West Valley County Water District

Exhibit 10

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

[Section 116530 Health & Safety Code]

WATER SYSTEM INFORMATION						
Water System No.:	CA1909006					
Water System Name:	WEST VALLEY COUNTY WATER DISTRICT					
Water System Classification:	Community Water System					
Water System Ownership (See descriptions below):	Local Government					
Physical location:	25315 WEST IDEAL AVENUE					
(address line 1, address line 2, city, zip)	LANCASTER 93536					
General Office Phone: (with area code)	6617241860					
Web site address:	http://www.wvcwd.com					

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:⊕					
Name:	Mark Crosby				
Title:	GENERAL MANAGER				
Business phone:	661-724-1860				
Cell phone:	661-305-7705				
Email address:	WVCWD@VERIZON.NET				

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1. Public Water System Contacts ®

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)®	
CROSBY, MARK L.	Business	661-724-1860	WVCWD@VERIZON.NET	☐ ** Delete Contact ** ▼ Administrative	□ Operator
GENERAL MANAGER	Facsimile	661-724-1402		☐ Financial	☐ Emergency
25315 WEST IDEAL AVENUE	Mobile	661-305-7705		Designated Operator In Charge	F Water Quality
LANCASTER CA 93536	Emergency			ГОwner	□ Lcgal

CODY, BRENDA	Business	661-724-1860		T** Delete Contact **	☐ Operator
CLERK	Facsimile	661-724-1402	WVCWD@VERIZON.NET	WVCWD@VERIZON.NET	
		003-724-1402	esergenger-	□ Designated	☐ Emergency
25315 WEST IDEAL AVENUE	Mobile	_		Operator In Charge	Water Qualit
LANCASTER CA 93536	Emergency			「Owner	T-Legal
and the second of the second o				** Delete Contact **	l l
	Business			Administrative	Operator
	Facsimile			Financial	☐ Emergency
	Mobile			C Designated Operator In Charge	☐ Water Qualit
	Emergency			Γ Owner	T Legal
	Business			□ ** Delete Contact ** □ Administrative	☐ Operator
	Facsimile			T Financial	☐ Emergency
	Mobile			Coperator In Charge	□ Water Qualit
	Emergency			□ Owner	□ Legal
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	Business			「** Delete Contact **	
				☐ Administrative	「Operator
	Facsimile			T Financial	F-Emergency
	Mobile			Designated Operator In Charge	□ Water Qualit
wante	Emergency			☐ Owner	Legal
	T				
	Business			T** Delete Contact ** Administrative	□ Operator
	Facsimile			T Financial	☐ Emergency
	Mobile			Designated Operator In Charge	□ Water Qualit
	Emergency			□ Owner	□ Legal
	Business			☐ ** Delete Contact ** ☐ Administrative	□ Operator
	Facsimile			Financial	□ Emergency
	Mobile			C Designated Operator In Charge	□ Water Quality
	Emergency			☐ Owner	「Legal
	Business			□ ** Delete Contact ** □ Administrative	☐ Operator
	Facsimile			Financial	☐ Emergency
	Mobile			T Designated Operator In Charge	□ Water Quality
	Emergency	†		□ Owner	□ Legai
dd Additional Contact®	American Control of the Control of t			(pick all that a	

Business	Bus. #		☐ Administrative	☐ Operator
Facsimile	Fax No	-Email Addr-	「Financial	☐ Emergency
Mobile	-Mob. #-	2nd Fmail Addr-	☐ Designated Operator In Charge	□ Water Quality
Emergency	-Emer. #-	- Zild Dillian 7 kdan	IT Owner	
*	(pick all ti	(pick all that apply)		
Business	-Bus. #		☐ Administrative	□ Operator
Facsimile	Fax No	—Email Addr—	☐ Financial	☐ Emergency
Mobile	-Mob. #		Coperator In Charge	□ Water Quality
Emergency	Emer. #	Liju Linaii Audi-	□ Owner	「Legal
	Facsimile Mobile Emergency Business Facsimile Mobile	Facsimile -Fax No Mobile -Mob. #- Emergency -Emer. #- Business -Bus. #- Facsimile -Fax No Mobile -Mob. #	FacsimileFax No MobileMob. #- EmergencyEmer. #- BusinessBus. #- FacsimileFax No MobileMob. # 2nd Email Addr Email Addr	Facsimile —Fax No— Mobile —Mob. #— Emergency —Emer. #— Business —Bus. #— Facsimile —Fax No— Business —Bus. #— Facsimile —Fax No— Mobile —Mob. #— Mobile —Mob. #— -2nd Email Addr— Financial Financial

2. POPULATION SERVED

		Annual Operating Period ①				
Population Type	Population ①	Begin Date		E	id Date	
		ММ	DD	мм	DD	
Residential ¹	570	1	1	12	31	
Transient ²						
Nontransient ³						

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

Descriptions:

¹Residential \mathfrak{D} – 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:	

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.	228

ТҮРЕ			
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		228	228
Commercial: hotels, schools, hospitals, malls, shopping centers, retail stores, service shops,			0

restaurants, parks (but not irrigation), office buildings, gas stations			
Industrial: business parks, manufacturing, warehouses, utilities, assemblers			0
Agricultural (agricultural and non-agricultural irrigation services): farms, golf courses, roadways, park irrigation			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
Total Active Connections*	0	228	2,28

*Calculated field

To	update	totals	click	here

B. Number of Inactive Connections (all types)	40	47
COMMENTS:®		

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

GROUNDWATER SOURCES (INCLUDING STANDBY SOURCES)

PSCode ①	Name	Activity ①
002	WELL 02 - ABANDONED	I
003	JOHN G. GAGLIONE WELL	A
001	WELL 01 - STANDBY	A

SURFACE WATER INTAKES

PSCode ®	Name	Activity 🕏

DISCUSS CHANGES TO ABOVE SOURCES®

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

	Name of the Standby	No. of days the Standby	Were customers	Was CDPH or Local County Staff	Describe the reason	
-	remark or said Oranias,	**** **********************************				į

Source used in 2012:	Source was in operation:	notified? (Y/N)	notified? (Y/N)	the Standby Source was used:	
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 <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: Gallons

Volumes are based on: METERED VOLUMES 🔀

A		В	С	D	E	F	
		Water Produced		Water Purchased or Received	Total	Water Sold	
		Groundwater	Surface Water	from another PWS	Amount of Water ²	to another PWS ³	
Maximum Day ¹		413,800			413800		
Date:	06-29-2012	413,000	*1J,60V		413000		
Maximum Month		C 102 100			6182100		
Month: AUGUST		6,182,100		-	0102100		
Annual Tot	tal	42,606,900			42606900		
Percent Tre	eated 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

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T 4-4-	A	-27-4	10.00
To update	HENERS	CHOICE THESE	248
a .e. mela, mela,	***		- CO. 150

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

	Access to the second se	 , and a second	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I
COMMENTS:			

6. WATER RATES

Indicate the type of water rate structure ② used by your water system: Flat Base Rate + Variable Usage Rate	Z
What is your billing frequency (1) 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)			ABLE USAGE provide range)			
	\$ (Base)	S per hef ®	S Low	\$ High	\$ per hef Low	S per hcf High			
RESIDENTIAL ®	RESIDENTIAL ♥								
Residential	25	1.64-1.94							
Multi-residential									
Additional Residential									
Do you provide lifel	ine/low income	subsidies? No	A						
If Yes, provide rates:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
NON-RESIDENTIA	L 🛈					· · · · · · · · · · · · · · · · · · ·			
General	50	2.97							
Commercial					•				
Industrial					,				
Agricultural				·					
Government									
Other				,,,,					
Additional Non- residential									
Do you have fire sup	ression surcharg	ges? No 王							
If Yes, provide rates:									
Do you have other su	ircharges? No		<u></u>						
If Yes, provide rates:									

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

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

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COMMENTS	
COMMENTS:	j
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7. WATER QUALITY

ANNUAL NITRATE SAMPLING

Did your system conduct monitoring for nitrate during 2012 from each source?	Yes	
NOTE: If there were any sources that were not monitored because the contact your local regulatory agency to avoid an enforcement action f	y were offline during 2012, you must or failure to monitor.	
BACTERIOLOGICAL SAMPLE SITING PLAN		
he coliform monitoring regulations require that an updated sample-siting olonger ensures representative monitoring of the system (Section 64422)	plan be submitted at least every 10 years, and at of Title 22).	any time the p
o longer ensures representative monitoring of the system (Section 64422	plan be submitted at least every 10 years, and at of Title 22). 8-7-09	any time the p
the coliform monitoring regulations require that an updated sample-siting o longer ensures representative monitoring of the system (Section 64422) Date of current bacteriological sample siting plan:	of Title 22).	any time the p
o longer ensures representative monitoring of the system (Section 64422 Date of current bacteriological sample siting plan:	of Title 22).	any time the p

DIRECT ADDITIVES

Are all chemicals used NSF/ANSI Standard 60 certified?	Yes 🔀
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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 🖭	
	Charles Transcription (Control of Control of	Æ

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

-	COMMENTS:®
1	

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 ① on the Service Connections or Meter	2		2		
Backflow Assemblies On-site but not on the Service Connections or Meter					
Air-gap Separation®	1				

No. of Inactive Backflow Prevention Assemblies in water system in 2012:	

Date of last cross-connection control survey done on the system:	5-15-2012
Name of designated Cross Connection Control Program Coordinator:	MARK L. CROSBY

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

r	A CONTRACTOR OF THE PROPERTY O	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		 	 	A110-11-11-11-11-11-11-11-11-11-11-11-11-	Aduus — mananii i'i — mii	***************************************	
l	COMMENTS: ®								
ı	COMMINANTAL								

10. 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:	07-01-2012 mm/dd/yyyy
COMMENTS:®	

11. 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). ©

Name	Operator Number	Grade of Operator	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 system, beginning with the chief operator(s). ©

Name	Operator Number	Grade of Operator	Expiration Date MM/DD/YYYY
Mark L., Crosby	20406	D-2	12-31-15

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COMMEN	TS:®				

12. WATER SYSTEM IMPROVEMENTS

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

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

If your water system made any improvements or modifications during 2012 for which a permit was not obtained, please describe the improvements or modifications below.

Indicate any planned improvements or modifications for 2013.

COMMENTS: ®	

13. COMPLAINTS REPORTED (WRITTEN OR VERBAL)

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

*Calculated field

To update totals click here

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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
				, i

Service Connection Breaks/ Leaks				
Main Breaks/Leaks				
Water Outages®				
Boil Water Orders				
Total*	0	0	0	

To update totals click here

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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.