

Request for 2015 Consumer Confidence Report (CCR)

1] Name of System: LAKEVIEW MIDWAY PWA PWS ID#: 027

2] Name of Operator: KENNETH LOGAN Cell Phone (or best contact phone #):
870-736-6234 Email Address: IMPWA@HOTMAIL.COM

3] Our water system's source is: Groundwater Surface Water Both Ground and Surface GWUDI
(Ground Water under the Direct Influence of Surface Water)

4] Please give the number of sources used during 2015: 1

*Include back-up sources if used even for one day only.

*Skip to number 5 if all water used during 2015 was purchased from another water system.

◆ Please give a name of each source used (groundwater systems please provide aquifer(s) also, if known):

MOUNTAIN HOME WATER

5] Please give the name of each system you purchased water from in 2015, even for one day (if none, state "None"):

MOUNTAIN HOME WATER

6] Please give the name of each system you sold water to in 2015, even for one day (if none, state "None"):

BAYTER MARION RURAL WATER ASSOC #1

7] Does the following statement describe your water system? Yes No

Our water company has two or more completely separate water systems (different sources, treatment facilities, storage and distribution piping) that at no time are they physically interconnected or share any treatment facilities, storage facilities, or distribution piping.

8] Please provide CCR Contact Person: (The individual who will be responsible for the distribution of the CCR distribution and compliance with the 2015 CCR Rules)

Name: JAN BURCH Title: MANAGER Best Phone #: 870-431-8777

9] Please provide the CCR Public Contact Person (The individual who will answer customer's questions about the 2014 CCR.)

KENNETH LOGAN OPERATOR IN CHARGE 870-736-6234

10] Do you have a pending Public Notice to distribute? No

11] Please provide the following information on your water system's Public Meetings (for example: Public Water Meetings or City Council). If your water system holds no meetings, please state "No meetings":

Date(s): 4th TUESDAY Time(s): 9:00 AM

Location: 29 HOWARD CREEK RD, MIDWAY AR 72651

12] Does your water system serve a significant population of non-English speaking residents? Yes No

◆ If yes, what language(s)? _____

13] Where would you like us to mail your CCR after it has been completed (address)?

Name: LAKEVIEW MIDWAY PWA

Address: PO Box 203

Email: IMPWA@HOTMAIL.COM

LAKEVIEW AR 72642

SURFACE WATER & GWUDI SYSTEMS ONLY

Groundwater systems and systems that purchase 100% of their surface water need not complete numbers 14 and 15.

14] What was your water system's "Highest yearly sample result" for turbidity? _____ NTU
(This should be the single highest **finished water** reading from your monthly 2015 Operations Reports).

◆ If your water system used more than one treatment plant during 2015, please provide the highest result from each plant: _____

15] What was your water system's "lowest monthly percentage of samples meeting the turbidity limit" during 2015 (Your worst month with respect turbidity). For example, in June 2015 only 93% of your Turbidity readings met standards; in the remainder of the months in 2015 all readings met standards (100%): _____ %

If your water system used more than one treatment plant during 2015, please provide the percentage for each plant: _____

**Please return completed form by
FEBRUARY 8, 2016 to:**

Doug Dawson or Laura Nelsen
Arkansas Department of Health
Engineering Section, Slot 37
4815 West Markham
Little Rock, AR 72205-3867

or

douglas.dawson@arkansas.gov or laura.nelsen@arkansas.gov