

West Valley County Water District

Exhibit 6

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, 2009

**2008 ANNUAL REPORT TO THE DRINKING WATER PROGRAM
FOR YEAR ENDING DECEMBER 31, 2008**

[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/Supervisor/Public Works Director MARK L. CROSBY (Title) Gen Mgr.
Telephone/Fax Numbers (Include Area Code) 661-724-1860 / Fax 661-724-11402
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 Oper
Address office / Home
Telephone/Fax Numbers (Include Area Code) 661-724-1860 / 661-256-0885
Cell Phone (Include Area Code) 661-305-7705
E-mail Address _____

C. Billing Contact (Receives/Pays CDPH Bill) West Valley Co. Water District
E-mail Address 25315 W. Ideal Ave. Lancaster CA 93536
WVCWD@verizon.net

D. Water Quality Contact MARK L. CROSBY 661-305-7705
E-mail Address 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: 4-14-09

5. POPULATION SERVED

- A. Permanent (Latest U.S. Census Bureau or Department of Finance data) 530⁺
 B. Seasonal Daily Maximum (If applicable) NA

6. NUMBER OF SERVICE CONNECTIONS (As of December 31, 2008)

Type/Category	Metered	Flat Rate	Total
General & Residential (except commercial & industrial)	277		277
Commercial			
Industrial			
Irrigation (Agriculture & Residential)			
Other Water Systems			
Total Active Connections	240		

Number of Inactive Connections (all types) 37

Number of Fire Hydrants 86

7. DOMESTIC WATER SOURCES IN SYSTEM (As of December 31, 2008)

Type	Total Approved	New/Added in 2008	Inactivated in 2008	Abandoned or Destroyed in 2008
Groundwater	Well No. #3			
Surface Water (Raw)				
Purchased Water (GW)				
Purchased Water (SW)				
Standby ¹				
Inactive ²	Well No. #1			

GW = Groundwater SW = Surface Water

¹If a standby source was used in 2008, 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.

²Inactive 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 2008 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 2008 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* (Specify date)	325,400 Gal 7-23-08				
Max. Month (Specify month)	7,566,000 Gal 7-08				
Annual Total	68,617,300				

Use: 11.1-11, 134, 600, 113-57, 382, 720

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 2008.

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 ≥ 23 mg/L nitrate), then quarterly monitoring must be initiated. Has your system conducted monitoring for nitrate during 2008 from each source? Yes No
 If there were any sources that were not monitored because they were offline during 2008, you must contact the Department to avoid an enforcement action.

10. 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 2008 or submit an updated plan if your current plan is more than 10 years old.

Date of current bacteriological sample siting plan: 9-8-2008

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	3-2008	20	<50 µg/l	CU=263 µg/l
Second Round Initial Tap Monitoring	9-2008	20	<50 µg/l	CU 282 µg/l
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		
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 64590, Title 22 of the California Code of Regulations, 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 2008, submit a time schedule stating when the devices will be tested in 2009.

	Total Number in System	Number Installed in 2008	Number Tested in 2008	Number Failed in 2008	Number Repaired/ Replaced
Backflow Prevention Assemblies on Service Connections at the Meter	2	0	2	0	0
Backflow Devices On-site in lieu of at the Meter	Dupl Check Valves				
Air-gap	1				

Designated Cross Connection Control Program Coordinator: MARK L. CROSBY

Certification Number: 20406 D-2 Telephone number: 661-305-7705

Certification or training received: _____

Date of last cross-connection control survey done on the system: August-2008

15. RECYCLED WATER PROJECTS IN YOUR SERVICE AREA (As of December 31, 2008)

Recycled Water Use Sites	Number of Sites Approved	Number of Sites Proposed for 2009
Irrigation, Agriculture	NA	NA
Irrigation, Landscape		
Industrial		
Dual-Plumbed (In-building)		
Dual-Plumbed (Single family lot)		
Cooling Towers		
Other (Specify _____)		
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 2008? _____
 How many pressure/shutdown tests were performed in 2008? _____

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 2008.

Date of your current Emergency Disinfection Plan (EDP): _____

Please submit a copy of your current EDP if changes were made to the plan in 2008.

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 2008.

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

Describe any plant problems, process failures, major shutdowns, etc., which were experienced in 2008 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: 1-7-09

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: 1-7-09 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 2008, 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, 2009, reporting the quality of the water delivered during 2008 (Section 116470 of Health and Safety Code). A copy of the 2008 CCR must be submitted to the Department by July 1, 2009. The 2008 CCR Certification Form must be submitted to the Department by October 1, 2009 (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, 2009

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>
MARK L. CROSBY	20406	D-2	Dec-2009
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

24. WATER SYSTEM IMPROVEMENTS

Identify any major changes, additions, or improvements in the water system facilities and/or operation that were completed during 2008 or that are planned for 2009. (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 2008: Addition of Storage Tank No. # 3

Planned for 2009: Add Wellhead Chlorination Facility To Well 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	1		1

Please provide a brief description of the cause and the corrective action taken for each problem identified during 2008.

*Bar-T Problems in area of Sample Station #2
Treatment of System 12.5% Bleach Re-Tested 2 sets
of 6 samples were Good or Negative*

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)	<i>Tank Project No. #3</i>		
Total	<i>Numerous</i>	<i>All of them</i>	<i>Unknown</i>

Please provide a brief description of the cause and the corrective actions taken for each complaint reported during 2008.

*Customers Not Happy with Notification Process
on Boil Orders. District is trying to make every effort
possible to see that everyone is notified in case of an emergency
also Not Happy with New Tank Project No. #3*

26. SYSTEM MAINTENANCE

Dead-End Flushing Program

	Total No. in System	No. with Blowoffs	No. Flushed in 2008	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 2008	Frequency of Valve Exercising
Valves	12"-8"-6"-2"	201	41	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		
Tank No. #2	.300	1991	2007		