



2011 ANNUAL DRINKING WATER QUALITY REPORT
PWSID #: 6200051 NAME: **Titusville Municipal Water Works**

Este informe contiene información importante acerca de su agua potable. Haga que alguien lo traduzca para usted, ó hable con alguien que lo entienda. (This report contains important information about your drinking water. Have someone translate it for you, or speak with someone who understands it.)

WATER SYSTEM INFORMATION:

This report shows our water quality and what it means. If you have any questions about this report or concerning your water utility, please contact Titusville Water Works at 814-827-5300

We want you to be informed about your water supply.

SOURCE(S) OF WATER:

Our water source(s) is/are: (Name-Type-Location)

10 Wells located at the Titusville Water Works property

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* (800-426-4791).

MONITORING YOUR WATER:

We routinely monitor for contaminants in your drinking water according to federal and state laws. The following tables show the results of our monitoring for the period of January 1 to December 31, 2011. The State allows us to monitor for some contaminants less than once per year because the concentrations of these contaminants do not change frequently. Some of our data is from prior years in accordance with the Safe Drinking Water Act. The date has been noted on the sampling results table.

DEFINITIONS:

Action Level (AL) - The concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow.

Maximum Contaminant Level (MCL) - 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.

Maximum Contaminant Level Goal (MCLG) - 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.

Maximum Residual Disinfectant Level (MRDL) - The highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for control of microbial contaminants.

Maximum Residual Disinfectant Level Goal (MRDLG) - The level of a drinking water disinfectant below which there is no known or expected risk to health. MRDLGs do not reflect the benefits of the use of disinfectants to control microbial contaminants.

Minimum Residual Disinfectant Level (MinRDL) - The minimum level of residual disinfectant required at the entry point to the distribution system.

Treatment Technique (TT) - A required process intended to reduce the level of a contaminant in drinking water.

mrem/year = millirems per year (a measure of radiation absorbed by the body)

ppm = parts per million, or milligrams per liter (mg/L)

pCi/L = picocuries per liter (a measure of radioactivity)

ppq = parts per quadrillion, or picograms per liter

ppb = parts per billion, or micrograms per liter (µg/L)

ppt = parts per trillion, or nanograms per liter

DETECTED SAMPLE RESULTS:

Chemical Contaminants								
Contaminant	MCL in CCR Units	MCLG	Level Detected	Range of Detections	Units	Sample Date	Violation Y/N	Sources of Contamination
Chlorine	MRDL-4	MRDLG -4	0.346	0.346 – 0.544	Ppm	2011	N	Water additive used to control microbes
Nitrate	10	10	1.04	1.04	Ppm	8/9/2011	N	Runoff from fertilizer
Di(2ethylhexyl) phthalate	0.006	0	0.0034	0-0.0034	Ppm	2011	N	Discharge from rubber and chemical factories

*EPA's MCL for fluoride is 4 ppm. However, Pennsylvania has set a lower MCL to better protect human health.

CITY OF TITUSVILLE WATER CUSTOMER
 PO BOX 20
 TITUSVILLE PA 16354


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Postage Statement—First-Class Mail

Post Office, Note Mail Arrival Date & Time
(Do Not Round Stamp)

Use this form for First-Class Mail.

Mailer	Permit Holder's Name and Address and Email Address, If Any CITY OF TITUSVILLE 107 N FRANKLIN Titusville PA 16354	Telephone 814-827-5300	Name and Address of Mailing Agent (If other than permit holder)	Telephone	Name and Address of individual or Organization for Which Mailing is Prepared (If other than permit holder)
	CAPS Cust. Ref. No. _____				
	CRID _____		CRID _____		CRID _____

Mailing	Post Office of Mailing Titusville PA	Processing Category <input type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Parcels	Parcels Only Hold For Pickup (HFPUP): No. of Pieces _____	Mailer's Mailing Date	Federal Agency Cost Code	Statement Seq. No. 1986	No. and type of Containers ____ Sacks ____ 1 ft. Letter Trays <input checked="" type="checkbox"/> 2 ft. Letter Trays ____ EMM Letter Trays ____ Flat Trays ____ Pallets ____ Other
	Type of Postage <input type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered		Weight of a Single Piece 0.0375 pounds	Combined Mailing <input type="checkbox"/> Single Class	Total Pieces 1986		
	Permit # 115	For Mail Enclosed Within Another Class <input type="checkbox"/> Standard Mail <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post	<input type="checkbox"/> Periodicals	Total Weight 74.48			

Postage	Letter-size mailpieces contain: <input type="checkbox"/> Reply card or reply envelope <input type="checkbox"/> Only contents that are not required to be mailed FCM <input type="checkbox"/> DVD/CD or other disk	Parts Completed (Select all that apply) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> S	Total Postage (Add parts totals) \$ 802.35
	Price at Which Postage Affixed (Check one) Complete if the mailing includes pieces bearing metered or precanceled stamps. <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither _____ pcs. x \$ _____ = Postage Affixed		
	Permit # 115 Net Postage Due (Subtract postage affixed from total postage) \$ 802.35		

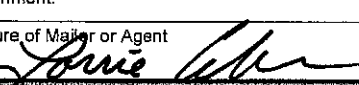
USPS Use	Additional Postage Payment (State reason)	
	For postage affixed add additional payment to net postage due for permit imprint add additional payment to total postage	Total Adjusted Postage Affixed
	Postmaster Report (see Postage in AIC 121)	Total Adjusted Postage Permit Imprint

Certification

Incentive Claimed: _____

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and the mailing qualifies for the prices and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Privacy Notice: For information regarding our Privacy Policy visit www.usps.com.

Signature of Mailer or Agent 	Printed Name of Mailer or Agent Signing Form LORRIE CUBBON	Telephone 827-5300 X315
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USPS Use Only To be completed at non-Postal/One sites	Weight of a Single Piece _____	Are postage figures at left adjusted from mailer's entries? If yes (reason): <input type="checkbox"/> Yes <input type="checkbox"/> No	USPS Use Only To be completed at non-Postal/One sites
	Total Pieces _____ Total Weight _____		
	Total Postage _____	Round Stamp (Required) Payment Date _____	
	Presort Verification Performed? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> No		
	I CERTIFY that this mailing has been inspected for each item below (if required): (1) eligibility for postage prices claimed (2) proper preparation (and presort where required) (3) proper completion of postage statement (4) payment of annual fee, and (5) sufficient funds on deposit (if required)	Date Mailed Notified _____ Contact _____	
USPS Employee's Signature _____	By (Initials) _____ Time _____ AM/PM _____	Print USPS Employee's Name _____	





**UNITED STATES
POSTAL SERVICE**

This form may be generated as the output of address matching processing using CASS Certified™ software in conjunction with current USPS® address database files. Any facsimile must contain the same information in the same format as the printed form.

See DMM® Section 708 for more information.

CASS™ Summary Report

A. Software			
CASS A1	1. CASS Certified Company Name SmartyStreets LLC	2. CASS Certified Software Name & Version Certified Scrubbing 03.00.02.N.12.03	3. Configuration WEB
	4. Z4Change Certified Company Name	5. Z4Change Certified Software Name & Version	6. Configuration
	7. DirectDPV™ Certified Company Name	8. DirectDPV Certified Software Name & Version	9. Configuration
	10. eLOT® Certified Company Name	11. eLOT Certified Software Name & Version	12. Configuration
MASS A2	1. MASS™ Certified Company Name	2. MASS Certified Software Name, Version & Model No.	3. Configuration
			4. MLOCR Serial No.

B. List		
1. List Processor's Name mra MasterTrak, LLC 112 Trotwood Drive Monroeville, PA 15146	2. Date List Processed	3. Date of Database Product Used
	a. Master File 03/16/2012	a. ZIP + 4® File 03/15/2012
	b. Z4Change	b. Z4Change
	c. DirectDPV	c. DirectDPV
	d. eLOT	d. eLOT
	e. CRIS	e. CRIS
4. List Name or ID No. (If using ID No., number must start with ID #) Address.txt	5. Number of Lists 1	6. Total Records Submitted for Processing 2,435

C. Output							
Output Rating	1. Total Coded	2. Validation Period		Output Rating	1. Total Coded	2. Validation Period	
		From	To			From	To
a. ZIP + 4/DPV Confirmed ▶	2,394	03/16/2012	09/12/2012	d. 5-Digit Coded ▶	2,425	03/16/2012	03/16/2013
b. Z4Change Processed ▶				e. CRRT Coded ▶	2,401	03/16/2012	06/14/2012
c. DirectDPV ▶		From	To	f. eLOT Assigned ▶		From	To

D. Mailer	
I certify that the mailing submitted with this form has been coded (as indicated above) using CASS Certified software meeting all of the requirements listed in the DMM Section 708.	3. Name and Address of Mailer City of Titusville 107 N Franklin St Titusville Pa 16354
1. Mailer's Signature 	2. Date Signed 4/5/12

E. Qualitative Statistical Summary (QSS)						
For informational Purposes Only: QSS is solely made available for the list processor's review and analysis. This information is not to be considered by the U.S. Postal Service® personnel in determining rate eligibility under any circumstances. See reverse for a detailed explanation.						
High Rise Default	High Rise Exact	RR Default	RR Exact	LACS ^{Link} ®	EWS	Suite ^{Link} ®
27	142	0	0	21	0	3

Privacy Notice: For information regarding our Privacy Policy, visit USPS.COM®.



First-Class Mail

Part A
Automation Prices

Check box at left if prices are populated in this section.

Cards (eligible for card price)		Price	No. of Pieces	Total Postage
A1	5-Digit	\$0.208		
A2	3-Digit	0.222		
A3	AADC	0.223		
A4	Mixed AADC	0.235		

Letters		Price	No. of Pieces	Total Postage
A5	5-Digit			
A6	3-Digit			
A7	AADC	.374		
A8	Mixed AADC	.404	1986	802.35

Letters - ONLY Reply Rides Free (over 1 oz. and up to 1.2 oz.)

		Price	No. of Pieces	Total Postage
A9	5-Digit			
A10	3-Digit			
A11	AADC			
A12	Mixed AADC			

Flats		Price	No. of Pieces	Total Postage
A13	5-Digit			
A14	3-Digit			
A15	ADC			
A16	Mixed ADC			

A17	Part A Subtotal (Lines A1-A16)			
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Full Service Intelligent Mail Option

A18	Cards - Number of pieces that comply _____ x \$0.003 =	
A19	Letters - Number of pieces that comply _____ x \$0.003 =	
A20	Flats - Number of pieces that comply _____ x \$0.003 =	

A21	Full Service Intelligent Mail Option Subtotal (Add lines A18-A20)	
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Part A Total (Line A17 minus A21)

\$ 802.35

