

# **CONSUMER CONFIDENCE REPORT EXCELLENCE AWARDS**

## **BACKGROUND**

The Michigan Section-AWWA, Customer Satisfaction Committee is announcing and accepting nominations for the 2009 Consumer Confidence Report Excellence Awards program. Nomination packages must be received by June 21, 2010.

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 June 21, 2010. 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.

Michigan Section representatives are also available to re-present the award at a local meeting upon request.

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

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

**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 June 21, 2010. 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 2009 data results – issued in 2010)**.

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, web address, 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 EDUCATION AND OUTREACH INFORMATION CONTAINED IN THE CCR:**

- II. Items which educate the consumer about such issues as stormwater, cross-connection prevention, stream studies, conservation, etc.**

**Items informing consumers about opportunities to participate in community meetings, tours, festivals, and other community activities designed to raise awareness about the quality and value of drinking water.**

**(50 points)**

**(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

<b><u>FACILITY DESCRIPTION</u></b>	
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 \_\_\_\_\_

**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 \_\_\_\_\_