



2023 Consumer Confidence Report Request Form

Please Complete & Return to ADH by February 11, 2024

Arkansas Department of Health is in the process of gathering information regarding your water system's **2023 Consumer Confidence Report** (Annual Drinking Water Report). ADH needs the information below completed and returned to ADH by **February 11, 2024**. All CCR's will be prepared in the order received. If you do not hear from ADH by May 8th, 2024, regarding your Annual CCR please let us know.

Feel free to contact Douglas Dawson or Kathy McFarland (contact information listed below) if you have any questions or require assistance with completing this form.

Name of System: Kensett Water PWS ID: 588

Contact Person: (Individual Responsible for distributing the 2023 CCR)

Name: Steve Brown Title: Manager Phone: 501-742-3191

Address: P.O. Box 305 Kensett Ar. 72082

Email: _____

Please give the name and PWS ID of each system you **PURCHASED** water from in 2023, **even for one day**.

Please give the name and PWS ID of each system you **SOLD** water to in 2023, **even for one day**.

| PWS ID | NAME OF SYSTEM |
|--------|---------------------|
| | <u>Searcy Water</u> |
| | |
| | |
| | |

| PWS ID | NAME OF SYSTEM |
|--------|----------------|
| | <u>NA</u> |
| | |
| | |
| | |

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

Date(s): 3rd Tuesday Monthly Time(s): 7:00 PM Location: City Hall

Does your water system serve a significant population of non-English speaking residents? Yes No
If yes, what language(s)? _____

SURFACE SYSTEMS ONLY – What was your water system's "highest yearly sample result" for turbidity? _____ NTU
(This should be your highest finished water reading from your monthly 2023 operation's reports)
What was the lowest monthly percentage of samples meeting your turbidity limit? _____ %

Please return completed form by February 11, 2024, by mail, email, or fax to:

CCR Program
Arkansas Department of Health
Engineering Section, Slot 37
4815 West Markham
Little Rock, AR 72205-3867

OR

Email to: Douglas.Dawson@arkansas.gov
or Fax to 501-661-2032 (Att.: CCR Program)

If you have any questions about the CCR process, or if this letter has reached you in error, please contact us at the above e-mail address or at 501-280-4144 (Doug Dawson), or 501-661-2256 (Kathy McFarland)