ALPINE NURSING HOME RI2519426

Consumer Confidence Report – 2021
Covering Calendar Year – 2020

This brochure is a snapshot of the quality of the water that we provided last year. Included are the details about where your water comes from, what it contains, and how it compares to Environmental Protection Agency (EPA) and state standards. We are committed to providing you with information because informed customers are our best allies. If you would like to learn more about our decision-making processes that affect drinking water quality, please call KYLE GAUVIN at 401-397-5001.

Your water comes from:

Source Name	Source Water Type
DRILLED WELL #1	Ground Water

The RI Department of Health, in cooperation with other state and federal agencies, has assessed the threats to Alpine Nursing Home water supply source. The assessment considered the intensity of development, the presence of businesses and facilities that use, store or generate potential contaminants, how easily contaminants may move through the soils in the Source Water Protection Area (SWPA), and the sampling history of the water.

Our monitoring program continues to assure that the water delivered to you is safe to drink. The assessment found that the water source is at LOW RISK of contamination. This does NOT mean that the water cannot become contaminated. Protection efforts are necessary to assure continued water quality. The complete Source Water Assessment Report is available from Alpine Nursing Home or the Department of Health at (401) 222-6867the water delivered to you is safe to drink. The assessment found that the water source is at LOW RISK of contamination. This does NOT mean that the water cannot become contaminated. Protection efforts are necessary to assure continued water quality. The complete Source Water Assessment Report is available from Alpine Nursing Home or the Department of Health at (401) 222-6867

Some people may be more vulnerable to contaminants in drinking water than the general population. Immuno-compromised persons such as those 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).

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 EPA's Safe Drinking Water Hotline (800-426-4791).

The sources of drinking water (both tap water and bottled water) included 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 sources water before we treat it include:
Microbial contaminants, such as viruses and bacteria, which may come from sewage treatment plants, septic systems, livestock operations and wildlife.
Inorganic contaminants, such as salts and metals, which can be naturally-occurring or result from urban storm water 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 storm water run-off, agriculture, and residential users.
Radioactive contaminants, which can be naturally occurring or the result of mining activity.
Organic contaminants, including synthetic and volatile organic chemicals, which are by-products of industrial processes and petroleum production, and also come from gas stations, urban storm water run-off, and septic systems.

In order to ensure that tap water is safe to drink, EPA prescribes regulation which limits 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.

Our water system is required to test a minimum of 1 sample per quarter in accordance with the Total Coliform Rule for microbiological contaminants. Coliform bacteria are usually harmless, but their presence in water can be an indication of disease-causing bacteria. When coliform bacteria are found, special follow-up tests are done to determine if harmful bacteria are present in the water supply. If this limit is exceeded, the water supplier must notify the public.

Water Quality Data

The following tables list all of the drinking water contaminants which were detected during the 2020 calendar year. The presence of these contaminants does not necessarily indicate the water poses a health risk. Unless noted, the data presented in this table is from the testing done January 1- December 31, 2020. The state requires us to monitor for certain contaminants less than once per year because the concentrations of these contaminants are not expected to vary significantly from year to year. Some of the data, though representative of the water quality, is more than one year old. **Our water system makes every effort to provide you with safe drinking water .**

Terms & Abbreviations

Maximum Contaminant Level Goal (MCLG): the "Goal" is the level of a contaminant in drinking water below which there is no known or expected risk to human health. MCLGs allow for a margin of safety.
Maximum Contaminant Level (MCL): the "Maximum Allowed" MCL is 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.
Secondary Maximum Contaminant Level (SMCL): recommended level for a contaminant that is not regulated and has no MCL.
Action Level (AL): the concentration of a contaminant that, if exceeded, triggers treatment or other requirements.
Treatment Technique (TT): a required process intended to reduce levels of a contaminant in drinking water.
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.

Non-Detects (ND): lab analysis indicates that the contaminant is not present.

Parts per Million (ppm) or milligrams per liter (mg/l)

Parts per Billion (ppb) or micrograms per liter (µg/l)

Picocuries per Liter (pCi/L): a measure of the radioactivity in water.

Millirems per Year (mrem/yr): measure of radiation absorbed by the body.

Monitoring Period Average (MPA): An average of sample results obtained during a defined time frame, common examples of monitoring periods are monthly, quarterly and yearly.

Nephelometric Turbidity Unit (NTU): a measure of the clarity of water. Turbidity in excess of 5 NTU is just noticeable to the average person. Turbidity is not regulated for groundwater systems.

Running Annual Average (RAA): an average of sample results obtained over the most current 12 months and used to determine compliance with MCLs.

Locational Running Annual Average (LRAA): Average of sample analytical results for samples taken at a particular monitoring location during the previous four calendar quarters.

Testing Results for: ALPINE NURSING HOME

Microbiological	Result	MCL	MCLG	Typical Source
No Detected Results were Found in the Calendar Year of 2020				

Regulated Contaminants	Collection Date	Highest Value	Range (low/high)	Unit	MCL	MCLG	Typical Source
NITRATE	4/30/2020	1.35	1.31 - 1.35	ppm	10	10	Runoff from fertilizer use; Leaching from septic tanks, sew age; Erosion of natural deposits
NITRATE-NITRITE	4/1/2019	1.38	1.38	ppm	10	10	Runoff from fertilizer use; Leaching from septic tanks, sew age; Erosion of natural deposits

Lead and Copper	Monitoring Period	90th Percentile	Range (low/high)	Unit	AL	Sites Over AL	Typical Source
COPPER, FREE	2019	0.374	0.185 - 0.421	ppm	1.3	0	Corrosion of household plumbing systems

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. Your water system 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 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.

Radiological Contaminants	Collection Date	Highest Value	Range (low/high)	Unit	MCL	MCLG	Typical Source
No detected results were found in past five years							

Please Note: Because of sampling schedules, results may be older than 1 year.

During the 2020 calendar year, we had the below noted violation(s) of drinking water regulations.

Federal Compliance Period	Analyte	Comments
No Violations Occurred in the Calendar Year of 2020		

There are no additional required health effects notices.

There are no additional required health effects violation notices.

RI Department of Health
Center for Drinking Water Quality

Consumer Confidence Report Certification Form

Submit this form by October 1 with documentation supporting evidence of direct delivery by July 1.

Water System Name: Alpine Nursing Home

The system representative named below hereby certifies that the system's Consumer Confidence Report (CCR) was distributed directly on 05 / 18 / 2021 to customers and appropriate notices of availability have been given. Further, the system representative certifies that the information contained in the report is correct and consistent with compliance monitoring data submitted to the Rhode Island Department of Health.

Name:	KYLE GAUVIN		
Phone Number:	401-397-5001	Title:	Executive Director
Signature:		Date:	5/18/21

YOU MUST SUBMIT THE CCR TO EACH CONSUMER DIRECTLY AND BY USING AT LEAST ONE "GOOD FAITH" EFFORT METHOD. To summarize CCR delivery methods and good faith efforts taken, complete the checklist below by indicating each method used. Provide supporting documentation where applicable.

☒ Distributed CCR by mail or the following approved direct delivery method(s): Mailed with monthly rental invoice → see CCRC attached. (attach supporting documentation)

☒ Notified customers of the following "one-click" URL web address that links directly to an electronic copy of the CCR: Added Doc to Facebook Page → CCRC form attached (attach sample notification)

☒ Used "good faith" efforts to reach non-bill paying consumers, including (must use at least one):

- ☒ Posted the CCR on the internet at facebook/ docs tab for alpine
- ☐ Mailed the CCR to non-bill paying postal patrons within the service area (This option is for larger water systems that mail to every known address in a given zip code. Attach list of zip codes used.)
- ☐ Advertised the availability of the CCR in news media (attach copy of press release)
- ☐ Published the CCR in a local newspaper of general circulation (attach a copy of the published notice, including name of newspaper and date published)
- ☒ Posted the CCR in public places (attach a list of locations) Nursing Station + Staff Bulletin Boards

- ☐ For large-volume, single-billed customers serving several persons, delivered instructions to disseminate the CCR, or the URL link to the CCR, to all non-bill paying consumers by public postings or direct delivery. (attach a list of delivery locations)
- ☐ Delivered to community organizations (attach a list of organizations)
- ☐ Other (attach a list and examples of other methods used if applicable)

For Systems with Special Considerations

- ☐ *For systems serving at least 100,000 persons:* Posted the CCR on a publicly accessible internet site
- ☐ *For Public Water Systems regulated by R.I. Public Utilities Commission (PUC):* Delivered the CCR to the PUC
- ☐ *If using email to contact customers:* Regularly managed the email database(s) to ensure correct emails are being used for electronic delivery.
- ☐ *For communities with large, non-English speaking populations:* Provided a CCR that contains information in the appropriate language(s). (attach examples)
- ☐ If applicable, included any outstanding Tier 3 Public Notices from previous year with a due date prior to July 1 of the current year in the CCR.

  One recommendation is to attach the outstanding Tier 3 Public Notice to the end of your CCR. Be sure to send the Center for Drinking Water Quality the Public Notice Certification Form by the due date provided in the original Notice of Violation letter.

Submit this form and all supporting documentation to Rhode Island Department of Health, Center for Drinking Water Quality, 3 Capitol Hill, RM 209, Providence, RI 02908 or to DOH.RIDWQ@health.ri.gov