

West Valley County Water District

Exhibit 7

Public Water System 2009 Annual Report

WV-7-001

The California Department of Public Health (CDPH) requests your cooperation in completing the **Public Water System 2009 Annual Report** which focuses on critical areas of our Drinking Water Program: Emergency Contacts, Drought and Conservation, and Water Consumption for the year ending December 31, 2009. The information you submit will be used by the department, other state agencies, and the environmental community to assess and plan water strategies for the future.

Instructions on using this form

Answer the questions that are relevant to your water system, making sure to identify yourself as the person completing the Report.

When you have answered all the questions, save your completed report to your local hard drive.

Send an email to drinking@cdph.ca.gov.

Enter the subject line **2009 Annual Report for** and your public water system number. It should look like **2009 Annual Report for CA3413545**. Visit <http://drinking.cdph.ca.gov/0001> to find your water system number.

Attach the completed 2009 Annual Report file that you saved to the email.

Attach all other document files requested in the form to the email.

Send the email!

The following files are requested:

- a Bacteriological Site Sampling Plan, if changes have been made to it in 2009
- a Backflow Prevention Device Test Schedule, if testing was not performed as required
- a listing and location of Cross-connection Incidents if they have not been submitted to the CDPH Drinking Water Program
- any new Groundwater Treatment Plant Operations Plan placed into effect in 2009
- a Groundwater Treatment Plant Operations Plan, if changes were made to it in 2009
- any new Surface Water Treatment Plant Operations Plan placed into effect in 2009
- a Surface Water Treatment Plant Operations Plan, if changes were made to it in 2009
- an Emergency Disinfection Plan, if changes were made to it in 2009
- an Emergency Response Plan, if changes were made to it in 2009
- an Emergency Notifications Plan
- a list of State Certified Operators working at your water system

It may be necessary to send your document attachment files separate from the Annual Report file due to the number and size of the files. In this case, email the attachments in a separate email but make sure that the subject line contains your public water system number. Upon receipt by us, an acknowledgement email will be sent to you, and that completes the process.

If for any reason you are unable to complete and email this report, please print-out and mail this completed form and attachments to:

Public Water System 2009 Annual Report
CDPH, Division of Drinking Water and Environmental Management
POB 997377 MS 7400
Sacramento CA 95899-7377

Water System Detail Information

Public Water System (PWS) name: WEST VALLEY COUNTY WATER DISTRICT
PWS Number: 1909006
Principal city served:
Mailing Address: 25315 WEST IDEAL AVENUE LANCASTER, CA 93536
Physical Location: THREE POINT ROAD TO AVE B AND 250TH TO THREE POINTS ROAD
Web Site Address:
Name of the person completing this report: MARK L. CROSBY
Telephone number: 661-724-1860
Email address: wvcwd@verizon.net

Public Water System Contacts

Manager / Superintendent / Public Works Director (person who is legally responsible for ensuring that the PWS maintains compliance with the Safe Drinking Water Act, and/or person to whom enforcement letters and correspondence would be addressed such as Board of Directors, General Manager, or CEO)

Title: GENERAL MANAGER
Name: MARK L. CROSBY
Business Phone: 661-724-1860
Cell Phone: 661-305-7705
Fax Number: 661-724-1402
Email Address: wvcwd@verizon.net

Primary Contact (designated Operator-in-Charge)

Title: SYSTEM OPERATOR D-2

SYSTEM OPERATOR D-2

Name: MARK L. CROSBY
Business Phone: 661-724-1860
Cell Phone: 661-305-7705
Fax Number: 661-724-1402
Email Address: wvcwd@verizon.net

Billing Contact (person who receives and processes invoices and payments)

Title: BOOKKEEPER
Name: AMY MORGAN
Business Phone: 661-724-1860
Cell Phone: 805-797-2970
Fax Number: 661-724-1402
Email Address: amywvcwd@verizon.net

Mailing address is different than the PWS mailing address

Water Quality Contact (Person responsible for receiving water quality email updates from the Department's Drinking Water Program)

Title: GENERAL MANAGER
Name: MARK L. CROSBY
Business Phone: 661-724-1860
Cell Phone: 661-305-7705
Fax Number: 661-724-1402
Email Address: wvcwd@verizon.net

Consumer Data

Population (permanent) served by your system:
(From the latest US Census Bureau or Department of Finance)

Seasonal Maximum Daily, if applicable:

This next section is for non-community water systems with less than 1000 active connections

Does your system serve 25 or more people per day at least 60 days out of the year?

Yes No

Does your system serve 25 or more of the same people for more than 6 months out of the year?

Yes No

If Yes, what was the number of persons served on the 60th highest day of 2009?

How many year-round residents does your system serve, if any?

Does your system operate all year?

Yes No

If No, give normal open and close dates:

Number of Service Connections as of December 31, 2009

Residential

Number of metered residential service connections:

Number of flat rate residential service connections:

Total number of residential service connections:

Commercial

Number of metered commercial service connections:

Number of flat rate commercial service connections:

Total number of commercial service connections:

Industrial

Number of metered industrial service connections: [redacted]

Number of flat rate industrial service connections: [redacted]

Total number of industrial service connections: [redacted]

Agricultural

Number of metered agricultural service connections: [redacted]

Number of flat rate agricultural service connections: [redacted]

Total number of agricultural service connections: [redacted]

Source Data

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.

Groundwater wells

Number of approved active groundwater (GW) wells: 1 [redacted]

Number of groundwater wells added in 2009: [redacted]

Number of groundwater wells inactivated in 2009: [redacted]

Number of groundwater wells abandoned or destroyed in 2009: [redacted]

Surface water

Number of approved active raw surface water (SW) sources: [redacted]

Number of raw surface water sources added in 2009: [redacted]

Number of raw surface water sources inactivated in 2009: [redacted]

Number of raw surface water sources abandoned or destroyed in 2009: [redacted]

Purchased water connections

Number of active purchased groundwater (GW) connections: [redacted]

Number of purchased groundwater connections added in 2009: [redacted]

Number of purchased groundwater connections inactivated in 2009: [redacted]

Number of purchased groundwater connections abandoned or destroyed in 2009: [redacted]

Surface water connections

Number of approved active purchased surface water connections: [redacted]

Number of purchased surface water connections added in 2009: [redacted]

Number of purchased surface water connections inactivated in 2009: [redacted]

Number of purchased surface water connections abandoned or destroyed in 2009: [redacted]

Standby wells

Number of approved standby wells: 1 [redacted]

Number of standby wells added in 2009: [redacted]

Number of standby wells inactivated in 2009: [redacted]

Number of standby wells abandoned or destroyed in 2009: [redacted]

Emergency interconnections

Number of approved emergency interconnections (interices): [redacted]

Number of emergency interconnections added in 2009: [redacted]

Number of emergency interconnections inactivated in 2009: [redacted]

Number of emergency interconnections abandoned or destroyed in 2009: [redacted]

For each standby source used in 2009, list (fill out sheet 3 if necessary).

Name of source	Number days in operation	Reason for use	Was public notified?
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

Finished Water Produced, Purchased, or Sold

The **Maximum Day** is the day during 2009 with the highest total water usage. Once this day has been identified, complete the section below indicating how much of the water on that day was from each source. 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.

The **Maximum Month** is the month during 2009 with the highest total water usage. Indicate the month in the section below for each source and the amount that was supplied.

For questions below asking for amounts of water produced, purchased, or sold, please select units of measure.

Gallons Million Gallons Acre-feet (AF) 100 cubic feet

Groundwater

Date in 2009 maximum amount of groundwater was produced: 7-28-09

Amount of groundwater produced in the Maximum Day: 315200

Month in 2009 maximum groundwater was produced: WELL#3 JULY

Amount of groundwater produced in the Maximum Month: 7623500

Total amount of groundwater produced in 2009: 51160000

Surface water

Date in 2009 maximum amount of surface water was produced:

Amount of surface water produced in the Maximum Day:

Month in 2009 maximum surface water was produced:

Amount of surface water produced in the Maximum Month:

Total amount of surface water produced in 2009:

Purchased water

Date in 2009 maximum amount of water was purchased:

Amount of water purchased in the Maximum Day:

Month in 2009 maximum amount of water was purchased:

Amount of water purchased in the Maximum Month:

Total amount of water purchased in 2009:

Sold water

Date in 2009 maximum amount of water was sold:

[Redacted]

Amount of water sold in the Maximum Days:

[Redacted]

Month in 2009 maximum amount of water was sold:

[Redacted]

Amount of water sold in the Maximum Month:

[Redacted]

Total amount of water sold in 2009:

[Redacted]

For water purchased or sold in 2009, list (fill out sheet 4 if necessary):

Name of Public Water System	Indication water purchased from, sold to, or both
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]

Water Quality

Has your system conducted monitoring for nitrate during 2009 from each source?

Yes No

Regulations require a minimum of annual sampling for nitrate. If any nitrate result is greater than or equal to 1/2 the MCL of 45 mg/L (i.e., a result of at least 23 mg/L nitrate), quarterly monitoring must be initiated. If there were any sources that were not monitored because they were offline during 2008, you must contact the CDRH Drinking Water Program to avoid an enforcement action.

When was your bacteriological site sampling plan last updated?

8/7/09

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 attach a copy of this siting plan if it is in electronic format (eg, PDF) and was changed in 2009.

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 the CDRH Drinking Water Program immediately.

Is your 2009 Consumer Confidence Report (CCR) on the Internet?

Yes No N/A

Yes No N/A

Date 2009 CCR was or will be posted on the Internet:

If your 2009 CCR has not yet been distributed, indicate the date it will be distributed:

7/1/10

A 2009 Consumer Confidence Report (CCR) must be distributed to your customers by July 1, 2010, reporting the quality of water delivered during the 2009 (Section 116470 of the Health and Safety Code). A copy of the 2009 CCR must be submitted to the CDPH Drinking Water Program by October 1, 2010 (Section 64483(c) of Title 22 California Code of Regulations).

Chemical 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. If you are not sure whether a chemical you are using meets this standard, contact the manufacturer or distributor of the chemical.

Please enter information about each chemical used by your water system including the following information (fill out sheets if necessary).

Chemical name	Manufacturer's name	Purpose for use of Chemical	If chemical meets ANSI/NSF Standard 60
SODIUM HYPOCHLORITE	FLOR ALKAI PRODUCTS	DISINFECTION	YES

Cross-connection Control Program

All backflow prevention devices must be tested annually. If any were not tested in 2009, please attach a time schedule stating when the devices will be tested in 2010.

Backflow prevention assemblies on service connections at the meter

Total number of backflow prevention assemblies on service connections at the meter:

Number of backflow prevention assemblies on service connections at the meter installed in 2009:

Number of backflow prevention assemblies on service connections at the meter tested in 2009:

Number of backflow prevention assemblies on service connections at the meter failed in 2009:

Number of backflow prevention assemblies on service connections at the meter repaired or replaced in 2009: [redacted]

Backflow devices on-site in lieu of at the meter

Total number of backflow devices on-site in lieu of at the meter: 2

Number of backflow devices on-site in lieu of at the meter installed in 2009: [redacted]

Number of backflow devices on-site in lieu of at the meter tested in 2009: 2

Number of backflow devices on-site in lieu of at the meter failed in 2009: [redacted]

Number of backflow devices on-site in lieu of at the meter repaired or replaced in 2009: [redacted]

Air gap backflow assemblies

Total number of air gap backflow assemblies: [redacted]

Number of air gap backflow assemblies installed in 2009: [redacted]

Number of air gap backflow assemblies tested in 2009: [redacted]

Number of air gap backflow assemblies failed in 2009: [redacted]

Number of air gap backflow assemblies repaired or replaced in 2009: [redacted]

Name of designated Cross-connection Control Program Coordinator: MARK L. CROSBY

Coordinator's Address: 20406

Business Phone: 661-724-1860

Email Address: wvcwd@verizon.net

Describe certification or training received: D-2

Date of last cross-connection control survey completed on the water system: APRIL 2009

Please list any incidents of cross-connection including the following information (fill out sheet 6 if necessary):

Description of event	Was the report submitted to the CDPH Drinking Water Program (Yes/No)

Please attach non-submitted cross-connection incident reports:

Recycled Water

This next section is for **Large Water Systems Only**, which are those systems with 1,000 active connections or greater.

Agricultural sites

Total number of approved agricultural irrigation sites:

Number of agricultural irrigation sites approved in 2009:

Number of agricultural irrigation sites proposed for 2010:

Landscape irrigation sites

Total number of approved landscape irrigation sites:

Number of landscape irrigation sites approved in 2009:

Number of landscape irrigation sites proposed for 2010:

Industrial sites

Total number of approved industrial sites:

Number of industrial sites approved in 2009:

Number of industrial sites proposed for 2010:

Dual-plumbed (in-building) sites

Total number of approved dual-plumbed (in-building) sites:

Number of dual-plumbed (in-building) sites approved in 2009:

Number of dual-plumbed (in-building) sites proposed for 2010:

Dual-plumbed (Single-family lot) sites

Total number of approved dual-plumbed (Single-family lot) sites:

Number of dual plumbed (Single-family lot) sites approved in 2009:

Number of dual plumbed (Single-family lot) sites proposed for 2010:

Cooling towers

Total number of approved cooling tower sites:

Number of cooling tower sites approved in 2009:

Number of cooling tower sites proposed for 2010:

Other

Total number of any other approved sites:

Number of any other sites approved in 2009:

Number of any other sites proposed for 2010:

Please list specific recycled water use sites within your system:

Name of Recycled Water Coordinator:

Title:

Business Phone:

Email Address:

How many inspections of recycled water use sites were conducted in 2009?

How many pressure/shutdown tests were performed in 2009?

Do all of your recycled water use sites have an on-site supervisor?

Yes No

How many recycled water use sites do not have an on-site supervisor?

System Operation - Treatment

Please attach any new Groundwater Treatment Plant Operation Plan.

Date of current Groundwater Treatment Plant Operations Plan:

11/10/09

Does your Operations Plan accurately reflect your current operations?

Yes No

Please attach a copy of your current GW Treatment Plant Operations Plan if changes were made to the plan in 2009.

Describe any plant problems, process failures, major shutdowns, etc., which were experienced in 2009 and substantially affected the plant performance.

Please attach any new Surface Water Treatment Operations Plan:

Date of current Surface Water Treatment Plant Operations Plan:

Does your SW Treatment Operations Plan accurately reflect your current operations?

Yes No

Please upload a copy of your current SW Operations Plan if changes were made to the plan in 2009.

Describe any plant problems, process failures, major shutdowns, etc., which were experienced in 2009 and substantially affected the plant performance.

This section is for **Small Water Systems Only** which are systems with less than 1000 active connections.

Is any water treatment provided?

Yes No

If your water system uses chlorination treatment, list the name of each treated water source.

WELL#3 J.G. GAGLIONE

If any other water treatment is provided, list the water source name and the type of treatment:

[Blank box for water source and treatment type]

If your water system uses any type of filtration treatment, list the water source and the type of filters used:

[Blank box for water source and filter type]

If your water system uses any other type of water treatment, list the water source and the type of treatment:

[Blank box for water source and treatment type]

Watershed Sanitary Survey (Surface Water System only)

Date of last watershed sanitary survey: [Blank box]

Date planned to complete next watershed sanitary survey: [Blank box]

Emergency Preparation and Response

Date of current Emergency Disinfection Plan (EDP): 11/10/2009

Please attach a copy of your current Emergency Disinfection Plan if changes were made to the plan in 2009.

Do you have an Emergency Response Plan (ERP) that addresses the procedures for the restoration of water service for your water system?

Yes No

Date of your current Emergency Response Plan: [Blank box]

For Large Water Systems Only (30,000 connections): [Blank box]

Date of last review / revision of your Emergency Response Plan:

Public water systems serving at least 30,000 or more persons are required to review and revise their ERP to ensure that the plan is sufficient to address possible disaster scenarios.

For Large Water Systems Only, date ERP was last exercised with a tabletop or activity: [Blank box]

Please attach a copy of your Emergency Response Plan if it was updated in 2009 and has not been already submitted.

Does your water system have backup power for?

Sources Pumping Stations Water Treatment Plant

If your system has backup power, how often is it tested?

[Redacted]

Can your system maintain system pressure either by backup power or by storage during power outages of two (2) hours or less?

Yes No

Is your backup power system:

Automatic Start Manual Start

Please submit an up-to-date Emergency Notification Plan (Section 66450 of the Health and Safety Code). Make sure to include the emergency notification procedures as directed on the table.

Operations

Please attach a list of State certified Operators and include the following information:

- Type of Certification
- Number and Grade
- Indicate if Treatment Plant or Distribution Operator
- Certification renewal or expiration date
- Indicate if Lead or Shift Operator

System Planning

Water system improvements: Identify any major changes, additions, or improvements in the water facilities and/or operation that were completed during 2009 or that are planned for 2010. (Water systems are required to submit an amended permit application for any addition or modification to water sources or treatment facilities pursuant to Section 66550 of the Health and Safety Code.)

Completed in 2009:

[Redacted]

Planned for 2010:

[Redacted]

System Operations - Distribution

Total number of dead ends in the system:

7 [Redacted]

Number of blowoffs in system:	8
Number of dead ends flushed in 2009:	7
Frequency of dead-end flushing:	3 TO 4 MONTHS
Total number of valves in the system:	201
Size range of valves:	12"-8"-6"-2"
Number of valves exercised in 2009:	34
Frequency of valve exercise:	ANUALLY FALL AND WINTER

System Operations - Storage

Storage Tank / Reservoir Inspection / Clearing Program. Please attach a list with the following information for each storage tank:

- Tank Name
- Capacity in MG
- Year installed
- Date last inspected
- Date last cleaned
- Date relined (if applicable)

System Operations - Problems

Number of service breaks / leak problems experienced in 2009:	
Number of service breaks / leak problems investigated in 2009:	
Number of service breaks / leak problems reported to the CDPH Drinking Water Program in 2009:	
Number of main breaks / leaks experienced in 2009:	
Number of main breaks / leaks investigated in 2009:	
Number of main breaks / leaks reported to the CDPH Drinking Water Program in 2009:	
Number of water outages experienced in 2009:	1
Number of water outages investigated in 2009:	
Number of water outages reported to the CDPH Drinking Water Program in 2009:	1

Number of EoL Water Notices Issued in 2009:

Please provide a brief description of the cause and the corrective action taken for each problem identified during 2009 (attach separate sheet if necessary).

REMOVED AND REPLACED 8" LINE VALUE CUSTOMER NOTIFIED AND LINE TREATED BY AWWA STANDARDS BAC-T TAKEN ON AREA INVOLVED IN OUTAGE.

System Complaints

Number of watercolor complaints received in 2009:

Number of water color complaints investigated in 2009:

Number of water color complaints reported to the CDPH Drinking Water Program in 2009:

Number of water turbidity complaints received in 2009:

Number of water turbidity complaints investigated in 2009:

Number of water turbidity complaints reported to the CDPH Drinking Water Program in 2009:

Number of worm & other organism complaints received in 2009:

Number of worm & other organism complaints investigated in 2009:

Number of worm & other organism complaints reported to the CDPH Drinking Water Program in 2009:

Number of pressure (too high/low) complaints received in 2009:

Number of pressure complaints investigated in 2009:

Number of pressure complaints reported to the CDPH Drinking Water Program in 2009:

Number of waterborne illness complaints received in 2009:

Number of waterborne illness complaints investigated in 2009:

Number of waterborne illness complaints reported to the CDPH Drinking Water Program in 2009:

Number of all other complaints received in 2009:

Number of all other complaints investigated in 2009: _____

Number of all other complaints reported to the CDPH Drinking Water Program in 2009: _____

Please provide a brief description of the cause and the corrective action taken for each complaint identified during 2009: _____

Drought Response and Water Conservation

Do you have a drought action plan?

Yes No

If Yes, when was it last updated? _____

Did you experience water shortages in the past calendar year?

Yes No

If Yes, how much was your shortfall (please express units in million gallons (MG) or acre-feet (AF))? _____

Did drought conditions cause you to activate emergency standby wells this past year?

Yes No

Do you project water shortages in the upcoming calendar year?

Yes No

If Yes, how much of a shortfall do you anticipate (please express units in million gallons (MG) or acre-feet (AF))? _____

Did you implement any water conservation activity in 2009?

Yes No

If Yes, what was the savings in MG? _____

What was the percent (%) reduction in demand? _____

Do you anticipate having to go to mandatory rationing in the upcoming year? _____

Yes No

Do you routinely monitor the static and pumping water levels in your wells?

Yes No

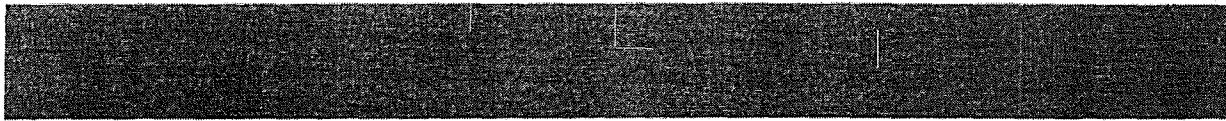
Are the levels recovering or is there a steady decline in these levels?

Declining Recovering No Change

Please list any other long-term actions you are considering or planning:

[Empty text box for listing long-term actions]

Again, thank you for your cooperation in completing this reporting form.



OPERATIONS

TYPE OF CERTIFICATION	DISTRIBUTION OPERATOR
NUMBER AND GRADE	20406/D-2
INDICATE IF TREATMENT PLANT OR DISTRIBUTION OPERATOR	DISTRIBUTION
CERTIFICATION RENEWAL OR EXPIRATION DATE	12/31/2012
INDICATE IF LEAD OR SHIFT OPERATOR	LEAD

SYSTEM OPERATION-STORAGE

<u>TANK NAME</u>	<u>CAPACITY IN MG</u>	<u>YEAR INSTALLED</u>	<u>DATE LAST INSPECTED</u>
TANK#1	0.286	1981	8/17/2007
TANK#2	0.289	1989	8/17/2007
TANK#3	0.286	2008	NEW