

# **West Valley County Water District**

## **Exhibit 5**

TO: System Number: #1909006  
System Name: West Valley Co. Water Dist.

Submit to:  
Drinking Water Field Operations  
Southern California Branch  
Los Angeles Office  
1449 W. Temple Street, Room 202  
Los Angeles, CA 90026  
Prior to: April 30, 2008

**2007 ANNUAL REPORT TO THE DRINKING WATER PROGRAM  
FOR YEAR ENDING DECEMBER 31, 2007**

[Section 116530 Health & Safety Code]

For an electronic copy of this form, send an e-mail request including your system number to: Matthew.Rutter@cdph.ca.gov

1. CHANGE OF SYSTEM NAME OR MAILING ADDRESS (If Applicable)

2. WEBSITE ADDRESS

3. ORGANIZATION

A. Manager/Superintendent/Public Works Director MARK L. CROSBY (Title) GM  
Telephone / Fax Numbers (Include Area Code) 661-724-1860 / Fax 661-724-1402  
Cell Phone (Include Area Code) 661-305-7705  
E-mail Address WVCWD@Verizon.net

B. Primary Contact Person (e.g., Chief Operator) MARK L. CROSBY (Title) Gen Mgr. System Operate  
Address office / Home  
Telephone / Fax Numbers (Include Area Code) 661-724-1860 / 661-256-0885  
Cell Phone (Include Area Code) Cell 661-305-7705  
E-mail Address \_\_\_\_\_

C. Billing Contact  
E-mail Address West Valley Co. Water Dist.  
25315 W. Ideal Ave., Lancaster CA 93536  
WVCWD@Verizon.net

D. Water Quality Contact  
E-mail Address MARK L. CROSBY - 661-305-7705  
WVCWD@Verizon.net  
(Person responsible for water quality monitoring and reporting)

E. Specify to which of the above e-mail addresses the Department can send notices of security threats, warnings, emergency information etc.: WVCWD@Verizon.net

4. PHYSICAL LOCATION ADDRESS, CITY, & ZIP CODE OF WATER SYSTEM  
(If different than shown above) 25315 W. Ideal Ave.  
Lancaster, CA. 93536

REPORT SUBMITTED BY: [Signature]  
Signature \_\_\_\_\_

Print Name/Title MARK L. CROSBY Gen Mgr. Date: 4-3-08

5. POPULATION SERVED

A. Permanent (Latest U.S. Census Bureau or Department of Finance data) 530<sup>±</sup>  
 B. Seasonal Daily Maximum (If applicable) NA

6. NUMBER OF SERVICE CONNECTIONS (As of December 31, 2007)

Type/Category	Metered	Flat Rate	Total
General & Residential (except commercial & industrial)	274		274
Commercial			
Industrial			
Irrigation (Agriculture & Residential)			
Other Water Systems			
Total Active Connections	274		274

Number of Inactive Connections (all types) 0

Number of Fire Hydrants 86

7. DOMESTIC WATER SOURCES IN SYSTEM (As of December 31, 2007)

*If there is any change of status for any source, you must contact the Department so we can make appropriate changes to our records and database.*

Type	Total Approved	New/Added in 2007	Inactivated in 2007	Abandoned or Destroyed in 2007
Groundwater	Well No. #3	Well No. #3		
Surface Water (Raw)				
Purchased Water (GW)				
Purchased Water (SW)				
Standby <sup>1</sup>				
Inactive <sup>2</sup>	Well No. #1	N/A		

GW = Groundwater SW = Surface Water

<sup>1</sup>If a standby source was used in 2007, IDENTIFY the number of days in operation: NA  
 Describe the reason the standby source was used: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Attach a separate sheet to summarize usage if more than one standby source was used.*

<sup>2</sup>Inactive sources are not approved as sources of supply and must be physically disconnected or otherwise isolated so that only an intentional act by an operator can place the source in service.

**8. FINISHED WATER PRODUCED, PURCHASED AND SOLD**

The **Maximum Day** is the day during 2007 with the highest total water usage. Once this day has been identified, complete the table below indicating how much of the water on that day was from each source.

The **Maximum Month** is the month during 2007 with the highest total water usage. Indicate the month in the table below; then, indicate the amount that was supplied from each source.

	Water Produced (MG or gals. [specify])		Water Purchased (MG or gals. [specify])	Water Sold (MG or gals. [specify])	
	GW	SW		PWS	Other
Maximum Day*	370,300 Gal				
Max. Month (Specify month)	August 1,848,500 Gal				
Annual Total	77,652,400 Gal				

GW = Groundwater SW = Surface Water MG = Million Gallons

\*Only report Maximum Day if it is actually measured or determined from production records. It should not be the average day demand during the maximum month of production.

Please **SUBMIT A LIST** of the other public water systems (PWS) that your water system sold water to, or purchased water from, in 2007.

**9. ANNUAL NITRATE SAMPLING**

Regulations require a minimum of **annual** sampling for nitrate. If any nitrate result is  $\geq 1/2$  the MCL of 45 mg/L (i.e., a result of  $\geq 23$  mg/L nitrate) then quarterly monitoring must be initiated. Has your system conducted monitoring for nitrate during 2007 from each source? Yes  No   
**If there were any sources that were not monitored because they were offline during 2007, you must contact the Department to avoid an enforcement action.**

**10. PERCHLORATE MONITORING**

If monitoring/sampling for perchlorate has been conducted since January 3, 2001 through the present time (historical data under perchlorate regulations), please attach copies of the analyses to this report for all sources sampled. For more information, please refer to the regulations and the implementation document prepared by the Department at <http://www.cdph.ca.gov/certlic/drinkingwater/Pages/Perchlorate.aspx>.

**11. BACTERIOLOGICAL SAMPLE SITING PLAN**

The coliform monitoring regulations require that an updated sample-siting plan be submitted at least every 10 years, and at any time the plan no longer ensures representative monitoring of the system (Section 64422 of Title 22, California Code of Regulations). Please **submit a copy** of this siting plan if it was changed in 2007 or submit an updated plan if your current plan is more than 10 years old.

Date of current bacteriological sample siting plan: 5-10-07

Please note that if there is a system pressure loss to less than 5 psi, special bacteriological samples are required from the affected area. Also, you must notify our office immediately.

**12. LEAD AND COPPER (COMMUNITY AND NONTRANSIENT NONCOMMUNITY SYSTEMS ONLY)**

Please complete the following tables. Indicate Not Completed (NC) or Not Required (NR), if applicable. Otherwise, provide date when each activity was completed.

Category	Date Completed	Number of Samples	90th Percentile Results	
			Lead (µg/l)	Copper (µg/l)
First Round Initial Tap Monitoring	3-6-08	20	< 5.0 µg/L	263 µg/L
Second Round Initial Tap Monitoring	NC			
First Round Annual Tap Monitoring				
Second Round Annual Tap Monitoring				
Third Round Annual Tap Monitoring, If Conducted				
First Round Triennial Tap Monitoring				
Second Round Triennial Tap Monitoring				
Third Round Triennial Tap Monitoring				
Fourth Round Triennial Tap Monitoring				
Fifth Round Triennial Tap Monitoring				

If any of the lead and copper follow-up activities listed below have been conducted by your system, list the dates that the activity was started and completed.

Category	Date Started (month/year)	Date Completed (month/year)
Source Water Monitoring	NR	
Water Quality Parameters Monitoring		
Public Education Program		
Corrosion Control Studies		
Corrosion Control Treatment Installation		
Source Water Treatment Installation		
Lead Line Replacement		

13. DIRECT ADDITIVES

Pursuant to Section 64700, Title 22 of the California Code of Regulations (effective January 1, 1994), all chemicals or products, including chlorine, added directly to the drinking water as part of a treatment process must meet the ANSI/NSF Standard 60. Please complete the following table for each chemical used by the water system. If you are not sure whether a chemical you are using meets this standard, contact the manufacturer or distributor of the chemical. If no chemicals or products are added to the drinking water, indicate that below:

List each chemical used in treatment process	Enter the name of the manufacturer(s)	Enter the purpose for using the chemical(s)	Does Chemical Meet ANSI/NSF Standard 60? (Yes/No)
Chlorine	Hills Brothers Chemicals	Disinfection	yes

Check here if no chemicals are added to the drinking water:   
 If chlorine is being used, is it used on a continuous basis? Yes  No

14. BACKFLOW PREVENTION ASSEMBLIES

All backflow prevention devices must be tested annually. If any were not tested in 2007, submit a time schedule stating when the devices will be tested in 2008.

	Total Number in System	Number Installed in 2007	Number Tested in 2007	Number Failed in 2007	Number Repaired/ Replaced
Backflow Prevention Assemblies on Service Connections at the Meter	2	<del>0</del>	2	<del>0</del>	<del>0</del>
Backflow Devices On-site in lieu of at the Meter	Dual check valves				
Air-gap	1				

Designated Cross Connection Control Program Coordinator: Gen. Mgr. MARK L. CROSBY

Certification Number: 20406 D-2 Telephone number: 661-305-2705

Certification or training received: \_\_\_\_\_

Date of last cross-connection control survey done on the system: December 2007

15. **RECYCLED WATER PROJECTS IN YOUR SERVICE AREA** (As of December 31, 2007)

Recycled Water Use Sites	Number of Sites Approved	Number of Sites Proposed for 2008
Irrigation, Agriculture	<del>NA</del>	<del>NA</del>
Irrigation, Landscape		
Industrial		
Dual-Plumbed (In-building)		
Dual-Plumbed (Single family lot)		
Cooling Towers		
Other ( <i>Specify</i> _____)		
Total		

- Please attach a list of the specific recycled water use site(s) within your system.
- Who in your program is your recycled water coordinator?  
 Name/Title: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_
- Do all of your recycled water use sites have an on-site supervisor? Yes  No   
 How many do not? \_\_\_\_\_
- How many inspections of existing recycled water use sites were conducted in 2007? \_\_\_\_\_  
 How many pressure/shutdown tests were performed in 2007? \_\_\_\_\_

16. **EMERGENCY NOTIFICATION PLANS**

Please submit an up-to-date Emergency Notification Plan (form attached) (Section 116460 of the Health and Safety Code). Make sure to include the emergency notification procedures as directed on the form.

17. **OPERATIONS PLAN FOR SURFACE WATER TREATMENT PLANTS ONLY**

Date of current Operations Plan: \_\_\_\_\_  
 Does your Operations Plan accurately reflect your current operations? Yes  No   
 Please **submit a copy** of your current operations plan if changes were made to the plan in 2007.  
 Date of your current Emergency Disinfection Plan (EDP): \_\_\_\_\_  
 Please **submit a copy** of your current EDP if changes were made to the plan in 2007.  
 Date of last watershed sanitary survey: \_\_\_\_\_  
 Date planned to complete next watershed sanitary survey: \_\_\_\_\_

18. **OPERATIONS PLANS FOR CHLORINATION, GAC, BLENDING OR OTHER TREATMENT**

Date of current Operations Plan: 11-6-2006  
 Does your Operations Plan accurately reflect your current operations? Yes  No   
 Please **submit a copy** of your current operations plan if changes were made to the plan in 2007.

19. TREATMENT PLANT (SURFACE WATER, GAC, AIR STRIPPER, ETC.) PROBLEMS

Describe any plant problems, process failures, major shutdowns, etc., which were experienced in 2007 and substantially affected the plant performance (Please attach separate sheets, if needed).

20. EMERGENCY RESPONSE PLANS / DISASTER PREPAREDNESS

Do you have an Emergency Response Plan (ERP) that addresses the procedures for the restoration of water services for your water system? Yes  No  If Yes, specify date of plan: 4-12-07

Public water systems with at least 3,300 or more persons are required to review and revise their Emergency Response Plans to ensure that the plans are sufficient to address possible disaster scenarios. Date of last review/ revision: \_\_\_\_\_ Date the ERP was last exercised with a tabletop or activity: \_\_\_\_\_

Public water systems serving less than 3,300 persons are not required to have an ERP. However, the Department recommends that a simplified ERP be completed to address basic water quality emergencies, natural disasters and vandalism. An ERP template for small water systems is provided on our security website at:

<http://www.cdph.ca.gov/certlic/drinkingwater/Pages/Security.aspx>.

Please submit a copy of your ERP with this annual report if it was updated during 2007, and has not already been submitted.

21. BACKUP POWER

Does your water system have backup power for: Sources: Yes  No  N/A   
Pumping Stations: Yes  No   
Water Treatment Plant: Yes  No  N/A

If your system has backup power, how frequently is it tested? (# of times/yr.) NA

Can your system maintain system pressure either by backup power or by storage during power outages of 2 hours or less? Yes  No

Is your backup power system: Automatic Start  Manual Start  NA

22. CONSUMER CONFIDENCE REPORT

A Consumer Confidence Report (CCR) must be distributed to your customers by July 1, 2008, reporting the quality of the water delivered during 2007 (Section 116470 of Health and Safety Code). A copy of the 2007 CCR must be submitted to the Department by July 1, 2008. The 2007 CCR Certification Form must be submitted to the Department by October 1, 2008 (Section 64483 (c), Title 22 of the California Code of Regulations). If the report has not yet been distributed, indicate the date it will be distributed: June 1, 2008

Public water systems that serve 100,000 or more persons are required to post their CCR on the Internet. Is your CCR on the Internet? Yes  No  To be posted by Mail N/A



**23. OPERATOR CERTIFICATION**

A. Please list the State certified water treatment plant operators employed by your water system.

<u>Name</u>	<u>Operator Number</u>	<u>Grade of Operator</u>	<u>Renewal/ Expiration Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Please list the State certified water distribution operators employed by your water system.

<u>Name</u>	<u>Operator Number</u>	<u>Grade of Operator</u>	<u>Renewal/ Expiration Date</u>
<u>MARK L. CROSBY</u>	<u>20406</u>	<u>D-2</u>	<u>Dec 2009</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**24. WATER SYSTEM IMPROVEMENTS**

Identify any major changes, additions, or improvements in the water system facilities and/or operation that were completed during 2007 or that are planned for 2008. (Water systems are required to submit an amended permit application for any addition or modification to water sources or treatment facilities pursuant to Section 116550 of the Health and Safety Code).

Completed in 2007: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Planned for 2008: New Storage Tank  
286,000 Gal Tank No. 3  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

25. SYSTEM PROBLEMS

Type of Problem	Number of Problems	Number of Problems Investigated	Number of Problems Reported to CDPH
Service Connection Breaks/ Leaks			
Main Breaks/Leaks			
Water Outages			
Boil Water Orders	1	System Investigation	1
Total			

Please provide a brief description of the cause and the corrective action taken for each problem identified during 2007.

*Bac-T Problems Throughout System  
Extensive testing and treatment with  
System Sanitary Survey Conducted by State Eng'*

25. COMPLAINTS REPORTED (WRITTEN OR VERBAL)

Type of Complaint	Number of Complaints Reported	Number of Complaints Investigated	Number of Complaints Reported to CDPH
Taste and Odor			
Color			
Turbidity			
Worms and other Visible Organisms			
Pressure (High or Low)			
Illnesses (Waterborne)			
Other (Specify)			
Total			

Please provide a brief description of the cause and the corrective actions taken for each complaint reported during 2007.

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26. SYSTEM MAINTENANCE

Dead-End Flushing Program

	Total No. in System	No. with Blowoffs	No. Flushed in 2007	Frequency of Flushing
Dead-Ends	7	7	7	3 to 4 months

Valve Exercise Program

	Size Range of Valves	Total No. in System	No. Exercised in 2007	Frequency of Valve Exercising
Valves	12" - 8" - 6" - 2"	201	50	Continuous Valve Program

27. STORAGE TANK/RESERVOIRS INSPECTION/CLEANING PROGRAM (DO NOT INCLUDE PRESSURE TANKS)

Please attach a separate sheet if needed.

Tank Name	Capacity (MG)	Year Installed	Date of Last Inspection	Date of Last Cleaning	Date Re-lined or Coated
Example: Tank A	0.5	1989	2003	2004	NA
Tank No. #1	286	1981	2007	Not required	NA
Tank No. #2	300	1991	2007	Not required	NA

## ANALYTICAL CHEMISTS

### INORGANIC CHEMICALS ANALYSIS

Date of Report : January 11, 2008  
 Laboratory Name : FGL Environmental  
 Sampled On : 12/13/2007-09:00  
 Received On : 12/13/2007-11:00  
 Completed On : 12/20/2007

Sample ID : SP 0713850-001  
 Approved By Kelly A. Dunnahoo, B.S. Digitally signed by Kelly A. Dunnahoo, B.S.  
Title: Laboratory Director  
Date: 2008-01-11  
 Sampler : Mark Crosby  
 Employed By : West Valley Co. Water

System Name : WEST VALLEY COUNTY WATER DISTRICT  
 Number : 1909006 EDT

Name Or Number of Sample Source : WELL 01 - STANDBY

User ID	: 4TH	Station Number	: 1909006-001
Date/Time of Sample	: 0712130900 YYMMDD'TTTT	Laboratory Code	: 5 8 6 7
Submitted By	: FGL Environmental	Phone #	: (805) 392-2000

### ADDITIONAL INORGANIC

MCL	UNITS	CHEMICALS	ENTRY	RESULT	DLR
6	ug/L	Perchlorate	A-031	ND	1

MCL - Maximum Contaminant Level.

DLR - Detection Limit for Reporting Purpose.

ND - Not Detected at or above DLR

SP 0713850 : Chemical Results Page # 1

Corporate Offices & Laboratory  
 P.O. Box 272 / 853 Corporation Street  
 Santa Paula, CA 93061-0272  
 TEL: 805/392-2000  
 FAX: 805/525-4172  
 CA NELAP Certification No. 01110CA

Office & Laboratory  
 2500 Stagecoach Road  
 Stockton, CA 95215  
 TEL: 209/942-0182  
 FAX: 209/942-0423  
 CA ELAP Certification No. 1563

Office & Laboratory  
 563 E. Lindo Avenue  
 Chico, CA 95926  
 TEL: 530/343-8818  
 FAX: 530/343-3807  
 CA ELAP Certification No. 2670

Field Office  
 Visalia, California  
 TEL: 559/734-9473  
 Mobile: 559/737-2399  
 FAX: 559/734-8435