




**SMALL WATER SYSTEM
2016 ANNUAL REPORT TO THE DRINKING WATER PROGRAM
FOR YEAR ENDING DECEMBER 31, 2016
[Section 116530 Health & Safety Code]**

WATER SYSTEM INFORMATION	
Water System No.:	CA3701837
Water System Name:	WYNOLA WATER DISTRICT
Water System Classification: 	Community Water System
Water System Ownership (See descriptions below):	<u>Privately owned, non-PUC-regulated (Community Water System)</u>
Physical location: <i>(address line 1, address line 2, city, zip)</i>	PO Box 193 4839 Glenside Road Sanata Ysabel 92070
General Office Phone: <i>(with area code)</i> 	760-765-4872
Web site address:	www.wynolawaterdistrict.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: 	
Note: Your name and title, email address, and work phone number are disclosable report information that may be obtained through the Public Records Act.	
Name:	Tim Taschler
Title:	Director, Treasurer
Work phone:	760-315-6300
Cell phone:	
Email address:	tim.taschler@gmail.com

COMMENTS: 

1. Public Water System Contacts 

[Click here](#) to learn how to Modify, Add and Delete Contacts in the table below.

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.



PHONE TYPE: Home – if you use your home or personal phone number as your business number, use the HOME phone type instead and leave the BUSINESS phone type blank.

Only the BUSINESS phone type will appear in Drinking Water Watch (<https://sdwis.waterboards.ca.gov/PDWW/>), which can be viewed by the public, if the General Office phone number is not provided (see Water System Information section under the Intro tab).

NAME, TITLE & ADDRESS	PHONE TYPE	PHONE NO.	EMAIL	CONTACT TYPE (pick all that apply) ?	
<u>HUFFMAN, ED</u>	Business			<input checked="" type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Operator
	Home			<input type="checkbox"/> Administrative	<input type="checkbox"/> Emergency
	Facsimile			<input type="checkbox"/> Financial	<input type="checkbox"/> Water Quality
	Mobile			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Legal
	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Contract Operator
				<input type="checkbox"/> Funding	
Tim Taschler Director, Treasurer PO Box 193 Santa Ysabel CA 92070	Business	760-765-4872	wynolawater@gmail.com	<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Operator
	Home	760-315-6300		<input checked="" type="checkbox"/> Administrative	<input type="checkbox"/> Emergency
	Facsimile			<input type="checkbox"/> Financial	<input type="checkbox"/> Water Quality
	Mobile		tim.taschler@gmail.com	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Legal
	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Contract Operator
				<input type="checkbox"/> Funding	
	Business			<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Operator
	Home			<input type="checkbox"/> Administrative	<input type="checkbox"/> Emergency
	Facsimile			<input type="checkbox"/> Financial	<input type="checkbox"/> Water Quality
	Mobile			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Legal
	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Contract Operator
				<input type="checkbox"/> Funding	
	Business			<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Operator
	Home			<input type="checkbox"/> Administrative	<input type="checkbox"/> Emergency
	Facsimile			<input type="checkbox"/> Financial	<input type="checkbox"/> Water Quality
	Mobile			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Legal
	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Contract Operator
				<input type="checkbox"/> Funding	
	Business			<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Operator
	Home			<input type="checkbox"/> Administrative	<input type="checkbox"/> Emergency
	Facsimile			<input type="checkbox"/> Financial	<input type="checkbox"/> Water Quality
	Mobile			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Legal
	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Contract Operator
				<input type="checkbox"/> Funding	
	Business			<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Operator
	Home			<input type="checkbox"/> Administrative	<input type="checkbox"/> Emergency
	Facsimile			<input type="checkbox"/> Financial	<input type="checkbox"/> Water Quality
	Mobile			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Legal
	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Contract Operator
				<input type="checkbox"/> Funding	

	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
				<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator
	Business			<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Operator
	Home			<input type="checkbox"/> Administrative	<input type="checkbox"/> Emergency
	Facsimile			<input type="checkbox"/> Financial	<input type="checkbox"/> Water Quality
	Mobile			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Legal
	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Contract Operator
				<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator
	Business			<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Operator
	Home			<input type="checkbox"/> Administrative	<input type="checkbox"/> Emergency
	Facsimile			<input type="checkbox"/> Financial	<input type="checkbox"/> Water Quality
	Mobile			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Legal
	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Contract Operator
				<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator
Add Additional Contact				(pick all that apply)	
Co-Lee Grev	Business			<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
President	Home			<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
PO Box 193	Facsimile			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
	Mobile	(858) 735-5930	cgreve@live.com	<input type="checkbox"/> Owner	<input checked="" type="checkbox"/> Legal
Santa Ysabel CA 92070	Emergency			<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator
Add Additional Contact				(pick all that apply)	
--Contact Name--	Business	(999) 999-9999		<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
--Title--	Home	(999) 999-9999	XXXXXX@XXXXX.XXX	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
--Address Line 1--	Facsimile	(999) 999-9999		<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
--Address Line 2--	Mobile		XXXXXX@XXXXX.XXX	<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
--City-- --ST-- 99999	Emergency	(999) 999-9999		<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator
Add Additional Contact				(pick all that apply)	
--Contact Name--	Business	(999) 999-9999		<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
--Title--	Home	(999) 999-9999	XXXXXX@XXXXX.XXX	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
--Address Line 1--	Facsimile	(999) 999-9999		<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
--Address Line 2--	Mobile		XXXXXX@XXXXX.XXX	<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
--City-- --ST-- 99999	Emergency	(999) 999-9999		<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator
Add Additional Contact				(pick all that apply)	
--Contact Name--	Business	(999) 999-9999		<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
--Title--	Home	(999) 999-9999	XXXXXX@XXXXX.XXX	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
--Address Line 1--	Facsimile	(999) 999-9999		<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
--Address Line 2--	Mobile		XXXXXX@XXXXX.XXX	<input type="checkbox"/> Owner	<input type="checkbox"/> Legal

--City-- --ST-- 99999	Emergency	(999) 999-9999	<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
			<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator
COMMENTS:?				

2. POPULATION SERVED

Population Type	Population ?	Annual Operating Period ?					
		Begin Date		End Date			
		MM	DD	MM	DD		
Residential ¹	160	Method Used to Determine Population: Other		01	01	12	31
Transient ²	0	01	01	12	31		
Nontransient ³	0	01	01	12	31		

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:
Wynola Estates (San Diego County Tract 3678-3)

COMMENTS:?

3. NUMBER OF SERVICE CONNECTIONS (as of December 31, 2016)

A. Active Service Connections:

Total Active Potable Water Connections currently in Division of Drinking Water database:	72
--	----

The total number of Service Connections as of December 31, 2016 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	0	72	72	0	0	0
<u>Multi-family Residential:</u> Apartments, condominiums, town houses,	0	0	0	0	0	0

duplexes and trailer parks						
<u>Commercial/Institutional:</u> Retail establishments, office buildings, laundries, schools, prisons, hospitals, dormitories, nursing homes, hotels	0	0	0	0	0	0
<u>Industrial:</u> All manufacturing	0	0	0	0	0	0
<u>Landscape Irrigation:</u> Parks, play fields, cemeteries, median strips, golf courses	0	0	0	0	0	0
<u>Agricultural Irrigation:</u> Irrigation of commercially-grown crops	0	0	0	0	0	0
Total Active Connections*	0	72	72	0	0	0

*Calculated field

To update totals click here



TYPE	Potable Water			Recycled Water		
	Unmetered	Metered	Total*	Unmetered	Metered	Total*
<u>Other:</u> Fire suppression, street cleaning, line flushing, construction meters, temporary meters	0	0	0	0	0	0

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 ?
3701837-006	WELL 06	I
3701837-001	WELL 01	I
3701837-008	WELL 08	I
3701837-005	WELL 05	I
3701837-002	WELL 02	I
3701837-004	WELL 04	I
3701837-010	WELL 10	A
3701837-009	WELL 09	A
3701837-011	WELL 11	A
3701837-003	WELL 03	A
3701837-007	WELL 07	A

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

Are your water sources metered?

DISCUSS CHANGES TO ABOVE SOURCES?

If a **STANDBY SOURCE** was used in 2016, provide the following information.

Name of the Standby Source used in 2016:	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 2016 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.

Units of Measure for this table: Million Gallons

Volumes are based on: METERED VOLUMES

A	B	C	D	E	F	G	H	I
	Potable Water							
	Date/ Month	Water Produced from Groundwater (Wells)	Water Produced from Surface Water²	Finished Water Purchased or Received from another PWS⁵	Total Amount of Potable Water^{3*}	Water Sold to Another PWS⁵	Non- potable (exclude recycled)	Recycled
Maximum Day ¹	August	.702			0.702			
January		.391	0	0	0.391	0	0	0
February		.363	0	0	0.363	0	0	0
March		.343	0	0	0.343	0	0	0
April		.343	0	0	0.343	0	0	0
May		.384	0	0	0.384	0	0	0
June		.640	0	0	0.64	0	0	0
July		.645	0	0	0.645	0	0	0
August		.702	0	0	0.702	0	0	0
September		.655	0	0	0.655	0	0	0
October		.551	0	0	0.551	0	0	0
November		.555	0	0	0.555	0	0	0
December		.314	0	0	0.314	0	0	0
Annual Total*		5.886	0	0	5.886	0	0	0
Percent Treated ⁴		0						

PWS = Public Water System

* Calculated field. **If you do not have monthly production data to report, please report your Annual Total production in the row for January and enter "0" for all the other months.**

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

¹ Only report Maximum Day if it is actually measured or determined from production records. It should not be the average day demand during the maximum month of production.

² Do 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 and flouridation.

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



If you have questions about completing this section of the report, please contact Kathy.Frevert@Waterboards.ca.gov or call (916) 322-5274.



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

If tiered, what is the number of tiers?	<input type="text" value="3"/>
Date of most recent update to the rate structure: MM/DD/YYYY	01/01/2015
Describe the changes that were made in the update:	increased base + teirs
What is your billing frequency <input type="text" value="quarterly"/>	
What is your new connection fee?	5000
Date of most recent update to the new connection fee: MM/DD/YYYY	7/23/2005

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

Connection Type	FLAT BASE RATE (FBR)	If FBR + UUR, what is the volume allowed before UUR applies	UNIFORM USAGE RATE (UUR)	VARIABLE BASE RATE (provide range) (VBR)		VARIABLE USAGE RATE (provide range) (VUR)	
	\$ (Base)	HCF 	\$ per HCF	\$ Low	\$ High	\$ per HCF Low	\$ per HCF High
RESIDENTIAL 							
Single-family Residential	40	0	0	0	0	1.75	11.50
Multi-family Residential	0	0	0	0	0	0	0
Do you provide lifeline/low income subsidies?			<input type="text" value="No"/>				
If Yes, provide rates:							

June	2208	0	0	0	0	0	2208	0	0
July	0	0	0	0	0	0	0	0	0
August	0	0	0	0	0	0	0	0	0
September	3186	0	0	0	0	0	3186	0	0
October	0	0	0	0	0	0	0	0	0
November	0	0	0	0	0	0	0	0	0
December	2062	0	0	0	0	0	2062	0	0
Total*	8864	0	0	0	0	0	8864	0	0

PWS = Public Water System

*Calculated field

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

[To update totals click here](#)

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 (Maximum Contaminant Level) of 10 mg/l as nitrogen (i.e., a result of ≥ 5 mg/l as nitrogen) then quarterly monitoring must be initiated.

Did your system conduct monitoring for nitrate during 2016 from each source?	<input type="text" value="Yes"/>
--	----------------------------------

NOTE: If there were any sources that were not monitored because they were offline during 2016, 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:	03/10/2017
---	------------

COMMENTS: 

8. WATER TREATMENT

Treatment Plant	Required Treatment Plant Operator Classification

If treatment was added or changed in any way in 2016, provide a brief description and identify the water source. Prior operators Mitchell and McDonough were improperly adding chlorine to the wells on a monthly basis. When new board of directors took over 1/1/17 the practice was stopped and DEH was informed.

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? ?	<input type="text" value="Not sure"/>
--	---------------------------------------

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?	<input type="text" value="Yes"/>
---	----------------------------------

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

COMMENTS: ? Based on receipts, it appears that chlorine was non NSF 60

9. CROSS-CONNECTION CONTROL [?](#)

	Total Number in System	Number Installed in 2016	Number Tested in 2016	Number Failed in 2016	Number Repaired/ Replaced
Backflow Assemblies ? on the Service Connections or Meter (Reduced Pressure Principle and Double Check Valve assemblies)	0	0	0	0	0
Backflow Assemblies On-site but not on the Service Connections or Meter ? (Reduced Pressure Principle and Double Check Valve assemblies)	0	0	0	0	0
Air-gap Separation ?	0	0			

No. of <i>Inactive</i> Backflow Prevention Assemblies ? in water system in 2016 :	
Date of last cross-connection control survey done on the system:	
Cross Connection Control Program Coordinator	
Name:	
Certification Number:	
Business Phone:	Email Address:
Certification or training received:	

Describe any cross-connection incidents [?](#) that occurred during 2016:

COMMENTS: ?

10. CONSUMER CONFIDENCE REPORT [?](#) (does not apply to Transient Noncommunity water systems)

THE 2016 CCR MUST BE DISTRIBUTED TO YOUR CUSTOMERS AND A COPY SUBMITTED TO YOUR LOCAL REGULATORY AGENCY BY JULY 1, 2017. 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, 2017.

CERTIFICATION MUST BE SUBMITTED TO YOUR LOCAL REGULATORY AGENCY BY OCTOBER 1, 2017, STATING THAT THE 2016 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 2016 CCR was distributed or will be distributed to your customers:	06/01/2017 mm/dd/yyyy
---	-----------------------

COMMENTS: ?

11. OPERATOR CERTIFICATION

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

Your Highest Treatment System Classification is: **There are no facilities subject to the Certified Treatment Plant Operator requirements**

If you do not have a Certified Distribution System Operator, put "NONE" in **each** column of the first row.

Treatment Operator Name (First name Last name)	Grade of Treatment Operator (1, 2, 3, 4, or 5)	Chief or Shift ¹ (C, S or X)	Treatment Operator Number (4 or 5 digits)	Treatment Certification Expiration Date (MM/DD/YYYY)
NONE	NONE	NONE	NONE	NONE

¹Use "C" for Chief Operator and "S" for Shift Operator. If neither, put an "X". Do not leave blank.

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

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

Your Distribution System Classification is: D1

If you do not have a Certified Distribution System Operator, put "NONE" in **each** column of the first row.

Distribution Operator Name (First name Last name)	Grade of Distribution Operator (1, 2, 3, 4, or 5)	Chief or Shift ¹ (C, S or X)	Distribution Operator Number (4 or 5 digits)	Distribution Certification Expiration Date (MM/DD/YYYY)
Raymond Mitchell	1	x	40900	04/01/2008
Tom McDonough	1	x	44478	11/01/207

¹Use "C" for Chief Operator and "S" for Shift Operator. If neither, put an "X". Do not leave blank.

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

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 2016 for which a permit was not obtained, please describe the improvements or modifications below.

Indicate any planned improvements or modifications for 2017.
Secure enclosure around Well 11.

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 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*	0	0	0	

*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	Brief Description of Cause and Corrective Action Taken

			the Division of Drinking Water or Local County Staff	
Service Connection Breaks/ Leaks				
Main Breaks/Leaks				
Water Outages?				
Boil Water Orders				
Total*	0	0	0	

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?	No <input type="text"/>
---	-------------------------

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 2016 that public notification was provided to users	
Corrective action taken in 2016	
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 2016, please estimate the amount of shortfall in millions of gallons:	
Did drought conditions cause you to activate emergency standby wells in 2016?	<input type="text" value="No"/>
Do you project water shortages in the current calendar year?	<input type="text" value="No"/>
Did you implement NEW water conservation measures in 2016?	<input type="text" value="No"/>
If you implemented NEW water conservation measures in 2016, please estimate how much water was conserved in millions of gallons: (MG) % reduction in demand	
Do you anticipate having to go to mandatory rationing in the upcoming year?	<input type="text" value="No"/>
Do you routinely monitor the <i>static</i> water levels in your wells?	<input type="text" value="Yes"/>
Do you routinely monitor the <i>pumping</i> water levels in your wells?	<input type="text" value="Yes"/>
Are these levels recovering, declining or steady?:	<input type="text" value="Declining"/>

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

COMMENTS: ?

Disclosure: Be advised that Sections 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 purposes of compliance may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for each separate violation 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 the violation, or be imprisoned in county jail not to exceed one year, or both the fine and imprisonment.