LARGE WATER SYSTEM 2012 ANNUAL REPORT TO THE DRINKING WATER PROGRAM FOR YEAR ENDING DECEMBER 31, 2012

[Section 116530 Health & Safety Code]

| WATER SYSTEM INFORM | ATION | 1102 118.03 | 7.4 |
|---|-------------------------------------|-------------|---------------|
| Water System No.: | CA1910005 | | T a Million |
| Water System Name: | LOS ANGELES CO WW DIST 40 REG | 88 LAKE LA | |
| Water System Ownership (See descriptions below): | Local Government | | |
| Physical location: (address line 1, address line 2, city, zip) Note: <u>NO</u> P.O. Box | 260 East Avenue K-8 Lancaster 93535 | ay di laggi | |
| General Office Phone: ① (with area code) | 661-942-1157 | Ently on | |
| Web site address: | http://www.lacwaterworks.org | | . |

Water System Ownership Descriptions:

- · Local Government: e.g., city, county, or special district, local school district, junior colleges, county or community parks, etc.
- State or Federal Government: e.g., state or national park, BLM, USFS and COE campgrounds and recreation facilities, state hospitals, State universities and colleges, California Veterans Home, County or District Fairs and Expositions, Caltrans rest stop, military base, other state or federal facility
- · Privately owned, non-PUC-regulated (Community Water System): e.g., mobile home park, apartment or condominium
- Privately owned business (non-community): e.g., church, private school, restaurant, amusement park, RV park/campground, motel, ranch/farm, factory, other business establishment

| REPORT SUBMITTE | D BY:① | 11, 112, 11 11 | |
|-----------------|--------------------------|----------------|--|
| Name: | Bing Hua | | |
| Title: | Associate Civil Engineer | , 12 se E | |
| Business phone: | 626-300-3337 | | |
| Cell phone: | | | |
| Email address: | bhua@dpw.lacounty.gov | | |

| COLOR COLORS | | |
|--------------|--|--|
| COMMENTS: | | |
| 11.5 | | |
| | | |

1. Public Water System Contacts 3

Click here to learn how to Modify, Add and Delete Contacts in the table below.

| NAME, TITLE & ADDRESS | PHONE TYPE | PHONE NO. | EMAIL | CONTACT TYPE (pick all that apply) O | |
|------------------------|------------|--------------|-------------------------|---|-----------------|
| ARIKI, ADAM | Business | 626-300-3300 | aariki@dpw.lacounty.gov | ☐ ** Delete Contact ** ☑ Administrative | Operator |
| ASSISTANT DEPUTY DIR | Facsimile | 626-300-3385 | | ☐ Financial | ☑ Emergency |
| P.O. BOX 1460 | Mobile | 626-476-6703 | | ☐ Designated Operator In Charge | □ Water Quality |
| ALHAMBRA CA 91802-1460 | Emergency | | | □ Owner | ☑ Legal |

| JONES, DAN | Business | 661-942-1157 | dajones@dpw.lacounty.gov | ✓ ** Delete Contact ** □ Administrative | □ Operator |
|------------------------|-----------|--------------|--------------------------|--|-----------------|
| REGIONAL SUPERINTEND | Facsimile | 661-723-7027 | | ☐ Financial | ☑ Emergency |
| P.O. BOX 1460 | Mobile | 661-400-3836 | er erapi gal | ☑ Designated Operator In Charge | □ Water Quali |
| ALHAMBRA CA 91802-1460 | Emergency | | | □ Owner | □ Legal |
| | = lai '\' | | Hi H I | | |
| КІМ, ТЈ | Business | 626-300-3327 | tjkim@dpw.lacounty.gov | ☐ ** Delete Contact ** ☐ Administrative | □ Operator |
| SR. CIVIL ENGINEER | Facsimile | 626-300-3385 | | ☐ Financial | |
| P.O. Box 1460 | Mobile | 626-476-2827 | | ☐ Designated Operator In Charge | ☑ Water Qualit |
| ALHAMBRA CA 91802-1460 | Emergency | | | □ Owner | □ Legal |
| | | | | | |
| CHEN, TIMOTHY | Business | 626-300-3342 | tchen@dpw.lacounty.gov | T** Delete Contact ** Administrative | Operator |
| ASSOCIATE CIVIL ENGR | Facsimile | 626-300-3385 | a to him to the | Financial | ☑ Emergency |
| P.O. BOX 1460 | Mobile | 626-297-3477 | . 32- | Designated Operator In Charge | ☑ Water Quality |
| ALHAMBRA CA 91802-1460 | Emergency | | | □ Owner | □ Legal |
| | 12 | | | | |
| LAFFERTY, DAN | Business | 626-300-3302 | dlaff@dpw.lacounty.gov | ☐ ** Delete Contact ** ☐ Administrative | □ Operator |
| ASST. DIVISION ENG. | Facsimile | 626-300-3385 | | □ Financial | ☑ Emergency |
| P.O. BOX 1460 | Mobile | 626-476-0372 | | Designated Operator In Charge | □ Water Quality |
| ALHAMBRA CA 91802-1460 | Emergency | | | □ Owner | □ Legal |
| | 1 | | | | 124011 110 |
| DAVID, CRAIG | Business | 661-945-2423 | cdavid@dpw.lacounty.gov | ** Delete Contact ** Administrative | □ Operator |
| | Facsimile | | | ☐ Financial | ☑ Emergency |
| P.O. BOX 1460 | Mobile | 661-886-1673 | W = F | ☐ Designated Operator In Charge | □ Water Quality |
| ALHAMBRA CA 91802 | Emergency | 1 | | C Owner | □ Legal |
| ARTINDALE, HERB | Business | 661-726-7791 | | ** Delete Contact ** | sm.54 77 3 |
| | 2811140 | | hmartin@dpw.lacounty.gov | ☐ Administrative | Operator |
| EGIONAL SUPERINTEND | Facsimile | 661-723-7027 | | Financial | ☑ Emergency |
| O. Box 1460 | Mobile | 661-609-3109 | | ☑ Designated Operator In Charge | ☐ Water Quality |
| LHAMBRA CA 91802-1460 | Emergency | | | Owner | □ Legal |
| | | | | etauen - A dec | |
| 1 II | Business | | | ☐ ** Delete Contact ** ☐ Administrative | ☐ Operator |
| THE E | Facsimile | | | ☐ Financial | ☐ Emergency |
| | Mobile | 4 + | 1.2 | ☐ Designated Operator In Charge | □ Water Quality |
| | Emergency | | | □ Owner | □ Legal |
| ld Additional Contact® | | | | (pick all that a | pply) |
| Contact Name | Business | Bus. # | -Email Addr | ☐ Administrative | Operator |
| litle | Facsimile | Fax No | | Financial | Emergency |

| Address Line 1 Address Line 2 | Mobile | Mob. # | 2nd Email Addr- | ☐ Designated Operator In Charge | □ Water Quality | |
|----------------------------------|-----------|---------|-------------------|---------------------------------|-----------------|--|
| CitySTZip | Emergency | Emer. # | Zhu Linan Addi- | Owner | □ Legal | |
| Add Additional Contact | | | | (pick all the | nat apply) | |
| Contact Name | Business | Bus. # | | ☐ Administrative | ☐ Operator | |
| Title | Facsimile | Fax No | Email Addr | ☐ Financial | [Emergency | |
| Address Line 1 Address Line 2 | Mobile | Mob. # | 2nd Email Addr- | ☐ Designated Operator In Charge | □ Water Quality | |
| CitySTZip | Emergency | Emer. # | Zild Ellian Addı- | □ Owner | □Legal | |

2. POPULATION SERVED

| Permanent population (fro | om latest US Census or finance data) or number of long-ter | nm 12867 |
|---------------------------|--|----------|
| residents . | | |

^{*}Long-term resident means someone who resides within the water system service area for more than half of the year.

| Seasonal Maximum Population (If applicable): | |
|--|--|

Provide season ②:

| Begir | Date | End | Date |
|-------|------|-----|------|
| MM | DD | MM | DD |
| 01 | 01 | 12 | 31 |

| | | |
|-------------|------|--------------|
| COMMENTS: ① | | |

3. NUMBER OF SERVICE CONNECTIONS (as of December 31, 2012)

A. Active Service Connections:

| Total Active Connections currently in CDPH database: | |
|--|------|
| The total number of Service Connections as of December 31, 2012 must be reported as either <u>Unmetered</u> or <u>Metered</u> for each Service Connection Type as appropriate. | 3490 |

| TYPE Do NOT report fire sprinkler connections. These connections are not counted toward "service connections" for compliance purposes. | Unmetered | Metered | Totai* |
|--|-----------|---------|--------|
| Residential: single family homes, town homes, condominiums, apartments | 0 | 3468 | 3468 |
| Commercial: hotels, schools, hospitals, malls, shopping centers, retail stores, service shops, restaurants, parks (but not irrigation), office buildings, gas stations | 0 | 46 | 46 |
| Industrial: business parks, manufacturing, warehouses, utilities, assemblers | 0 | 0 | 0 |
| Agricultural (agricultural and non-agricultural irrigation services): farms, golf courses, roadways, park irrigation | 0 | 0 | 0 |
| Other (services that do not meet any of the above definitions): This service connection type is intended to be used by noncommunity systems such as churches, businesses, parks, schools and other public institutions that operate as an | | 2 | 2 |

| individual public water system and do not specifically have connections for which water rates are charged. | | _ | 1 | |
|--|---|------|------|--|
| Total Active Connections* | 0 | 3516 | 3516 | |

*Calculated field

To update totals click here

B. Number of Inactive Connections (all types)

COMMENTS:

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

| Туре | Total No. Approved (by permit) | Total No. New/ Added in 2012 | Total No. Inactivated in 2012 | Total No. Abandoned/ Destroyed in 2012 |
|---|--------------------------------|---------------------------------------|-------------------------------------|---|
| Active Groundwater Intakes (Wells) | 2 | 0 | | - [|
| Active Surface Water Intakes (Raw) | 0 | 0 | # | 705 |
| Active Purchased Water (GW) Connections | 0 | 0 | | |
| Active Purchased Water (SW) Connections | 2 | 0 | | 11.19 |
| Standby Sources¹ ② | 0 | 0 | | |
| Emergency Interconnections | 0 | 0 | = = | - |
| Inactive Wells ² | n Bra i | | | |

¹If a standby source ② was used in 2012, provide the following information.

| Name of the Standby Source used in 2012: | No. of days the Standby Source was in operation: | Were customers notified? | Was CDPH notified? (Y/N) | Describe the reason the Standby Source was used: |
|--|---|--------------------------|--------------------------------|--|
| | | | | |
| | | 1= | | |
| | | | | |
| | | | | |

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.

COMMENTS: ②

5. FINISHED WATER PRODUCED, PURCHASED AND SOLD

The <u>Maximum Day</u> is the day during 2012 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 <u>Maximum Month</u> is the month during 2012 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: Acre-feet (AF)

Volumes are based on: METERED VOLUMES

| A | | В | С | D | E | F |
|--------------------------|-----------------|----------------|---------------|---------------------------------|--------------------|--------------------------------|
| | | Water Produced | | Water Purchased or | Total Amount of | Water Sold |
| | | Groundwater | Surface Water | Received from another PWS | Water ² | to another PWS ³ |
| Maximum Day ¹ | | N/A | N/A | N/A | 0 | 0 |
| Date: | N/A | T IVA | N/A | IWA | | |
| Maximum | 1 Month | 152.50 | | 14616 | 200.75 | |
| Month: | June | 152.59 | 0 | 146.16 | 298.75 | 0 |
| Annual Total | | 1337.43 | 0 | 933.01 | 2270.44 | 0 |
| Percent Treat | ed ³ | 0 | 0 | 0 | 1 _ 4 1 _ 8 | |

PWS = Public Water System

To update totals click here

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

| Specify whether water was <i>Purchased</i> or <i>Sold</i> | Name of PWS |
|---|--|
| Purchased | Antelope Valley East Kern Water Agency |
| | 8111 2 |
| | |

| COMMENTS: | ව |
|-----------|----------|
|-----------|----------|

6. WATER RATES

Indicate the type of water rate structure ② used by your water system: Flat Base Rate + Variable Usage Rate

What is your billing frequency 10 bi-monthly

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

| Connection Type | FLAT BASE RATE | BASE UNIFORM | | VARIABLE BASE RATE (provide range) | | VARIABLE USAGE RATE (provide range) | |
|---------------------------|----------------------|--------------|----------------|---------------------------------------|-------------------|--|--|
| • | \$ (Base) | \$ per hcf ① | \$ Low \$ High | | \$ per hcf Low | \$ per hcf High | |
| RESIDENTIAL 🕏 | | | | | II di ca | | |
| Residential | 21.43 | 1.12 | | | 1.01 | 1.68 | |
| Multi-residential | 21.43 | 1.12 | | | 1.01 | 1.68 | |
| Additional Residential | 21.43 | 1.12 | | | 1.01 | 1.68 | |
| Do you provide lifel | ine/low income | subsidies? | No s | | | | |

¹Only 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

³This is the percentage of the annual volume for each water type (Groundwater, Surface Water, and Purchased/Received) that was provided treatment to meet drinking water standards other than precautionary disinfection.

| If Yes, provide rates: | | | | П | | | |
|--------------------------------|----------------|---------|-----------------------|------|------|--|--|
| NON-RESIDENT | IAL ② | | | | u II | | |
| General | 21.43 | 1.12 | | 1.01 | 1.68 | | |
| Commercial | 21.43 | 1.12 | | 1.01 | 1.68 | | |
| Industrial | N/A | N/A | | N/A | N/A | | |
| Agricultural | N/A | N/A | | N/A | N/A | | |
| Government | N/A | N/A | | N/A | N/A | | |
| Other | 21.43 | 1.12 | | 1.01 | 1.68 | | |
| Additional Non- residential | 12 | | | 1.01 | 1.68 | | |
| Do you have fire su | pression surcl | narges? | No 🔻 | No 🔽 | | | |
| If Yes, provide rates: | | - 41 | piec fil - | | | | |
| Do you have other s | surcharges? | , | Facility Construction | | | | |
| If Yes, provide rates: | | 0.090 | | | | | |

AVERAGE MONTHLY RESIDENTIAL WATER COST: 53.45\$/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 service 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: 1 | | - |

7. WATER QUALITY

ANNUAL NITRATE SAMPLING

Regulations require a minimum of annual sampling for nitrate. If any nitrate result is >= 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 2012 from each source? | Yes 🔻 |
|--|-------|
|--|-------|

NOTE: If there were any sources that were not monitored because they were offline during 2012, you must contact your local regulatory agency to avoid an enforcement action for failure to monitor.

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).

DIRECT ADDITIVES

Pursuant to Section 64590, 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 this water system. If you are not sure whether a chemical you are using meets this standard, contact the manufacturer or distributor of the chemical.

| Name of Chemical | Name of Manufacturer | Purpose of using chemical | Chemical is ANSI/NSF Standard 60 certified ① (Y/N) | Use initiated in 2012 ⑦ (Y/N) |
|----------------------|-------------------------|---------------------------|--|-------------------------------|
| Chlorine | Varies | Disinfection | Y | N |
| Sodium Hypochlorite | Hasa Chemical | Disinfection | Y | N |
| Calcium Hypochlorite | PPG | Disinfection | Y | N |
| | | | | Model of |

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 additives, you may contact your local regulatory agency.

| - | | | | |
|---|-------------------|------|------|--|
| | | | | |
| _ | | | | |
| - | COMMENTS: © | | | |
| • | CIVALVAEIN I S. C | | | |
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8. CROSS-CONNECTION CONTROL ②

| | Total Number in System | Number Installed in 2012 | Number Tested in 2012 | Number Failed in 2012 | Number Repaired/ Replaced |
|--|------------------------------|--------------------------------|-----------------------------|-----------------------------|---------------------------------|
| Backflow Assemblies ⑦ on the Service Connections or Meter | 20 | 1 | 19 | 1 | 2 |
| Backflow Assemblies On- site but not on the Service Connections or Meter | 0 | 0 | 0 | 0 | 0 |
| Air-gap Separation ② | 0 | 0 | | | |

| No. of Inactive Backflow P | 0 | | |
|------------------------------|-------------------------|------------------------------|--------------------------------------|
| Date of last cross-connectio | As Needed | | |
| Cross Connection Control P | | | |
| Name: | David Young | | |
| Certification Number: | | | N/A |
| Business Phone: | dyoung@dpw.lacounty.gov | | |
| Certification or training re | eceived: USC FCCCHR Cr | ross Connection Control Spec | cialist Certification (January 2011) |

Describe any <u>cross-connection</u> incidents **1** that occurred during 2012:

No Cross Connection Incidents

| | | | | |
|-----------|-------------|--|------|--|
| COMMENTS: | | | | |
| | | | | |

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

THE 2012 CCR MUST BE DISTRIBUTED TO YOUR CUSTOMERS AND A COPY SUBMITTED TO YOUR LOCAL REGULATORY AGENCY BY JULY 1, 2013.

CERTIFICATION MUST BE SUBMITTED TO YOUR LOCAL REGULATORY AGENCY BY OCTOBER 1, 2013, STATING THAT THE 2012 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/certlic/drinkingwater/Pages/CCR.aspx

Indicate the date your 2012 CCR was distributed or will be distributed to your customers: 07/01/2013 mm/dd/yyyy

PUBLIC WATER SYSTEMS THAT SERVE 100,000 OR MORE PERSONS ARE REQUIRED TO POST THEIR CCR ON THE INTERNET.

If your water system serves 100,000 or more persons, indicate the date the CCR was or will be posted to the Internet:

If applicable, please provide the URL link to the CCR posted on the Internet:

| α | 242 | IEN | TTC. | (P) |
|----------|------|------------|------|-----|
| CU | IVIN | | (12: | U |

10. OPERATOR CERTIFICATION

A. Please list the State certified Water <u>Treatment Plant</u> Operators employed by your water system that supervise and direct the operation of your water treatment plants, beginning with the chief operator(s) ②.

| Name | Operator Number | Grade of Operator | Renewal/ Expiration Date |
|--------------------|--------------------|----------------------|-----------------------------|
| TAUBE, TOBY | 19134 | Т3 | 04/01/2013 / 08/01/2013 |
| AVERY, AUBURN | 26727 | T2 | 03/01/2014 / 07/01/2014 |
| | = | . 4 | |
| DE VERA, RON | 20256 | T2 | 07/01/2014 / 11/01/2014 |
| | | | |
| DULDULAO, TERRENCE | 28421 | T2 | 10/01/2015 / 02/01/2015 |
| | | | Ti Ti |
| DURIO, CHRISTOPHER | 27570 | T2 | 03/01/2015 / 07/01/2015 |
| | === | | II offi |
| GARCIA, JERRY | 29220 | T2 | 03/01/2014 / 07/01/2014 |
| GATES, TRAVIS | 25420 | T2 | 08/01/2015 / 12/01/2015 |
| GROSS, LINDSAY | 20911 | T2 | 09/01/2013 / 01/01/2016 |
| GUINN, BILL | 25464 | T2 | 09/01/2015 / 01/01/2015 |
| KIBLER, DAVID | 29790 | T2 | 10/01/2015 / 02/01/2015 |
| LEDOUX, ROBERT | 27860 | T2 | 04/01/2015 / 08/01/2015 |
| 5 11 11 7 | | | |
| | | | |
| MARTINDALE, HERB | 14403 | T2 | 11/01/2013 / 03/01/2014 |
| MAXWELL, KENT | 24773 | TI | 03/01/2014 / 09/01/2014 |
| McCAIN, MARTIN | 22218 | Т3 | 05/01/2014 / 09/01/2014 |
| MOSSBERG, RUSS | 29512 | Tl | 12/01/2014 / 04/01/2015 |
| | <u> </u> | | |

| RANGE RANDY | 24912 | Ti | 09/01/2014 / 02/01/20 |
|------------------|-------|----|------------------------|
| RENTERIA, ALEX | 27618 | T1 | 03/01/2015 / 07/01/20 |
| RUSH, MARK | 29803 | T2 | 03/01/2014 / 07/01/20 |
| | | | |
| SMYLES, CRAIG | 24821 | T2 | 09/01/2013 / 01/01/20 |
| SPENCER, JEFFREY | 25501 | T2 | 09/01/2015 / 01/01/20 |
| | | | |
| Bi = E | | | |
| MILLER, JAMES | 26662 | T2 | 03/01/2014 / 07/01/201 |
| VENTURA, LUIS | 27930 | T1 | 04/01/2015 / 08/01/201 |
| RENFRO, KENNETH | 34825 | Т2 | 09/01/2015 / 01/01/201 |
| | = - | | |
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| | | | |

B. Please list the State certified Water <u>Distribution</u> Operators employed by your water system that supervise and direct the operation of your distribution systems, beginning with the chief operator(s) ①.

| Name | Operator Number | Grade of Operator | Renewal/ Expiration Date |
|----------------------|--------------------|----------------------|-----------------------------|
| AVERY, AUBURN | 29352 | D3 | 7/1/2013 / 06/01/2014 |
| BEXLEY, DAVID | 38318 | D2 | 04/01/2015 / 08/01/2015 |
| BUCK, ANGELA | 33234 | D2 | 04/01/2013 / 08/01/2013 |
| CANDELARIA, JEREMIAH | 35611 | DI | 12/01/2015 / 04/01/2015 |
| CUSSIMONIO, SEAN | 30745 | D2 | 02/01/2015 / 06/01/2015 |
| | - | | |
| DE VERA, RON | 20200 | D5 | 08/01/2014 / 12/01/2014 |
| DULDULAO, TERRENCE | 31969 | D3 | 02/01/2015 / 06/01/2015 |
| DURIO, CHRISTOPHER | 30059 | D2 | 02/01/2014 / 06/01/2014 |
| | | _ | |
| FRANKLIN, CARL | 32904 | D2 | 01/01/2013 / 05/01/2013 |
| GARCIA, GERARDO | 18467 | D5 | 07/01/2013 / 11/01/2013 |
| | | | |

| GATES, TRAVIS | 20190 | D3 | 06/01/2015 / 10/01/2015 |
|-------------------|-------|----|-------------------------|
| 6 | | | |
| 6 | | | |
| GOETZELMAN, DAVID | 20191 | D2 | 08/01/2013 / I2/01/2013 |
| GONZALES, GARY | 36710 | D2 | 06/01/2015 / 10/01/2015 |
| GROSS, LINDSAY | 20182 | D5 | 02/01/2016 / 06/01/2016 |
| GUINN, BILL | 20213 | D5 | 12/01/2014 / 04/01/2015 |
| HENSON, TERRY | 34514 | DI | 01/01/2014 / 05/01/2014 |
| HOOD, KEITH | 32207 | D2 | 12/01/2015 / 04/01/2015 |
| | 2 | | You |
| IRICK, JEFFREY | 32573 | D3 | 10/01/2013 / 02/01/2014 |
| KIBLER, DAVID | 33001 | D2 | 06/01/2014 / 10/01/2014 |
| KREBS, JOSHUA | 34884 | D1 | 06/01/2014 / 10/01/2014 |
| LEDOUX, ROBERT | 20224 | D3 | 05/01/2015 / 09/01/2015 |
| | | | |
| MCCAIN, MARTIN | 9372 | D5 | 10/01/2015 / 02/01/2016 |
| MAXWELL, KENT | 35019 | D4 | 12/01/2014 / 03/01/2015 |
| MELENDEZ, JOE | 18768 | D2 | 09/01/2015 / 01/01/2016 |
| MILLER, JAMES | 19345 | D3 | 04/01/2015 / 08/01/2015 |
| MOSSBERG, RUSS | 28881 | D3 | 11/01/2013 / 03/01/2014 |
| | | | |
| RANGE RANDY | 20194 | D5 | 08/01/2013 / 12/01/2014 |
| RENTERIA, ALEX | 20212 | D2 | 08/01/2015 / 12/01/2015 |
| Renfro, Kenneth | 34825 | D2 | 09/01/2015 / 01/01/2016 |
| RUIZ, RENE | 18582 | D2 | 11/01/2015 / 03/01/2016 |
| RUSH, MARK | 28864 | D3 | 12/01/2014 / 04/01/2015 |
| SAMANO, JAMES | 35897 | D2 | 08/01/2015 / 12/01/2015 |
| SANDOVAL, MARTIN | 37013 | D2 | 06/01/2014 / 01/01/2015 |
| | | | |
| SMYLES, CRAIG | 18592 | D3 | 08/01/2013 / 12/01/2013 |
| SPENCER, JEFFREY | 8214 | D3 | 10/01/2013 / 02/01/2014 |
| TAUBE, TOBY | 7735 | D5 | 04/01/2014 / 08/01/2014 |
| Ventura, Luis | 20196 | D2 | 09/01/2014 / 01/01/2015 |
| | | | |
| 12 | | | |
| | | | |
| | | | |

COMMENTS: ②

11. 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:
 - · Adding a new source
 - · Changing the status of an existing source (for example, active to standby) or
 - · Changing or altering a source, such that the quality or quantity of water supply could be affected
- · Any addition or change in treatment, including
 - Design capacity
 - 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 2012 for which a permit was not obtained, please describe the improvements or modifications below.

N/A

Indicate any planned improvements or modifications for 2013. N/A

| COMMENTS: |) |
|-----------|---|
|-----------|---|

12. 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 | 0 | 0 | 0 | |
| Color | 0 | 0 | 0 | |
| Turbidity | 0 | 0 | 0 | |
| Visible Organisms | 0 | 0 | 0 | |
| Pressure (High or Low) | 0 | 0 | 0 | 1333 |
| Water Outages | 0 | 0 | 0 | |
| Ilinesses (Waterborne) | 0 = | 0 | 0 | |
| Other (Specify) | 0 | 0 = = | 0 = | |
| Total No. of Complaints* | 0 | 0 | 0 | |

^{*}Calculated field

To update totals click here

| COMMENTS: | D |
|-----------|---|
|-----------|---|

13. RECYCLED WATER USE®

| Recycled Water (RW) Use Sites | Total No. of Approved Sites as of Dec. 31, 2012 | No. of New Sites Approved in 2012 | No. of Sites Proposed for 2013 |
|----------------------------------|---|--------------------------------------|-----------------------------------|
| Irrigation, Agriculture | 0 | 0 | |
| Irrigation, Landscape | 0 | 0 | |
| Industrial | 0 | 0 | |

| Dual-plumbed ② (In-building) | 0 | 0 | " A I HEATEN |
|-------------------------------------|---|---|-----------------|
| Dual-plumbed (Single-family lot) | 0 | 0 | |
| Cooling Towers | 0 | 0 | - 6-18 11 21112 |
| Other | 0 | 0 | |
| Total* | 0 | 0 | 0 |
| To update totals click here | | | |

| Name of the recycled water coordinator: | N/A |
|--|-------------|
| Business Phone: | |
| Email address: | and a |
| How many inspections of recycled water use sites were conducted in 2012? | N/A |
| How many pressure/shutdown tests were performed in 2012? | N/A |
| Do all of your recycled water uses sites have an on-site supervisor? | -Pick one ▼ |
| How many recycled water uses sites do not have an on-site supervisor? | |

| | | | - |
|---------------|------|--|---|
| COMMENTS: (2) | | | |
| COMMENTS: | | | |

14. SYSTEM OPERATION - TREATMENT

A. GROUNDWATER TREATMENT (respond only if groundwater treatment is provided)

| Groundwater Treatment Plant Name | Capacity (MGD) | Type of Treatment | Date of Operations Plan | Is Operations Plan Current? (Y/N) |
|--|-------------------|----------------------|----------------------------|-----------------------------------|
| | | | | s v mill |
| | | | 4 | |
| Ш | | | | |
| | 100 1 1 | | | 130 1 |
| | := | 1= 1 | | |
| | | | | |

Describe any plant problems, process failures, major shutdowns, etc., that occurred in 2012 and substantially affected the plant performance AND/OR any significant modifications or maintenance provided to the plant(s):

B. SURFACE WATER TREATMENT (respond only if surface water treatment is provided)

| Surface water Treatment Plant Name | Capacity (MGD) | Type of Treatment | Date of Operations Plan | Is Operations Plan Current? (Y/N) |
|--|-------------------|----------------------|----------------------------|-----------------------------------|
| | | | | |
| | | | | |
| | | | | |

Describe any plant problems, process failures, major shutdowns, etc., that occurred in 2012 and substantially affected the plant performance AND/OR any significant modifications or maintenance provided to the plant(s):

| Date of current Emergency Disinfection Plan (EDP)*: | Dec 2011 | | |
|--|-------------------------------|--|--|
| *As required under Section 64660(c)(2). The EDP may be included in yo Operations Plan. If so, provide the Name and Date of those plans below: | | | |
| Name of Document that includes the Emergency Disinfection Plan: | Emergency Response Procedures | | |
| Date of document that includes the Emergency Disinfection Plan: | Dec 2011 | | |
| Date of last watershed sanitary survey report ①: | June 2008 | | |
| Date planned to complete next watershed sanitary survey report*: | | | |
| *As required under Section 64665, each watershed sanitary survey shall be updated at least every 5 years. | | | |

| CO | MM | ENT | rs. | (?) |
|----|----|-----|-----|------------|
| | | | | |

15. SYSTEM OPERATION - DISTRIBUTION

A. DEAD-END FLUSHING PROGRAM

| | Total No. | No. with | No. Flushed | Frequency of |
|---|-----------|----------|-------------|--------------|
| | in System | Blowoffs | in 2012 | Flushing |
| ĺ | 50 | 50 | 100 | Bi-Annual |

B. VALVE EXERCISE PROGRAM

| Size Range of Valves | Total No. in System | No. Exercised in 2012 | Frequency of Valve Exercising |
|-------------------------|---------------------|-----------------------|-------------------------------|
| 2" to 12" | 3232 | 158 | 5 Years |

C. STORAGE TANK/RESERVOIR INSPECTION/CLEANING PROGRAM

(Do not include pressure tanks)

| Tank name | Capacity (in million gallons, MG) | Year installed | Date of last inspection ② | Date of last cleaning | Date re-lined or coated |
|-----------------------|---|-------------------|---------------------------|--------------------------|----------------------------|
| Buttes Tank #1 | 1.28 | 1968 | April 2010 | April 2010 | 1993 |
| Buttes Tank #2 | 1.28 | 1968 | April 2010 | April 2010 | 1993 |
| Buttes Tank #3 | 1.0 | 1988 | April 2010 | April 2010 | 1993 |
| Well 38-3 (177th St.) | 0.1 | 1988 | April 2010 | April 2010 | 2001 |
| | | | | | |
| | 0 | | | | |

| - 1 | | ì | | | |
|-----|-------|---|----------|-----|--|
| - 1 | | | 1 | re- | |
| L | L | L | <u> </u> | 40 | |

D. SYSTEM PROBLEMS

| Type of Problem | No. of Problems | No. of Problems Investigated | No. of Problems Reported to CDPH | Brief Description of Cause and Corrective Action Taken |
|-------------------------------------|--------------------|------------------------------------|----------------------------------|---|
| Service Connection Breaks/ Leaks | 1 | 1 | | |
| Main Breaks/Leaks | 2 | 2 " " | 1 | |
| Water Outages 1 | 0 - :::= | 0 | | caracteristics and the second con- |
| Boil Water Orders | 0 | 0 | | |
| Total* | 3 | 3 | 0 | |
| To update totals click here | 3 | | THE SERVICE | |

| | | | | |
|-------------|--|--|------|------|
| | | | | |
| COMMENTS: ② | | | | |
| | | | | |
| | | | | |

16. EMERGENCY PREPAREDNESS AND RESPONSE

A. EMERGENCY RESPONSE PLANS

PUBLIC WATER SYSTEMS WITH AT LEAST 3,300 OR MORE PERSONS ARE REQUIRED TO REVIEW AND REVISE THEIR EMERGENCY RESPONSE PLAN TO ENSURE THAT THE PLANS ARE SUFFICIENT TO ADDRESS POSSIBLE DISASTER SCENARIOS.

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

Date of your current Emergency Response Plan:

Dec 2011

B. AUXILIARY POWER SUPPLY

Date ERP was last exercised with a tabletop or other activity:

| Does your water system have backup power for: | |
|--|----------------|
| 1. Sources: | Some |
| 2. Pumping Stations: | Some . |
| 3. Water Treatment Plants: | Not Applicable |
| If your system has backup power, how many times per year is it exercised? | 1 per month |
| Can your system maintain system pressure either by backup power or by storage during power outages of 2 hours or less? | Yes |
| Is your backup power system automatic or manual start?: | Manual Start |

| | | |
|-------------|------|------|
| COMMENTS: © | | |

17. WATER CONSERVATION AND DROUGHT PREPAREDNESS

| Date of your revised Drought Preparedness Plan, if any: | 3/3/2009 |
|---|----------|
| If you experienced water shortages in 2012, please estimate the amount of shortfall in millions of gallons: | N/A |

| Did drought conditions cause you to activate emergency standby wells in 2012? | No 🔽 |
|---|------------------------|
| Do you project water shortages in the current calendar year? | No 💌 |
| Did you implement NEW water conservation measures in 2012? | No 🗔 |
| If you implemented NEW water conservation measures in 2012, please estimate how much visitions of gallons: (MG) % reduction in demand | water was conserved in |
| Do you anticipate having to go to mandatory rationing in the upcoming year? | No 💌 |
| Do you routinely monitor the static water levels in your wells? | Yes |
| Do you routinely monitor the pumping water levels in your wells? | Yes |
| Are these levels recovering, declining or steady?: | Steady - |

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

| | | <u> </u> |
|--------------|--|----------|
| | | |
| COMMENTS:(?) | | |
| COMMENTS: | | |
| | | |

Disclosure: Be advised that Section 116725 and 116730 of the California Health and Safety Code states that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for each separate violations for each day that the violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in county jail not to exceed one year, or both the fine and imprisonment.

LOS ANGELES COUNTY WATERWORKS DISTRICTS Department of Public Works P.O. Box 1460 Alhambra, CA 91802-1460

DRAFT

SMALL WATER SYSTEM 2012 ANNUAL REPORT TO THE DRINKING WATER PROGRAM FOR YEAR ENDING DECEMBER 31, 2012

[Section 116530 Health & Safety Code]

| WATER SYSTEM INFORM | IATION |
|--|--|
| Water System No.: | CA1910025 |
| Water System Name: | LOS ANGELES CWWD 40 REG. 39-ROCK CREEK |
| Water System Classification: | Community Water System |
| Water System Ownership (See descriptions below): | Local Government |
| Physical location: (address line 1, address line 2, city, zip) | 260 East Avenue K-8 Lancaster 93535 |
| General Office Phone: ① (with area code) | 661-942-1157 |
| Web site address: | http://www.lacwaterworks.org |

Water System Ownership Descriptions:

- · Local Government: e.g., city, county, or special district, local school district, junior colleges, county or community parks, etc.
- State or Federal Government: e.g., state or national park, BLM, USFS and COE campgrounds and recreation facilities, state hospitals, State universities and colleges, California Veterans Home, County or District Fairs and Expositions, Caltrans rest stop, military base, other state or federal facility
- · Privately owned, non-PUC-regulated (Community Water System): e.g., mobile home park, apartment or condominium
- Privately owned business (non-community): e.g., church, private school, restaurant, amusement park, RV park/campground, motel, ranch/farm, factory, other business establishment

| REPORT SUBMITTE | D BY:⑦ |
|-----------------|--------------------------|
| Name: | Bing Hua |
| Title: | Associate Civil Engineer |
| Business phone: | 626-300-3337 |
| Cell phone: | |
| Email address: | bhua@dpw.lacounty.gov |

| | |
|------|------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

1. Public Water System Contacts ①

Click here to learn how to Modify, Add and Delete Contacts in the table below.

| NAME, TITLE & ADDRESS | PHONE TYPE | PHONE NO. | EMAIL | CONTACT (pick all that a | |
|------------------------|------------|--------------|-------------------------|---|-----------------|
| ARIKI, ADAM | Business | 626-300-3300 | aariki@dpw.lacounty.gov | ☐ ** Delete Contact ** ☐ Administrative | □ Operator |
| ASSISTANT DEPUTY DIR | Facsimile | 626-300-3385 | | □ Financial | ☑ Emergency |
| P.O. BOX 1460 | Mobile | 626-476-6703 | | ☐ Designated Operator In Charge | □ Water Quality |
| ALHAMBRA CA 91802-1460 | Emergency | il. | | □ Owner | ☑ Legal |

| | | 1 | | E A D I C C C C C C C C C C C C C C C C C C | |
|------------------------|-----------|--------------|--------------------------|---|-----------------|
| JONES, DAN | Business | 661-942-1157 | dajones@dpw.lacounty.gov | ► ** Delete Contact ** □ Administrative | □ Operator |
| REGIONAL SUPERINTEND | Facsimile | 661-723-7027 | | ☐ Financial | ☑ Emergency |
| P.O. BOX 1460 | Mobile | 661-400-3836 | 120200000 | ☑ Designated Operator In Charge | □ Water Qual |
| ALHAMBRA CA 91802-1460 | Emergency | | | Owner | □ Legal |
| | | | .15 1 | | |
| КІМ, ТЈ | Business | 626-300-3327 | tjkim@dpw.lacounty.gov | ☐ ** Delete Contact ** ☐ Administrative | □ Operator |
| SR. CIVIL ENGINEER | Facsimile | 626-300-3385 | l e mei i | □ Financial | |
| P.O. Box 1460 | Mobile | 626-476-2827 | | Designated Operator In Charge | ☑ Water Quali |
| ALHAMBRA CA 91802-1460 | Emergency | | | Owner | □ Legal |
| | | | | - Kin Are e | 5 - 1 - 21Ug |
| CHEN, TIMOTHY | Business | 626-300-3342 | tchen@dpw.lacounty.gov | □ ** Delete Contact ** □ Administrative | □ Operator |
| ASSOCIATE CIVIL ENGR | Facsimile | 626-300-3385 | | ☑ Financial | ☑ Emergency |
| P.O. BOX 1460 | Mobile | 626-297-3477 | | Designated Operator In Charge | □ Water Qualit |
| ALHAMBRA CA 91802-1460 | Emergency | | | □ Owner | □ Legal |
| | | | | 'ii | |
| AFFERTY, DAN | Business | 626-300-3302 | _dlaff@dpw.lacounty.gov | ☐ ** Delete Contact ** ☐ Administrative | □ Operator |
| ASST. DIVISION ENG. | Facsimile | 626-300-3385 | | ☐ Financial | ™ Emergency |
| O. BOX 1460 | Mobile | 626-476-0372 | | ☐ Designated Operator In Charge | □ Water Qualit |
| LHAMBRA CA 91802-1460 | Emergency | | | Owner | □ Legal |
| | | | <u> </u> | | |
| AVID, CRAIG | Business | 661-945-2423 | cdavid@dpw.lacounty.gov | □ ** Delete Contact ** □ Administrative | □ Operator |
| | Facsimile | | | ☐ Financial | ☑ Emergency |
| O. BOX 1460 | Mobile | 661-886-1673 | | ☐ Designated Operator In Charge | □ Water Quality |
| LHAMBRA CA 91802 | Emergency | | | Owner | □ Legal |
| | | | | | |
| ARTINDALE, HERB | Business | 661-726-7791 | hmartin@dpw.lacounty.gov | ** Delete Contact ** Administrative | □ Operator |
| EGIONAL SUPERINTEND | Facsimile | 661-723-7027 | _ = = | ☐ Financial | ☑ Emergency |
| O. Box 1460 | Mobile | 661-609-3109 | | ☑ Designated Operator In Charge | ☐ Water Quality |
| LHAMBRA CA 91802-1460 | Emergency |] | | □ Owner | □ Legal |
| | | | | | |
| | Business | | | ☐ ** Delete Contact ** ☐ Administrative | □ Operator |
| | Facsimile | Ė | | □ Financial | ☐ Emergency |
| 8 - | Mobile | | - | ☐ Designated Operator In Charge | □ Water Quality |
| | Emergency | | | □ Owner | □ Legal |
| d Additional Contact® | | | | (pick all that a | pply) |
| ontact Name | Business | Bus. # | Email Addr | □ Administrative | Operator |
| itle | Facsimile | Fax No | | ☐ Financial | Emergency |

| Mobile | Mob. # | -2nd Email Addr- | Designated Operator In Charge | □ Water Quality | |
|-----------|---------------------------------------|---|--|--|--|
| Emergency | Emer. # | Ziid Elliali Addi- | □ Owner | | |
| | | | (pick all the | nat apply) | |
| Business | Bus. # | 11 =00 | ☐ Administrative | □ Operator | |
| Facsimile | Fax No | Email Addr | □ Financial | □ Emergency | |
| Mobile | Mob. # | 2nd Fimail Addr | Designated Operator In Charge | □ Water Quality | |
| Emergency | Emer. # | Zha Eman Addi- | Owner | □ Legal | |
| | Emergency Business Facsimile Mobile | EmergencyEmer. # BusinessBus. # FacsimileFax No MobileMob. # | BusinessBus. # FacsimileFax No MobileMob. # 2nd Email AddrEmail AddrEmail Addr2nd Email Addr | Designated Coperator In Charge Coperat | |

2. POPULATION SERVED

| | | Annual Operating Period ③ | | | | |
|---------------------------|--------------|---------------------------|----|----------|----|--|
| Population Type | Population 🕥 | Begin Date | | End Date | | |
| | | MM | DD | MM | DD | |
| Residential ¹ | 921 | 1 | 1 | 12 | 31 | |
| Transient ² | | | | | | |
| Nontransient ³ | = | | | | | |

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

Descriptions:

¹Residential ② – 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.

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

³Nontransient ② – 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: ① | | | |
| COMMENTS. | | | |

3. NUMBER OF SERVICE CONNECTIONS (as of December 31, 2012)

A. Active Service Connections:

| Total Active Connections currently in CDPH database: | |
|--|-----|
| The total number of Service Connections as of December 31, 2012 must be reported as either <u>Unmetered</u> or <u>Metered</u> for each Service Connection Type as appropriate. | 342 |

| TYPE Do NOT report fire sprinkler connections. These connections are not counted toward "service connections" for compliance purposes. | Unmetered | Metered | Total* |
|--|-----------|---------|--------|
| Residential: single family homes, town homes, condominiums, apartments | 0 | 332 | 332 |
| Commercial: hotels, schools, hospitals, malls, shopping centers, retail stores, service shops, restaurants, parks (but not irrigation), office buildings, gas stations | 0 | 9 | 9 |
| Industrial: business parks, manufacturing, warehouses, utilities, assemblers | 0 | 0 | 0 |

| Agricultural (agricultural and non-agricultural irrigation services): farms, golf courses, roadways, park irrigation | 0 | 0 | 0 |
|---|---|-----|-----|
| Other (services that do not meet any of the above definitions): This service connection type is intended to be used by noncommunity systems such as churches, businesses, parks, schools and other public institutions that operate as an individual public water system and do not specifically have connections for which water rates are charged. | | 2 | 2 |
| Total Active Connections* | 0 | 343 | 343 |

*Calculated field

To update totals click here

| B. Number of Inactive Connections (all types) | |
|---|--|
| COMMENTS: | 7784-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |

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

GROUNDWATER SOURCES (INCLUDING STANDBY SOURCES)

| PSCode @ | Name | Activity ① |
|----------|---------|------------|
| 001 | WELL 01 | A |
| | | |
| | | |
| | | |
| | | |
| | | |

SURFACE WATER INTAKES

| PSCode @ | Name | Activity 3 |
|----------|--------------------------|------------|
| 003 | WWD40R24 INTERCONNECTION | Α |
| | | |
| | | |
| | | |
| | | |
| | . 17 | |

DISCUSS CHANGES TO ABOVE SOURCES®

If a STANDBY SOURCE was used in 2012, provide the following information.

| Name of the Standby Source used in 2012: | No. of days the Standby Source was in operation: | Were customers notified? | Was CDPH or Local County Staff notified? (Y/N) | Describe the reason the Standby Source was used: |
|--|---|--------------------------|---|--|
| | | В | | |

| | - Lu - | = _ = | |
|-------------|--------|-------|--|
| COMMENTS: ① | | | |

5. FINISHED WATER PRODUCED, PURCHASED AND SOLD

The Maximum Day is the day during 2012 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 2012 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: Acre-feet (AF)

Volumes are based on: METERED VOLUMES 💌

| A B | | В | C | D | E | F |
|---------------|------------------|----------------|---------------|---------------------------------|---------------------------------|--------------------------------|
| | | Water Produced | | Water Purchased or | Total | Water Sold |
| | | Groundwater | Surface Water | Received from another PWS | Amount of Water ² | to another PWS ³ |
| Maximum D | ay ^t | N/A | N/A | 0 | 0 | 0 |
| Date: | N/A | | N/A | | | |
| Maximum Month | | 00.77 | 11 = = = | | 20.77 | |
| Month: | June | 28.77 | 0 | 0 | 28.77 | 0 |
| Annual Total | 1 | 232.61 | 0 | 0 | 232.61 | 0 |
| Percent Treat | ted ³ | | | | | |

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.

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

To update totals click here

³This is the percentage of the annual volume for each water type (Groundwater, Surface Water, and Purchased/Received) that was provided treatment to meet drinking water standards other than precautionary disinfection.

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

| Specify whether water was Purchased or Sold | Name of PWS |
|---|-------------|
| | |
| | |
| | |

| 00 | | 4T33 | iona | |
|----|-----|-----------|------|----|
| CO | MIN | TE POLITY | 115 | :w |

6. WATER RATES

Indicate the type of water rate structure 20 used by your water system: Flat Base Rate + Variable Usage Rate

¥

What is your billing frequency (1) bi-monthly

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

| Connection Type | FLAT BASE UNIFORM USAGE RATE | | VARIABLE BASE RATE (provide range) | | VARIABLE USAGE RATE (provide range) | |
|--------------------------------|------------------------------|---------------|---------------------------------------|----------|--|--------------------|
| \$ (Base) | | \$ per hcf @ | \$ Low | \$ High | \$ per hcf Low | \$ per hef High |
| RESIDENTIAL 3 | | | | | | |
| Residential | 27.63 | 1.89 | medi | | 1.70 | 2.83 |
| Multi-residential | 27.63 | 1.89 | | 10 501 | 1.70 | 2.83 |
| Additional Residential | 27.63 | 1.89 | ' , - HE | = . II | 1.70 | 2.83 |
| Do you provide life | line/low income | subsidies? No | | | | HI WIE |
| If Yes, provide rates: | = 11 | | 1 313 | IE | 2 112 | 9. 7 P -= |
| NON-RESIDENTIA | AL ② | | 9 (2) | 511 | | |
| General | 27.63 | 1.89 | Se right | · = - | 1.70 | 2.83 |
| Commercial | 27.63 | 1.89 | _ 11 (21) | | 1.70 | 2.83 |
| Industrial | 27.63 | 1.89 | Ш | - Ju | 1.70 | 2.83 |
| Agricultural | 27.63 | 1.89 | H 1 | Ш | 1.70 | 2.83 |
| Government | 27.63 | 1.89 | | 1 | 1.70 | 2.83 |
| Other | 27.63 | 1.89 | | | 1.70 | 2.83 |
| Additional Non- residential | 27.63 | 1.89 | | II II | 1.70 | 2.83 |
| Do you have fire sup | ression surcharg | ges? No 🔻 | | | | |
| If Yes, provide rates: | | | | | 13 | |
| Do you have other su | rcharges? Yes | ⊽ | | | | |
| f Yes, provide rates: | v == | 0.090 | | 12 | | |

AVERAGE MONTHLY RESIDENTIAL WATER COST: 53.45\$/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 service 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: 1 | | |

7. WATER QUALITY

ANNUAL NITRATE SAMPLING

Regulations require a minimum of annual sampling for nitrate. If any nitrate result is >= 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 2012 from each source? | Yes |
|--|-----|
|--|-----|

NOTE: If there were any sources that were not monitored because they were offline during 2012, you must contact your local regulatory agency to avoid an enforcement action for failure to monitor.

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: | 2002 |
|---|------|
| COMMENTS: ① | |

8. WATER TREATMENT

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

If treatment was added or changed in any way in 2012, 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? | Ū |
|---|---|
|---|---|

If you have any questions on the requirements related to indirect additives, you may contact your local regulatory agency.

| COMMENTS: (2) | | |
|---------------|--|-----|
| COMMENTS: | | = = |

9. CROSS-CONNECTION CONTROL @

| | Total Number in System | Number Installed in 2012 | Number Tested in 2012 | Number Failed in 2012 | Number Repaired/ Replaced |
|---|------------------------------|--------------------------------|-----------------------------|-----------------------------|---------------------------------|
| Backflow Assemblies ② on the Service Connections or Meter | 7 | 0 | 0 | 0 | 0 |
| Backflow Assemblies On-site but not on the Service Connections or Meter | 0 | 0 | 0 | 0 | 0 |
| Air-gap Separation ② | 0 | 0 | | | _= |

| No. of Inactive Backflow Prevention Assemblies in water system in 2012 : | 2 |
|--|-----------|
| Date of last cross-connection control survey done on the system: | As needed |

| | | | | rage 8 QI |
|--|--------------------|----------------------|----------------------------|-------------------------------|
| Name of designated Cross Connection Control Program Coordinator: | | | David Young | |
| Describe any cross-connection incidents ① that occurred during 2012: | | | | |
| No Cross Connection Incidents | | | | |
| COMMENTS: ① | | | | |
| 10. CONSUMER CONFIDENCE REPORT ② (does not apply to Tra | | | | CAL REGULATORY AGENCY |
| BY JULY 1, 2013. CERTIFICATION MUST BE SUBMITTED TO YOUR LOCAL REGULATION HISTORY 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 control of the c | | | OCTOBER 1, 2013 | 3, STATING THAT THE 2012 |
| Indicate the date your 2012 CCR was distributed or will be distributed to your | customers: | 07/01 | /2013 mm/dd/yyyy | |
| COMMENTS: ② | | | | |
| A. Please list the State certified Water <u>Treatment Plant</u> Operators employed b water treatment plants, beginning with the chief operator(s). Name | Operator | Grade of | Expiration Date | 7 |
| | Number | Operator | MM/DD/YYYY | 4 |
| Please See Operator Certification list from the report for System# CA1910005 | | | | |
| | | | | |
| | ī | | | |
| | | | | |
| Please list the State certified Water <u>Distribution</u> Operators employed by you estem, beginning with the chief operator(s). | r water syste | m that super | vise and direct the o | peration of your distribution |
| Name | Operator Number | Grade of Operator | Expiration Date MM/DD/YYYY | |
| Please See Operator Certification list from the report for System# CA1910005 | | | | = = |
| | | | | |
| | | | | |
| | - | | | |
| | | | | |

12. WATER SYSTEM IMPROVEMENTS

COMMENTS:

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:
 - · Adding a new source
 - · Changing the status of an existing source (for example, active to standby) or
 - · Changing or altering a source, such that the quality or quantity of water supply could be affected
- · Any addition or change in treatment, including
 - Design capacity
 - 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 2012 for which a permit was not obtained, please describe the improvements or modifications below. N/A

Indicate any planned improvements or modifications for 2013. $N\!/A$

| CON | 484 | TO NO | TC. | (2) |
|-----|-------|-------|------|-----|
| CO | VI IV | F.N | 1.5: | U |

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 | 1 | 1 5 | | |
| Color | 0 | 0 | | |
| Turbidity | 0 | 0 | | |
| Visible Organisms | 0 | 0 | | |
| Pressure (High or Low) | 0 | 0 | | |
| Water Outages | 0 | 0 | | |
| Illnesses (Waterborne) | 0 | 0 | | |
| Other (Specify) | 0 | 0 | | |
| Total No. of Complaints* | I | I | 0 | |

^{*}Calculated field

To update totals click here

| CO | MA | ATTER? | VT | S:O |
|-----|----------|--------|--------------|------|
| CU. | LV S I V | T FJ | 4 I i | 3. · |



14. SYSTEM PROBLEMS

| Type of Problem | No. of Problems | No. of Problems Investigated | No. of Problems Reported to CDPH | Brief Description of Cause and Corrective Action Taken |
|-------------------------------------|--------------------|------------------------------------|---|---|
| Service Connection Breaks/ Leaks | 1 | 1 | | |
| Main Breaks/Leaks | 25 | 25 | | |
| Water Outages ② | 0 | 0 | | |

| Boil Water Orders | 0 | 0 | | |
|-------------------|----|----|---|-----|
| Total* | 26 | 26 | 0 | - 7 |

To update totals click here

COMMENTS:

Output

Description:

Disclosure: Be advised that Section 116725 and 116730 of the California Health and Safety Code states that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for each separate violations for each day that the violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in county jail not to exceed one year, or both the fine and imprisonment.

LOS ANGELES COUNTY WATERWORKS DISTRICTS

Department of Public Works P.O. Box 1460 Alhambra, CA 91802-1460 DRAFT

LARGE WATER SYSTEM 2012 ANNUAL REPORT TO THE DRINKING WATER PROGRAM FOR YEAR ENDING DECEMBER 31, 2012

[Section 116530 Health & Safety Code]

| WATER SYSTEM INFORM | ATION | |
|---|--|-------------------|
| Water System No.: | CA1910203 | The second second |
| Water System Name: | LOS ANGELES CWWD 40, R24, 27,33-PEARBLSM | N-= |
| Water System Ownership (See descriptions below): | Local Government | - |
| Physical location: (address line 1, address line 2, city, zip) Note: <u>NO</u> P.O. Box | 260 East Avenue K-8 Lancaster 93535 | |
| General Office Phone: ① (with area code) | 661-942-1157 | |
| Web site address: | http://www.lacwaterworks.org | Lucit-U-fe |

Water System Ownership Descriptions:

- · Local Government: e.g., city, county, or special district, local school district, junior colleges, county or community parks, etc.
- State or Federal Government: e.g., state or national park, BLM, USFS and COE campgrounds and recreation facilities, state hospitals, State universities and colleges, California Veterans Home, County or District Fairs and Expositions, Caltrans rest stop, military base, other state or federal facility
- Privately owned, non-PUC-regulated (Community Water System): e.g., mobile home park, apartment or condominium
- Privately owned business (non-community): e.g., church, private school, restaurant, amusement park, RV park/campground, motel, ranch/farm, factory, other business establishment

| REPORT SUBMITTE | D BY: ① | |
|-----------------|--------------------------|-----|
| Name: | Bing Hua | |
| Title: | Associate Civil Engineer | = 0 |
| Business phone: | 626-300-3337 | |
| Cell phone: | | |
| Email address: | bhua@dpw.lacounty.gov | ** |

| COMMENTS: ① | |
|-------------|--|

1. Public Water System Contacts ②

Click here to learn how to Modify, Add and Delete Contacts in the table below.

| NAME, TITLE & ADDRESS | PHONE TYPE | PHONE NO. | EMAIL | CONTACT TYPE (pick all that apply) ② | | |
|---|------------|--|----------|--------------------------------------|-----------------|--|
| RIKI, ADAM Business 626-300-3300 aariki@dpw.lacounty.gov | | ☐ ** Delete Contact ** ✓ Administrative | Operator | | | |
| ASSISTANT DEPUTY DIR | Facsimile | 626-300-3385 | | ☐ Financial | ☑ Emergency | |
| P.O. BOX 1460 | Mobile | 626-476-6703 | | Designated Operator In Charge | □ Water Quality | |
| ALHAMBRA CA 91802-1460 | Emergency | | | □ Owner | ☑ Legal | |

| кім, тј | Business | 626-300-3327 | tjkim@dpw.Iacounty.gov | T ** Delete Contact ** | □ Operator |
|------------------------|-----------|------------------|---------------------------|---|--------------------|
| SR. CIVIL ENGINEER | Facsimile | 626-300-3385 | | ☐ Financial | ☑ Emergency |
| P.O. Box 1460 | Mobile | 626-476-2827 | erroll a local | ☐ Designated Operator In Charge | ☑ Water Quality |
| ALHAMBRA CA 91802-1460 | Emergency | THE STATE OF THE | and the second second | □ Owner | □ Legal |
| | | XI _ X _ Kir | | | |
| CHEN, TIMOTHY | Business | 626-300-3342 | tchen@dpw.lacounty.gov | □ ** Delete Contact ** □ Administrative | □ Operator |
| ASSOCIATE CIVIL ENGR | Facsimile | 626-300-3385 | | ☑ Financial | ☑ Emergency |
| P.O. BOX 1460 | Mobile | 626-297-3477 | | ☐ Designated Operator In Charge | ☑ Water Quality |
| ALHAMBRA CA 91802-1460 | Emergency | * | | □ Owner | □ Legal |
| | | t and s | · mg u. an — | and the second second | Tierra |
| LAFFERTY, DAN | Business | 626-300-3302 | dlaff@dpw.lacounty.gov | ☐ ** Delete Contact ** ☐ Administrative | ☐ Operator |
| ASST. DIVISION ENG. | Facsimile | 626-300-3385 | | ☐ Financial | E Emergency |
| P.O. BOX 1460 | Mobile | 626-476-0372 | | Designated Operator In Charge | □ Water Quality |
| ALHAMBRA CA 91802-1460 | Emergency | | | □ Owner | □ Legal |
| | | | | | |
| DAVID, CRAIG | Business | 661-945-2423 | _ cdavid@dpw.lacounty.gov | ☐ ** Delete Contact ** ☐ Administrative | □ Operator |
| = n | Facsimile | | | ☐ Financial | |
| P.O. BOX 1460 | Mobile | 661-886-1673 | | ☐ Designated Operator In Charge | □ Water Quality |
| ALHAMBRA CA 91802 | Emergency | | | □ Owner | □ Legal |
| | | | | Telegraph Type Sale | |
| MARTINDALE, HERB | Business | 661-726-7791 | hmartin@dpw.lacounty.gov | ☐ ** Delete Contact ** ☐ Administrative | □ Operator |
| REGIONAL SUPERINTEND | Facsimile | 661-723-7027 | | ☐ Financial | ☑ Emergency |
| P.O. Box 1460 | Mobile | 661-609-3109 | | ☑ Designated Operator In Charge | □ Water Quality |
| LHAMBRA CA 91802-1460 | Emergency | | | □ Owner | [Legal |
| | 1 | | | | |
| | Business | n - | | ☐ ** Delete Contact ** ☐ Administrative | □ Operator |
| * | Facsimile | | | ☐ Financial | ☐ Emergency |
| = | Mobile | | | ☐ Designated Operator In Charge | ☐ Water Quality |
| | Emergency | | | □ Owner | □ Legal |
| | | | | T vilvasias III III =0 | III III — HI AI |
| | Business | | | □ ** Delete Contact ** □ Administrative | ☐ Operator |
| E.C.I. | Facsimile | 1 | | ☐ Financial | ☐ Emergency |
| | Mobile | | | Designated Operator In Charge | ☐ Water Quality |
| | Emergency | | | □ Owner | [Legal |
| dd Additional Contact® | | | 141 | (pick all that a | pply) |
| Contact Name | Business | Bus. # | Email Addr | ☐ Administrative | ☐ Operator |
| Fitle | Facsimile | Fax No | | ☐ Financial | □ Emergency |

| Address Line 1 Address Line 2 | Mobile | Mob. # | 2nd Email Addr- | Designated Operator In Charge | ☐ Water Quality |
|----------------------------------|-----------|---------|--------------------|-------------------------------|-----------------|
| CitySTZip | Emergency | Emer. # | Ziid Ebiaii Addi- | □ Owner | □ Legal |
| Add Additional Contact? | | | | (pick all ti | nat apply) |
| Contact Nanie | Business | Bus. # | - 11 | ☐ Administrative | □ Operator |
| Title | Facsimile | Fax No | Email Addr | ☐ Financial | ☐ Emergency |
| Address Line 1 Address Line 2 | Mobile | Mob. # | 2nd Email Addr- | Designated Operator In Charge | □ Water Quality |
| CitySTZip | Emergency | Emer. # | Ziid Eiliali Addi- | Owner | □Legal |

2. POPULATION SERVED

| Permanent population (from latest US Census or finance data) or number of long-term residents*: | 9822 |
|---|---------|
| residents . | - 10:19 |

^{*}Long-term resident means someone who resides within the water system service area for more than half of the year.

| | All |
|--|---|
| Seasonal Maximum Population (If applicable): | |

Provide season 3:

| Begin | Date | End | Date |
|-------|------|-----|------|
| ММ | DD | MM | DD |
| 01 | 01 | 12 | 31 |

| COMMENTS: ② | | |
|-------------|--|--|
| | | |

3. NUMBER OF SERVICE CONNECTIONS (as of December 31, 2012)

A. Active Service Connections:

| Total Active Connections currently in CDPH database: | |
|--|------|
| The total number of Service Connections as of December 31, 2012 must be reported as either <u>Unmetered</u> or <u>Metered</u> for each Service Connection Type as appropriate. | 2759 |

| TYPE Do NOT report fire sprinkler connections. These connections are not counted toward "service connections" for compliance purposes. | Unmetered | Metered | Total* |
|---|-----------|---------|--------|
| Residential: single family homes, town homes, condominiums, apartments | 0 | 2689 | 2689 |
| Commercial: hotels, schools, hospitals, malls, shopping centers, retail stores, service shops, restaurants, parks (but not irrigation), office buildings, gas stations | 0 | 76 | 76 |
| Industrial: business parks, manufacturing, warehouses, utilities, assemblers | 0 | 2 | 2 |
| Agricultural (agricultural and non-agricultural irrigation services): farms, golf courses, roadways, park irrigation | 0 | · 0 | 0 |
| Other (services that do not meet any of the above definitions): This service connection type is intended to be used by noncommunity systems such as churches, businesses, parks, schools and other public institutions that operate as an | | 1 | 1 |

| individual public water system and do not specifically have connections for which water rates are charged. | | | |
|--|---|------|------|
| Total Active Connections* | 0 | 2768 | 2768 |

*Calculated field

To update totals click here

B. Number of Inactive Connections (all types)

COMMENTS: 3

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

| Туре | Total No. Approved (by permit) | Total No. New/ Added in 2012 | Total No. Inactivated in 2012 | Total No. Abandoned/ Destroyed in 2012 |
|---|--------------------------------------|---------------------------------------|-------------------------------------|---|
| Active Groundwater Intakes (Wells) | 5 | 0 | | |
| Active Surface Water Intakes (Raw) | 0 | 0 | Refl X 4 U | ا جافعيلين ا |
| Active Purchased Water (GW) Connections | 0 | 0 | | |
| Active Purchased Water (SW) Connections | 2 | 0 | | |
| Standby Sources¹ ② | 0 | 0 | 11_ | |
| Emergency Interconnections | 0 | 0 | | Tarrey. |
| Inactive Wells ² | Ē-E | | ned L | |

¹If a standby source ② was used in 2012, provide the following information.

| Name of the Standby Source used in 2012: | No. of days the Standby Source was in operation: | Were customers notified? | Was CDPH notified? (Y/N) | Describe the reason the 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.

COMMENTS: 3

5. FINISHED WATER PRODUCED, PURCHASED AND SOLD

The <u>Maximum Day</u> is the day during 2012 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 <u>Maximum Month</u> is the month during 2012 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: Acre-feet (AF)

Volumes are based on: METERED VOLUMES 💌

| | A | В | С | D | E | F |
|--------------------------|------------------|-------------|----------------|---------------------------------|---------------------------------|-----------------------------|
| | | Water | Water Produced | | Total | Water Sold |
| | | Groundwater | Surface Water | Received from another PWS | Amount of Water ² | to another PWS ³ |
| Maximum Day ¹ | | - N/A | 0 | N/A | | |
| Date: | N/A | N/A | | IV/A | 0 | 0 |
| Maximun | n Month | 102.11 | 0 | 252.20 | 255 20 | |
| Month: | June | 102.11 | | 253.28 | 355.39 | 0 = |
| Annual Total | I | 1064.83 | 0 | 1376.03 | 2440.86 | 0 |
| Percent Treat | ted ³ | 1 10 | | | | =2. |

PWS = Public Water System

To update totals click here

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

| Specify whether water was <i>Purchased</i> or <i>Sold</i> | Name of PWS |
|---|--|
| Purchased | Antelope Valley East Kern Water Agency |
| | |
| | |

| COMMENTS: 2 | | | |
|-------------|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

6. WATER RATES

Indicate the type of water rate structure ② used by your water system: Variable Base Rate + Variable Usage Rate

What is your billing frequency (2) bi-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 @ | \$ per hcf \$ Low \$ High | | \$ per hcf Low | \$ per hcf High |
| RESIDENTIAL 3 | | | | | | • |
| Residential | | | 19.06 | 20.91 | 0.99 | 1.64 |
| Multi-residential | | | 19.06 | 20.91 | 0.99 | 1.64 |
| Additional Residential | | | 19.06 | 20.91 | 0.99 | 1.64 |
| Do you provide lifelin | e/low income s | ubsidies? | No : | 1 | <u></u> | <u> </u> |

¹Only 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

³This is the percentage of the annual volume for each water type (Groundwater, Surface Water, and Purchased/Received) that was provided treatment to meet drinking water standards other than precautionary disinfection.

| If Yes, provide rates: | | | | | | |
|--------------------------------|-------------|-------------|------------|------|------|--|
| NON-RESIDENTIAL ② | | | | | | |
| General | _ | 19.06 | 20.91 | 0.99 | 1.64 | |
| Commercial | | 19.06 | 20.91 | 0.99 | 1.64 | |
| Industrial | _ | 19.06 | 20.91 | 0.99 | 1.64 | |
| Agricultural | | 19.06 | 20.91 | 0.99 | 1.64 | |
| Government | | 19.06 | 20.91 | 0.99 | 1.64 | |
| Other | | 19.06 | 20.91 | 0.99 | 1.64 | |
| Additional Non- residential | | 19.06 | 20.91 | 0.99 | 1.64 | |
| Do you have fire supression | surcharges? | No | No 🔽 | | | |
| If Yes, provide rates: | - Lilen | | | | | |
| Do you have other surcharge | es? | Facility Co | nstruction | 17 - | - in | |
| If Yes, provide rates: | 0.090 | | | | | |

AVERAGE MONTHLY RESIDENTIAL WATER COST: 53.45\$/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 service 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 | | |
|-------------|--|---|
| | | _ |

7. WATER QUALITY

ANNUAL NITRATE SAMPLING

Regulations require a minimum of annual sampling for nitrate. If any nitrate result is >= 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 2012 from each source? | Yes |
|--|-----|
|--|-----|

NOTE: If there were any sources that were not monitored because they were offline during 2012, you must contact your local regulatory agency to avoid an enforcement action for failure to monitor.

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).

| F ¹¹ | |
|---|--------------|
| Date of current bacteriological sample siting plan: | Februay 1999 |

DIRECT ADDITIVES

Pursuant to Section 64590, 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 this water system. If you are not sure whether a chemical you are using meets this standard, contact the manufacturer or distributor of the chemical.

| Name of Chemical | Name of Manufacturer | Purpose of using chemical | Chemical is ANSI/NSF Standard 60 certified ② (Y/N) | Use initiated in 2012 ⑦ (Y/N) |
|----------------------|-------------------------|---------------------------|--|-------------------------------|
| Chlorine | Varies | Disinfection | Y | - N |
| Sodium Hypochlorite | Hasa Chemical | Disinfection | Y | N |
| Calcium Hypochlorite | PPG | Disinfection | Y | N |
| 11 12 1 | 11 12 12 | A = = = | | |

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 additives, you may contact your local regulatory agency.

| | | |
|-------------|------|--|
| COMMENTS: 1 | | |
| | | |

8. CROSS-CONNECTION CONTROL 3

| | Total Number in System | Number Installed in 2012 | Number Tested in 2012 | Number Failed in 2012 | Number Repaired/ Replaced |
|--|------------------------------|--------------------------------|-----------------------------|-----------------------------|---------------------------------|
| Backflow Assemblies ⑦ on the Service Connections or Meter | 29 | 1 | 26 | 9 | 9 |
| Backflow Assemblies On- site but not on the Service Connections or Meter | 0 | 0 | 0 | 0 | 0 |
| Air-gap Separation ② | 0 | 0 | | | |

| No. of Inactive Backflow Prevention Assemblies in water system in 2012 ①: | | | 0 |
|---|-------------------------|------------------------------|--------------------------------------|
| Date of last cross-connection control survey done on the system: | | | As Needed |
| Cross Connection Control | Program Coordinator | 12 | |
| Name: | | | David Young |
| Certification Number: | | | N/A |
| Business Phone: | dyoung@dpw.lacounty.gov | | |
| Certification or training | received: USC FCCCHR C | ross Connection Control Spec | cialist Certification (January 2010) |

Describe any cross-connection incidents 19 that occurred during 2012:

No Cross Connection Incidents

| | | | |
|-----------|------|------|--|
| COMMENTS: | | | |

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

THE 2012 CCR MUST BE DISTRIBUTED TO YOUR CUSTOMERS AND A COPY SUBMITTED TO YOUR LOCAL REGULATORY AGENCY BY JULY 1, 2013.

CERTIFICATION MUST BE SUBMITTED TO YOUR LOCAL REGULATORY AGENCY BY OCTOBER 1, 2013, STATING THAT THE 2012 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/certlic/drinkingwater/Pages/CCR.aspx

| Indicate the date your 2012 | CCR was distributed or v | vill be distributed to your customers: | 07/01/2013 mm/dd/yyyy |
|-----------------------------|--------------------------|--|-----------------------|

PUBLIC WATER SYSTEMS THAT SERVE 100,000 OR MORE PERSONS ARE REQUIRED TO POST THEIR CCR ON THE INTERNET.

If your water system serves 100,000 or more persons, indicate the date the CCR was or will be posted to the Internet:

If applicable, please provide the URL link to the CCR posted on the Internet:

| | | | | _ |
|--------|-------------|----------|------|-----|
| \sim | BAK. | ALIEN N | ITS: | .രാ |
| | II V B II V | OR IPAIN | | |

10. OPERATOR CERTIFICATION

A. Please list the State certified Water <u>Treatment Plant</u> Operators employed by your water system that supervise and direct the operation of your water treatment plants, beginning with the chief operator(s) ②.

| Name | Operator Number | Grade of Operator | Renewal/ Expiration Date |
|--|--------------------|----------------------|-----------------------------|
| Please See Operator Certification list from the report for System# CA1910005 | | | |
| | | | |
| | 1. | | |
| | | | |
| | | | |

B. Please list the State certified Water <u>Distribution</u> Operators employed by your water system that supervise and direct the operation of your distribution systems, beginning with the chief operator(s) ②.

| Name | Operator Number | Grade of Operator | Renewal/ Expiration Date |
|--|--------------------|----------------------|-----------------------------|
| Please See Operator Certification list from the report for System# CA1910005 | | | |
| 1 | | 14 | |
| 50 | | | |
| | | | |
| | | | |

| | | |
|-------------|------|------|
| COMMENTS: 7 | | |

11. 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:
 - · Adding a new source

- · Changing the status of an existing source (for example, active to standby) or
- · Changing or altering a source, such that the quality or quantity of water supply could be affected
- · Any addition or change in treatment, including
 - Design capacity
 - 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 2012 for which a permit was not obtained, please describe the improvements or modifications below.

N/A

Indicate any planned improvements or modifications for 2013. N/A

| ~~ | | VTS∙Ø |
|--------|----------|---------|
| ('() | INTENTER | VIX (7) |

12. 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 | 0 | 0 | <u>- 1</u> | The Section of Market Street |
| Color | 0 | 0 | | 41.97.67 |
| Turbidity | 0 | 0 | - - - - - - - | The second second second |
| Visible Organisms | 0 | 0 | <u>l</u> | |
| Pressure (High or Low) | 0 | 0 | | |
| Water Outages | 0 | 0 | | |
| Illnesses (Waterborne) | 0 | 0 | | |
| Other (Specify) | 0 | 0 | (0) | |
| Total No. of Complaints* | 0_ | 0 | 0 | |

^{*}Calculated field

To update totals click here

| COMMENTS: | ⑦ |
|-----------|----------|
|-----------|----------|

13. RECYCLED WATER USE®

| Recycled Water (RW) Use Sites | Total No. of Approved Sites as of Dec. 31, 2012 | No. of New Sites Approved in 2012 | No. of Sites Proposed for 2013 |
|-------------------------------------|---|--------------------------------------|-----------------------------------|
| Irrigation, Agriculture | 0 | 0 | |
| Irrigation, Landscape | 0 = | 0 | |
| Industrial | = 0 | 0 | |
| Dual-plumbed ② (In-building) | 0 | 0 | |
| Dual-plumbed (Single-family lot) | 0 | 0 | |
| Cooling Towers | 0 | 0 | |
| Other | 0 | 0 | |

| Total* | 0 | 0 | 0 |
|------------------------------------|--------------------------------|---|---------------|
| To update totals click here | | | |
| Name of the recycled water coord | inator: | | N/A |
| Business Phone: | | | |
| Email address: | | | |
| How many inspections of recycled | water use sites were conduct | ted in 2012? | N/A |
| How many pressure/shutdown test | N/A | | |
| Do all of your recycled water uses | -Pick one- | | |
| How many recycled water uses site | es do not have an on-site supe | ervisor? | |
| COMMENTS: ① | | 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | 1(在在14年25年2日) |

14. SYSTEM OPERATION - TREATMENT

A. GROUNDWATER TREATMENT (respond only if groundwater treatment is provided)

| Groundwater Treatment Plant Name | Capacity (MGD) | Type of Treatment | Date of Operations Plan | Is Operations Plan Current? (Y/N) |
|--|-------------------|----------------------|----------------------------|-----------------------------------|
| Littlerock (Region 27) | 2.0 | Nitrate Blending | | Y |
| | | | ri I | |
| | | = | | |
| | | | | |
| | | | | |
| = | | | 4+ | _ |

Describe any plant problems, process failures, major shutdowns, etc., that occurred in 2012 and substantially affected the plant performance AND/OR any significant modifications or maintenance provided to the plant(s):

B. SURFACE WATER TREATMENT (respond only if surface water treatment is provided)

| Surface water Treatment Plant Name | Capacity (MGD) | Type of Treatment | Date of Operations Plan | Is Operations Plan Current? (Y/N) |
|--|-------------------|----------------------|----------------------------|-----------------------------------|
| | | | | |
| | | | | |
| | | | | |
| lh a | | | | |
| | П | | | |
| | | | | |

Describe any plant problems, process failures, major shutdowns, etc., that occurred in 2012 and substantially affected the plant performance AND/OR any significant modifications or maintenance provided to the plant(s):

| Date of current Emergency Disinfection Plan (EDP)*: | Dec 2011 |
|---|------------------------------------|
| *As required under Section 64660(c)(2). The EDP may be included in you Operations Plan. If so, provide the Name and Date of those plans below: | |
| Name of Document that includes the Emergency Disinfection Plan: | Emergency Response Procedures |
| Date of document that includes the Emergency Disinfection Plan: | Dec 2011 |
| Date of last watershed sanitary survey report ②: | Nov 2008 |
| Date planned to complete next watershed sanitary survey report*: | |
| *As required under Section 64665, each watershed sanitary survey shall be | be updated at least every 5 years. |

| | | | - |
|----------|-------|---------|------|
| $C \cap$ | A A F | A IP NI | TS:① |
| - | | | |

15. SYSTEM OPERATION – DISTRIBUTION

A. DEAD-END FLUSHING PROGRAM

| | Total No. | No. with | No. Flushed | Frequency of |
|---|-----------|----------|-------------|--------------|
| | in System | Blowoffs | in 2012 | Flushing |
| Γ | 24 | 24 | 48 | Bi-Annual |

B. VALVE EXERCISE PROGRAM

| Size Range of Valves | Total No. in System | No. Exercised in 2012 | Frequency of Valve Exercising |
|-------------------------|---------------------|-----------------------|-------------------------------|
| 2" to 12" | 1705 | 21 | 5 Years |

C. STORAGE TANK/RESERVOIR INSPECTION/CLEANING PROGRAM

(Do not include pressure tanks)

| Tank name | Capacity (in million gallons, MG) | Year installed | Date of last inspection ① | Date of last cleaning | Date re-lined or coated |
|-------------------------|---|-------------------|---------------------------|--------------------------|----------------------------|
| 116th Street | 0.50 | N/A | Feb-04 | Feb-04 | N/A |
| 116th Street and Ave. U | 3.30 | 1997 | Mar-04 | Mar-04 | 1999 |
| Little Rock | 1.00 | 1996 | May-05 | May-05 | N/A |
| | | | | | |
| | 5 | | | | |

D. SYSTEM PROBLEMS

| Type of Problem | No. of Problems | No. of Problems Investigated | No. of Problems Reported to CDPH | Brief Description of Cause and Corrective Action Taken |
|-------------------------------------|--------------------|------------------------------------|---|---|
| Service Connection Breaks/ Leaks | 0 | 0 | | |

| Main Breaks/Leaks | 2 | 2 | | |
|---------------------------|---|---|---|----|
| Water Outages ② | 0 | 0 | | |
| Boil Water Orders | 0 | 0 | | |
| Total* | 2 | 2 | 0 | |
| To update totals click he | | | | 12 |

| | the state of the s | |
|-------------|--|--|
| COMMENTS: ② | | |
| COMMENTS: | | |

16. EMERGENCY PREPAREDNESS AND RESPONSE

A. EMERGENCY RESPONSE PLANS

PUBLIC WATER SYSTEMS WITH AT LEAST 3,300 OR MORE PERSONS ARE REQUIRED TO REVIEW AND REVISE THEIR EMERGENCY RESPONSE PLAN TO ENSURE THAT THE PLANS ARE SUFFICIENT TO ADDRESS POSSIBLE DISASTER SCENARIOS.

| Do you have an Emergency Response Plan (ERP) that addresses the procedures for the restoration of water service for your water system? | Yes |
|--|------------|
| Date of your current Emergency Response Plan: | Dec 2011 |
| Date ERP was last exercised with a tabletop or other activity: | L-Auguster |

B. AUXILIARY POWER SUPPLY

| Does your water system have backup power for: | |
|--|------------------|
| 1. Sources: | Some |
| 2. Pumping Stations: | Some |
| 3. Water Treatment Plants: | Not Applicable • |
| If your system has backup power, how many times per year is it exercised? | 12 per year |
| Can your system maintain system pressure either by backup power or by storage during power outages of 2 hours or less? | Yes |
| Is your backup power system automatic or manual start?: | Manual Start |

| COMMENTS: 3 | | |
|-------------|--|--|
| COMMENTS. | | |
| | | |

17. WATER CONSERVATION AND DROUGHT PREPAREDNESS

| Date of your revised Drought Preparedness Plan, if any: | 3/3/2009 |
|--|--------------|
| If you experienced water shortages in 2012, please estimate the amount of shortfall in millions of gallons: | N/A |
| Did drought conditions cause you to activate emergency standby wells in 2012? | No 💌 |
| Do you project water shortages in the current calendar year? | No |
| Did you implement NEW water conservation measures in 2012? | No 🔻 |
| If you implemented NEW water conservation measures in 2012, please estimate how much water was a millions of gallons: (MG) % reduction in demand | conserved in |

| Do you anticipate having to go to mandatory rationing in the upcoming year? | No 💌 |
|---|----------|
| Do you routinely monitor the static water levels in your wells? | Yes |
| Do you routinely monitor the pumping water levels in your wells? | Yes |
| Are these levels recovering, declining or steady?: | Steady • |

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

| COMMENTS: ① | A took to interpret and institute from a | |
|-------------|--|--|
| <u> </u> | | |

Disclosure: Be advised that Section 116725 and 116730 of the California Health and Safety Code states that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for each separate violations for each day that the violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in county jail not to exceed one year, or both the fine and imprisonment.

LOS ANGELES COUNTY WATERWORKS DISTRICTS
Department of Public Works
P.O. Box 1460
Alhambra, CA 91802-1460

LARGE WATER SYSTEM 2012 ANNUAL REPORT TO THE DRINKING WATER PROGRAM FOR YEAR ENDING DECEMBER 31, 2012

[Section 116530 Health & Safety Code]

| Water System No.: | CA1910070 |
|---|--|
| Water System Name: | LOS ANGELES CO WW DIST Reg. 4 & 34-LANCASTER |
| Water System Ownership (See descriptions below): | Local Government |
| Physical location: (address line 1, address line 2, city, zip) Note: <u>NO</u> P.O. Box | 260 East Avernue K-8 Lancaster 93535 |
| General Office Phone: (with area code) | 661-942-1157 |
| Web site address: | http://www.lacwaterworks.org |

Water System Ownership Descriptions:

- · Local Government: e.g., city, county, or special district, local school district, junior colleges, county or community parks, etc.
- State or Federal Government: e.g., state or national park, BLM, USFS and COE campgrounds and recreation facilities, state hospitals, State universities and colleges, California Veterans Home, County or District Fairs and Expositions, Caltrans rest stop, military base, other state or federal facility
- · Privately owned, non-PUC-regulated (Community Water System): e.g., mobile home park, apartment or condominium
- Privately owned business (non-community): e.g., church, private school, restaurant, amusement park, RV park/campground, motel, ranch/farm, factory, other business establishment

| REPORT SUBMITTE | D BY: ① |
|-----------------|--------------------------|
| Name: | Bing Hua |
| Title: | Associate Civil Engineer |
| Business phone: | 626-300-3337 |
| Cell phone: | |
| Email address: | bhua@dpw.lacounty.gov |

| ľ | | | | |
|---|-------------|-------------|--|------|
| ı | COMMENTS: 1 | | | |

1. Public Water System Contacts ①

Click here to learn how to Modify, Add and Delete Contacts in the table below.

| NAME, TITLE & ADDRESS | PHONE TYPE | PHONE NO. | EMAIL | CONTACT TYPE (pick all that apply) | | |
|------------------------|------------|--------------|-------------------------|--|--------------------|--|
| ARIKI, ADAM | Business | 626-300-3300 | aariki@dpw.lacounty.gov | ✓ ** Delete Contact ** ✓ Administrative | Operator | |
| ASSISTANT DEPUTY DIR | Facsimile | 626-300-3385 | 0.1 | ☐ Financial | ▼ Emergency | |
| P.O. BOX 1460 | Mobile | 626-476-6703 | | Designated Operator In Charge | □ Water Quality | |
| ALHAMBRA CA 91802-1460 | Emergency | | | Owner | ☑ Legal | |

| кім, тј | Business | 626-300-3327 | tjkim@dpw.lacounty.gov | □ ** Delete Contact ** □ Administrative | □ Operator |
|-------------------------------------|-----------------------|--------------|--------------------------|---|-------------------------------------|
| SR. CIVIL ENGINEER | Facsimile | 626-300-3385 | 1 | ☐ Financial | ☑ Emergency |
| P.O. Box 1460 | Mobile | 626-476-2827 | | Designated Operator In Charge | ₩ Water Quality |
| ALHAMBRA CA 91802-1460 | Emergency | | | □ Owner | □ Legal |
| | | | | | |
| CHEN, TIMOTHY | Business | 626-300-3342 | tchen@dpw.lacounty.gov | ☐ ** Delete Contact ** ☐ Administrative | □ Operator |
| ASSOCIATE CIVIL ENGR | Facsimile | 626-300-3385 | | Financial | Emergency |
| P.O. BOX 1460 | Mobile | 626-297-3477 | | Designated Operator In Charge | □ Water Quality |
| ALHAMBRA CA 91802-1460 | Emergency | , = | | □ Owner | П Legal |
| | | | | | |
| LAFFERTY, DAN | Business | 626-300-3302 | _dlaff@dpw.lacounty.gov | ☐ ** Delete Contact ** ☐ Administrative | ☐ Operator |
| ASST. DIVISION ENG. | Facsimile | 626-300-3385 | | ☐ Financial | Emergency |
| P.O. BOX 1460 | Mobile | 626-476-0372 | | ☐ Designated Operator In Charge | Water Quality |
| ALHAMBRA CA 91802-1460 | Emergency | | | □ Owner | □ Legal |
| | 8 | | | | |
| DAVID, CRAIG | Business | 661-945-2423 | cdavid@dpw.lacounty.gov | ☐ ** Delete Contact ** ☐ Administrative | □ Operator |
| п | Facsimile | | cdavid@dpw.iacounty.gov | Financial | ▼ Emergency |
| P.O. BOX 1460 | Mobile | 661-886-1673 | | C Designated Operator In Charge | □ Water Quality |
| ALHAMBRA CA 91802 | Emergency | | | □ Owner | □ Legal |
| | | | | 5 | |
| MARTINDALE, HERB | Business | 661-726-7791 | hmartin@dpw.lacounty.gov | ** Delete Contact ** Administrative | □ Operator |
| EGIONAL SUPERINTEND | Facsimile | 661-723-7027 | 73 | ☐ Financial | ► Emergency |
| O. Box 1460 | Mobile | 661-609-3109 | W II | Designated Operator In Charge | □ Water Quality |
| LHAMBRA CA 91802-1460 | Emergency | | | □ Owner | □ Legal |
| | | | | П | |
| | Business | | | □ ** Delete Contact ** □ Administrative | □ Operator |
| | Facsimile | | | ☐ Financial | Emergency |
| | Mobile | | * | ☐ Designated Operator In Charge | □ Water Quality |
| | Emergency | | | Γ Owner | □ Legal |
| | | | | | |
| | | | | ** Delete Contact ** | Operator |
| | Business | | | ☐ Administrative | , Operator |
| | Business Facsimile | | | Financial | Emergency |
| | | | | | |
| | Facsimile | | | ☐ Financial ☐ Designated | Emergency |
| d Additional Contact® | Facsimile Mobile | | | Financial Designated Operator In Charge | □ Emergency □ Water Quality □ Legal |
| ld Additional Contact Contact Name | Facsimile Mobile | Bus. # | -Email Addr | ☐ Financial ☐ Designated Operator In Charge ☐ Owner | □ Emergency □ Water Quality □ Legal |

| Address Line 1 Address Line 2 | Mobile | Mob. # | 2nd Email Addr- | Designated Operator In Charge | □ Water Quality | |
|----------------------------------|-----------|---------|--------------------|---------------------------------|-----------------|--|
| CitySTZip | Emergency | Emer. # | Zild Elliali Addi- | Owner | □ Legal | |
| Add Additional Contact® | | | | (pick all that apply) | | |
| Contact Name | Business | Bus. # | | ☐ Administrative | □ Operator | |
| Title | Facsimile | Fax No | Email Addr | ☐ Financial | Emergency | |
| Address Line 1 Address Line 2 | Mobile | Mob. # | 2nd Email Addr- | C Designated Operator In Charge | □ Water Quality | |
| CitySTZip | Emergency | Emer. # | 2nd Eman Addr- | □ Owner | □ Legal | |
| COMMENTS: ① | | | | | | |

2. POPULATION SERVED

| Permanent population (from latest US Census or finance data) or number of long-term residents*: | 149848 |
|---|--------|
| | |

*Long-term resident means someone who resides within the water system service area for more than half of the year.

Seasonal Maximum Population (If applicable):

Provide season ①:

| Begin | Date | End | Date |
|-------|------|-----|------|
| MM | DD | MM | DD |
| 01 | 01 | 12 | 31 |

COMMENTS: ①

3. NUMBER OF SERVICE CONNECTIONS (as of December 31, 2012)

A. Active Service Connections:

Total Active Connections currently in CDPH database:

The total number of Service Connections as of December 31, 2012 must be reported as either Unmetered or Metered for each Service Connection Type as appropriate.

45524

| TYPE Do NOT report fire sprinkler connections. These connections are not counted toward "service connections" for compliance purposes. | Unmetered | Metered | Total* |
|--|-----------|---------|--------|
| Residential: single family homes, town homes, condominiums, apartments | 0 | 45524 | 45524 |
| Commercial: hotels, schools, hospitals, malls, shopping centers, retail stores, service shops, restaurants, parks (but not irrigation), office buildings, gas stations | 0 | 3340 | 3340 |
| <u>Industrial:</u> business parks, manufacturing, warehouses, utilities, assemblers | 0 | 67 | 67 |
| Agricultural (agricultural and non-agricultural irrigation services): farms, golf courses, roadways, park irrigation | 0 | 0 | 0 |
| Other (services that do not meet any of the above definitions): This service connection type is intended to be used by noncommunity systems such as churches, businesses, parks, schools and other public institutions that operate as an | | 39 | 39 |

| individual public water system and do not specifically have com- water rates are charged. | nections for which | | | |
|--|--------------------|---|-------|-------|
| Total Active Connections* | = = | 0 | 48970 | 48970 |

*Calculated field

To update totals click here

| B. Number of Inactive Connections (all types) | |
|---|--|
|---|--|

COMMENTS:

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

| Туре | Total No. Approved (by permit) | Total No. New/ Added in 2012 | Total No. Inactivated in 2012 | Total No. Abandoned/ Destroyed in 2012 |
|---|--------------------------------|---------------------------------------|-------------------------------------|---|
| Active Groundwater Intakes (Wells) | 45 | 1 | 0 | 0 |
| Active Surface Water Intakes (Raw) | 0 | 0 | 0 | 0 |
| Active Purchased Water (GW) Connections | 0 | 0 | 0 | 0 |
| Active Purchased Water (SW) Connections | 11 | 0 | 0 | 0 |
| Standby Sources' ① | 2 | 0 | 0 | 0 |
| Emergency Interconnections | 2 | 0 | 0 | 0 |
| Inactive Wells ² | 0 | | 0 | 0 |

¹If a standby source ② was used in 2012, provide the following information.

| Name of the Standby Source used in 2012: | No. of days the Standby Source was in operation: | Were customers notified? | Was CDPH notified? (Y/N) | Describe the reason the 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.

| | _ ~ | AEN' | _ |
|------------------|------------|---------|------------------|
| <i>('</i> ' ' ' | ina /alina | ALL: NI | [7] |
| | | | |

5. FINISHED WATER PRODUCED, PURCHASED AND SOLD

The <u>Maximum Day</u> is the day during 2012 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 <u>Maximum Month</u> is the month during 2012 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: Acre-feet (AF)

Volumes are based on: METERED VOLUMES •

| | A | В | C | D | E | F |
|---------------|-------------------|-------------|----------------|---------------------------------|---------------------------------|--------------------------------|
| | | Water | Water Produced | | Total | Water Sold |
| | | Groundwater | Surface Water | Received from another PWS | Amount of Water ² | to another PWS ³ |
| Maximum l | Day ¹ | N/A | NIA | 27/4 | | |
| Date: | N/A | N/A | N/A | N/A | 0 | 0 |
| Maximum Month | | 2002 72 | | 4000 40 | | |
| Month: | June | 2092.79 | 0 | 4072.40 | 6165.19 | 0 |
| Annual Tota | al | 17674.22 | 0 | 29451.65 | 47125.87 | 0 |
| Percent Trea | ated ³ | | | | | |

PWS = Public Water System

To update totals click here

*

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

| Specify whether water was <i>Purchased</i> or <i>Sold</i> | Name of PWS |
|---|--|
| Purchased | Antelope Valley East Kern Water Agency |
| | П |
| | |

| COMMENTS: ① | | |
|-------------|--|--|

6. WATER RATES

Indicate the type of water rate structure ① used by your water system: Variable Base Rate + Variable Usage Rate

What is your billing frequency (1) bi-monthly

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

| Connection Type | FLAT BASE RATE | UNIFORM USAGE RATE | | E BASE RATE ide range) | 1 | LE USAGE ovide range) |
|---|----------------------|-----------------------|--------|---------------------------|-------------------|--------------------------|
| | \$ (Base) | \$ per hcf ① | \$ Low | \$ High | \$ per hcf Low | \$ per hcf High |
| RESIDENTIAL ① | | | | | | <u> </u> |
| Residential | | | 17.57 | 20.32 | 0.89 | 2.66 |
| Multi-residential | | | 17.57 | 20.32 | 0.89 | 2.66 |
| Additional Residential | | | 17.57 | 20.32 | 0.89 | 2.66 |
| Do you provide lifeline/low income subsidies? | | | No 3 | | | |

¹Only 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

³This is the percentage of the annual volume for each water type (Groundwater, Surface Water, and Purchased/Received) that was provided treatment to meet drinking water standards other than precautionary disinfection.

| If Yes, provide rates: | | | | | | | |
|--------------------------------|-------------------|-------------|------------|------|------|--|--|
| NON-RESIDENTIAL ① | | | | | | | |
| General | | 17.57 | 20.32 | 0.89 | 2.66 | | |
| Commercial | | 17.57 | 20.32 | 0.89 | 2.66 | | |
| Industrial | | 17.57 | 20.32 | 0.89 | 2.66 | | |
| Agricultural | | 17.57 | 20.32 | 0.89 | 2.66 | | |
| Government | | 17.57 | 20.32 | 0.89 | 2.66 | | |
| Other | | 17.57 | 20.32 | 0.89 | 2.66 | | |
| Additional Non- residential | | 17.57 | 20.32 | 0.89 | 2.66 | | |
| Do you have fire supre | ssion surcharges? | No | No ▼ | | | | |
| If Yes, provide rates: | | | | | | | |
| Do you have other surcharges? | | Facility Co | nstruction | | | | |
| If Yes, provide rates: | 0.090 | | | | | | |

AVERAGE MONTHLY RESIDENTIAL WATER COST: 53.45\$/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 service 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".

| - 1 | | | |
|-----|-------------|-----------------|--|
| | COMMENTS: ① | | |
| - 1 | | | |

7. WATER QUALITY

ANNUAL NITRATE SAMPLING

Regulations require a minimum of annual sampling for nitrate. If any nitrate result is >= 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 2012 from each source? | Yes <u>▼</u> |
|--|--------------|
| | <u> </u> |

NOTE: If there were any sources that were not monitored because they were offline during 2012, you must contact your local regulatory agency to avoid an enforcement action for failure to monitor.

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: | December 2009 |
|---|---------------|
| | |

DIRECT ADDITIVES

Pursuant to Section 64590, 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 this water system. If you are not sure whether a chemical you are using meets this standard, contact the manufacturer or distributor of the chemical.

| Name of Chemical | Name of Manufacturer | Purpose of using chemical | Chemical is ANSI/NSF Standard 60 certified ① (Y/N) | Use initiated in 2012 (Y/N) |
|----------------------|-------------------------|---------------------------|--|-----------------------------|
| Chlorine | Varies | Disinfection | Y | N |
| Sodium Hypochlorite | Hasa Chemical | Disinfection | Y | N |
| Calcium Hypochlorite | PPG | Disinfection | Y | N |
| | | | | |

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.

| standard? | Yes ▼ |
|---|--------------------|
| If you have any questions on the requirements related to indirect additives, you may contact your local | regulatory agency. |

| | | |
|---|------|--|
| | | |
| 1 | | |
| | | |
| | | |

COMMENTS: 1

8. CROSS-CONNECTION CONTROL 3

| | Total Number in System | Number Installed in 2012 | Number Tested in 2012 | Number Failed in 2012 | Number Repaired/ Replaced |
|--|------------------------------|--------------------------------|-----------------------------|-----------------------------|---------------------------------|
| Backflow Assemblies ① on the Service Connections or Meter | 2127 | 47 | 1617 | 215 | 212 |
| Backflow Assemblies On- site but not on the Service Connections or Meter | 0 | 0 | 0 | 0 | 0 |
| Air-gap Separation ① | 1 | 1 | | | |

| No. of Inactive Backflow | Prevention Assemblies in w | rater system in 2012 ①: | 279 |
|--|----------------------------|-------------------------|-------------------------|
| Date of last cross-connection control survey done on the system: | | August 2008 | |
| Cross Connection Control | Program Coordinator | | |
| Name: | | | David Young |
| Certification Number: | | | N/A |
| Business Phone: | 626-300-4680 | Email Address: | dyoung@dpw.lacounty.gov |

Describe any <u>cross-connection</u> incidents **1** that occurred during 2012:

| COMMENTS: | |
|-----------|--|
| | |

THE 2012 CCR MUST BE DISTRIBUTED TO YOUR CUSTOMERS AND A COPY SUBMITTED TO YOUR LOCAL REGULATORY AGENCY BY JULY 1, 2013.

CERTIFICATION MUST BE SUBMITTED TO YOUR LOCAL REGULATORY AGENCY BY OCTOBER 1, 2013, STATING THAT THE 2012 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/certlic/drinkingwater/Pages/CCR.aspx

| Indicate the date your 2012 CCR was distributed or will be distributed to your customers: | 07/01/2013 mm/dd/yyyy |
|---|-----------------------|
| | 1 |

PUBLIC WATER SYSTEMS THAT SERVE 100,000 OR MORE PERSONS ARE REQUIRED TO POST THEIR CCR ON THE INTERNET.

| If your water system serves 100,000 or more persons, indicate the date the CCR was or will be posted to the Internet: | 07/01/2013 |
|---|------------|
| If applicable, please provide the URL link to the CCR posted on the Internet: http://dpw.lacounty.gov/wwd/web/YourWater/AnnualWaterQualityReports.aspx | |
| COMMENTS: 1 | |

10. OPERATOR CERTIFICATION

A. Please list the State certified Water <u>Treatment Plant Operators</u> employed by your water system that supervise and direct the operation of your water treatment plants, beginning with the chief operator(s) ①.

| Name | Operator Number | Grade of Operator | Renewal/ Expiration Date |
|--|--------------------|----------------------|-----------------------------|
| Please See Operator Certification list from the report for System# CA1910005 | | | |
| | | | |
| | | | 2401172 |
| | | | |
| | | | |

B. Please list the State certified Water <u>Distribution</u> Operators employed by your water system that supervise and direct the operation of your distribution systems, beginning with the chief operator(s) ②.

| Name | Operator Number | Grade of Operator | Renewal/ Expiration Date |
|--|--------------------|----------------------|-----------------------------|
| Please See Operator Certification list from the report for System# CA1910005 | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | |
|-------------|-----------------|------|
| COMMENTS: ① | | |
| | | |
| | | |

11. 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:

- · Adding a new source
- · Changing the status of an existing source (for example, active to standby) or
- Changing or altering a source, such that the quality or quantity of water supply could be affected
- · Any addition or change in treatment, including
 - · Design capacity
 - 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 2012 for which a permit was not obtained, please describe the improvements or modifications below.

Avenue J and Trevor Avenue Pump Station: This project involves the upgrade of existing pump station facilities located in the Lancaster community. The new pump station is located near the intersection of Avenue J and Trevor Avenue and will involve the replacement of two older, less reliable pumps with four more efficient pumps that will improve the reliability of the water supply system and its flexibility. The pump station will also be able to support two new wells that were recently installed at the site. Construction was completed January 2012. Beech Avenue Watermain Replacement: This project involves replacing about 3200 linear feet of existing 10-inch diameter asbestos-cement waterline with a 12-inch diameter ductile iron pipeline. The replacement line will span the length of Beech Avenue between Avenue J and Lancaster Boulevard in downtown Lancaster and will require about 85 existing service connections and nine fire hydrant connections to be transferred to the new line. This project was completed in October 2012. Beech Avenue Watermain Replacement: This project involves replacing about 3200 linear feet of existing 10-inch diameter asbestos-cement waterline with a 12-inch diameter ductile iron pipeline. The replacement line will span the length of Beech Avenue between Avenue J and Lancaster Boulevard in downtown Lancaster and will require about 85 existing service connections and nine fire hydrant connections to be transferred to the new line. This project was completed in October 2012.

Indicate any planned improvements or modifications for 2013.

Avenue K 36-Inch Transmission Main Phase II: This project is the second of four phases, and consists of constructing approximately 8,000 L.F. of 36-inch-diameter steel water transmission main along Avenue K between 5th Street East and 20th Street East in Lancaster. This new segment of transmission main will improve the water service reliability in the 2555 pressure zone of the Lancaster water distribution system. This project is scheduled to begin in April 2013 10th Street West Transmission Main Phase IIIA: This project consists of installing approximately 1,360 linear feet of 30-inch diameter steel transmission main and appurtenances along 10th Street West in Lancaster. The proposed water main joins the existing 30-inch-diameter water main at Lancaster Boulevard and travels north along 10th Street West terminating at the intersection of 10th Street West and Jackman Street. This phase will help close a transmission loop encompassing Avenue K, Avenue H, 10th Street West, and 20th Street East, thus improving transmission capacity within the 2555 pressure zone. The project is currently scheduled for construction in September 2013. North Los Angeles/Kern County Regional Recycled Water Project (RRWP). The overall scope of the RRWP includes the construction of a recycled water backbone distribution system to provide recycled water to the cities of Lancaster, Palmdale, and surrounding unincorporated communities in the Antelope Valley. The proposed facilities for this phase of the recycled water system include approximately 48,000 linear feet of pipeline, a 9,200-gallon-per-minute pump station, and a 3-million-gallon storage tank. The recycled water will be used for irrigation and other non-potable uses at commercial, industrial, and recreation facilities. This project is currently in the design phase and it is expected to start construction in the fall of 2013.

| COMMENTS: ① | | | |
|--|--|--|--|
| | | | |
| COMMINACIONAL COMINACIONAL COMMINACIONAL COMMINACIONAL COM | | | |

12. 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 | 0 | 0 | | 10 |
| Color | 34 | 34 | | |
| Turbidity | 0 | 0 | | |
| Visible Organisms | 0 | 0 | | |
| Pressure (High or Low) | 0 | 0 | | |
| Water Outages | 0 | 0 | | |
| Illnesses (Waterborne) | 0 | 0 | | |
| Other (Specify) | | | | |
| Total No. of Complaints* | 34 | 34 | 0 | |

| *Cal | cu | atec | itiel | d |
|------|----|------|-------|---------|
| Τo | un | fate | total | s click |

To update totals click here

| 1 | COMMENTS: ① | |
|---|-------------|-------|
| Į | COMMENTS: | |
| 1 | | |
| ٦ | | _ |

13. RECYCLED WATER USE®

| Recycled Water (RW) Use Sites | Total No. of Approved Sites as of Dec. 31, 2012 | No. of New Sites Approved in 2012 | No. of Sites Proposed for 2013 |
|--|---|--------------------------------------|-----------------------------------|
| Irrigation, Agriculture | 0 | | |
| Irrigation, Landscape | 0 | | |
| Industrial | 0 | | |
| Dual-plumbed ① (In-building) | 0 | | |
| Dual-plumbed (Single-family lot) | 0 | | |
| Cooling Towers | 0 | | |
| Other | 0 | | |
| Total* | 0 | 0 | 0 |

To update totals click here

| Name of the recycled water coordinator: | |
|--|----------|
| Business Phone: | |
| Email address: | |
| How many inspections of recycled water use sites were conducted in 2012? | |
| How many pressure/shutdown tests were performed in 2012? | |
| Do all of your recycled water uses sites have an on-site supervisor? | Pick one |
| How many recycled water uses sites do not have an on-site supervisor? | |

| COMMENTS: 1 | | | |
|-------------|--|--|--|
| | | | |

14. SYSTEM OPERATION - TREATMENT

A. GROUNDWATER TREATMENT (respond only if groundwater treatment is provided)

| Groundwater Treatment Plant Name | Capacity (MGD) | Type of Treatment | Date of Operations Plan | Is Operations Plan Current? (Y/N) |
|--|-------------------|----------------------|----------------------------|---|
| M7W | 4.3 | Arsenic Blending | | Y |
| M5E | 6.8 | Arsenic Blending | | Y |
| AVE J | 5.0 | Arsenic Blending | | Y |
| LANDMARK | 2.0 | Arsenic Blending | | Y |
| FAIRGROUND | 2.5 | Arsenic Blending | | Y |
| K8&DIV | 2.1 | Arsenic Blending | | Y |
| K8&5W | 6.5 | Arsenic Blending | | Y |

Describe any plant problems, process failures, major shutdowns, etc., that occurred in 2012 and substantially affected the plant performance AND/OR any significant modifications or maintenance provided to the plant(s):

B. SURFACE WATER TREATMENT (respond only if surface water treatment is provided)

| Surface water Treatment Plant Name | Capacity (MGD) | Type of Treatment | Date of Operations Plan | Is Operations Plan Current? (Y/N) |
|--|-------------------|----------------------|----------------------------|---|
| | | | | |
| | 9,87 | | | |
| | | | | * |
| | | | | |
| | | | | |
| | EX. | | | |

Describe any plant problems, process failures, major shutdowns, etc., that occurred in 2012 and substantially affected the plant performance AND/OR any significant modifications or maintenance provided to the plant(s):

| Date of current Emergency Disinfection Plan (EDP)*: | Dec 2011 |
|--|--|
| *As required under Section 64660(c)(2). The EDP may be included in you Operations Plan. If so, provide the Name and Date of those plans below:. | ur water system's Emergency Response Plan or |
| Name of Document that includes the Emergency Disinfection Plan: | Emergency Response Procedures |
| Date of document that includes the Emergency Disinfection Plan: | Dec 2011 |
| Date of last watershed sanitary survey report ①: | Dec 2008 |
| Date planned to complete next watershed sanitary survey report*: | |
| *As required under Section 64665, each watershed sanitary survey shall b | be updated at least every 5 years. |

| 1 | COMMENTS: ① | | | |
|---|-------------|--|--|--|
| Į | | | | |

15. SYSTEM OPERATION - DISTRIBUTION

A. DEAD-END FLUSHING PROGRAM

| Total No. | No. with | No. Flushed | Frequency of |
|-----------|----------|-------------|--------------|
| in System | Blowoffs | in 2012 | Flushing |
| 1414 | 1414 | 2800 | Bi-Annual |

B. VALVE EXERCISE PROGRAM

| Size Range of Valves | Total No. in System | No. Exercised in 2012 | Frequency of Valve Exercising |
|-------------------------|---------------------|-----------------------|-------------------------------|
| 2" to 48" | 20300 | 1365 | 5 Years |

C. STORAGE TANK/RESERVOIR INSPECTION/CLEANING PROGRAM

(Do not include pressure tanks)

| Tank name | Capacity (in million gallons, MG) | Year installed | Date of last inspection ② | Date of last cleaning | Date re-lined or coated |
|----------------------------------|---|-------------------|---------------------------|--------------------------|----------------------------|
| Beverly Martin | 0.05 | 1967 | Apr-10 | Apr-10 | 1967 |
| Centennial | 0.30 | 1989 | Oct-09 | Oct-09 | 1994 |
| H8-17W, Waterbag | 2.00 | 1959 | N/A | N/A | N/A |
| H-8 Division, Fairground Tank #1 | 1.00 | 1958 | Sep-08 | Sep-08 | 1993 |
| H-8 Division, Fairground Tank #2 | 0.70 | 1953 | Sep-08 | Sep-08 | 1993 |
| J-Trevor Tank #1 | 0.50 | 1964 | Oct-09 | Oct-09 | 1998 |
| J-Trevor Tank #2 | 0.50 | 1964 | Oct-09 | Oct-09 | 1998 |
| J4-15W, Hospital Tank #1 | 0.40 | 1957 | Oct-09 | Oct-09 | 1996 |
| J4-15W, Hospital Tank #2 | 0.50 | 1955 | Oct-09 | Oct-09 | 1996 |
| J8-37E, Eastside 1 | 0.20 | 1990 | Oct-09 | Oct-09 | 2001 |
| J12-50W | 0.50 | 1959 | Oct-06 | Oct-06 | N/A |
| K8-5W | 0.29 | 1988 | Oct-09 | Oct-09 | N/A |
| K8-Div Tank #1 | 1.00 | 1953 | Jan-13 | Jan-13 | 1993 |
| K8-Div Tank #2 | 0.50 | 1953 | Jan-13 | Jan-13 | 1993 |
| K8-Div Tank #3 | 0.50 | 1953 | Jan-13 | Jan-13 | 1993 |
| Landmark | 0.34 | 1989 | Oct-09 | Oct-09 | N/A |
| M-5E Tank #1 | 3.00 | 1993 | Jan-13 | Jan-13 | 1991 |
| M-5E Tank #2 | 3.00 | 1993 | Sep-08 | Sep-08 | N/A |
| M-5E Tank #3 | 3.00 | 1993 | Sep-08 | Sep-08 | N/A |
| M-7W Tank #1 | 1.00 | 1965 | Jan-13 | Jan-13 | 1993 |
| M-7W Tank #2 | 3.40 | 1967 | Jan-13 | Jan-13 | 1994 |
| M-7W Tank #3 | 3.50 | 1973 | Jan-13 | Jan-13 | 1996 |
| M8-75W Tank #1 | 1.70 | 1963 | Oct-06 | Oct-06 | 1995 |
| M8-75W Tank #2 | 3.00 | 1993 | Oct-06 | Oct-06 | N/A |
| Nugent-27E, Eastside 2 | 0.40 | 1991 | Mar-11 | Mar-11 | 2001 |
| Old Timer | 0.20 | 1982 | Mar-11 | Mar-11 | 2001 |
| Rancho Vista Tank #1 | 3.80 | 1988 | Oct-06 | Oct-06 | N/A |
| Rancho Vista Tank #2 | 3.80 | 1988 | Oct-06 | Oct-06 | N/A |
| William Fox Field | 0.10 | N/A | N/A | N/A | 2001 |
| City Ranch North | 2.50 | 1991 | N/A | N/A | 2001 |
| O4-Div | 0.96 | 1988 | Oct-09 | Oct-09 | N/A |
| P-10W Tank #1 | 1.00 | 1988 | Oct-07 | Oct-07 | N/A |
| P-10W Tank #2 | 1.00 | 1971 | Oct-07 | Oct-07 | N/A |
| Q9-10W Tank #1 | 0.50 | N/A | Oct-07 | Oct-07 | 1996 |
| Q9-10W Tank #2 | 0.50 | N/A | Oct-07 | Oct-07 | 1996 |
| Tierra Subida Tank #1 | 2.80 | 1988 | May-05 | May-05 | N/A |
| Tierra Subida Tank #2 | 2.00 | 1988 | May-05 | May-05 | N/A |

| Kohl's Tank | : | 3.00 | 2010 Jan-13 | Jan-13 N/A |
|-------------------------------------|--------------------|------------------------------------|---|---|
| D. SYSTEM PROB | LEMS | | | |
| Type of Problem | No. of Problems | No. of Problems Investigated | No. of Problems Reported to CDPH | Brief Description of Cause and Corrective Action Tak |
| Service Connection Breaks/ Leaks | 14 | 14 | | |
| Main Breaks/Leaks | 23 | 23 | . = | |
| Water Outages® | 0 | 0 | | |
| Boil Water Orders | 0 | 0 | 1 | |
| Total* | 37 | 37 | 0 | |
| To update totals click here | | · | <u> </u> | |
| COMMENTS: ① | | | | |

16. EMERGENCY PREPAREDNESS AND RESPONSE

A. EMERGENCY RESPONSE PLANS

PUBLIC WATER SYSTEMS WITH AT LEAST 3,300 OR MORE PERSONS ARE REQUIRED TO REVIEW AND REVISE THEIR RESPONSE PLAN TO ENSURE THAT THE PLANS ARE SUFFICIENT TO ADDRESS POSSIBLE DISASTER SCENARIOS.

| Do you have an Emergency Response Plan (ERP) that addresses the procedures for the restoration of water service for your water system? | Yes |
|--|----------|
| Date of your current Emergency Response Plan: | Dec 2011 |
| Date ERP was last exercised with a tabletop or other activity: | |

B. AUXILIARY POWER SUPPLY

COMMENTS: ①

| Does your water system have backup power for: | |
|--|------------------|
| 1. Sources: | Some |
| 2. Pumping Stations: | Some |
| 3. Water Treatment Plants: | Not Applicable 👤 |
| If your system has backup power, how many times per year is it exercised? | once a month |
| Can your system maintain system pressure either by backup power or by storage during power outages of 2 hours or less? | Yes 🔻 |
| Is your backup power system automatic or manual start?: | Manual Start |

17. WATER CONSERVATION AND DROUGHT PREPAREDNESS

| Date of your revised Drought Preparedness Plan, if any: | 3/3/2009 |
|---|----------|
| If you experienced water shortages in 2012, please estimate the amount of shortfall in millions of gallons: | N/A |

| Did drought conditions cause you to activate emergency standby wells in 2012? | No 🔽 |
|--|--|
| Do you project water shortages in the current calendar year? | No 💌 |
| Did you implement NEW water conservation measures in 2012? | please estimate how much water was conserved in coming year? Yes |
| If you implemented NEW water conservation measures in 2012, please estimate how much millions of gallons: (MG) % reduction in demand | water was conserved in |
| Do you anticipate having to go to mandatory rationing in the upcoming year? | No |
| Do you routinely monitor the static water levels in your wells? | Yes ▼ |
| Do you routinely monitor the pumping water levels in your wells? | Yes |
| Are these levels recovering, declining or steady?: | Steady |

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

| | | | - |
|----|---------|--------------|-------|
| co | TRAFFIR | MENTS | . (4) |
| LU | IVI | | w |

Disciosure: Be advised that Section 116725 and 116730 of the California Health and Safety Code states that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance may be liable for a civil penalty not to exceed five thousand dollars (\$6,000) for each separate violations for each day that the violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in county jali not to exceed one year, or both the fine and imprisonment.

LOS ANGELES COUNTY WATERWORKS DISTRICTS
Department of Public Works
P.O. Box 1460
Alhambra, CA 91802-1460

SMALL WATER SYSTEM 2012 ANNUAL REPORT TO THE DRINKING WATER PROGRAM FOR YEAR ENDING DECEMBER 31, 2012

[Section 116530 Health & Safety Code]

| Water System No.: | CA1910027 |
|--|---|
| Water System Name: | LOS ANGELES CWWD 40 REG. 35 - N.E. L.A. |
| Water System Classification: | Community Water System |
| Water System Ownership (See descriptions below): | Local Government |
| Physical location: (address line 1, address line 2, city, zip) | 260 East Avenue K-8 Lancaster 93535 |
| General Office Phone: (vith area code) | 661-942-1157 |
| Web site address: | http://www.lacwaterworks.org |

Water System Ownership Descriptions:

- · Local Government: e.g., city, county, or special district, local school district, junior colleges, county or community parks, etc.
- State or Federal Government: e.g., state or national park, BLM, USFS and COE campgrounds and recreation facilities, state hospitals, State universities and colleges, California Veterans Home, County or District Fairs and Expositions, Caltrans rest stop, military base, other state or federal facility
- Privately owned, non-PUC-regulated (Community Water System): e.g., mobile home park, apartment or condominium
- Privately owned business (non-community): e.g., church, private school, restaurant, amusement park, RV park/campground, motel, ranch/farm, factory, other business establishment

| REPORT SUBMITTED BY: ① | | | |
|------------------------|--------------------------|--|--|
| Name: | Bing Hua | | |
| Title: | Associate Civil Engineer | | |
| Business phone: | 626-300-3337 | | |
| Cell phone: | | | |
| Email address: | bhua@dpw.lacounty.gov | | |

| | | - |
|-------------|------|-------|
| COMMENTS: ① | | į |
| | | |

1. Public Water System Contacts ①

Click here to learn how to Modify, Add and Delete Contacts in the table below.

| NAME, TITLE & ADDRESS | PHONE TYPE | PHONE NO. | EMAIL | CONTACT TYPE (pick all that apply) 🗘 | |
|------------------------|------------|--------------|--------------------------|--|-----------------|
| ARIKI, ADAM | Business | 626-300-3300 | aariki@dpw.lacounty.gov | 「 ** Delete Contact ** F Administrative | Operator |
| ASSISTANT DEPUTY DIR | Facsimile | 626-300-3385 | dariki(@dpw.iacounty.gov | Financial | ▼ Emergency |
| P.O. BOX 1460 | Mobile | 626-476-6703 | | Designated Operator In Charge | □ Water Quality |
| ALHAMBRA CA 91802-1460 | Emergency | | | Owner | □ Legal |

| кім, тј | Business | 626-300-3327 | | | |
|------------------------|-----------|--------------|--------------------------|---|--------------------|
| KJIWI, IJ | | 020-300-3327 | tjkim@dpw.lacounty.gov | ☐ Administrative | ☐ Operator |
| SR. CIVIL ENGINEER | Facsimile | 626-300-3385 | | Financial | ☑ Emergence |
| P.O. Box 1460 | Mobile | 626-476-2827 | | ☐ Designated Operator In Charge | ₩ater Qu |
| ALHAMBRA CA 91802-1460 | Emergency | | | □ Owner | 「Legal |
| | | | | • | |
| CHEN, TIMOTHY | Business | 626-300-3342 | tchen@dpw.lacounty.gov | ☐ ** Delete Contact ** ☐ Administrative | □ Operator |
| ASSOCIATE CIVIL ENGR | Facsimile | 626-300-3385 | | Financial □ | Emergenc |
| P.O. BOX 1460 | Mobile | 626-297-3477 | | Designated Operator In Charge | □ Water Qua |
| ALHAMBRA CA 91802-1460 | Emergency | | 21 1 | 「Owner | 「Legal |
| | | | | | |
| LAFFERTY, DAN | Business | 626-300-3302 | dlaff@dpw.lacounty.gov | T** Delete Contact ** Administrative | Operator |
| ASST. DIVISION ENG. | Facsimile | 626-300-3385 | | ☐ Financial | F Emergency |
| P.O. BOX 1460 | Mobile | 626-476-0372 | | ☐ Designated Operator In Charge | □ Water Qua |
| ALHAMBRA CA 91802-1460 | Emergency | | | □ Owner | 「Legal |
| | | | | | |
| DAVID, CRAIG | Business | 661-945-2423 | cdavid@dpw.lacounty.gov | ☐ ** Delete Contact ** ☐ Administrative | □ Operator |
| | Facsimile | | | ☐ Financial | ド Emergency |
| P.O. BOX 1460 | Mobile | 661-886-1673 | | ☐ Designated Operator In Charge | □ Water Qua |
| LHAMBRA CA 91802 | Emergency | | | 「 Owner | □ Legal |
| | _ | | r | | |
| IARTINDALE, HERB | Business | 661-726-7791 | hmartin@dpw.lacounty.gov | ☐ ** Delete Contact ** ☐ Administrative | ☐ Operator |
| EGIONAL SUPERINTEND | Facsimile | 661-723-7027 | | ☐ Financial | |
| O. Box 1460 | Mobile | 661-609-3109 | | ✓ DesignatedOperator In Charge | □ Water Qual |
| LHAMBRA CA 91802-1460 | Emergency | | | □ Owner | □ Legal |
| | | | | 191 | |
| | Business | | | ☐ ** Delete Contact ** ☐ Administrative | ☐ Operator |
| | Facsimile | | | ☐ Financial | Emergency |
| | Mobile | | | Designated Operator In Charge | □ Water Quali |
| | Emergency | = | | □ Owner | □ Legal |
| | | | | | |
| | Business | 115 | | ☐ ** Delete Contact ** ☐ Administrative | C Operator |
| | Facsimile | | | ☐ Financial | □ Emergency |
| | Mobile | | | ☐ Designated Operator In Charge | ┌ Water Qualit |
| | Emergency | | | □ Owner | ∟ _{Legal} |
| d Additional Contact® | | | | (pick all that a | |
| ontact Name | Business | Bus. # | -Email Addr | ☐ Administrative | ☐ Operator |
| itle | Facsimile | Fax No | | ☐ Financial | Emergency |

| Address Line 1 Address Line 2 | Mobile | Mob. # | | Designated Operator In Charge | □ Water Quality | |
|----------------------------------|-----------|---------|-------------------|---------------------------------|-----------------|--|
| CitySTZip | Emergency | Emer. # | 2nd Eman Addi- | □ Owner | Legal | |
| Add Additional Contact® | | | | (pick all the | nat apply) | |
| Contact Name | Business | Bus. # | | ☐ Administrative | ☐ Operator | |
| Title | Facsimile | Fax No | Email Addr | ☐ Financial | ☐ Emergency | |
| Address Line 1 Address Line 2 | Mobile | Mob. # | | C Designated Operator In Charge | ☐ Water Quality | |
| CitySTZip | Emergency | Emer. # | Ziid Eilian Addi- | Owner | [Legal | |

2. POPULATION SERVED

| | | Annual Operating Period ① | | | | |
|---------------------------|--------------|---------------------------|--------------|----|----------|--|
| Population Type | Population 🕏 | Beg | Begin Date F | | End Date | |
| | | MM | DD | MM | DD | |
| Residential ¹ | 606 | 1 | 1 | 12 | 31 | |
| Transient ² | | | | | | |
| Nontransient ³ | | | | | | |

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

Descriptions:

Residential ① – 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.

²Transient ①— report the number of persons who are at the water system on the 60th busiest day of the year (excludes residential and nontransient populations. Report the *Begin Date* and *End Date* if the Transient use is seasonal.

³Nontransient ① – 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: ① |
|-------------|
| |

3. NUMBER OF SERVICE CONNECTIONS (as of December 31, 2012)

A. Active Service Connections:

| Total Active Connections currently in CDPH database: | |
|--|-----|
| The total number of Service Connections as of December 31, 2012 must be reported as either <u>Unmetered</u> or <u>Metered</u> for each Service Connection Type as appropriate. | 214 |

| TYPE Do NOT report fire sprinkler connections. These connections are not counted toward "service connections" for compliance purposes. | Unmetered | Metered | Total* |
|--|-----------|---------|--------|
| Residential: single family homes, town homes, condominiums, apartments | 0 | 200 | 200 |
| Commercial: hotels, schools, hospitals, malls, shopping centers, retail stores, service shops, restaurants, parks (but not irrigation), office buildings, gas stations | 0 | 13 | 13 |
| <u>Industrial:</u> business parks, manufacturing, warehouses, utilities, assemblers | 0 | 0 | 0 |

| Agricultural (agricultural and non-agricultural irrigation services): farms, golf courses, roadways, park irrigation | 0 | 0 | 0 |
|---|---|-----|-----|
| Other (services that do not meet any of the above definitions): This service connection type is intended to be used by noncommunity systems such as churches, businesses, parks, schools and other public institutions that operate as an individual public water system and do not specifically have connections for which water rates are charged. | 0 | 1 | 1 |
| Total Active Connections* | 0 | 214 | 214 |

*Calculated field
To update totals click here

| B. Number of Inactive Connections (all types) | VIII- 1 | | |
|---|---------|--|--|
| | | | |

COMMENTS: 1

4. GROUNDWATER (GW) AND SURFACE WATER (SW) SOURCES ${\mathfrak D}$

GROUNDWATER SOURCES (INCLUDING STANDBY SOURCES)

| PSCode ① | Name | Activity ① |
|----------|-----------------------|------------|
| 002 | WELL 35-2 | A |
| 001 | WELL 35-1 - DESTROYED | I |
| | | |
| | | |
| | = = = | |
| | | - = |

SURFACE WATER INTAKES

| PSCode ① | Name | Activity ① |
|----------|--|------------|
| 004 | LACWWD REG. 38 INTERCONNECTION (GW&AVEK) | A |
| | | |
| | | |
| | | |
| | | |
| | | |

DISCUSS CHANGES TO ABOVE SOURCES®

If a STANDBY SOURCE was used in 2012, provide the following information.

| Name of the Standby Source used in 2012: | No. of days the Standby Source was in operation: | Were customers notified? | Was CDPH or Local County Staff notified? (Y/N) | Describe the reason the Standby Source was used: |
|--|---|--------------------------|---|--|
| | | | | |

| | | |
|--|--|------|
| | | |

5. FINISHED WATER PRODUCED, PURCHASED AND SOLD

The <u>Maximum Day</u> is the day during 2012 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 <u>Maximum Month</u> is the month during 2012 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: Acre-feet (AF)

Volumes are based on: METERED VOLUMES 💌

| | A | В | C | D | E | F | |
|--------------|-------------------|----------------|---------------|---------------------------------|--------------------|--------------------------|--|
| | | Water Produced | | Water Purchased or | Total Amount of | Water Sold to another | |
| | | Groundwater | Surface Water | Received from another PWS | Water ² | PWS ³ | |
| Maximum I | Day ¹ | N/A | N/A | N/A | 0 | | |
| Date: | N/A | | IVA | IV/A | | 0 | |
| Maximu | m Month | 50.27 | | | 50.25 | | |
| Month: | August | 50.37 | 0 | 0 | 50.37 | 0 | |
| Annual Tota | 1 | 309.08 | 0 | 0 | 309.08 | 0 | |
| Percent Trea | ited ³ | | | | | | |

PWS = Public Water System

¹Only 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

³This is the percentage of the annual volume for each water type (Groundwater, Surface Water, and Purchased/Received) that was provided treatment to meet drinking water standards other than precautionary disinfection.

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

| Specify whether water was Purchased or Sold | Name of PWS |
|---|-------------|
| | |
| | |
| | |

| CO | TOAT | ALIAN I | Marie | (P) |
|----|------|---------|-------|------|
| w | IVAL | AS R. | N 8 2 | 7. W |

6. WATER RATES

What is your billing frequency (1) bi-monthly

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

| Connection Type | FLAT BASE RATE | UNIFORM USAGE RATE | E (provide range) | | VARIABLE USAGE RATE (provide range | |
|--------------------------------|----------------------|-----------------------|-------------------|------|---------------------------------------|--------------------|
| | \$ (Base) | \$ per hcf ① | | | \$ per hcf Low | \$ per hcf High |
| RESIDENTIAL @ |) | | | | | |
| Residential | 21.98 | 1.30 | | | 1.17 | 1.96 |
| Multi-residential | 21.98 | 1.30 | | | 1.17 | 1.96 |
| Additional Residential | 21.98 | 1.30 | | 29 | 1.17 | 1.96 |
| Do you provide life | line/low income | subsidies? No | v | | | |
| If Yes, provide rates: | | | | | | |
| NON-RESIDENTIA | T 🕡 | | | | | |
| General | 21.98 | 1.30 | | | 1.17 | 1.96 |
| Commercial | 21.98 | 1.30 | | | 1.17 | 1.96 |
| Industrial | 21.98 | 1.30 | | | 1.17 | 1.96 |
| Agricultural | 21.98 | 1.30 | | | 1.17 | 1.96 |
| Government | 21.98 | 1.30 | <u> </u> | | 1.17 | 1.96 |
| Other | 21.98 | 1.30 | | | 1.17 | 1.96 |
| Additional Non- residential | 21.98 | 1.30 | | | 1.17 | 1.96 |
| Do you have fire sup | ression surcharg | es? No | | | | |
| If Yes, provide rates: | | | | | | |
| Do you have other su | rcharges? Yes | _ | | ···· | | il. |
| If Yes, provide rates: | | 0.090 | | | | |

AVERAGE MONTHLY RESIDENTIAL WATER COST: 53.45\$/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 service 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".

| 1 | |
|---|--------------|
| | GOLGE GERMAN |
| | COMMENTS: |
| 9 | |
| 4 | |
| | |

7. WATER QUALITY

ANNUAL NITRATE SAMPLING

Regulations require a minimum of annual sampling for nitrate. If any nitrate result is >= 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 duri source? | ing 2012 from each | h Yes | | | | |
|--|--|---------------------------|--|---|--|--|
| NOTE: If there were any course that | | | | | | |
| NOTE: If there were any sources that were not me contact your local regulatory agency to avoid an e | onnored because t nforcement action | they were a for failu | e offline duri tre to monito | ng 2012, you or. | ı must | |
| BACTERIOLOGICAL SAMPLE SITING | PLAN | | | | | |
| The coliform monitoring regulations require that an unit no longer ensures representative monitoring of the sys | pdated sample-siting stem (Section 6442) | ng plan be 22 of Title | e submitted at 22). | least every | 10 years, and | at any time |
| Date of current bacteriological sample siting plan: | | Marc | h 2008 | | | |
| COMMENTS: ① | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | |
| 8. WATER TREATMENT | | | | | | |
| Does your system provide treatment to any of the war filtration, or chemical removal)? | ter (disinfection, | No | V | | | |
| | | 1 | | | | |
| | | | | | | |
| f treatment was added or changed in any way in 2012, | provide a brief des | scription | and identify t | he water sou | rce | _ |
| f treatment was added or changed in any way in 2012, | provide a brief des | scription | and identify t | he water sou | rce | |
| f treatment was added or changed in any way in 2012, | provide a brief des | scription | and identify t | he water sou | rce | |
| | provide a brief des | scription | and identify t | he water sou | rce | |
| | provide a brief des | scription | and identify t | he water sou | rce | |
| PIRECT ADDITIVES | | scription | and identify t | | rce | |
| DIRECT ADDITIVES Are all chemicals used NSF/ANSI Standard 60 certific | | scription | | | | |
| DIRECT ADDITIVES Are all chemicals used NSF/ANSI Standard 60 certific NDIRECT ADDITIVES s of March 9, 2008, a water system shall not use any company to the standard of the | ed? | lubricant | Yes | the product | ion treatmen | or distrib |
| PIRECT ADDITIVES Are all chemicals used NSF/ANSI Standard 60 certific NDIRECT ADDITIVES s of March 9, 2008, a water system shall not use any c inking water that comes in contact with the drinking water system was an end of the contact with the drinking water that comes in contact with the drinking water that water that comes in contact with the drinking water that water the contact water wate | ed? hemical, material, vater that does not l | lubricant, | Yes or product in | the product eeting NSF/ | ion treatmen | or distributed for the first of |
| DIRECT ADDITIVES Are all chemicals used NSF/ANSI Standard 60 certific NDIRECT ADDITIVES s of March 9, 2008, a water system shall not use any crinking water that comes in contact with the drinking water system have procedures to ensure all | ed? hemical, material, vater that does not l | lubricant, | Yes or product in | n the product eeting NSF/ | ion treatmen | or distributed for the state of |
| Are all chemicals used NSF/ANSI Standard 60 certifice NDIRECT ADDITIVES s of March 9, 2008, a water system shall not use any crinking water that comes in contact with the drinking water system have procedures to ensure all standard? | ed? hemical, material, vater that does not l future equipment a | lubricant, have cert | Yes , or product in ification of m ials meet this | n the product eeting NSF/ | ion, treatmen ANSI standar | t or distrib |
| DIRECT ADDITIVES Are all chemicals used NSF/ANSI Standard 60 certifice NDIRECT ADDITIVES s of March 9, 2008, a water system shall not use any crinking water that comes in contact with the drinking water that comes in contact with the drinking water drinking water system have procedures to ensure all standard? you have any questions on the requirements related to COMMENTS: COMMENTS: | ed? hemical, material, vater that does not l future equipment a | lubricant, have cert | Yes , or product in ification of m ials meet this | n the product eeting NSF/ | ion, treatmen ANSI standar | t or distributed for the state of the state |
| DIRECT ADDITIVES Are all chemicals used NSF/ANSI Standard 60 certific NDIRECT ADDITIVES s of March 9, 2008, a water system shall not use any cinking water that comes in contact with the drinking water that comes in contact with the drinking water all standard? Does your water system have procedures to ensure all standard? | ed? hemical, material, vater that does not l future equipment a | lubricant, have cert | Yes , or product in ification of m ials meet this | n the product eeting NSF/ | ion, treatmen ANSI standar | or distributed 61. |
| DIRECT ADDITIVES Are all chemicals used NSF/ANSI Standard 60 certific NDIRECT ADDITIVES s of March 9, 2008, a water system shall not use any crinking water that comes in contact with the drinking water that comes in contact with the drinking water drinking water system have procedures to ensure all standard? you have any questions on the requirements related to COMMENTS: | ed? hemical, material, vater that does not l future equipment a | lubricant, have cert | Yes , or product in ification of m ials meet this | n the product eeting NSF/ | ion, treatmen ANSI standar | or distrib |
| DIRECT ADDITIVES Are all chemicals used NSF/ANSI Standard 60 certifice. NDIRECT ADDITIVES s of March 9, 2008, a water system shall not use any crinking water that comes in contact with the drinking water that comes in contact with the drinking water all standard? you have any questions on the requirements related to | ed? hemical, material, vater that does not future equipment a indirect additives, | lubricant, have cert | yes or product in ification of m ials meet this contact your | the product eeting NSF/. | ion, treatmen ANSI standar Yes • | or distributed 61. |
| Are all chemicals used NSF/ANSI Standard 60 certification. NDIRECT ADDITIVES s of March 9, 2008, a water system shall not use any containing water that comes in contact with the drinking water that comes in contact with the drinking water drinking water system have procedures to ensure all standard? you have any questions on the requirements related to COMMENTS: | hemical, material, vater that does not future equipment a indirect additives, | lubricant, have cert | Yes or product in ification of mails meet this contact your Number Tested in | n the product eeting NSF/ local regulat | ion, treatmen ANSI standar Yes cory agency. | t or distrib |
| DIRECT ADDITIVES Are all chemicals used NSF/ANSI Standard 60 certific NDIRECT ADDITIVES s of March 9, 2008, a water system shall not use any crinking water that comes in contact with the drinking water that comes in contact with the drinking water drinking water system have procedures to ensure all standard? you have any questions on the requirements related to COMMENTS: ① | hemical, material, vater that does not future equipment a indirect additives, | lubricant, have cert | Yes or product in ification of mails meet this contact your | n the product eeting NSF/. | ion, treatmen ANSI standar Yes cory agency. | t or district of 61. |

9. C

| | Total Number in System | Number Installed in 2012 | Number Tested in 2012 | Number Failed in 2012 | Number Repaired/ Replaced |
|--|------------------------------|--------------------------------|-----------------------------|-----------------------------|---------------------------------|
| Backflow Assemblies ① on the Service Connections or Meter | 12 | 0 | 12 | 3 | 3 |
| Backflow Assemblies On-site but not on the Service Connections or Meter | 0 | 0 | 0 | 0 | 0 |
| Air-gap Separation ③ | 0 | 0 | | | E3 |

| No. of Inactive Backflow Prevention Assemblies in water system in 2012: | 0 |
|---|-----------|
| Date of last cross-connection control survey done on the system: | as needed |

| Name of designated Cross Connection Control Program Coordinator: | | | David Young |] | |
|--|--------------------|----------------------|-------------------------------|-------------------------------|-----|
| Describe any cross-connection incidents 10 that occurred during 2012: | | | | - | |
| No Cross Connection Incidents | | | | | |
| COMMENTS: ① | | | | 1 | |
| | | | | 1 | |
| 10. CONSUMER CONFIDENCE REPORT ① (does not apply to Tr | ansient Non | community | water systems) | | |
| THE 2012 CCR MUST BE DISTRIBUTED TO YOUR CUSTOMERS AN BY JULY 1, 2013. | ND A COPY | SUBMITTI | ED TO YOUR LO | CAL REGULATORY AGI | ENC |
| CERTIFICATION MUST BE SUBMITTED TO YOUR LOCAL REGUL CCR HAS BEEN DISTRIBUTED TO CUSTOMERS AND THAT THE INFORMATION IS CORRECT. | ATORY AG | ENCY BY | OCTOBER 1, 2013 | , STATING THAT THE 2 | 012 |
| The CCR guidance, CCR template, and the certification form can be obtained to: http://www.cdph.ca.gov/certlic/drinkingwater/Pages/CCR.aspx | from the CDP | H web site | | | |
| Indicate the date your 2012 CCR was distributed or will be distributed to you | r customers: | 07/01 | /2013 mm/dd/yyyy | | |
| COMMENTS: 1 | | | | | |
| Please list the State certified Water <u>Treatment Plant</u> Operators employed later treatment plants, beginning with the chief operator(s). Name | Operator | Grade of | Expiration Date | 1 | |
| | Number | Operator | MM/DD/YYYY | _ | |
| Please See Operator Certification list from the report for System# CA1910005 | | | | - | |
| | | | | | |
| | | | | | |
| | | | | | |
| Please list the State certified Water <u>Distribution</u> Operators employed by you stem, beginning with the chief operator(s). | ır water syste | m that super | vise and direct the o | peration of your distribution | , |
| Name | Operator Number | Grade of Operator | Expiration Date MM/DD/YYYY | | |
| lease See Operator Certification list from the report for System# CA1910005 | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

12. WATER SYSTEM IMPROVEMENTS

COMMENTS: ①

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:
 - · Adding a new source
 - · Changing the status of an existing source (for example, active to standby) or
 - · Changing or altering a source, such that the quality or quantity of water supply could be affected
- · Any addition or change in treatment, including
 - Design capacity
 - 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 2012 for which a permit was not obtained, please describe the improvements or modifications below.

N/A

Indicate any planned improvements or modifications for 2013. N/A

| COMMENTS: | D |
|-----------|---|

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 | 0 | 0 | | |
| Color | 0 | 0 | | |
| Turbidity | 0 | 0 | | |
| Visible Organisms | 0 | 0 | | |
| Pressure (High or Low) | 0 | 0 | | |
| Water Outages | 0 | 0 | | |
| Illnesses (Waterborne) | 0 | 0 | | |
| Other (Specify) | 0 | 0 | | |
| Total No. of Complaints* | 0 | 0 | 0 | |

^{*}Calculated field

To update totals click here

| COMMENTS: | Œ |
|-----------|---|
|-----------|---|



14. SYSTEM PROBLEMS

| Type of Problem | No. of Problems | No. of Problems Investigated | No. of Problems Reported to CDPH | Brief Description of Cause and Corrective Action Taken |
|-------------------------------------|--------------------|------------------------------------|---|---|
| Service Connection Breaks/ Leaks | 0 | 0 | | |
| Main Breaks/Leaks | 0 | 0 | | |
| Water Outages® | 0 | 0 | | |

| Boil Water Orders | 0 | 0 | | |
|-------------------|---|---|---|--|
| Total* | 0 | 0 | 0 | |

To update totals click here

| COMMENTS: | P |
|----------------|---|
| COMMINICIATION | ~ |

Disclosure: Be advised that Section 116725 and 116730 of the California Health and Safety Code states that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for each separate violations for each day that the violation

continues. in addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in county jail

not to exceed one year, or both the fine and imprisonment.

LOS ANGELES COUNTY WATERWORKS DISTRICTS
Department of Public Works
P.O. Box 1460
Alhambra, CA 91802-1460