

CONSUMER CONFIDENCE REPORT EXCELLENCE AWARDS

BACKGROUND

The Michigan Section-AWWA, Customer Satisfaction Committee is announcing and accepting nominations for the 2008 Consumer Confidence Report Excellence Awards program. Nomination packages must be received by July 1, 2008.

The Consumer Confidence Report contest categories are:

1. One Small Surface Water System Award
2. One Small Ground Water System Award
3. One Medium Surface Water System Award
4. One Medium Ground Water System Award
5. One Large Surface Water System Award
6. One Large Ground Water System Award

This program is intended to highlight effective and informative Consumer Confidence Reports and the commitment by local administration and plant personnel toward informing their consumers about their drinking water. The principal objectives of this program are three-fold.

1. recognize systems demonstrating their commitment to go beyond just compliance with the Safe Drinking Water Act by producing an outstanding Consumer Confidence Report;
2. heighten overall public awareness of the contributions of public water supplies for ensuring adequate and safe drinking water; and
3. encourage public support for maintaining this exemplary status.

Submittal

Award Applications are to be sent to:

MJ Robinson
MI-Section, AWWA – Customer Satisfaction Committee
2350 Ivanrest Avenue
Wyoming, MI 49418

MI-AWWA will accept award submittals until July 1, 2008. Once final selections are made, the Awards Coordinator will prepare press releases and notification letters. Winning facilities will be honored at a presentation by either MI-Section AWWA representative and/or by your State Drinking Water Program representative during the State conference award ceremony.

**CATEGORIES FOR
CONSUMER CONFIDENCE REPORT EXCELLENCE
AWARDS PROGRAM**

<u>CATEGORY</u>	<u>POPULATION SERVED</u>
SMALL SURFACE WATER	<3,300
SMALL GROUND WATER	<3,300
MEDIUM SURFACE WATER	3,301 - 50,000
MEDIUM GROUND WATER	3,301 - 50,000
LARGE SURFACE WATER	>50,000
LARGE GROUND WATER	>50,000

**GUIDELINES FOR COMPLETION OF
MICHIGAN CONSUMER CONFIDENCE REPORT EXCELLENCE
AWARD WORKSHEET**

Facilities may submit an application for a Michigan Consumer Confidence Report Excellence Award through the Michigan Section-AWWA. Application forms and guidelines are available on the Chapter web site at: Or by calling MJ Robinson at 616-261-3552. Submittal deadline is July 1, 2008. The Consumer Confidence Committee judging officials will review and verify all data.

In completing the worksheet, responses should be kept as concise as possible. Contest entrants should try to provide essential answers. All information provided should directly support responses to the worksheet. When additional space is needed, please use 8 ½" x 11", with each applicable worksheet section, number, and question identified.

Please include 7 copies of your **Consumer Confidence Report (containing 2007 data results – issued in 2008)**. You may submit supporting documentation for public outreach and education activities, project, presentations, demonstrations, tours, etc. Supporting documentation may include photographs, listing, letters, etc.

SYSTEM NAME: _____

SYSTEM POPULATION SERVED: _____

Category: (circle one) GROUND WATER SURFACE WATER

**CRITERIA FOR RATING NOMINATIONS
FOR CONSUMER CONFIDENCE REPORT EXCELLENCE AWARDS**

I. QUALITY OF CONSUMER CONFIDENCE REPORT

A. Required information for CCR (90points)

Source of your drinking water (common name, including whether it is surface water, ground water, or a combination of both)

Susceptibility to contamination based on a completed Source Water Assessments (SWA) received from the state.
Likely sources of contamination that may effect your water source

Mention whether Source Water Assessment has been completed with a date and where to obtain a copy, or whether the state is working on the SWA with a projected completion date.

Likely source of detected contaminants and potential health effects of contaminant(s) above the Maximum Contaminant Level.

Education statement for vulnerable populations (HIV, and other immune deficient persons. (Information is required on nitrate, arsenic, and lead if detected above 50% of EPA's standards.)

Compliance information with other state and federal drinking water requirements.

Information on "...sources of water...", "Contaminants that may be present ...", and "EPA prescribes regulations which ..."

Required drinking water definitions (i.e. MCL, MCLG, etc.).

Your drinking water utility telephone number and regular meeting dates

Safe Drinking Water Hotline Number

B. Required Tables and Conversions (10 points)

Tables must be included in the CCR with appropriate conversions and explanations for detected contaminants. (DO NOT place non-detected contaminants in the same table)
Separate Table for non-detected contaminants

ADDITIONAL POINTS AWARDED FOR OUTREACH AND EDUCATION ACTIVITIES:

II. COMMUNITY OUTREACH AND EDUCATION ACTIVITIES (50 points)

- A. Water Treatment Utility Tours
- B. Community Days (festivals)
- C. School Presentations
- D. Local television/newspaper articles
- E. Water Conservation Activities
- F. Water Quality Testing with school students
- G. Map of watershed area, source water, etc.
- H. Cross Connection Control Program
- J. Appearance of Report
- K. Wellhead Protection Program

(TOTAL POINTS 150)

**SMALL SYSTEM
CONSUMER CONFIDENCE REPORT
EXCELLENCE AWARDS PROGRAM**

*******Important: indicate what water system name and city/county that you would like placed on the award if your water system wins in your category. This is needed to ensure that the correct name and city/county is placed on the award. *******

FACILITY IDENTIFICATION

Facility Name:

Area Served:

PWS Identification Number:

Utility Director

Operation Superintendent

Address

Address

City/ State/Zip

City/State/Zip

Telephone Number

Telephone Number

FACILITY DESCRIPTION

Population Served: _____

Water Source(s):

Surface	_____	Source(s) Name _____
Purchase Surface	_____	Source(s) Name _____
Ground Water	_____	Number of Wells _____
Purchase Ground	_____	Source(s) Name _____

TREATMENT TYPE

Aeration	_____	Predisinfection	_____
Taste/Odor Removal	_____	Coagulation	_____
Iron Removal	_____	Disinfection Type	_____
Sedimentation	_____	Ammoniation	_____
Filtration	_____	Fluoride Adjustment	_____

Corrosion Control

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Other

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**MEDIUM/LARGE SYSTEM
CONSUMER CONFIDENCE REPORT
EXCELLENCE AWARDS PROGRAM**

*******Important: indicate what water system name and city/county that you would like placed on the award if your water system wins in your category. This is needed to ensure that the correct name and city/county is placed on the award.*******

FACILITY IDENTIFICATION

Facility Name:

Area Served:

PWS Identification Number:

Utility Director

Operation Superintendent

Address

Address

City/ State/Zip

City/State/Zip

Telephone Number

Telephone Number

<u>FACILITY DESCRIPTION</u>	<u>AWARD CATEGORY (Please circle one) MEDIUM LARGE</u>	
Population Served: _____		
Water Source(s):		
Surface _____	Source(s) Name _____	
Purchase Surface _____	Source(s) Name _____	
Ground Water _____	Number of Wells _____	
Purchase Ground _____	Source(s) Name _____	

TREATMENT TYPE

Aeration _____
Taste/Odor Removal _____
Iron Removal _____
Sedimentation _____
Filtration _____
Corrosion Control _____

Predisinfection _____
Coagulation _____
Disinfection Type _____
Ammoniation _____
Fluoride Adjustment _____
Other _____