

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

WATER SYSTEM INFORMATION	
Water System No.:	CA3701837
Water System Name:	WYNOLA WATER DISTRICT
Water System Classification: ?	Community Water System
Physical location: (address line 1, address line 2, city, zip)	P. O. Box 193 4839 Glenside Road Santa Ysabel, CA 92070
General Office Phone: (with area code) ?	(760) 765- 4872
Web site address:	Wynolaestates.com

REPORT SUBMITTED BY: ?	
Name:	Raymond Mitchell
Title:	Director, Certified Distribution Operator
Business phone:	760-765-4872
Cell phone:	
Email address:	mitchells@nethere.com

COMMENTS: ?

1. Public Water System Contacts [?](#)

To delete or remove a contact associated with your water system, uncheck all of the assignment checkboxes. Your regulatory staff will update their databases accordingly. [?](#) Note that you are unable to delete the contact name. [?](#)

NAME, TITLE & ADDRESS	PHONE TYPE	PHONE NO.	EMAIL	CONTACT TYPE (pick all that apply) ?	
<u>HUFFMAN, ED</u>	Business	760-765-0276 3420		<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
Ray Mitchell	Facsimile			<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
P.O. BOX 193	Mobile	760-525-0976		<input type="checkbox"/> Designated Operator In Charge	<input checked="" type="checkbox"/> Water Quality
SANTA YSABEL CA 92070	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
	Business			<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
	Facsimile			<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
	Mobile			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Legal

	Business			<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
	Facsimile			<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
	Mobile			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
	Business			<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
	Facsimile			<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
	Mobile			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
	Business			<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
	Facsimile			<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
	Mobile			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
	Business			<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
	Facsimile			<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
	Mobile			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
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	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
	Business			<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
	Facsimile			<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
	Mobile			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
Add Additional Contact ?				(pick all that apply)	
--Contact Name--	Business	--Bus. #--	--Email Addr--	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
--Title--	Facsimile	--Fax No--		<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
--Address Line 1-- --Address Line 2--	Mobile	--Mob. #--	--2nd Email Addr--	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
--City-- --ST-- --Zip--	Emergency	--Emer. #--		<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
Add Additional Contact ?				(pick all that apply)	
--Contact Name--	Business	--Bus. #--	--Email Addr--	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
--Title--	Facsimile	--Fax No--		<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
--Address Line 1-- --Address Line 2--	Mobile	--Mob. #--	--2nd Email Addr--	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
--City-- --ST-- --Zip--	Emergency	--Emer. #--		<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
COMMENTS: ?					



2. POPULATION SERVED

Population Type	Population ?	Annual Operating Period ?			
		Begin Date		End Date	
		MM	DD	MM	DD
Residential ¹	120	1	1	12	31
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 (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.

COMMENTS: ?

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

A. Active Service Connections:

TYPE	Unmetered	Metered	Total*
Residential		71	71
Commercial			0
Industrial			0
Agricultural (agricultural and non-agricultural irrigation services)			0
Other (services that do not meet any of the above definitions)			0
Total Active Connections*	0	71	71

*Calculated field

To update totals click here

B. Number of Inactive Connections (all types)	0
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COMMENTS: ?



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

GROUNDWATER SOURCES (INCLUDING STANDBY SOURCES)

PSCode ?	Name	Activity ?
006	WELL 06	I

001	WELL 01	A
008	WELL 08	A
005	WELL 05	A
002	WELL 02	A
004	WELL 04	I
010	WELL 10	A
009	WELL 09	A
011	WELL 11	A
003	WELL 03	A
007	WELL 07	A

SURFACE WATER INTAKES

PSCode 	Name	Activity 

DISCUSS CHANGES TO ABOVE SOURCES 



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

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

COMMENTS: 

5. FINISHED WATER PRODUCED, PURCHASED AND SOLD

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

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

Units of Measure for this table:

Volumes are based on:

A	B	C	D	E	F
	Water Produced		Water Purchased or Received from another PWS	Total Amount of Water ²	Water Sold to another PWS ³
	Groundwater	Surface Water			
Maximum Day ¹	42,555			42555	
Date: 3rd Qtr					
Maximum Month	1,276.666			1276.666	
Month: 3rd Qtr					
Annual Total	9.37 mil gals			0	

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](#)

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

COMMENTS: [?](#) Water Production/Sales are only calculated quarterly



6. WATER RATES

Indicate the type of water rate structure [?](#) used by your water system:

What is your billing frequency [?](#)

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

Connection Type	FLAT BASE RATE	UNIFORM USAGE RATE	VARIABLE BASE RATE (provide range)		VARIABLE USAGE RATE (provide range)	
	\$ (Base)	\$ per hcf ?	\$ Low	\$ High	\$ per hcf Low	\$ per hcf High
RESIDENTIAL ?						
Residential	\$1.50				\$2.50	\$10.00
Multi-residential						
Additional Residential						

Do you provide lifeline/low income subsidies? <input type="text" value="No"/>						
If Yes, provide rates:						
NON-RESIDENTIAL ?						
General						
Commercial						
Industrial						
Agricultural						
Government						
Other						
Additional Non-residential						
Do you have fire suppression surcharges? <input type="text" value="No"/>						
If Yes, provide rates:						
Do you have other surcharges? <input type="text" value="Yes"/>						
If Yes, provide rates:	\$7.00/month					

AVERAGE MONTHLY RESIDENTIAL WATER COST: \$16.20 + surcharges\$/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: ? Water sales are billed quarterly



7. WATER QUALITY

ANNUAL NITRATE SAMPLING

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

Did your system conduct monitoring for nitrate during 2011 from each source?	<input type="text" value="Yes"/>
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NOTE: If there were any sources that were not monitored because they were offline during 2011, 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:	02-28-2007
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COMMENTS: ?

8. WATER TREATMENT

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

No

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

DIRECT ADDITIVES

Are all chemicals used NSF/ANSI Standard 60 certified?

--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: ? We are classified as a "Pristine" Water System

9. CROSS-CONNECTION CONTROL ?

	Total Number in System	Number Installed in 2011	Number Tested in 2011	Number Failed in 2011	Number Repaired/ Replaced
Backflow Assemblies ? on the Service Connections or Meter	1	1	0	0	0
Backflow Assemblies On-site but not on the Service Connections or Meter					
Air-gap Separation ?					

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

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

Name of designated Cross Connection Control Program Coordinator:

Describe any cross-connection incidents ? that occurred during 2011:

COMMENTS: ?

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

THE 2011 CCR MUST BE DISTRIBUTED TO YOUR CUSTOMERS AND A COPY SUBMITTED TO YOUR LOCAL REGULATORY AGENCY BY JULY 1, 2012.


CERTIFICATION MUST BE SUBMITTED TO YOUR LOCAL REGULATORY AGENCY BY OCTOBER 1, 2012, STATING THAT THE 2011 CCR HAS BEEN DISTRIBUTED TO CUSTOMERS AND THAT THE INFORMATION IS CORRECT.

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


Indicate the date your 2011 CCR was distributed or will be distributed to your customers:	07-01-2011 mm/dd/yyyy
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COMMENTS:  See our Web Site to view 2011 CCR

11. OPERATOR CERTIFICATION

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

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

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

Name	Operator Number	Grade of Operator	Expiration Date MM/DD/YYYY
Raymond Mitchell	40900	D1	04-01-2015

COMMENTS: 

12. WATER SYSTEM IMPROVEMENTS

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

- Addition of a new distribution reservoir with a capacity of 100,000 gallons or more
- Modification or extension of the existing distribution system using an alternative to the requirements of the California Waterworks Standards (see Sections 64570 through 64578)
- Modification of the water supply by:
 - 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 2011 for which a permit was not obtained, please describe the improvements

or modifications below.

Indicate any planned improvements or modifications for 2012.

COMMENTS: [?](#)

13. COMPLAINTS REPORTED (WRITTEN OR VERBAL)

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

*Calculated field

[To update totals click here](#)

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.