City of Watertown		Request for Action
	Watertown City Council	
	6-10-2014	
Agenda Item:	Presentation of 2013 Consumer Confidence Report	
Request for Action:	None	
Department:	Shane Fineran, City Administrator	

Background:

In 2013 Watertown's drinking water and the supply system that produces it were in full compliance with all applicable county, state, and federal regulations regarding drinking-water quality, monitoring, operations, and reporting.

The Consumer Confidence Report (CCR) is an annual report required by the US Environmental Protection Agency (EPA) on the water quality of a particular water system such as in Watertown. The report details and outlines contaminants and their levels in drinking water.

The CCR is produced for customers and wholesalers of Watertown and ensures that everyone is provided safe drinking water. This report is free of charge to all customers. Watertown is federally mandated by the EPA to provide this information to the public. The Minnesota Department of Health enforces these rules for the EPA. Regulated drinking water substances that were detected during the 2013 calendar year are provided in the report. The City intends to distribute the report via our website and publish it in the Carver County News.

Doug Kammerer, Utilities Superintendent will be presenting the report.



Protecting, maintaining and improving the health of all Minnesotans

ACTION REQUIRED

DATE: April 1, 2014

TO: Watertown, PWSID 1100012

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 4216. 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



Name of System: Watertown

2013 CERTIFICATION FORM

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

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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

PWSID: 1100012

RETURN A COPY OF YOUR CCR AND THIS FORM TO MDH

CONSUMER CONFIDENCE REPORT

PWSID: 1100012

<u>City of Watertown</u> 2013 Drinking Water Report

The City of Watertown 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 Watertown provides drinking water to its residents from a groundwater source: three wells ranging from 153 to 475 feet deep, that draw water from the Quaternary Buried Artesian and Franconia-Ironton-Galesville aquifers.

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 952-955-2681 if you have questions about the City of Watertown 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).

N/A-Not Applicable (does not apply).

			Level Found		
Contaminant (units)	MCLG	MCL	Range (2013)	Average /Result*	Typical Source of Contaminant
Arsenic (ppb)	0	10	N/A	3.71	Erosion of natural deposits; Runoff from orchards; Runoff from glass and electronics production wastes.
Barium (ppm)	2	2	N/A	.12	Discharge of drilling wastes; Discharge from metal refineries; Erosion of natural deposits.
Fluoride (ppm)	4	4	.91-1.3	1.18	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.
Haloacetic Acids (HAA5) (ppb)	0	60	17.8- 18.3	18.3	By-product of drinking water disinfection.
Nitrate (as Nitrogen) (ppm)	10.4	10.4	1.1-1.2	1.2	Runoff from fertilizer use; Leaching from septic tanks, sewage; Erosion of natural deposits.
TTHM (Total trihalomethanes) (ppb)	0	80	34.5- 38.1	38.1	By-product of drinking water disinfection.

^{*}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.

Contaminant (units)	MRDLG	MRDL	***	****	Typical Source of Contaminant
Chlorine (ppm)	4	4	.16	.23	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) (08/30/2012)	1.3	1.3	.27	0 out of 20	Corrosion of household plumbing systems; Erosion of natural deposits.
Lead (ppb) (08/30/2012)	0	15	5.2	0 out of 20	Corrosion of household plumbing systems; Erosion of natural deposits.

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 Watertown is responsible for providing high quality drinking water, but cannot

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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.

2013 CITY OF WATERTOWN CONSUMER CONFIDENCE REPORT



Watertown Water Treatment Facility

What is a Consumer Confidence Report?

In short, it is a report that all community water systems must distribute annually to their customers.

The report contains:

- Where we get our water
- Results from testing (conducted by city staff or MN Department of Health)
- Other general information

Distribution of Report

- The CCR must be distributed to the customers in one of the following three ways:
 - Posted in the newspaper
 - Mailed directly to the customers
 - Posted on the internet
- In the past, staff has put the CCR in the newspaper. This is the second year that staff will post the CCR on the city's web page.

Where Does the City Get It's Water?

- The City of Watertown has three wells that it uses to receive drinking water.
 - Well #4 is our primary well and was constructed in 2002. It is 475 feet deep and is in the Franconia/Ironton/Galesville aquifer.
 - Wells #1, 2, and 3 are drilled from 153 to 209 feet and are located in the glacial drift. These wells are considered secondary and emergency wells.

Wells

- Well #1 does not have a pump in the casing, however, in the future this well can be used as a secondary/emergency well.
- □ Wells #2 and #4 have submersible pumps that pump into the Water treatment facility. Well #2 is located in the round-a-bout, and Well #4 is located in Evergreen Park.
- Well #3 is located across the street from City Hall. Water from this well is pumped directly into the distribution system. Liquid bleach and fluoride are added to the water while the pump is operating.
- □ In the future when Well #1 goes online, bleach and fluoride will be pumped directly into the distribution system as well.

How is the Water Treated?

- The objective of the Water Treatment Facility is to provide water to its customers that is safe, palatable, and fit for domestic and commercial uses.
- A review of well water quality data and drinking water standards indicate that to achieve the objective listed above, the treatment facility must include the following at minimum:
 - Disinfection to guard against biological contamination of the supply
 - Removal of iron and manganese to prevent associated nuisance condition
 - Maintain disinfection residual in the distribution system

What is Being Monitored?

- On an annual basis the Minnesota Department of Health (MDH)sends out a monitoring schedule which lets city staff know when a sample is to be taken.
- City staff conducts overall daily tests, as well as weekly tests that monitor, fluoride, free chlorine, manganese, and iron.
- On a monthly basis, city staff collects five samples throughout the distribution system. These samples are tested for Coliform Bacteria.
- □ The data collected from the various tests is analyzed by city staff so that chemical adjustments can be made to align with water standards set forth by the MDH.

State Standards

- Listed are the State Standards for Drinking Water:
 - Fluoride: .9-1.5ppm (added for tooth decay prevention)
 - Free Chlorine: .2-.5ppm (added for disinfection)
 - Manganese: <.05ppm</p>
 - Iron: <.3ppm</p>
- On a monthly basis city staff sends in a Fluoridation report to the MDH which includes data of water pumped to consumers along with results of our Fluoride tests.

Staff Requirements

- The MDH classifies a facility by a point system of different processes.
- Watertown's Water Treatment Facility is classified as a "C" facility.
- Currently on staff the following licenses are held:
 - 1- "B" Operator
 - 2- "D" Operators

In Closing

Water is a very valuable asset. We all need to conserve water to the best of our ability. City staff will post water conservation tips in the upcoming months on the city's web page.