AGENDA ITEM HISTORY SHEET

ITEM TITLE	**AGENDA NO.** 17
Consumer Confidence Report	**AGENDA DATE:** 5/26/26

FUNDING CERTIFICATION (Finance Director) (Signature, if applicable)

MANAGEMENT STAFF REVIEW (Signature)

MAYOR (Signature)

ITEM HISTORY (Previous Council reviews, action related to this item, and other pertinent history)

None.

ITEM COMMENTARY (Background discussion, key points, recommendations, etc.) Please identify any or all impacts this proposed action would have on the City budget, personnel resources, and/or residents.

Every year the Arkansas Department of Health sends us our water system's Consumer Confidence Report. It is our responsibility to distruvte and ensure all customers have access tio and knowledge of the document. Angela has gotten the electronic distribution language added to the bottom of the bills, Jordan will be posting it to social media, on the Water page of the website, and in the newsletter for 3 consecutive months. We are doing three "good faith efforts" in the form of newsletter posting, posting on our website, and posting the CCR in our water billing office through July.

(This section to be completed by the Mayor)

ACTION PROPOSED (Motion for Consideration)

None.

Arkansas Department of Health

4815 West Markham Street ● Little Rock, Arkansas 72205-3867 ● Telephone 501-661-2000
Governor Sarah Huckabee Sanders
Renee Mallory, RN, BSN, Secretary of Health
Jennifer Dillaha, MD, Director

Public Health Engineering Branch, Slot 37 ● Phone 501-661-2623 ● Fax 501-661-2032
www.healthy.arkansas.gov/eng ● After Hours Emergency 501-661-2136

April 16, 2026

MORIAH WINKEL
BRYANT WATERWORKS
1017 SW 2ND STREET
BRYANT AR 72022

Re: 2025 Annual Drinking Water Report (Consumer Confidence Report), PWS: 486

Enclosed is your water system's 2025 Consumer Confidence Report (CCR) and a certification form. **The CCR must be distributed by July 1, 2026.** It is the responsibility of your water system to thoroughly review the report for accuracy.

Your water system is required to distribute its CCR in **one** of the following ways:

1. Electronic Distribution (website)
2. Direct Delivery – Mailing or hand delivering to each residential and commercial customer

Electronic Distribution is the easiest and least costly way to deliver the CCR to your customers. You do not have to have your own website to use this method. Your CCR is already published on the Department of Health's Engineering Section's website, but you have to let your customers know the website address.

I. For Electronic Distribution (Website):

1. **By July 1, 2026,** a notice must be mailed to customers alerting them that the CCR is available electronically. The notice must contain a direct URL to the CCR and state that copies of the report are available upon request. Please use the exact wording below:

   Your Annual Drinking Water Quality Report is available at health.arkansas.gov/eng/486. Copies are available upon request from our office.

2. A copy of the water bill or notification that will be sent to the customers must be delivered to our office **prior to sending it to customers**. See our contact information at the bottom of this page.
3. If the water system is aware that its customers are unable to receive CCRs electronically, it must provide a paper CCR using one of the traditional delivery methods.

II. Good Faith Effort to Reach Consumers Who Don't Receive Bills

EPA requires that your system make a good faith effort to get the CCR to consumers who do not receive water bills, such as renters and out-of-town workers. Some methods you may want to use include mailing multiple copies for posting to apartment complexes and large employers.

III. Certification Form

1. The enclosed Certification Form should be completed and sent to our office on or before July 1, 2026.
2. The Form must also be accompanied by a copy of the CCR you distributed.

Please carefully read all the above requirements to avoid redistribution of the CCR and receiving a violation for inadequate reporting.

Your water system is required to maintain a copy of its Consumer Confidence Report for three (3) years**.**

If you have any questions or need assistance, please call Doug Dawson or Bethany McMullen at 501-661-2623, fax to our attention at 501-661-2032, or e-mail us at ADH.CCR@arkansas.gov.

Bryant Waterworks
2025 Annual Drinking Water Quality Report

We're pleased to present to you this year's Annual Drinking Water Quality Report. This report is designed to inform you about the quality water and services we deliver to you every day. Our goal is to provide you with a safe and dependable supply of drinking water, and we want you to understand, and be involved in, the efforts we make to continually improve the water treatment process and protect our water resources.

Where Does Our Drinking Water Come From?

The sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs, and wells. We purchase treated surface water from Central Arkansas Water (CAW). Central Arkansas Water's supply is from two lakes: Lake Winona and Lake Maumelle. Both lakes can supply Jackson Reservoir, a regulating reservoir located in Little Rock. Water is delivered by pipeline to the Jack H. Wilson and Ozark Point water treatment plants. Both treatment facilities are in Little Rock.

How Safe Is The Source Of Our Drinking Water?

The Arkansas Department of Health has completed a Source Water Vulnerability Assessment for Central Arkansas Water. The assessment summarizes the potential for contamination of our sources of drinking water and can be used as a basis for developing a source water protection plan. Based on the various criteria of the assessment, Central Arkansas Water has been determined to have a medium susceptibility to contamination. You may request a summary of the Source Water Vulnerability Assessment from our office.

What Contaminants Can Be In Our Drinking Water?

As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and, in some cases, 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 tap water is safe to drink, EPA has regulations which limit the amount of certain contaminants in water provided by public water systems. Food and Drug Administration (FDA) regulations establish limits for contaminants in bottled water which must provide the same protection for public health.

Am I at Risk?

All 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 the water poses a health risk. However, 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 small amounts of contamination. These people should seek advice about drinking water from their health care providers. 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. In addition, EPA/CDC guidelines on appropriate means to lessen the risk of infection by microbiological contaminants are also available from the Safe Drinking Water Hotline.

Lead and Drinking Water

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. We are 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 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.

How Can I Learn More About Our Drinking Water?

If you have any questions about this report or concerning your water utility, please contact Moriah Winkel, Operator, at 501-914-9288. We want our valued customers to be informed about their water utility. If you want to learn more, please attend any of our regularly scheduled meetings. They are held on the last Tuesday of each month at 6:30 PM at Bryant City Hall.

TEST RESULTS

We and Central Arkansas Water routinely monitor for constituents in your drinking water according to Federal and State laws. The test results table shows the results of our monitoring for the period of January 1st to December 31st, 2025. In the table you might find terms and abbreviations you are not familiar with. To help you better understand these terms we've provided the following definitions:

Action Level - 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) – unenforceable public health 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.
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.
NA – not applicable
Nephelometric Turbidity Unit (NTU) – a unit of measurement for the clarity of water. Turbidity in excess of 5 NTU is just noticeable to the average person.
Parts per billion (ppb) - a unit of measurement for detected levels of contaminants in drinking water. One part per billion corresponds to one minute in 2,000 years, or a single penny in $10,000,000.
Parts per million (ppm) – a unit of measurement for detected levels of contaminants in drinking water. One part per million corresponds to one minute in two years or a single penny in $10,000.

TURBIDITY

Contaminant	Violation Y/N	Level Detected	Unit	MCLG (Public Health Goal)	MCL (Allowable Level)	Major Sources in Drinking Water
Turbidity	N	Highest yearly sample result: 0.39	NTU	NA	Any measurement in excess of 1 NTU constitutes a violation	Soil runoff
		Lowest monthly % of samples meeting the turbidity limit: 99%			A value less than 95% of samples meeting the limit of 0.3 NTU, constitutes a violation	

- Turbidity measures water cloudiness. Benton and Central Arkansas Water monitor it because it is a good indicator of the effectiveness of their filtration systems.

INORGANIC CONTAMINANTS

Contaminant	Violation Y/N	Level Detected	Unit	MCLG (Public Health Goal)	MCL (Allowable Level)	Major Sources in Drinking Water
Fluoride	N	Highest Running 12 Month Average: 0.82 Range: 0 – 0.87	ppm	4	4	Erosion of natural deposits; water additive which promotes strong teeth

LEAD AND COPPER TAP MONITORING

Contaminants	Number of Tap Samples	Number of Sites over Action Level	90th Percentile Result	Unit	Action Levels	Major Sources in Drinking Water
Lead	30	0	<0.001	ppm	0.015	Corrosion from household plumbing systems; erosion of natural deposits
Copper	30	0	0.036	ppm	1.3	

- We are currently on a reduced monitoring schedule and required to sample once every three years for lead and copper at the customers' taps. The results above are from our last monitoring period in 2023. Our next required monitoring period is in 2026.
- As part of our ongoing efforts to comply with federal regulations, we have developed a service line inventory to identify potential lead service lines within our system. A copy of the inventory is available from our office upon request.

TOTAL ORGANIC CARBON

- The percentage of Total Organic Carbon (TOC) removal was routinely monitored by Central Arkansas Water in 2025, and all TOC removal requirements set by USEPA were met. Total organic carbon (TOC) has no health effects. However, total organic carbon provides a medium for the formation of disinfection by-products. These by-products include trihalomethanes (THMs) and haloacetic acids (HAAs).

REGULATED DISINFECTANTS

Disinfectant	Violation Y/N	Level Detected	Unit	MRDLG (Public Health Goal)	MRDL (Allowable Level)	Major Sources in Drinking Water
Chlorine	N	Average: 0.72 Range: 0.03 – 1.24	ppm	4	4	Water additive used to control microbes

BY-PRODUCTS OF DRINKING WATER DISINFECTION

Contaminant	Violation Y/N	Level Detected	Unit	MCLG (Public Health Goal)	MCL (Allowable Level)
HAA5 [Haloacetic Acids]	N	Highest Running 12-Month Average: 25 Range: 4.69 - 48	ppb	0	60
TTHM [Total Trihalomethanes]	N	Highest Running 12-Month Average: 58 Range: 16.3 – 79.2	ppb	NA	80
Chlorite	N	Highest Monthly Average: 400 Range: 24 - 594	ppb	800	1000

2025 CONSUMER CONFIDENCE REPORT (CCR) CERTIFICATION FORM

BRYANT WATERWORKS **PWS ID #: 486** 19607 Persons

IMPORTANT: Attach a complete copy of your water system's CCR exactly as it was distributed to your customers, even if the report was prepared by our office.

The community water system named above hereby confirms that its Consumer Confidence Report has been distributed to customers (and appropriate notices of availability have been given). Further, the system certifies that the information contained in the report is correct and consistent with the compliance monitoring data previously submitted to the primacy agency.

CERTIFIED BY: Printed Name: _____ **Title:** _____

Phone #: _____ **Signature:** _____

The 2025 Consumer Confidence Report was distributed by the following method(s) (check all that apply – don't forget to include dates):

☐ **The CCR was distributed electronically (website).**

Customers were notified by mail of electronic distribution with the following language:

Your Annual Drinking Water Quality Report is available at health.arkansas.gov/eng/486. Copies are available upon request from our office.

A copy of the water bill or other notice of the above, electronic distribution method **must be sent** to this office for approval prior to sending it to your customers.

Date electronic distribution notice sent to customers: _____

☐ **The CCR was directly delivered to customers.**

Date mailed or hand-delivered to customers: _____

☐ **Important:** All water systems are required to make a "Good Faith Effort" to reach non-bill receiving customers.

Good faith efforts include providing copies of the CCR to renters and employees of large employers, providing copies of the CCR to community organizations, posting the CCR in public locations, publishing the report in a local newspaper or newsletter, and posting the CCR on a publicly accessible website.

Good Faith Effort methods used: _____

_____

_____

The Engineering Section must receive this form by July 1, 2026. Return the completed form, along with a copy of the Consumer Confidence Report, to:

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

or

ADH.CCR@arkansas.gov