



Protecting, maintaining and improving the health of all Minnesotans

ACTION REQUIRED

DATE: April 1, 2014

TO: Atwater, PWSID 1340001

FROM: Karla R. Peterson, Supervisor
Community Public Water Supply Unit
Drinking Water Protection Section

SUBJECT: Consumer Confidence Report – Distribution Requirements

All community water systems must distribute a drinking water report known as a Consumer Confidence Report (CCR) annually to their customers **before July 1, 2014**.

Your system may reformat the CCR and/or add additional information about your water system (treatment processes, upgrades planned, etc.) however, that is not necessary. After filling in the contact phone number and any other grey shaded areas, the CCR will satisfy the requirements. If you choose to reformat the CCR, all the information in the Minnesota Department of Health (MDH) CCR must be included in your newly reformatted CCR.

Distribution:

The requirements to distribute your CCR are determined by population. The population served by your water supply is 1133. The option(s) on how to distribute your CCR are listed on the enclosed Certification Form. Please indicate what option(s) you chose on the Certification Form. The Certification Form must be returned to MDH, along with a copy of the CCR that was distributed to your customers. Even if you are distributing the MDH CCR, you must fill in the grey shaded area(s) and return a copy of the CCR and the completed Certification Form to MDH **by July 1, 2014**.

You are required to keep a copy of the CCR for at least three years. **Failure to produce and distribute a CCR as required—as well as failure to submit a copy of the CCR and the Certification Form to MDH by July 1, 2014—may result in enforcement actions, including fines.**

KRP:mkh
Enclosure



2013 CERTIFICATION FORM

Name of System: Atwater

PWSID: 1340001

The information in the attached Consumer Confidence Report (CCR) is accurate and has been distributed to customers served by our water supply in the following manner. You must check at least one option, however check ALL that apply:

Newspaper Publication. Published the **entire** CCR in one or more local community newspapers with a comment that the CCR is not being directly mailed to all customers but that a copy is available upon request (provided a phone number for customers to call and request a copy of the CCR). You must **return a copy** or newspaper clipping of the CCR to MDH. List newspaper(s) and date(s) of publication: _____

Mail Delivery. Paper copy individually mailed to all customers.

Mail Notification of Electronic Delivery. Mailed notification (i.e., postcard or in newsletter, etc.) that CCR is available via **direct** URL (you must provide a direct link to CCR and give the option for the customer to request a paper copy) URL _____.

Electronic Notification. Emailed a **direct** URL to CCR for bill-paying customers; emailed the CCR as a file attachment (PDF) or directly inserted CCR into the body of the email message. URL _____.

Options should include how a paper copy of the CCR can be obtained if one is not provided.

Efforts must be made to reach customers who do not receive water bills, (such as apartment tenants, nursing home residents, etc.). This can be done by publicizing the availability of the CCR in the media, posting in public places, delivering multiple copies of the CCR for distribution by single-biller customers, delivering CCR to community organizations, posting on the internet, and/or including within the CCR a request for recipients to share information with non-billing customers.

COMPLETE THE FOLLOWING:

Signature: _____ Print Name: _____

Job Title: _____ Phone: _____ Date: _____

Email address: _____

Please print clearly

PLEASE NOTE: Although MDH sent a CCR to your system, we need a "final" copy of the CCR that your system distributed for our records. Whether you reformatted the CCR, or simply added a phone number for your system on the CCR, you must return a copy of the CCR and this form to MDH.

Return this form and a copy of the CCR or newspaper clipping of the CCR, **by July 1, 2014.**

Mailing Address:

Minnesota Department of Health
c/o Ms. Mackenzie Hales
Drinking Water Protection Section
P. O. Box 64975
St. Paul, Minnesota 55164-0975

Fax: 651/201-4701

Email: health.drinkingwateradvisory@state.mn.us

RETURN A COPY OF YOUR CCR AND THIS FORM TO MDH

CONSUMER CONFIDENCE REPORT

PWSID: 1340001

City of Atwater 2013 Drinking Water Report

The City of Atwater is issuing the results of monitoring done on its drinking water for the period from January 1 to December 31, 2013. The purpose of this report is to advance consumers' understanding of drinking water and heighten awareness of the need to protect precious water resources.

Source of Water

The City of Atwater provides drinking water to its residents from a groundwater source: two wells ranging from 65 to 82 feet deep, that draw water from the Quaternary Buried Artesian aquifer.

The water provided to customers may meet drinking water standards, but the Minnesota Department of Health has also made a determination as to how vulnerable the source of water may be to future contamination incidents. If you wish to obtain the entire source water assessment regarding your drinking water, please call 651-201-4700 or 1-800-818-9318 (and press 5) during normal business hours. Also, you can view it on line at www.health.state.mn.us/divs/eh/water/swp/swa.

Call **320-974-8760** if you have questions about the City of Atwater drinking water or would like information about opportunities for public participation in decisions that may affect the quality of the water.

Results of Monitoring

No contaminants were detected at levels that violated federal drinking water standards. However, some contaminants were detected in trace amounts that were below legal limits. The table that follows shows the contaminants that were detected in trace amounts last year. (Some contaminants are sampled less frequently than once a year; as a result, not all contaminants were sampled for in 2013. If any of these contaminants were detected the last time they were sampled for, they are included in the table along with the date that the detection occurred.)

Key to abbreviations:

MCLG—Maximum Contaminant Level 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.

MCL—Maximum Contaminant Level: 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.

MRDL—Maximum Residual Disinfectant Level.

MRDLG—Maximum Residual Disinfectant Level Goal.

AL—Action Level: The concentration of a contaminant which, if exceeded, triggers treatment or other requirement which a water system must follow.

90th Percentile Level—This is the value obtained after disregarding 10 percent of the samples taken that had the highest levels. (For example, in a situation in which 10 samples were taken, the 90th percentile level is determined by disregarding the highest result, which represents 10 percent of the samples.) Note: In situations in which only 5 samples are taken, the average of the two with the highest levels is taken to determine the 90th percentile level.

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ppm—Parts per million, which can also be expressed as milligrams per liter (mg/l).

ppb—Parts per billion, which can also be expressed as micrograms per liter (µg/l).

nd—No Detection.

N/A—Not Applicable (does not apply).

Contaminant (units)	MCLG	MCL	Level Found		Typical Source of Contaminant
			Range (2013)	Average /Result*	
Barium (ppm) (01/24/2011)	2	2	N/A	.08	Discharge of drilling wastes; Discharge from metal refineries; Erosion of natural deposits.
Fluoride (ppm)	4	4	1.3-1.6	1.43	State of Minnesota requires all municipal water systems to add fluoride to the drinking water to promote strong teeth; Erosion of natural deposits; Discharge from fertilizer and aluminum factories.
Nitrate (as Nitrogen) (ppm)	10.4	10.4	nd-8.6	8.6	Runoff from fertilizer use; Leaching from septic tanks, sewage; Erosion of natural deposits.
TTHM (Total trihalomethanes) (ppb)	0	80	1.8-1.9	1.9	By-product of drinking water disinfection.
Tetrachloroethylene (ppb)	0	5	N/A	1.1	Leaching from PVC pipes; Discharge from factories and dry cleaners.

*This is the value used to determine compliance with federal standards. It sometimes is the highest value detected and sometimes is an average of all the detected values. If it is an average, it may contain sampling results from the previous year.

Nitrate in drinking water at levels above 10 parts per million is a health risk for infants of 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.

Contaminant (units)	MRDLG	MRDL	****	*****	Typical Source of Contaminant
Chlorine (ppm)	4	4	.01-.69	.19	Water additive used to control microbes.

****Highest and Lowest Monthly Average.

*****Highest Quarterly Average.

Contaminant (units)	MCLG	AL	90% Level	# sites over AL	Typical Source of Contaminant
Copper (ppm) (07/30/2012)	1.3	1.3	.53	0 out of 10	Corrosion of household plumbing systems; Erosion of natural deposits.
Lead (ppb) (07/30/2012)	0	15	.9	0 out of 10	Corrosion of household plumbing systems; Erosion of natural deposits.

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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. City of Atwater 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>.

Monitoring may have been done for additional contaminants that do not have MCLs established for them and are not required to be monitored under the Safe Drinking Water Act. Results may be available by calling 651-201-4700 or 1-800-818-9318 during normal business hours.

Compliance with National Primary Drinking Water Regulations

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, in some cases, radioactive material, and 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.

Pesticides and herbicides, 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 ensure that tap water is safe to drink, the U. S. Environmental Protection Agency (EPA) prescribes regulations which limit the amount of certain contaminants in water provided by public water systems. Food and Drug Administration regulations establish limits for contaminants in bottled water which must provide the same protection for public health.

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 at 1-800-426-4791.

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 infections. These people 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 microbial contaminants are available from the Safe Drinking Water Hotline at 1-800-426-4791.

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