2019. Return the completed form, along with a copy of the Consumer Confidence Report, to the following address:

Arkansas Department of Health Engineering Section, Slot 37 4815 West Markham Little Rock, AR 72205-3867

Compton Water Association 2018 Annual Drinking Water Quality Report

We're pleased to present to you this year's Annual Drinking Water Quality Report. This report is designed to inform you about the quality water and services we deliver to you every day. Our goal is to provide you with a safe and dependable supply of drinking water, and we want you to understand, and be involved in, the efforts we make to continually improve the water treatment process and protect our water resources.

Where Does Our Drinking Water Come From?

The sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs, and wells. We purchase treated water from Southwest Boone County Water Association whose source is one well that pumps from the Everton Formation Aquifer. Southwest Boone County Water Association also purchases treated water from the city of Harrison, who also purchases water from Carroll -Boone Water District. Their source is surface water from Beaver Lake.

How Safe Is The Source Of Our Drinking Water?

The Arkansas Department of Health has completed a Source Water Vulnerability Assessment for Southwest Boone County Water Association and Carroll - Boone Water District. The assessments summarize the potential for contamination of our sources of drinking water and can be used as a basis for developing source water protection plans. Based on the various criteria of the assessments, our water source has been determined to have a low susceptibility to contamination. You may request summaries of the Source Water Vulnerability

What Contaminants Can Be In Our Drinking Water?

As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and, in some cases, can pick up substances resulting from the presence of animals or from human activity. Contaminants that may be present in source water include: Microbial contaminants such as viruses and bacteria, which may come from sewage treatment plants, septic systems, agricultural livestock operations, and wildlife; Inorganic contaminants such as salts and metals, which can be naturally occurring or result from urban stormwater runoff, industrial or domestic wastewater discharges, oil and gas production, mining, or farming; <u>Pesticides and herbicides</u> which may come from a variety of sources such as agriculture, urban stormwater runoff, and residential uses; 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 stormwater runoff, and septic systems; Radioactive contaminants which can be naturally occurring or be the result of oil and gas production and mining activities.

In order to assure tap water is safe to drink, EPA has regulations which limit the amount of certain contaminants in water provided by public water systems. Food and Drug Administration (FDA) regulations establish limits for contaminants in bottled water which must provide the same protection for public health.

Am I at Risk?

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 the water poses a health risk. However, some people may be more vulnerable to contaminants in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from small amounts of contamination. These people should seek advice about drinking water from their health care providers. More information about contaminants and potential health effects can be obtained by calling the Environmental Protection Agency's Safe Drinking Water Hotline at 1-800-426-4791. In addition, EPA/CDC guidelines on appropriate means to lessen the risk of infection by microbiological contaminants are also available from the Safe Drinking Water Hotline.

Lead and Drinking Water

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. We are 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.

How Can I Learn More About Our Drinking Water?

If you have any questions about this report or concerning your water utility, please contact April Root, secretary, at 870-420-3930. We want our valued customers to be informed about their water utility. If you want to learn more, please attend any of our regularly scheduled meetings. They are held on the second Tuesday of February, April, June, August, October, and December, at 7:00 PM, in the Compton Community

TEST RESULTS

We, Southwest Boone County Water Association, the City of Harrison, and Carroll - Boone Water District routinely monitor for constituents in your drinking water according to Federal and State laws. The test results table shows the results of our monitoring for the period of January 1st to December 31st, 2018. In the table you might find terms and abbreviations you are not familiar with. To help you better understand these terms we've provided the following definitions:

Action Level - the concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water

Maximum Contaminant Level (MCL) - 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.

Maximum Contaminant Level Goal (MCLG) - unenforceable public health goal; 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.

Maximum Residual Disinfectant Level (MRDL) - 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.

Maximum Residual Disinfectant Level Goal (MRDLG) - 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.

Nephelometric Turbidity Unit (NTU) - a unit of measurement for the clarity of water. Turbidity in excess of 5 NTU is just

noticeable to the average person.

Parts per billion (ppb) - a unit of measurement for detected levels of contaminants in drinking water. One part per billion corresponds to one minute in 2,000 years, or a single penny in \$10,000,000.

Parts per million (ppm) - a unit of measurement for detected levels of contaminants in drinking water. One part per million corresponds to one minute in two years or a single penny in \$10,000.

Picocuries per liter (pCi/L) - a measure of the radioactivity in water.

Level 1 Assessment - 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.

Level 2 Assessment - A level 2 assessment is a very detailed study of the water system to identify potential problems and determine (if possible) why an E.coli MCL violation has occurred and/or why total coliform bacteria have been found in our water system on multiple occasions.

REVISED TOTAL COLIFORM RULE

During the past year we were required to conduct one level 1 assessment and one level 2 assessment. Both assessments and their required corrective actions were completed.

				TURBIDITY		
Contaminant	Violation Y/N	Level Detected	Unit	MCLG (Public Health Goal)	MCL (Allowable Level)	Major Sources in Drinking Water
		Highest yearly sample result: 0.13			Any measurement in excess of 1 NTU	water
Turbidity (Carroll-Boone Water District)	N	Lowest monthly % of samples meeting the turbidity limit: 100%	NTU	NA	constitutes a violation A value less than 95% of samples meeting the limit of 0.3 NTU,	Soil runoff

Turbidity is a measurement of the cloudiness of water. Carroll-Boone Water District monitors turbidity because it is a good indicator of the effectiveness of their filtration system.

		INORG	ANIC C	ONTAMINANTS		
Contaminant	Violation Y/N	Level Detected	Unit	MCLG (Public Health Goal)	MCL (Allowable Level)	Major Sources in Drinking
Fluoride		Average: 0.68			(Allowable Level)	Water
(Carroll-Boone Water District)	N	Range: 0.60 - 0.74	ppm	4	4	Erosion of natural deposits; water additive which promotes strong teeth
Nitrate [as Nitrogen] (Carroll-Boone Water District)	N	0.24	ppm	10	10	Runoff from fertilizer use; leaching from septic tanks, sewage; erosion of natural deposits

		LEAD AND COPPE	RTAPM	ONITORING	deposits
Contaminant	Number of Sites over Action Level	90th Percentile	Unit	Action Level	Major Sources in Drinking Water
Lead (Compton Water Assn)	0	0.002	ppm	0.015	
Copper (Compton Water Assn)		0.05	nnm	1.3	Corrosion from household plumbing
We are currently on a	reduced monitoring	schodule and	PPIII	1.3	systems; erosion of natural deposits

We are currently on a reduced monitoring schedule and required to sample once every three years for lead and copper at the customers' taps. The results above are from our last monitoring period in 2016. Our next required monitoring period is in 2019.

TOTAL ORGANIC CARBON The percentage of Total Organic Carbon (TOC) removal was routinely monitored in 2018 by Carroll-Boone Water District, and all TOC removal requirements set by USEPA were met. TOC has no health effects. However, Total Organic Carbon provides a medium for the formation of disinfection by-products. These by-products include trihalomethanes (THMs) and haloacetic acids

Major Sources in Drinking Water
Water additive used to control microbes
1)

	Violation	ODUCTS OF DRINKIN	TO THE LET	DISTRIFECTION	
Contaminant	Y/N	Level Detected	Unit	MCLG	MCL
HAA5 [Haloacetic Acids]		100	-	(Public Health Goal)	(Allowable Level)
(Compton Water Assn)	N	0	ppb	0	60
TTHM [Total Trihalomethanes]			-	7,-	
(Compton Water Assn)	N	2.5	ppb	NA	80

			1	Metals	
Contaminant	Level Detected	Unit		Major	Sources in Drinking Water
Manganese (UCMR4) (Harrison Water Works)	Average: 0.65 Range: 0.59 - 0.71	ppb	cientients a	ccurring element; con nd minerals; used in s	nmercially available in combination with other steel production, fertilizer, batteries and fireworks reatment chemical; essential nutrient.
Contaminant	Level Detect	ted	Unit	MCLG (Public Health Goal)	Major Sources in Drinking Water
Chloroform (Carroll-Boone Water District)	38.2		ppb	70	
Bromodichloromethane (Carroll-Boone Water District)			ppb	0	By-products of drinking water disinfection

Unregulated contaminants are those for which EPA has not established drinking water standards. The purpose of unregulated contaminant monitoring is to assist EPA in determining the occurrence of unregulated contaminants in drinking water and whether future regulation is warranted. MCLs (Maximum Contaminant Levels) and MCLGs (Maximum Contaminant Level Goals) have not been established for all unregulated contaminants.

Contaminant Level Detected HAA Groups						
Level Detected						
Average: 24.2		Major Sources in Drinking Water				
Range: 2.13 - 40.84	ppb					
Average: 2.03						
Range: 0 - 3.15	ppb	By-product of drinking water disinfection				
Average: 20.5						
Range: 5.26 - 28.35	ppb					
	Average: 24.2 Range: 2.13 - 40.84 Average: 2.03 Range: 0 - 3.15 Average: 20.5	Level Detected				

[•] The Objective of the UCMR program is to collect national occurrence data for suspected drinking water contaminants that do not have health-based standards set under the Safe Drinking Water Act. Drinking water occurrence information is used to support future regulatory actions to protect public health. The public will benefit from information about whether or not unregulated contaminants are present in their drinking water.

This institution is an equal opportunity provider and employer.