Missouri Department of Natural Resources
Water Protection Program - Public Drinking Water Branch

PUBLIC NOTICE CUSTOMERS OF CAPE GIRARDEAU COUNTY PWSD 2 FAILURE TO MEET MICROBIOLOGICAL MONITORING REQUIREMENTS FOR DRINKING WATER-SOURCE WATER

Este informe contiene información muy importante sobre su agua potable. Tradúzcalo o hable con alguien que lo entienda bien.

We are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not our drinking water meets health standards. During **October 2021** we had sample(s) that tested positive for total coliform bacteria and we did not test our source water for fecal indicators, therefore we cannot be sure of the quality of our drinking water during that time.

This is a violation of Missouri Public Drinking Water Regulations. The Missouri Department of Natural Resources requires that drinking water be tested for fecal indicators at the source (well) if total coliform bacteria is detected in the distribution system, by submitting at least one valid sample per source. Bacteriologically-contaminated water can cause a variety of disease symptoms. It is important that drinking water be routinely tested to ensure the safety of those who consume it.

This is not an emergency. If it had been you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers.

Provide explanation of cause of monitoring failure:
All source/well site samples not submitted.

For more information, please contact water system staff indicated below:

Ashley Burns (name of water system contact) at 573-703-4617 (phone number) or _____ (mailing address).

Additionally you may contact the Missouri Department of Natural Resources' Southeast Regional Office at 573-840-9750 or Public Drinking Water Branch at 573-526-6925.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

This notice is being sent to you by CAPE GIRARDEAU COUNTY PWSD 2
State Water System ID#: MO4024097.

Date mailed or hand delivered (if applicable): _____

MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM

MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME		LABORATORY NAME	LABORATORY TELEPHONE NUMBER WITH AREA CODE
PWSD #2 - Millersville		Environmental Analysis South	573 204 8817
STREET ADDRESS		CERTIFICATION NUMBER	
P.O. Box 21		00660	
CITY	ZIP CODE		
Millersville	63766		
COUNTY	ID NUMBER		
Cape Girardeau	4024097		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/04/21	R	10845 ST HWY 72		A	A	0.82	0.80
10/04/21	R	131 BASALT		P	A	0.81	0.79
10/06/21	REPEAT	CR 349 HWY 34 - DOWN		A	A	0.79	0.80
10/06/21	REPEAT	131 BASALT ORIGINAL		A	A	0.79	0.77
10/06/21	REPEAT	SANDSTONE LN UP		A	A	0.81	0.79

Total routine sample analyzed 2

Monitoring violation ☐ Yes ☐ No

MCL violation ☐ Yes ☐ No

SIGNATURE [signature] DATE 10-28-21

TITLE President

MO 780-0438 (07-10) Return completed form to Water Protection Program, P.O. Box 176, Jefferson City, MO 65102

INSTRUCTIONS FOR COMPLETING MICROBIOLOGICAL ANALYSIS REPORT

This form must be completed and forwarded to the Missouri Department of Natural Resources, Water Protection Program - Public Drinking Water Branch, P.O. Box 176, Jefferson City, Missouri 65102 as soon as the water system's monthly monitoring is completed, but in no case later than the 10th of the month following the month for which monitoring was done.

1. **Address Block** - Complete the name and address of the public water system. The 7-digit public water system identification number must b entered to account for the samples.

2. **Laboratory Name** - Complete the laboratory name and certification number.