

State Water Resources Control Board
Division of Drinking Water

June 26, 2015
System No.: 5410024

Board of Directors
Richgrove Community Services District
P. O. Box 86
Richgrove, CA 93261

RE: **Citation No. 03_12_15C_009**
Violation of California Health and Safety Code, Section 116530,
For 2013 and 2014 calendar years

Dear Members of the Board:

Enclosed is a Citation issued to the Richgrove Community Services District (Water System) public water system.

The Water System will be billed at the Division's hourly rate (currently estimated at \$126.00) for the time spent on issuing this Citation. The California Health and Safety Code Section 116577 provides that a public water system must reimburse the Division for actual costs incurred by the Division for specified enforcement actions, including but not limited to, preparing, issuing and monitoring compliance with a citation.

The Water System will receive a bill sent from the Division of Drinking Water Fee Billing Unit in August of the next fiscal year. This bill will contain fees for any enforcement time spent on the Water System for the current fiscal year.

If you have any questions regarding this letter and the enclosed citation, please contact Cristina Knudsen or me at (559) 447-3300.

Sincerely,



Tricia A. Wathen, P.E.
Senior Sanitary Engineer, Visalia District
SOUTHERN CALIFORNIA BRANCH
DRINKING WATER FIELD OPERATIONS

TAW/LR
Enclosures
cc: Tulare County Environmental Health Department

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER

IN RE: **RICHGROVE COMMUNITY SERVICES DISTRICT**
Water System No.: 5410024

TO: Board of Directors
P. O. Box 86
Richgrove, CA 93261

Issued: June 26, 2015

**CITATION NO. 03_12_15C_009
FOR VIOLATION OF
CALIFORNIA HEALTH AND SAFETY CODE, SECTION 116530
ANNUAL REPORT TO THE DRINKING WATER PROGRAM**

2013 AND 2014 CALENDAR YEARS

The State Water Resources Control Board (hereinafter "Board"), acting by and through its Division of Drinking Water (hereinafter "Division") and the Deputy Director for the Division (hereinafter "Deputy Director"), hereby issues this citation (hereinafter "Citation"), pursuant to Section 116650 of the California Health and Safety Code (hereinafter "CHSC") to Richgrove Community Services District (hereinafter "Water System") for violation of CHSC Section 116530.

1 **APPLICABLE AUTHORITIES**

2 **Section 116650 of the California Health and Safety Code states in relevant part:**

3 §116650. Citations

4 (a) If the Division determines that a public water system is in violation of this chapter or any
5 regulation, permit, standard, citation, or order issued or adopted thereunder, the Division
6 may issue a citation to the public water system. The citation shall be served upon the public
water system personally or by certified mail. Service shall be deemed effective as of the
date of personal service or the date of receipt of the certified mail. If a person to whom a
citation is directed refuses to accept delivery of the certified mail, the date of service shall be
deemed to be the date of mailing.

7 (b) Each citation shall be in writing and shall describe the nature of the violation or
8 violations, including a reference to the statutory provision, standard, order, citation, permit,
or regulation alleged to have been violated.

9 (c) A citation may specify a date for elimination or correction of the condition constituting
10 the violation.

11 (d) A citation may include the assessment of a penalty as specified in subdivision (e).

12 (e) The Division may assess a penalty in an amount not to exceed one thousand dollars
13 (\$1,000) per day for each day that a violation occurred, and for each day that a violation
continues to occur. A separate penalty may be assessed for each violation.

14 **Section 116530 of the California Health and Safety Code states in relevant part:**

15 §116530. Technical Report.

16 A public water system shall submit a technical report to the department as part of the permit
17 application or when otherwise required by the department. This report may include, but not
be limited to, detailed plans and specifications, water quality information, and physical
descriptions of the existing or proposed system, and financial assurance information.

18 **STATEMENT OF FACTS**

19 The Water System is classified as a community water system serving a residential
20 population of approximately 3,400 persons through 524 service connections. The Division
21 has not received the Annual Report to the Drinking Water Program (ARDWP) for the 2013
22 and 2014 calendar years from the Water System.

23
24 **DETERMINATION**

25 The Division has determined that the Water System has failed to comply with CHSC,
26 Section 116530 for the 2013 and 2014 calendar years by failing to submit the ARDWP to the
27 Division.

1 **DIRECTIVES**

2 Richgrove Community Services District is hereby directed to take the following actions:

- 3
- 4 1. Comply with CHSC Section 116530, in all future reporting periods.
- 5
- 6 2. By **July 30, 2015**, the Water System shall complete and submit electronically or by
- 7 hard copy (Attachment A and B), the 2014 Annual Report to the Drinking Water
- 8 Program for the calendar year ending December 31, 2014.
- 9

10 All submittals required by this Citation shall be addressed to:

11 Tricia Wathen, Senior Sanitary Engineer
12 State Water Resources Control Board
13 Division of Drinking Water, Visalia District
14 265 W. Bullard Ave, Suite 101
15 Fresno, CA 93704

16 The Division reserves the right to make such modifications to the Citation as it may deem

17 necessary to protect public health and safety. Such modifications may be issued as

18 amendments to this Citation and shall be effective upon issuance.

19 Nothing in this Citation relieves the Water System of its obligation to meet the requirements

20 of the California SDWA, or any regulation, standard, permit or order issued thereunder.

21

22 **PARTIES BOUND**

23 This Citation shall apply to and be binding upon the Water System, its owners,

24 shareholders, officers, directors, agents, employees, contractors, successors, and

25 assignees.

26

27

1 SEVERABILITY

2 The Directives of this Citation are severable, and the Water System shall comply with each
3 and every provision hereof, notwithstanding the effectiveness of any other provision.
4

5 FURTHER ENFORCEMENT ACTION

6 Division 104, Part 12, Chapter 4, (commencing with Section 116270) of the California Health
7 and Safety Code authorizes the Water Board to: issue a citation with assessment of
8 administrative penalties if a public water system continues to fail to correct a violation
9 identified in a citation; take action to suspend or revoke a permit that has been issued to a
10 public water system if it has violated applicable law or regulations or has failed to comply
11 with orders of the Water Board; and petition the superior court to take various enforcement
12 measures against a public water system that has failed to comply with an order of the Water
13 Board. The Water Board does not waive any further enforcement action by issuance of this
14 Order.
15

16
17 Tricia Wathen

18 Tricia Wathen, P.E.
19 Senior Sanitary Engineer, Visalia District
20 DRINKING WATER FIELD OPERATIONS BRANCH

21 June 26, 2015
22 Date

23 Certified Mail No. 7014 3490 0001 7868 8897

24 TAW/LR
25 Attachment A: 2013 ARDWP Fill-in Form
26 Attachment B: 2014 ARDWP Fill-in Form
27



SMALL WATER SYSTEM
 2013 ANNUAL REPORT TO THE DRINKING WATER PROGRAM
 FOR YEAR ENDING DECEMBER 31, 2014
[Section 116530 Health & Safety Code]

WATER SYSTEM INFORMATION	
Water System No.:	
Water System Name:	
Water System Classification:	
Water System Ownership (Circle 1 description)	<div style="border: 1px solid black; padding: 2px;"> --Pick one-- ▼ </div> Local Government State or Federal Government Privately owned: PUC-regulated, for profit water company Privately owned, non-PUC-regulated (Community Water System) Privately owned Mutual Water Company or Association Privately owned business (non-community)
Physical location: (address line 1, address line 2, city, zip)	
General Office Phone: (with area code)	
Web site address:	

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:	
Title:	
Business phone:	
Cell phone:	
Email address:	
COMMENTS: ?	

1. Public Water System Contacts

IMPORTANT: Each water system must have one and only one Administrative Contact AND one and only one Financial Contact. The same person may be both the Administrative and Financial Contacts.

Please provide an email address for the Administrative Contact as most email communication, particularly email blasts, from the Division of Drinking Water will be sent to the email address of the Administrative Contact.

A. Administrative Contact (Name/Title)

(Person that should receive correspondence or enforcement documents)

Address *(If different from system address)*

Telephone / Fax Number *(Include area code)*

Cell phone *(Include area code)*

Email Address

B. Designated Operator (Name/Title) *(Person that has a certified operator license)*

Address *(If different from system address)*

Telephone / Fax Number *(Include area code)*

Cell phone *(Include area code)*

Email Address

C. Financial/Billing Contact (Name/Title)

Address *(If different from system address)*

Telephone / Fax Number *(Include area code)*

Cell phone *(Include area code)*

Email Address

D. Water Quality Contact (Name/Title) *(Person responsible for water quality monitoring and reporting)*

Address *(If different from system address)*

Telephone / Fax Number *(Include area code)*

Cell phone *(Include area code)*

Email Address

2. POPULATION SERVED

Population Type	Population ^②	Annual Operating Period ^②			
		Begin Date		End Date	
		MM	DD	MM	DD
Residential ¹		Method Used to Determine Population: --Pick one-- <input type="button" value="v"/>			
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.

List the names of communities served by the system identifying both incorporated and unincorporated areas:

COMMENTS: ^②

3. NUMBER OF SERVICE CONNECTIONS *(as of December 31, 2014)*

A. Active Service Connections:

Total Active Potable Water Connections currently in Division of Drinking Water database:	
--	--

The total number of Service Connections as of December 31, 2014 must be reported as either Unmetered or Metered for each Service Connection Type as appropriate.

TYPE	Potable Water			Recycled Water		
	Unmetered	Metered	Total*	Unmetered	Metered	Total*
Do NOT report fire sprinkler connections and fire hydrants. These connections are not counted toward "service connections" for compliance purposes.						
<u>Single-family Residential:</u> single family detached dwellings						
<u>Multi-family Residential:</u> duplexes, town homes, condominiums, apartments, and trailer parks						

<u>Commercial/Institutional:</u> hotels, schools, prisons, hospitals, nursing homes, dormitories, laundries, retail establishments (malls, shopping centers, retail stores, service shops, restaurants), office buildings, gas stations, and other service connections that do not meet any of the connection type definitions						
<u>Industrial:</u> industrial parks, manufacturing, warehouses, utilities, assemblers						
<u>Landscape Irrigation:</u> Play fields, golf courses, roadways, median strips, cemeteries, parks and other dedicated landscape connections						
<u>Agricultural Irrigation:</u> irrigation of commercially-grown crops and other dedicated agricultural connections						
Total Active Connections*						

*Calculated field

[To update totals click here](#)

B. Number of Inactive Connections (all types)	
Include only service connections that have been physically disconnected (i.e., meter removed) from the water system. All other service connections should be considered as "Active."	

COMMENTS:?

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

GROUNDWATER SOURCES (INCLUDING STANDBY SOURCES)

PSCode ?	Name	Activity ?

Add sources not listed above. Describe changes to sources above under "Comments".

PSCode ?	Name	Activity ?	Comments

SURFACE WATER INTAKES

PSCode ?	Name	Activity ?

Add sources not listed above. Describe changes to sources above under "Comments".

PSCode ?	Name	Activity ?	Comments

DISCUSS CHANGES TO ABOVE SOURCES?

If a STANDBY SOURCE was used in 2014, provide the following information.

Name of the Standby Source used in 2014:	No. of days the Standby Source was in operation:	Were customers notified? (Y/N)	Was DDW or Local County Staff notified? (Y/N)	Describe the reason the Standby Source was used:

COMMENTS:?

5. WATER PRODUCED, PURCHASED AND SOLD

The **Maximum Day** is the day during 2014 with the highest total water usage. Provide the *date* for that day in Column B, then complete Columns C, D and E, indicating how much of the water on that day was from each source.

The **Maximum Month** is the month during 2014 with the highest total water usage. Provide the *month* in Column B, then complete Columns C, D and E, indicating how much of the water during that month was from each source.

Units of Measure for this table: --Pick one--

Volumes are based on: --Pick one--

A	B	C	D	E	F	G	H	I
Potable Water							Non-potable (exclude recycled)	Recycled
	Date/ Month	Water Produced from Groundwater (Wells)	Water Produced from Surface Water ²	Finished Water Purchased or Received from another PWS ⁵	Total Amount of Potable Water ^{3*}	Water Sold to Another PWS ⁵		
Maximum Day ¹								
Maximum Month								
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								
Annual Total*								
Percent Treated ⁴								

PWS = Public Water System

*Calculated field

Non-potable = water supplies that do not enter the drinking water distribution system and are for non-potable uses only such as irrigation or toilet flushing

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.

²Do not include raw water purchased; report only volume of water that was treated.

³(F) Total Amount of Potable Water = Sum of Columns (C), (D) and (E), automatically calculated. To update, click below

⁴This is the percentage of the total annual volume for Groundwater produced that was provided treatment to meet drinking water standards other than precautionary disinfection.

⁵If 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

If recycled water was *supplied* to your customers, complete the table below:

Specify the level of treatment (e.g., tertiary, disinfected secondary)	Name of Recycled Water supplier

COMMENTS:Ⓜ

6a. WATER RATES

Indicate the type of water rate structure Ⓜ used by your water system: --Pick one--

What is your billing frequency Ⓜ --Pick one--

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

Connection Type	FLAT BASE RATE	UNIFORM USAGE RATE	VARIABLE BASE RATE (provide range)		VARIABLE USAGE RATE (provide range)	
	\$ (Base)	\$ per hcf Ⓜ	\$ Low	\$ High	\$ per hcf Low	\$ per hcf High
RESIDENTIAL Ⓜ						
Single-family Residential						
Multi-family Residential						
Do you provide lifeline/low income subsidies? --Pick one--						
If Yes, provide rates:						
NON-RESIDENTIAL Ⓜ						
Commercial/Institutional						
Industrial						
Landscape Irrigation						
Agricultural Irrigation						
Other						
Do you have fire suppression surcharges? --Pick one--						
If Yes, provide rates:						
Do you have other surcharges? --Pick one--						
If Yes, provide rates:						

AVERAGE MONTHLY RESIDENTIAL WATER COST: \$/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".

6b. WATER DELIVERIES

Units of Measure for this table:

Provide monthly **metered** water deliveries in the table below.

A	B	C	D	E	F	G	H	I	J
	Single-family Residential	Multi-family Residential	Commercial/ Institutional	Industrial	Landscape Irrigation	Other	Total Urban Retail ^{1*}	Agricultural	Other PWS
Check if Recycled Water is included:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
January									
February									
March									
April									
May									
June									
July									
August									
September									
October									
November									
December									
Total*									

PWS = Public Water System

*Calculated field

¹Total Urban Retail = Sum of Columns (B) thru (G), automatically calculated. To update, click below

COMMENTS:☺

7. WATER QUALITY

ANNUAL NITRATE SAMPLING

Regulations require a minimum of **annual** sampling for nitrate. If any nitrate result is $\geq 1/2$ the MCL of 45 mg/L (i.e., a result of ≥ 23 mg/L nitrate) then quarterly monitoring must be initiated.

Did your system conduct monitoring for nitrate during 2014 from each source?	--Pick one--
--	--------------

NOTE: If there were any sources that were not monitored because they were offline during 2014, 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:	
---	--

COMMENTS: ⓘ

8. WATER TREATMENT

Treatment Plant	Required Treatment Plant Operator Classification

If treatment was added or changed in any way in 2014, provide a brief description and identify the water source

TD = Treatment or Distribution operator at any level

NR, N/A, NA = There are no facilities subject to the Certified Treatment Plant Operator requirements

DIRECT ADDITIVES

Are all chemicals used NSF/ANSI Standard 60 certified?	--Pick one--
--	--------------

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?	--Pick one--
---	--------------

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

COMMENTS: ⓘ

9. CROSS-CONNECTION CONTROL ⓘ

--	--	--	--	--	--

	Total Number in System	Number Installed in 2014	Number Tested in 2014	Number Failed in 2014	Number Repaired/ Replaced
Backflow Assemblies (2) on the Service Connections or Meter					
Backflow Assemblies On-site but not on the Service Connections or Meter (2)					
Air-gap Separation (2)					

No. of <i>Inactive</i> Backflow Prevention Assemblies (2) in water system in 2014 :	
Date of last cross-connection control survey done on the system:	
Name of designated Cross Connection Control Program Coordinator:	

Describe any cross-connection incidents (2) that occurred during 2014:

COMMENTS: (2)

10. CONSUMER CONFIDENCE REPORT (2) *(does not apply to Transient Noncommunity water systems)*

THE 2014 CCR MUST BE DISTRIBUTED TO YOUR CUSTOMERS AND A COPY SUBMITTED TO YOUR LOCAL REGULATORY AGENCY BY JULY 1, 2015. IN ADDITION, PUBLIC WATER SYSTEMS THAT ARE ALSO REGULATED BY THE CALIFORNIA PUBLIC UTILITIES COMMISSION (PUC) MUST MAIL A COPY OF THEIR CCR TO THE PUC BY JULY 1, 2015.

CERTIFICATION MUST BE SUBMITTED TO YOUR LOCAL REGULATORY AGENCY BY OCTOBER 1, 2015, STATING THAT THE 2014 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 Division of Drinking Water web site at: http://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/CCR.shtml

Indicate the date your 2014 CCR was distributed or will be distributed to your customers:	mm/dd/yyyy
---	------------

COMMENTS: (2)

11. OPERATOR CERTIFICATION

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

Your Highest Treatment System Classification is:

Name	Grade of Operator	Chief or Shift ¹ (C/S)	Operator Number	Expiration Date

¹Use "C" for Chief Operator and "S" for Shift Operator. If neither, leave blank.

Do your Chief and Shift Treatment Plant Operators have the minimum level required?

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

Your Distribution System Classification is:

Name	Grade of Operator	Chief or Shift ¹ (C/S)	Operator Number	Expiration Date

¹Use "C" for Chief Operator and "S" for Shift Operator. If neither, leave blank.

Do your Chief and Shift Distribution System Operators have the minimum level required?

COMMENTS: ²

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:
 - 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 2014 for which a permit was not obtained, please describe the improvements or modifications below.

Indicate any planned improvements or modifications for 2015.

COMMENTS: ²

13. COMPLAINTS REPORTED (WRITTEN OR VERBAL)

Type of Complaint	No. of Complaints		No. of Complaints	

	Reported by Customers	No. of Complaints Investigated	reported to the Division of Drinking Water or Local County Staff	Brief Description of Cause and Corrective Action taken
Taste and Odor				
Color				
Turbidity				
Visible Organisms				
Pressure (High or Low)				
Water Outages				
Illnesses (Waterborne)				
Other (Specify)				
Total No. of Complaints*				

*Calculated field

[To update totals click here](#)

COMMENTS:②

14. SYSTEM PROBLEMS

Type of Problem	No. of Problems	No. of Problems Investigated	No. of Problems Reported to the Division of Drinking Water or Local County Staff	Brief Description of Cause and Corrective Action Taken
Service Connection Breaks/ Leaks				
Main Breaks/Leaks				
Water Outages②				
Boil Water Orders				
Total*				

[To update totals click here](#)

COMMENTS:②

15. ONGOING WATER SYSTEM VIOLATIONS

Is your water system operating under USEPA, Division or LPA enforcement for a continuous violation?

If yes, respond to the following:

Type of violation (for example, specify "Nitrate MCL" violation if your wells exceeds the nitrate MCL of 45 mg/L)

Dates in 2014 that public notification was provided to users	
Corrective action taken in 2014	
Was bottled water provided to users?	--Pick one-- ▾
If yes, how was bottled water provided, for example, direct delivery?	
Describe anticipated schedule to return to compliance	

COMMENTS: ?

16. WATER CONSERVATION AND DROUGHT PREPAREDNESS

Date of your revised Drought Preparedness Plan, if any:	
If you experienced water shortages in 2014, please estimate the amount of shortfall in millions of gallons:	
Did drought conditions cause you to activate emergency standby wells in 2014?	--Pick one-- ▾
Do you project water shortages in the current calendar year?	--Pick one-- ▾
Did you implement NEW water conservation measures in 2014?	--Pick one-- ▾
If you implemented NEW water conservation measures in 2014, please estimate how much water was conserved in millions of gallons (relative to 2013): (MG) % reduction in demand	
Do you anticipate having to go to mandatory rationing in the upcoming year?	--Pick one-- ▾
Are your water sources metered?	--Pick one-- ▾
Do you routinely monitor the <i>static</i> water levels in your wells?	--Pick one-- ▾
Do you routinely monitor the <i>pumping</i> water levels in your wells?	--Pick one-- ▾
Are these levels recovering, declining or steady?:	--Pick one-- ▾

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

COMMENTS:②

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.

SMALL WATER SYSTEM
2014 ANNUAL REPORT TO THE DRINKING WATER PROGRAM
FOR YEAR ENDING DECEMBER 31, 2014
[Section 116530 Health & Safety Code]

WATER SYSTEM INFORMATION	
Water System No.:	
Water System Name:	
Water System Classification:	
Water System Ownership (Circle 1 description)	<div style="border: 1px solid black; padding: 2px;"> --Pick one-- </div> Local Government State or Federal Government Privately owned: PUC-regulated, for profit water company Privately owned, non-PUC-regulated (Community Water System) Privately owned Mutual Water Company or Association Privately owned business (non-community)
Physical location: (address line 1, address line 2, city, zip)	
General Office Phone: (with area code)	
Web site address:	

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:	
Title:	
Business phone:	
Cell phone:	
Email address:	
COMMENTS:?	

1. Public Water System Contacts

IMPORTANT: Each water system must have one and only one Administrative Contact AND one and only one Financial Contact. The same person may be both the Administrative and Financial Contacts.

Please provide an email address for the Administrative Contact as most email communication, particularly email blasts, from the Division of Drinking Water will be sent to the email address of the Administrative Contact.

A. Administrative Contact (Name/Title)

(Person that should receive correspondence or enforcement documents)

Address *(If different from system address)*

Telephone / Fax Number *(Include area code)*

Cell phone *(Include area code)*

Email Address

B. Designated Operator (Name/Title) *(Person that has a certified operator license)*

Address *(If different from system address)*

Telephone / Fax Number *(Include area code)*

Cell phone *(Include area code)*

Email Address

C. Financial/Billing Contact (Name/Title)

Address *(If different from system address)*

Telephone / Fax Number *(Include area code)*

Cell phone *(Include area code)*

Email Address

D. Water Quality Contact (Name/Title) *(Person responsible for water quality monitoring and reporting)*

Address *(If different from system address)*

Telephone / Fax Number *(Include area code)*

Cell phone *(Include area code)*

Email Address

2. POPULATION SERVED

Population Type	Population ?	Annual Operating Period ?			
		Begin Date		End Date	
		MM	DD	MM	DD
Residential ¹		Method Used to Determine Population: --Pick one--			
Transient ²					
Nontransient ³					

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

Descriptions:

¹Residential ? – 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 ? – 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 ? – 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.

List the names of communities served by the system identifying both incorporated and unincorporated areas:

COMMENTS:?

3. NUMBER OF SERVICE CONNECTIONS(as of December 31, 2014)

A. Active Service Connections:

Total Active Potable Water Connections currently in Division of Drinking Water database:	
--	--

The total number of Service Connections as of December 31, 2014 must be reported as either Unmetered or Metered for each Service Connection Type as appropriate.

TYPE	Potable Water			Recycled Water		
	Unmetered	Metered	Total*	Unmetered	Metered	Total*
Do NOT report fire sprinkler connections and fire hydrants. These connections are not counted toward “service connections” for compliance purposes.						
<u>Single-family Residential:</u> single family detached dwellings						
<u>Multi-family Residential:</u> duplexes, town homes, condominiums, apartments, and trailer parks						

<u>Commercial/Institutional:</u> hotels, schools, prisons, hospitals, nursing homes, dormitories, laundries, retail establishments (malls, shopping centers, retail stores, service shops, restaurants), office buildings, gas stations, and other service connections that do not meet any of the connection type definitions						
<u>Industrial:</u> industrial parks, manufacturing, warehouses, utilities, assemblers						
<u>Landscape Irrigation:</u> Play fields, golf courses, roadways, median strips, cemeteries, parks and other dedicated landscape connections						
<u>Agricultural Irrigation:</u> irrigation of commercially-grown crops and other dedicated agricultural connections						
Total Active Connections*						

*Calculated field

[To update totals click here](#)

B. Number of Inactive Connections (all types) Include only service connections that have been physically disconnected (i.e., meter removed) from the water system. All other service connections should be considered as "Active."	
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COMMENTS:②

4. GROUNDWATER (GW) AND SURFACE WATER (SW) SOURCES②

GROUNDWATER SOURCES (INCLUDING STANDBY SOURCES)

PSCode ②	Name	Activity ②

Add sources not listed above. Describe changes to sources above under "Comments".

PSCode ②	Name	Activity ②	Comments

SURFACE WATER INTAKES

PSCode ?	Name	Activity ?

Add sources not listed above. Describe changes to sources above under "Comments".

PSCode ?	Name	Activity ?	Comments

DISCUSS CHANGES TO ABOVE SOURCES?

If a STANDBY SOURCE was used in 2014, provide the following information.

Name of the Standby Source used in 2014:	No. of days the Standby Source was in operation:	Were customers notified? (Y/N)	Was DDW or Local County Staff notified? (Y/N)	Describe the reason the Standby Source was used:

COMMENTS:?

5. WATER PRODUCED, PURCHASED AND SOLD

The **Maximum Day** is the day during 2014 with the highest total water usage. Provide the *date* for that day in Column B, then complete Columns C, D and E, indicating how much of the water on that day was from each source.

The **Maximum Month** is the month during 2014 with the highest total water usage. Provide the *month* in Column B, then complete Columns C, D and E, indicating how much of the water during that month was from each source.

Units of Measure for this table: --Pick one--

Volumes are based on: --Pick one--

A	B	C	D	E	F	G	H	I
	Potable Water						Non-potable (exclude recycled)	Recycled
	Date/ Month	Water Produced from Groundwater (Wells)	Water Produced from Surface Water ²	Finished Water Purchased or Received from another PWS ⁵	Total Amount of Potable Water ^{3*}	Water Sold to Another PWS ⁵		
Maximum Day ¹								
Maximum Month								
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								
Annual Total*								
Percent Treated ⁴								

PWS = Public Water System

*Calculated field

Non-potable = water supplies that do not enter the drinking water distribution system and are for non-potable uses only such as irrigation or toilet flushing

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.

²Do not include raw water purchased; report only volume of water that was treated.

³(F) Total Amount of Potable Water = Sum of Columns (C), (D) and (E), automatically calculated. To update, click below

[To update totals click here](#)

⁴This is the percentage of the total annual volume for Groundwater produced that was provided treatment to meet drinking water standards other than precautionary disinfection.

⁵If 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

If recycled water was *supplied to your customers*, complete the table below:

Specify the level of treatment (e.g., tertiary, disinfected secondary)	Name of Recycled Water supplier

COMMENTS:

6a. WATER RATES

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

What is your billing frequency

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

Connection Type	FLAT BASE RATE	UNIFORM USAGE RATE	VARIABLE BASE RATE (provide range)		VARIABLE USAGE RATE (provide range)	
	\$ (Base)	\$ per hcf <input type="text"/>	\$ Low	\$ High	\$ per hcf Low	\$ per hcf High
RESIDENTIAL <input type="text"/>						
Single-family Residential						
Multi-family Residential						
Do you provide lifeline/low income subsidies? <input type="text" value="--Pick one--"/>						
If Yes, provide rates:						
NON-RESIDENTIAL <input type="text"/>						
Commercial/Institutional						
Industrial						
Landscape Irrigation						
Agricultural Irrigation						
Other						
Do you have fire suppression surcharges? <input type="text" value="--Pick one--"/>						
If Yes, provide rates:						
Do you have other surcharges? <input type="text" value="--Pick one--"/>						
If Yes, provide rates:						

AVERAGE MONTHLY RESIDENTIAL WATER COST: \$/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".

6b. WATER DELIVERIES

Units of Measure for this table:

Provide monthly **metered** water deliveries in the table below.

A	B	C	D	E	F	G	H	I	J
	Single-family Residential	Multi-family Residential	Commercial/ Institutional	Industrial	Landscape Irrigation	Other	Total Urban Retail ¹	Agricultural	Other PWS
Check if Recycled Water is included:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
January									
February									
March									
April									
May									
June									
July									
August									
September									
October									
November									
December									
Total*									

PWS = Public Water System

*Calculated field

¹Total Urban Retail = Sum of Columns (B) thru (G), automatically calculated. To update, click below

COMMENTS:

7. WATER QUALITY

ANNUAL NITRATE SAMPLING

Regulations require a minimum of **annual** sampling for nitrate. If any nitrate result is $\geq 1/2$ the MCL of 45 mg/L (i.e., a result of ≥ 23 mg/L nitrate) then quarterly monitoring must be initiated.

Did your system conduct monitoring for nitrate during 2014 from each source?	--Pick one--
--	--------------

NOTE: If there were any sources that were not monitored because they were offline during 2014, 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:	
---	--

COMMENTS: ⓘ

8. WATER TREATMENT

Treatment Plant	Required Treatment Plant Operator Classification

If treatment was added or changed in any way in 2014, provide a brief description and identify the water source

TD = Treatment or Distribution operator at any level

NR, N/A, NA = There are no facilities subject to the Certified Treatment Plant Operator requirements

DIRECT ADDITIVES

Are all chemicals used NSF/ANSI Standard 60 certified?	--Pick one--
--	--------------

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?	--Pick one--
---	--------------

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

COMMENTS: ⓘ

9. CROSS-CONNECTION CONTROL ⓘ

--	--	--	--	--	--

	Total Number in System	Number Installed in 2014	Number Tested in 2014	Number Failed in 2014	Number Repaired/ Replaced
Backflow Assemblies ② on the Service Connections or Meter					
Backflow Assemblies On-site but not on the Service Connections or Meter ②					
Air-gap Separation ②					

No. of <i>Inactive</i> Backflow Prevention Assemblies ② in water system in 2014 :	
Date of last cross-connection control survey done on the system:	
Name of designated Cross Connection Control Program Coordinator:	

Describe any cross-connection incidents ② that occurred during 2014:

COMMENTS: ②

10. CONSUMER CONFIDENCE REPORT ② *(does not apply to Transient Noncommunity water systems)*

THE 2014 CCR MUST BE DISTRIBUTED TO YOUR CUSTOMERS AND A COPY SUBMITTED TO YOUR LOCAL REGULATORY AGENCY BY JULY 1, 2015. IN ADDITION, PUBLIC WATER SYSTEMS THAT ARE ALSO REGULATED BY THE CALIFORNIA PUBLIC UTILITIES COMMISSION (PUC) MUST MAIL A COPY OF THEIR CCR TO THE PUC BY JULY 1, 2015.

CERTIFICATION MUST BE SUBMITTED TO YOUR LOCAL REGULATORY AGENCY BY OCTOBER 1, 2015, STATING THAT THE 2014 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 Division of Drinking Water web site at: http://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/CCR.shtml

Indicate the date your 2014 CCR was distributed or will be distributed to your customers:	mm/dd/yyyy
---	------------

COMMENTS: ②

11. OPERATOR CERTIFICATION

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

Your Highest Treatment System Classification is:

Name	Grade of Operator	Chief or Shift ¹ (C/S)	Operator Number	Expiration Date

¹Use "C" for Chief Operator and "S" for Shift Operator. If neither, leave blank.

Do your Chief and Shift Treatment Plant Operators have the minimum level required?

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

Your Distribution System Classification is:

Name	Grade of Operator	Chief or Shift ¹ (C/S)	Operator Number	Expiration Date

¹Use "C" for Chief Operator and "S" for Shift Operator. If neither, leave blank.

Do your Chief and Shift Distribution System Operators have the minimum level required?

COMMENTS:²

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:
 - 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 2014 for which a permit was not obtained, please describe the improvements or modifications below.

Indicate any planned improvements or modifications for 2015.

COMMENTS:²

13. COMPLAINTS REPORTED (WRITTEN OR VERBAL)

Type of Complaint	No. of Complaints		No. of Complaints

	Reported by Customers	No. of Complaints Investigated	reported to the Division of Drinking Water or Local County Staff	Brief Description of Cause and Corrective Action taken
Taste and Odor				
Color				
Turbidity				
Visible Organisms				
Pressure (High or Low)				
Water Outages				
Illnesses (Waterborne)				
Other (Specify)				
Total No. of Complaints*				

*Calculated field

[To update totals click here](#)

COMMENTS: ?

14. SYSTEM PROBLEMS

Type of Problem	No. of Problems	No. of Problems Investigated	No. of Problems Reported to the Division of Drinking Water or Local County Staff	Brief Description of Cause and Corrective Action Taken
Service Connection Breaks/ Leaks				
Main Breaks/Leaks				
Water Outages?				
Boil Water Orders				
Total*				

[To update totals click here](#)

COMMENTS: ?

15. ONGOING WATER SYSTEM VIOLATIONS

Is your water system operating under USEPA, Division or LPA enforcement for a continuous violation?

If yes, respond to the following:

Type of violation (for example, specify "Nitrate MCL" violation if your wells exceeds the nitrate MCL of 45 mg/L)

Dates in 2014 that public notification was provided to users	
Corrective action taken in 2014	
Was bottled water provided to users?	--Pick one-- ▾
If yes, how was bottled water provided, for example, direct delivery?	
Describe anticipated schedule to return to compliance	

COMMENTS: ⓘ

16. WATER CONSERVATION AND DROUGHT PREPAREDNESS

Date of your revised Drought Preparedness Plan, if any:	
If you experienced water shortages in 2014, please estimate the amount of shortfall in millions of gallons:	
Did drought conditions cause you to activate emergency standby wells in 2014?	--Pick one-- ▾
Do you project water shortages in the current calendar year?	--Pick one-- ▾
Did you implement NEW water conservation measures in 2014?	--Pick one-- ▾
If you implemented NEW water conservation measures in 2014, please estimate how much water was conserved in millions of gallons (relative to 2013): (MG) % reduction in demand	
Do you anticipate having to go to mandatory rationing in the upcoming year?	--Pick one-- ▾
Are your water sources metered?	--Pick one-- ▾
Do you routinely monitor the <i>static</i> water levels in your wells?	--Pick one-- ▾
Do you routinely monitor the <i>pumping</i> water levels in your wells?	--Pick one-- ▾
Are these levels recovering, declining or steady?:	--Pick one-- ▾

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

COMMENTS:②

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.