

West Valley County Water District

Exhibit 9



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**SMALL WATER SYSTEM
2011 ANNUAL REPORT TO THE DRINKING WATER PROGRAM
FOR YEAR ENDING DECEMBER 31, 2011
[Section 116530 Health & Safety Code]**

WATER SYSTEM INFORMATION

Water System No.:	CA1909006
Water System Name:	WEST VALLEY COUNTY WATER DISTRICT
Water System Classification: ①	Community Water System
Mailing Address: (address line 1, address line 2, city, state, zip)	25315 WEST IDEAL AVENUE LANCASTER CA 93536
Physical location: (address line 1, address line 2, city, zip)	25315 WEST IDEAL AVENUE LANCASTER 93536
General Office Phone: ② (with area code)	661-724-1860
Web site address:	http://www.wvcwd.com

REPORT SUBMITTED BY: ①

Name: Mark Crosby
Title: GENERAL MANAGER
Business phone:
Cell phone:
Email address: wvcwd@verizon.net

COMMENTS: ①

1. PUBLIC WATER SYSTEM CONTACTS ①

NAME, TITLE & ADDRESS	PHONE TYPE	PHONE NO.	EMAIL	CONTACT TYPE (pick all that apply) ①	
CROSBY, MARK L. GENERAL MANAGER 25315 WEST IDEAL AVENUE LANCASTER CA 93536	Business	661-724-1860	wvcwd@verizon.net	<input checked="" type="checkbox"/> Administrative	<input type="checkbox"/> Operator
	Facsimile	661-724-1402		<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
	Mobile	661-305-7705		<input checked="" type="checkbox"/> Designated Operator In Charge	<input checked="" type="checkbox"/> Water Quality
	Emergency	661-305-7705		<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
CODY, BRENDA CLERK 25315 WEST IDEAL AVENUE LANCASTER CA 93536	Business	661-724-1860	wvcwd@verizon.net	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
	Facsimile	661-724-1402		<input checked="" type="checkbox"/> Financial	<input type="checkbox"/> Emergency
	Mobile			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
	Business			<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
	Facsimile			<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
	Mobile			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
	Business			<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
	Facsimile			<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
	Mobile			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
	Business			<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
	Facsimile			<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency

WV-9 - 001

<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
<input type="text"/>	Emergency	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
<input type="text"/>	Business	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
<input type="text"/>	Facsimile	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
<input type="text"/>	Emergency	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
<input type="text"/>	Business	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
<input type="text"/>	Facsimile	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
<input type="text"/>	Emergency	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
Add Additional Contact ①					
<input type="text"/>	Business	<input type="text"/>	<input type="text"/>	(pick all that apply)	
<input type="text"/>	Facsimile	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
<input type="text"/>	Emergency	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
<input type="text"/>	Business	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
<input type="text"/>	Facsimile	<input type="text"/>	<input type="text"/>	(pick all that apply)	
<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
<input type="text"/>	Emergency	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
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<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>	(pick all that apply)	
<input type="text"/>	Emergency	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
<input type="text"/>	Business	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
<input type="text"/>	Facsimile	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
<input type="text"/>	Emergency	<input type="text"/>	<input type="text"/>	(pick all that apply)	

COMMENTS: ①



2. POPULATION SERVED

Population Type	Population ①	Annual Operating Period ①			
		MM	Begin Date DD	MM	End Date DD
Residential:	570	1	1	12	31
Transient:					
Nontransient:					

MM = month, in 2-digit format DD = day, in 2-digit format

Descriptions:

① Residential – report the number of persons who reside within the water system service area for more than half of the year (excludes transient and nontransient populations). If year-round, the *Begin Date* would be 01/01 and the *End Date* would be 12/31.

② Transient – report the number of persons who are at the water system on the 60th busiest day (excludes residential and nontransient populations). Report the *Begin Date* and *End Date* if the Transient use is seasonal.

③ Nontransient – report the number of the persons who are at the water system for over 8 months per year (excludes residential and transient populations). Report the *Begin Date* and *End Date* if the Nontransient use is seasonal.

COMMENTS: ①

3. NUMBER OF SERVICE CONNECTIONS (as of December 31, 2011)

A. Active Service Connections:

TYPE	Unmetered	Metered	Total*
Residential		240	240
Commercial			0
Industrial			0
Agricultural (agricultural and non-agricultural irrigation services)			0
Other (services that do not meet any of the above definitions)			0
Total Active Connections*	0	240	240

*Calculated field

To update, click here

B. Number of Inactive Connections (all types) 38

COMMENTS: ①

4. GROUNDWATER (GW) AND SURFACE WATER (SW) SOURCES ①

GROUNDWATER SOURCES (INCLUDING STANDBY SOURCES)

PSCode ①	Name	Activity ①
002	WELL 02 - ABANDONED	1

003 JOHN G. GAGLIONE WELL A
001 WELL 01 - STANDBY A

SURFACE WATER INTAKES

PSCode Name Activity

DISCUSS CHANGES TO ABOVE SOURCES



If a STANDBY SOURCE was used in 2011, provide the following information.

Name of the Standby Source used in 2011:	No. of days the Standby Source was in operation:	Were customers notified? (Y/N)	Was CDPH notified? (Y/N)	Describe the reason the Standby Source was used:

COMMENTS:

5. FINISHED WATER PRODUCED, PURCHASED AND SOLD

The **Maximum Day** is the day during 2011 with the highest total water usage. Provide the date for that day in Column A, then complete Columns B, C and D, indicating how much of the water on that day was from each source.

The **Maximum Month** is the month during 2011 with the highest total water usage. Provide the month in Column A, then complete Columns B, C and D, indicating how much of the water during that month was from each source.

Units of Measure for this table: Gallons

Volumes are based on: METERED VOLUMES

A	B Water Produced		D Water Purchased or Received from another PWS	E Total Amount of Water	F Water Sold to another PWS
	Groundwater	Surface Water			
Maximum Day:	476,900 Gals			0	
Date: 7-10-11					
Maximum Month	6,479,600			6479600	
Month: 6-2011					
Annual Total	40,011,900			40011900	

PWS = Public Water System

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.

(E) Total Amount of Water = Sum of Columns (B), (C) and (D), automatically calculated. To update, click below

[To update totals click here](#)

If water was Purchased from or Sold to another PWS, complete the table below:

Specify whether water was Purchased or Sold	Name of PWS

COMMENTS:



6. WATER RATES

Indicate the type of water rate structure used by your water system: Flat Base Rate + Variable Usage Rate

What is your billing frequency? monthly

Complete the table below providing specific water rates applied to your customers:

Connection Type	FLAT BASE RATE	UNIFORM USAGE RATE	VARIABLE BASE RATE (provide range)		VARIABLE USAGE RATE (provide range)	
	\$(Base)	\$ per hcf	\$ Low	\$ High	\$ per hcf Low	\$ per hcf High
RESIDENTIAL	25.00	1.64-1.94			1.64	1.94

Multi-residential					
Additional Residential					
Do you provide lifeline/low income subsidies?	No				
If Yes, provide rates:					
NON-RESIDENTIAL					
General	50.00	2.97			
Commercial					
Industrial					
Agricultural					
Government					
Other					
Additional Non-residential					
Do you have fire suppression surcharges?	No				
If Yes, provide rates:					
Do you have other surcharges?	No				
If Yes, provide rates:					

AVERAGE MONTHLY RESIDENTIAL WATER COST: 51.85 \$mo.

This value can be calculated by dividing your total annual revenues from residential customers by 12 and then dividing a second time by the number of residential service connections. If you are unable to differentiate revenues by type of customer (residential, industrial, agricultural); then take your total annual revenues from all water rate payments and divide by 12 and then divide by your total number of connections.

NOTE: If this is not a "Community" Water System; enter N/A. If individual customers do not pay a separate bill for water enter "0".

COMMENTS:



7. WATER QUALITY

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.

Did your system conduct monitoring for nitrate during 2011 from each source? Yes

NOTE: IF THERE WERE ANY SOURCES THAT WERE NOT MONITORED BECAUSE THEY WERE OFFLINE DURING 2011, YOU MUST CONTACT CDPH TO AVOID AN ENFORCEMENT ACTION.

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).

Date of current bacteriological sample siting plan: 6-7-09

COMMENTS:

8. WATER TREATMENT

Does your system provide treatment to any of the water (disinfection, filtration, or chemical removal)? Yes

If treatment was added or changed in any way in 2011, provide a brief description and identify the water source

DIRECT ADDITIVES

Are all chemicals used NSF/ANSI Standard 60 certified? Yes

INDIRECT ADDITIVES

As of March 9, 2008, a water system shall not use any chemical, material, lubricant, or product in the production, treatment or distribution of drinking water that comes in contact with the drinking water that does not have certification of meeting NSF/ANSI standard 61

Does your water system have procedures to ensure all future equipment and materials meet this standard? Yes

If you have any questions on the requirements related to indirect additive, you may contact your CDPH District Office

COMMENTS:

9. CROSS-CONNECTION CONTROL

	Total Number in System	Number Installed in 2011	Number Tested in 2011	Number Failed in 2011	Number Repaired/ Replaced
Backflow Assemblies on the Service					

Connections or Meter Backflow Assemblies On-site but not on the Service
 Connections or Meter Air-gap Separation

No. of Inactive Backflow Prevention Assemblies in water system in 2011 :
 Date of last cross-connection control survey done on the system:
 Name of designated Cross Connection Control Program Coordinator:

Describe any cross-connection incidents that occurred during 2011.

COMMENTS:

10. CONSUMER CONFIDENCE REPORT (does not apply to Transient Noncommunity water systems)

THE 2011 CCR MUST BE DISTRIBUTED TO YOUR CUSTOMERS AND A COPY SUBMITTED TO CDPH BY JULY 1, 2012.
 CERTIFICATION MUST BE SUBMITTED TO CDPH BY OCTOBER 1, 2012, STATING THAT THE 2011 CCR HAS BEEN DISTRIBUTED TO CUSTOMERS AND THAT THE INFORMATION IS CORRECT.

The CCR guidance, CCR template, and the certification form can be obtained from the CDPH web site at <http://www.cdph.ca.gov/certificdrinkingwater/Pages/CCR.aspx>

Indicate the date your 2011 CCR was distributed or will be distributed to your customers: mm/dd/yyyy

COMMENTS:

11. OPERATOR CERTIFICATION

A. Please list the State certified Water Treatment Plant Operators employed by your water system that supervise and direct the operation of your water treatment plants, beginning with the chief operator(s).

Name	Operator Number	Grade of Operator	Expiration Date MM/DD/YYYY	<input type="text" value=""/>
				1 - 4 of 4

B. Please list the State certified Water Distribution Operators employed by your water system that supervise and direct the operation of your distribution system, beginning with the chief operator(s).

Name	Operator Number	Grade of Operator	Expiration Date MM/DD/YYYY	<input type="text" value=""/>
Mark L. Crosby	20406	D-2	12-31-12	1 - 4 of 5

COMMENTS:

12. WATER SYSTEM IMPROVEMENTS

The California Waterworks Standards (Section 64556) require an amended permit for any of the following improvements or modifications:

- Addition of a new distribution reservoir with a capacity of 100,000 gallons or more
- Modification or extension of the existing distribution system using an alternative to the requirements of the California Waterworks Standards (see Sections 64570 through 64578)
- Modification of the water supply by:
 - o Adding a new source
 - o Changing the status of an existing source (for example, active to standby) or
 - o Changing or altering a source, such that the quality or quantity of water supply could be affected
- Any addition or change in treatment, including
 - o Design capacity
 - o Process
- Expansion of the existing service area by 20 percent or more of the number of service connections specified in your current permit.

If your water system made any improvements or modifications during 2011 for which a permit was not obtained, please describe the improvements or modifications below.

Indicate any planned improvements or modifications for 2012

COMMENTS:

13. COMPLAINTS REPORTED (WRITTEN OR VERBAL)

Type of Complaint	No. of Complaints Reported by Customers	No. of Complaints Investigated	No. of Complaints reported to CDPH	Brief Description of Cause and Corrective Action taken
Taste and Odor				
Color				
Turbidity				
Visible Organisms				
Pressure (High or Low)				
Water Outages				
Illnesses (Waterborne)				
Other (Specify)				
Total No. of Complaints*	0	0	0	

*Calculated field
[To update totals click here](#)

COMMENTS:



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SMALL WATER SYSTEM 2011 ANNUAL REPORT TO THE DRINKING WATER PROGRAM FOR YEAR ENDING DECEMBER 31, 2011 [Section 116530 Health & Safety Code]

WATER SYSTEM INFORMATION

Water System No.: CA1909006
 Water System Name: WEST VALLEY COUNTY WATER DISTRICT
 Water System Classification: Community Water System
 Mailing Address: 25315 WEST IDEAL AVENUE
 (address line 1, address line 2, city, state, zip)
 LANCASTER CA 93536
 Physical location: 25315 WEST IDEAL AVENUE
 (address line 1, address line 2, city, zip)
 LANCASTER 93536
 General Office Phone: 661-724-1860
 (with area code)
 Web site address: http://www.wvcwd.com

REPORT SUBMITTED BY:

Name: Mark Crosby
 Title: GENERAL MANAGER
 Business phone:
 Cell phone:
 Email address: wvcwd@verizon.net

COMMENTS:

1. PUBLIC WATER SYSTEM CONTACTS

NAME, TITLE & ADDRESS	PHONE TYPE	PHONE NO.	EMAIL	CONTACT TYPE (pick all that apply)	
CROSBY, MARK L. GENERAL MANAGER 25315 WEST IDEAL AVENUE LANCASTER CA 93536	Business	661-724-1860	WVCWD@VERIZON.NE	<input checked="" type="checkbox"/> Administrative	<input type="checkbox"/> Operator
	Facsimile	661-724-1402		<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
	Mobile	661-305-7705		<input checked="" type="checkbox"/> Designated Operator In Charge	<input checked="" type="checkbox"/> Water Quality
	Emergency	661-305-7705		<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
CODY, BRENDA CLERK 25315 WEST IDEAL AVENUE LANCASTER CA 93536	Business	661-724-1860	WVCWD@VERIZON.NE	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
	Facsimile	661-724-1402		<input checked="" type="checkbox"/> Financial	<input type="checkbox"/> Emergency
	Mobile			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
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	Facsimile			<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
	Mobile			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Legal

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<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
<input type="text"/>	Emergency	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
<input type="text"/>	Business	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
<input type="text"/>	Facsimile	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
<input type="text"/>	Emergency	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
<input type="text"/>	Business	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
<input type="text"/>	Facsimile	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
<input type="text"/>	Emergency	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
<input type="text"/>	Business	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
<input type="text"/>	Facsimile	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
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<input type="text"/>	Facsimile	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
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<input type="text"/>	Emergency	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Owner	<input type="checkbox"/> Legal

Add Additional Contact
 --Contact Name--
 --Title--
 --Address Line 1--
 --Address Line 2--
 --City-- --ST-- --Zip--
 Add Additional Contact
 --Contact Name--
 --Title--
 --Address Line 1--
 --Address Line 2--
 --City-- --ST-- --Zip--
 Add Additional Contact
 --Contact Name--
 --Title--
 --Address Line 1--
 --Address Line 2--
 --City-- --ST-- --Zip--

COMMENTS:



2. POPULATION SERVED

Population Type	Population	Annual Operating Period			
		MM	DD	MM	DD
Residential	570	1	1	12	31
Transient					
Nontransient					

MM = month, in 2-digit format DD = day, in 2-digit format

Descriptions:

1 Residential - report the number of persons who reside within the water system service area for more than half of the year (excludes transient and nontransient populations). If year-round, the Begin Date would be 01/01 and the End Date would be 12/31.

2 Transient - report the number of persons who are at the water system on the 60th busiest day (excludes residential and nontransient populations). Report the Begin Date and End Date if the Transient use is seasonal.

3 Nontransient - report the number of the persons who are at the water system for over 6 months per year (excludes residential and transient populations). Report the Begin Date and End Date if the Nontransient use is seasonal.

COMMENTS:

3. NUMBER OF SERVICE CONNECTIONS (as of December 31, 2011)

A. Active Service Connections:

TYPE	Unmetered	Metered	Total*
Residential		240	240
Commercial			0
Industrial			0
Agricultural (agricultural and non-agricultural irrigation services)			0
Other (services that do not meet any of the above definitions)			0
Total Active Connections*	0	240	240

*Calculated field

To update totals click here

B. Number of Inactive Connections (all types)

38

COMMENTS:

4. GROUNDWATER (GW) AND SURFACE WATER (SW) SOURCES

GROUNDWATER SOURCES (INCLUDING STANDBY SOURCES)

PSCode	Name	Activity
002	WELL 02 - ABANDONED	1

003	JOHN G. GAGLIONE WELL	A
001	WELL 01 - STANDBY	A

SURFACE WATER INTAKES

PSCode NameActivity

DISCUSS CHANGES TO ABOVE SOURCES



If a STANDBY SOURCE was used in 2011, provide the following information.

Name of the Standby Source used in 2011:	No. of days the Standby Source was in operation:	Were customers notified? (Y/N)	Was CDPH notified? (Y/N)	Describe the reason the Standby Source was used:

COMMENTS:

5. FINISHED WATER PRODUCED, PURCHASED AND SOLD

The **Maximum Day** is the day during 2011 with the highest total water usage. Provide the *date* for that day in Column A, then complete Columns B, C and D, indicating how much of the water on that day was from each source

The **Maximum Month** is the month during 2011 with the highest total water usage. Provide the *month* in Column A, then complete Columns B, C and D, indicating how much of the water during that month was from each source

Units of Measure for this table:

Volumes are based on:

A	B Water Produced		D Water Purchased or Received from another PWS	E Total Amount of Water	F Water Sold to another PWS
	Groundwater	Surface Water			
Maximum Day:	476,800 Gals			0	
Date: 7-10-11					
Maximum Month	6,479,600			6479600	
Month: 6-2011					
Annual Total	40,011,900			40011900	

PWS = Public Water System

(1) 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.

(2) (E) Total Amount of Water = Sum of Columns (B), (C) and (D), automatically calculated. To update, click below

[To update totals click here.](#)

If water was **Purchased** from or **Sold** to another PWS, complete the table below:

Specify whether water was Purchased or Sold	Name of PWS

COMMENTS:



6. WATER RATES

Indicate the type of water rate structure used by your water system:

What is your billing frequency:

Complete the table below providing specific water rates applied to your customers:

Connection Type	FLAT BASE RATE	UNIFORM USAGE RATE	VARIABLE BASE RATE (provide range)		VARIABLE USAGE RATE (provide range)	
	\$(Base)	\$ per hcf	\$ Low	\$ High	\$ per hcf Low	\$ per hcf High
RESIDENTIAL	25.00	1.64-1.94				
Residential						

Multi-residential						
Additional Residential						
Do you provide lifeline/low income subsidies?	No					
If Yes, provide rates:						
NON-RESIDENTIAL						
General	50.00	2.97				
Commercial						
Industrial						
Agricultural						
Government						
Other						
Additional Non-residential						
Do you have fire suppression surcharges?	No					
If Yes, provide rates:						
Do you have other surcharges?	No					
If Yes, provide rates:						

AVERAGE MONTHLY RESIDENTIAL WATER COST: 51.85 \$/mo.

This value can be calculated by dividing your total annual revenues from residential customers by 12 and then dividing a second time by the number of residential service connections. If you are unable to differentiate revenues by type of customer (residential, industrial, agricultural); then take your total annual revenues from all water rate payments and divide by 12 and then divide by your total number of connections.

NOTE: If this is not a "Community" Water System; enter N/A. If individual customers do not pay a separate bill for water enter "0".

COMMENTS:

 **7. WATER QUALITY**

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.

Did your system conduct monitoring for nitrate during 2011 from each source? Yes

NOTE: IF THERE WERE ANY SOURCES THAT WERE NOT MONITORED BECAUSE THEY WERE OFFLINE DURING 2011, YOU MUST CONTACT CDPH TO AVOID AN ENFORCEMENT ACTION.

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).

Date of current bacteriological sample siting plan: 8-7-09

COMMENTS:

8. WATER TREATMENT

Does your system provide treatment to any of the water (disinfection, filtration, or chemical removal)? Yes

If treatment was added or changed in any way in 2011, provide a brief description and identify the water source

DIRECT ADDITIVES

Are all chemicals used NSF/ANSI Standard 60 certified? Yes

INDIRECT ADDITIVES

As of March 8, 2008, a water system shall not use any chemical, material, lubricant, or product in the production, treatment or distribution of drinking water that comes in contact with the drinking water that does not have certification of meeting NSF/ANSI standard 61

Does your water system have procedures to ensure all future equipment and materials meet this standard? Yes

If you have any questions on the requirements related to indirect additive, you may contact your CDPH District Office

COMMENTS:

9. CROSS-CONNECTION CONTROL

Backflow Assemblies on the Service	Total Number in System	Number Installed in 2011	Number Tested in 2011	Number Failed in 2011	Number Repaired/ Replaced

Backflow Assemblies on the Service

Connections or Meter Backflow Assemblies On-site but not on the Service Connections or Meter

Air-gap Separation

No. of Inactive Backflow Prevention Assemblies in water system in 2011 :

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

Name of designated Cross Connection Control Program Coordinator:

Describe any cross-connection incidents that occurred during 2011:

COMMENTS:

10. CONSUMER CONFIDENCE REPORT (does not apply to Transient Noncommunity water systems)

THE 2011 CCR MUST BE DISTRIBUTED TO YOUR CUSTOMERS AND A COPY SUBMITTED TO CDPH BY JULY 1, 2012. CERTIFICATION MUST BE SUBMITTED TO CDPH BY OCTOBER 1, 2012, STATING THAT THE 2011 CCR HAS BEEN DISTRIBUTED TO CUSTOMERS AND THAT THE INFORMATION IS CORRECT.

The CCR guidance, CCR template, and the certification form can be obtained from the CDPH web site at <http://www.cdph.ca.gov/centric/drinkingwater/Pages/CCR.aspx>

Indicate the date your 2011 CCR was distributed or will be distributed to your customers: mm/dd/yyyy

COMMENTS:

11. OPERATOR CERTIFICATION

A. Please list the State certified Water Treatment Plant Operators employed by your water system that supervise and direct the operation of your water treatment plants, beginning with the chief operator(s).

Name	Operator Number	Grade of Operator	Expiration Date MM/DD/YYYY

B. Please list the State certified Water Distribution Operators employed by your water system that supervise and direct the operation of your distribution system, beginning with the chief operator(s).

Name	Operator Number	Grade of Operator	Expiration Date MM/DD/YYYY
Mark L. Crosby	20406	D-2	12-31-12

COMMENTS:

12. WATER SYSTEM IMPROVEMENTS

The California Waterworks Standards (Section 64556) require an amended permit for any of the following improvements or modifications:

- Addition of a new distribution reservoir with a capacity of 100,000 gallons or more
- Modification or extension of the existing distribution system using an alternative to the requirements of the California Waterworks Standards (see Sections 64570 through 64578)
- Modification of the water supply by:
 - o Adding a new source
 - o Changing the status of an existing source (for example, active to standby) or
 - o Changing or altering a source, such that the quality or quantity of water supply could be affected
- Any addition or change in treatment, including
 - o Design capacity
 - o Process
- Expansion of the existing service area by 20 percent or more of the number of service connections specified in your current permit.

If your water system made any improvements or modifications during 2011 for which a permit was not obtained, please describe the improvements or modifications below.

Indicate any planned improvements or modifications for 2012

COMMENTS:

13. COMPLAINTS REPORTED (WRITTEN OR VERBAL)

Type of Complaint	No. of Complaints Reported by Customers	No. of Complaints Investigated	No. of Complaints reported to CDPH	Brief Description of Cause and Corrective Action taken
Taste and Odor				
Color				
Turbidity				
Visible Organisms				
Pressure (High or Low)				
Water Outages				
Illnesses (Waterborne)				
Other (Specify)				
Total No. of Complaints*	0	0	0	

*Calculated field
[To update totals click here](#)

COMMENTS: