

2008 Certification Form

Name of System: Porter

PWSID: 1870006

The information in the attached Consumer Confidence Report (CCR) is accurate and has been distributed to customers in the following manner. You must choose at least one of the following option(s):

- Delivered the CCR door to door to each customer served by our water supply.
- Posted a notice that the CCR will not be mailed to them or published, but is available upon request (provided name and number of a contact person for customers to call and request a copy of the CCR). The notice was posted in a location where residents will most likely see it (i.e., post office, city hall, community bulletin board, etc.). **If using this option, you must return a copy of the notice you posted to inform customers that the CCR is available upon request, along with a copy of the CCR you intend to distribute to customers.**
- 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 name and number of a contact person for customers to call and request a copy of the CCR).

Return a copy or newspaper clipping of the CCR to MDH. List newspaper(s) and date(s) of publication:



Individually distributed to all customers. If the distribution of the CCR was included with a water bill, efforts must have been 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.

If posted on the Internet, list Web Site Address <http://www.porter.mn.org/>

COMPLETE THE FOLLOWING:

Signature: Larry Stoks Date: 6/1/09

Name Printed: Larry Stoks

Title: Water - Wastewater Operator Phone Number: (507) 296-4620

Return this form, along with a copy or newspaper clipping of the CCR (Consumer Confidence Report), **by July 1, 2009**. Use the enclosed envelope or mail them to Kathy Russell at this address:

Or Fax
651/201-4701

Minnesota Department of Health
Drinking Water Protection Section
P. O. Box 64975
St. Paul, Minnesota 55164-0975

PLEASE NOTE: Although MDH sent a CCR to your system, we need a **"final"** copy of your CCR for our records. This way we know your system distributed it to your customers – whether you reformatted the CCR, or if you simply added a contact name/phone number for your system on the CCR – you must return a copy of both the CCR and this form to MDH.

Failure to produce and distribute an annual Consumer Confidence Report and submit a copy of the report and Certification Form to the MDH by July 1, 2009, will result in enforcement actions, which may include fines, from the U.S. Environmental Protection Agency and/or the MDH.

If you need another copy of the report provided to you by the Minnesota Department of Health, call the Drinking Water Message Center: 651/201-4650 in the Twin Cities Metropolitan Area or toll-free at 1/800/818-9318.

RETURN A COPY OF YOUR CCR AND THIS FORM TO MDH

CONSUMER CONFIDENCE REPORT

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City of Porter 2008 Drinking Water Report

The City of Porter is issuing the results of monitoring done on its drinking water for the period from January 1 to December 31, 2008. 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 Porter provides drinking water to its residents from a groundwater source: purchased treated water from the Lincoln-Pipestone Rural Water System which obtains its water from wells in the Quaternary Buried Artesian, Quaternary Water Table, and Indeterminate 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 **507-296-4620** if you have questions about the City of Porter 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 2008. 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.

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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.

pCi/l—PicoCuries per liter (a measure of radioactivity).

ppb—Parts per billion, which can also be expressed as micrograms per liter (µg/l).

ppm—Parts per million, which can also be expressed as milligrams per liter (mg/l).

nd—No Detection.

N/A—Not Applicable (does not apply).

Contaminant (units)	MCLG	MCL	Level Found		Typical Source of Contaminant
			Range (2008)	Average /Result*	
Alpha Emitters (pCi/l) (11/28/2007)	0	15.4	N/A	3.3	Erosion of natural deposits.
Antimony (ppb) (05/17/2004)	6	6	N/A	2.67	Discharge from petroleum refineries; Fire retardants; Ceramics; Electronics; Solder.
Arsenic (ppb) (05/17/2004)	0	10	N/A	1.45	Erosion of natural deposits; Runoff from orchards; Runoff from glass and electronics production wastes.
Barium (ppm) (05/17/2004)	2	2	N/A	.14	Discharge of drilling wastes; Discharge from metal refineries; Erosion of natural deposits.
Fluoride (ppm)	4	4	1-1.4	1.3	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.

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Contaminant (units)	MCLG	MCL	Level Found		Typical Source of Contaminant
			Range (2008)	Average /Result*	
Nitrate (as Nitrogen) (ppm)	10	10	nd-5.2	5.2	Runoff from fertilizer use; Leaching from septic tanks, sewage; Erosion of natural deposits.
Selenium (ppb) (05/17/2004)	50	50	N/A	9.15	Discharge from petroleum and metal refineries; Erosion of natural deposits; Discharge from mines.
TTHM (Total trihalomethanes) (ppb) (10/22/2007)	0	80	N/A	.5	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.

Nitrate in drinking water at levels above 10 parts per million is a health risk for infants of less than six months of age. High nitrate levels in drinking water can cause blue baby syndrome. Nitrate levels may rise quickly for short periods of time because of rainfall or agricultural activity. If you are caring for an infant, you should ask advice from your health care provider.

Contaminant (units)	MRDLG	MRDL	****	*****	Typical Source of Contaminant
Chlorine (ppm)	4	4	1-1.4	1.18	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)	N/A	1.3	.03	0 out of 5	Corrosion of household plumbing systems; Erosion of natural deposits.
Lead (ppb)	N/A	15	nd	0 out of 5	Corrosion of household plumbing systems; Erosion of natural deposits.

If present, infants and children who drink water containing lead in excess of the action level could experience delays in their physical or mental development. Children could show slight deficits in attention span and learning abilities. Adults who drink this water over many years could develop kidney problems or high blood pressure. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. City of Porter is responsible for providing high quality drinking water, but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can

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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>.

Some contaminants do not have Maximum Contaminant Levels established for them. These unregulated contaminants are assessed using state standards known as health risk limits to determine if they pose a threat to human health. If unacceptable levels of an unregulated contaminant are found, the response is the same as if an MCL has been exceeded; the water system must inform its customers and take other corrective actions. In the table that follows are the unregulated contaminants that were detected:

Contaminant (units)	Level Found		Typical Source of Contaminant
	Range (2008)	Average/Result	
Sodium (ppm) (03/22/2005)	N/A	25	Erosion of natural deposits.
Sulfate (ppm) (03/22/2005)	N/A	380	Erosion of natural deposits.

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.

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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 are available from the Safe Drinking Water Hotline at 1-800-426-4791.