



**SMALL WATER SYSTEM
2019 ANNUAL REPORT TO THE DRINKING WATER PROGRAM
FOR YEAR ENDING DECEMBER 31, 2019
[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):	<input type="text" value="Local Government"/>
Physical location: (address line 1, address line 2, city, zip)	4839 Glenview Rd Santa Ysabel 92070
General Office Phone: (with area code) 	
Web site address:	www.wynolawaterdistrict.com

BOXES COLORED YELLOW ARE MANDATORY QUESTIONS AND MUST BE ANSWERED TO COMPLETE THIS REPORT

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

COMMUNITY WATER SYSTEMS WHO RECEIVE AN ANNUAL BILL FROM THE STATE

IF YOU RECEIVE AN ANNUAL BILL FROM A LOCAL COUNTY, SKIP THIS SECTION.

Your water system classification is:

IF YOU ARE NOT A COMMUNITY WATER SYSTEM, SKIP THIS SECTION.

CERTIFICATION FOR REDUCTION OF ANNUAL FEES FOR PUBLIC WATER SYSTEMS SERVING A DISADVANTAGED COMMUNITY (DAC) 

If you are a community water system who has previously submitted documentation to the State Water Resource Control Board certifying that you are serving a DAC, you must check the box below to continue receiving a reduced annual fee.

I certify under penalty of perjury under the laws of the State of California as a duly authorized representative of the public water system for which this document is being submitted that the foregoing is true and correct: the public water system for which this report is being submitted served a disadvantaged community (as defined in Title 22, Division 4, Chapter 14.5, section 64300 of the California Code of Regulations) for the year in which this report is applicable, and, if requested to do so by the State Board, will provide documentation to the State Board upon request, which may include an income survey, that the public water system served a disadvantaged community during the time period for which this report applies.

If you are a community water system who is not currently receiving a DAC fee reduction, is a serving a DAC as defined in Title 22, Division 4, Chapter 14.5, section 64300 of the California Code of Regulations and would like to request a fee reduction, you must complete [DAC certification form](#) and upload the form to the "DAC" tab for the State Water Resources Control Board to review your request.

Click [HERE](#) for instructions on how to upload your completed DAC certification form. To upload a DAC Certification Form, click [HERE](#)

If you have questions about completing this section of the report, please contact the Program Liaison Unit at DDW-PLU@waterboards.ca.gov or call (916) 449-5158.

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
Work phone:	760-315-6300
Cell phone:	
Email address:	tim.taschler@gmail.com

Please be aware that all comment boxes throughout this electronic annual report will be made publicly available WITH THE EXCEPTION of the comment box below. Only Waterboard staff and other people with your water system's DRINC login credentials will have access to this comment box. You are encouraged to provide any comments that you believe may help improve this annual report process.

PRIVATE 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).

EXISTING CONTACTS					
NAME, TITLE & ADDRESS	PHONE TYPE ?	PHONE NO.	EMAIL	CONTACT TYPE (pick all that apply)?	
_HUFFMAN, ED P.O. BOX 193 SANTA YSABEL CA 92070	Business	760-765-3420		<input checked="" type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Operator <input type="checkbox"/> Emergency <input type="checkbox"/> Water Quality <input type="checkbox"/> Legal <input type="checkbox"/> Contract Operator
	Home			<input type="checkbox"/> Administrative	
	Facsimile			<input type="checkbox"/> Financial	
	Mobile			<input type="checkbox"/> Designated Operator In Charge	
	Emergency			<input type="checkbox"/> Owner	
				<input type="checkbox"/> Funding	
	Business			<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Operator <input type="checkbox"/> Emergency <input type="checkbox"/> Water Quality <input type="checkbox"/> Legal <input type="checkbox"/> Contract Operator
	Home			<input type="checkbox"/> Administrative	
	Facsimile			<input type="checkbox"/> Financial	
	Mobile			<input type="checkbox"/> Designated Operator In Charge	
	Emergency			<input type="checkbox"/> Owner	
				<input type="checkbox"/> Funding	
	Business			<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Operator
	Home			<input type="checkbox"/> Administrative	

	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	
	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	
	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	
	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	
	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	
	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
NEW CONTACTS					

Add Additional Contact?				(pick all that apply)	
Tim Taschler	Business	760-315-6300	tim.taschler@gmail.com	<input checked="" type="checkbox"/> Administrative	<input type="checkbox"/> Operator
President	Home			<input checked="" type="checkbox"/> Financial	<input type="checkbox"/> Emergency
PO Box 193 --Address Line 2--	Facsimile		wynolawater@gmail.com	<input checked="" type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
Santa Ysabel CA 92070	Mobile			<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
				<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator
Add Additional Contact?				(pick all that apply)	
--Contact Name--	Business	(999) 999-9999	XXXXXX@XXXXX.XXX	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
--Title--	Home	(999) 999-9999		<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
--Address Line 1-- --Address Line 2--	Facsimile	(999) 999-9999	XXXXXX@XXXXX.XXX	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
--City-- --ST-- 99999	Mobile	(999) 999-9999		<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
				<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator
Add Additional Contact?				(pick all that apply)	
--Contact Name--	Business	(999) 999-9999	XXXXXX@XXXXX.XXX	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
--Title--	Home	(999) 999-9999		<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
--Address Line 1-- --Address Line 2--	Facsimile	(999) 999-9999	XXXXXX@XXXXX.XXX	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
--City-- --ST-- 99999	Mobile	(999) 999-9999		<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
				<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator
Add Additional Contact?				(pick all that apply)	
--Contact Name--	Business	(999) 999-9999	XXXXXX@XXXXX.XXX	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
--Title--	Home	(999) 999-9999		<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
--Address Line 1-- --Address Line 2--	Facsimile	(999) 999-9999	XXXXXX@XXXXX.XXX	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
--City-- --ST-- 99999	Mobile	(999) 999-9999		<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
				<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator
COMMENTS (Note: Comments will be made publicly available): ?					


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

If residential population is based on "Other" , identify the methods or sources of how it was estimated:
SMALL COMMUNITY EVERYONE KNOWS EVERYONE


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 (Note: Comments will be made publicly available): 

3. NUMBER OF SERVICE CONNECTIONS (as of December 31, 2019)

A. Active Service Connections:

Total Active Potable Water Connections currently in Division of Drinking Water database:	72
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The total number of Service Connections as of December 31, 2019 must be reported as either Unmetered or Metered for each Service Connection Type as appropriate.

TYPE	Potable Water		
	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	73	73
<u>Multi-family Residential:</u> Apartments, condominiums, town houses, duplexes and trailer parks	0	0	0
<u>Commercial/Institutional:</u> Retail establishments, office buildings, laundries, schools, prisons, hospitals, dormitories, nursing homes, hotels, churches, campgrounds	0	0	0
<u>Industrial:</u> All manufacturing	0	0	0
<u>Landscape Irrigation:</u> Parks, play fields, cemeteries, median strips, golf courses	0	0	0
<u>Agricultural Irrigation:</u> Irrigation of commercially-grown crops	0	0	0
Total Active Connections*	0	73	73

*Calculated field

To update totals click here

If the connection categories below include some portion of residential connections, please check the boxes below:

Commercial/Institutional

- Industrial
- Landscape Irrigation

B. Number of Inactive Connections (all types) Include only service connections that have been physically disconnected (e.g. meter removed) from the water system. All other service connections should be considered as "Active."	0
C. Number of NON-residential customers required to have dedicated outdoor irrigation meters (excluding agricultural connections) ?	0

COMMENTS: (Note: Comments will be made publicly available) [?](#)

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?

Do you routinely monitor the *static* water levels in your wells?

Do you routinely monitor the *pumping* water levels in your wells?

Are these levels recovering, declining or steady?:

DISCUSS CHANGES TO ABOVE SOURCES [?](#)

If a **STANDBY SOURCE** was used in 2019, provide the following information.

Name of the Standby Source used in 2019:	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 (Note: Comments will be made publicly available): [?](#)

5. WATER PRODUCED, PURCHASED AND SOLD

The **Maximum Day** is the day during 2019 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 the Maximum Day ONLY:

Mark this box if your water system does not have monthly production data.

If you do not have monthly production data to report, please report your Annual Total production in the row for January and leave all the other months blank.

Important Note Concerning Recycled Water Questions:

The California Water Code Section 10609(c)(4) states: “The state should identify opportunities for streamlined reporting, eliminate redundant data submissions, and incentivize open access to data collected by urban and agricultural water suppliers.”

It has come to the Division of Drinking Water’s attention that, between this Electronic Annual Report and other reports, some public water systems experience (at least some) redundant reporting of recycled water information to the Division of Drinking Water.

If some or all of the quantities are reported elsewhere, check this box: . Answer any questions below that are not reported elsewhere and leave the reported quantities blank in the table. Please note in the comments where these quantities were reported.

Leave recycled water cells blank ONLY IF it is reported elsewhere on other reports indicated below, otherwise enter zero or the actual figure.


Name of report(s) containing the information requested in this Electronic Annual Report for reporting year 2019: monthly well data

Regulatory entity receiving the report(s), contact name, and phone number: none

Units of Measure for tables in Section 5A except for the Maximum Day: Million Gallons ▼

Volumes are based on: METERED VOLUMES ▼

Table 5A: Water Produced, Purchased, and Sold

A	B	C	D	E	F	G	H	I
Potable Water							Non-potable (exclude recycled) ⁶	Recycled ⁷ 
	Date/ Month	Water Produced from Groundwater (Wells)	Water Produced from Surface Water ²	Potable Water Received from another PWS ⁵	Total Amount of Potable Water ^{3*}	Water Sold to Another PWS ⁵		
Check here if no production for every month		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maximum Day ¹	SEPT				0			
January		0.301	0	0	0.301	0	0	0
February		0.208	0	0	0.208	0	0	0
March		0.248	0	0	0.248	0	0	0
April		0.388	0	0	0.388	0	0	0
May		0.278	0	0	0.278	0	0	0
June		0.379	0	0	0.379	0	0	0
July		0.564	0	0	0.564	0	0	0
August		0.553	0	0	0.553	0	0	0
September		0.567	0	0	0.567	0	0	0
October		0.410	0	0	0.41	0	0	0
November		0.336	0	0	0.336	0	0	0
December		0.251	0	0	0.251	0	0	0
Annual Total*		4.483	0	0	4.483	0	0	0
Percent Treated ⁴		0						

PWS = Public Water System

*Calculated field.

Non-potable = water supplies, except recycled water, that do not enter the drinking water distribution system and are for non-potable uses only such as irrigation

Recycled = domestic wastewater which as a result of treatment is suitable for uses other than potable use 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. Total water production includes water that is sold to another water system. To update, click below

[To update totals click here](#)

⁶ Non-potable = water supplies, except recycled water, that do not enter the drinking water distribution system and are for non-potable uses only such as irrigation

⁷ Recycled = domestic wastewater which as a result of treatment is suitable for uses other than potable use such as irrigation or toilet flushing. The recycled water collected in this table should be the non-potable recycled water which is used to substitute potable water or untreated surface and well water. If the recycled were not available, potable or untreated surface and well water needs to be used. Example, a landscape used to be irrigated using potable water but now using recycled water.

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 fluoridation.

⁵If water was Purchased/received from or Sold/delivered [?](#) to another PWS, complete the table below:

Specify whether water was <i>Purchased or Sold or Transferred</i>	Name of PWS

If recycled water was *supplied to your water system's customers* [?](#), complete the table below:

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

COMMENTS (Note: Comments will be made publicly available): [?](#)

6. WATER RATES, AFFORDABILITY, AND FINANCES

A. WATER RATES [?](#)

Does your water system charge customers for water (residential, commercial, industrial, or institutional water customers)?

If yes, complete Section 6A. If no, explain why:

Comments (if "other" selected above):

If you do not have water rates, go to **Section 6B, Deliveries.**

If you have questions about completing this section of the report, please contact Mary.Yang@Waterboards.ca.gov, 916-322-6507

A1. RESIDENTIAL WATER RATES

Complete this section if you have residential water rates. If no, mark this box: and [go to Section A6, Non-residential Water Rates.](#)

If you are a water supplier without water rates, check this box , then move to [Section 6B Water Deliveries.](#)

A1.a. Indicate the type of residential water rate structure [?](#) used by your water system (select those that apply):

Base Rate – (Non-Volumetric Rates) [?](#)

- Fixed Base Rate - Basic or fixed charge that is the same for all customers regardless of use.
- Variable Base Rate - Basic charge is different for customers depending on size of pipe, water meter, elevation, peak use, or other factors.

Usage Rate (Volumetric Rates) [?](#)

- Uniform Usage Rate - The charge per 100 cubic feet of water is the same regardless of use.
- Variable Usage Rate - Increasing Block or Tier Rate. The charge per 100 cubic feet or other increment of water increases as water use increases.

Other Rates

Flat Rate (often unmetered)- One rate for providing drinking water regardless of the volume of water used, not combined with a usage rate. [?](#)

If you have a Flat Rate, please skip questions A1.d, A1.e, A1.g, A1.h. Enter your flat rate in A3.

Allocation Based [?](#)

Other rate structure (specify your rate structure in the comment box, provide a weblink 1j below)

A1.b. Comments on rate structure (Note: Comments will be made publicly available):

A1.c. What is your billing frequency?	quarterly ▼
A1.d. If charges change with different levels of water consumption or features, what is the number of tiers or levels of charges for single-family customers? ?	Not Tiered ▼
A1.e. If charges change with different levels of water consumption or features, what is the number of tiers or levels of charges for multi-family customers? ?	Not Tiered ▼
A1.f. Mark below any variances or factors used to determine or adjust residential water rates or water allocations. ?	
<input type="checkbox"/> Agricultural use (non-commercial or commercial)	
<input type="checkbox"/> Drought factor ?	
<input type="checkbox"/> Elevation	
<input type="checkbox"/> Evaporative Coolers	
<input type="checkbox"/> Fire protection - water to irrigate vegetation	
<input type="checkbox"/> Home-based business	
<input type="checkbox"/> Livestock or large animals	
<input type="checkbox"/> Lot size	
<input type="checkbox"/> Medical needs	
<input type="checkbox"/> Meter size	
<input type="checkbox"/> Mitigation of high levels of total dissolved solids	
<input type="checkbox"/> Occupancy (All-year)	
<input type="checkbox"/> Occupancy (Seasonal)	
<input type="checkbox"/> Pressure zone	
<input type="checkbox"/> Soil compaction and dust control	
<input type="checkbox"/> Supplement ponds and lakes to sustain wildlife	
<input type="checkbox"/> Other :	
<input type="checkbox"/> None of the above	
A1.g. Units of Measure (UOM) for this table on Residential Water Rates: ?	Hundred Cubic Feet ▼

A1.h. Table on Residential Water Rates, Single-family [?](#) and Multi-family [?](#)

If your water system uses an allocation or flat base rate structure, add a direct weblink to more information on your [rate structure \(A1.k or A1.l\)](#), provide information in the box [“Comments on Residential Rate Structure”\(A1.m\)](#), and leave this table blank.

Provide information on residential water rates based on consumption. If a feature of your rate structure, (e.g., meter size, elevation, or other) affects water rates, provide the water rate associated with the most common situation. Enter zero “0” if not applicable. [See examples](#)

Single-family Rates

Multi-family Rates

Upper volume of water included in base rate in Units of Measure (UOM)

Upper volume of water included in base rate in Units of Measure (UOM)

Cost per Billing Period (Dollars)

Cost per Billing Period (Dollars)

If there is no base rate or volume of water associated with a base rate, enter the number zero “0”.

If there is no base rate or volume of water associated with a base rate, enter the number zero “0”.

Base Rate (non-volumetric rates) [?](#)

0

109.5

0

0

Lower level of water volume for each level in UOM

Cost per UOM (Dollars)

Lower level of water volume for each level in UOM

Cost per UOM (Dollars)



(Lower level instead of higher level)

The rows that follow do not include a base rate or fixed charge.

Usage Rate (volumetric rates) ?

Rate Structure level 1	0	7.48	0	0
Rate Structure level 2	0	0	0	0
Rate Structure level 3				
Rate Structure level 4				
Rate Structure level 5				
Rate Structure level 6				
Rate Structure level 7				

A1.i. Date of most recent update to the rate structure (this does not include regularly scheduled rate changes, rather actual changes to your rate structure): ? MM/DD/YYYY 01/01/18

A1.j. Describe the rate structure changes to rate changes that were made in the update: 300% 5 -year rate increase

A1.k. Provide a direct link to a web page that explains water rates and fees, if available. ? www.wynolawaterdistrict.com

A1.l. If a webpage with rate information is not available, Send an email (click here) with the document, **subject line: PWSID CA_____ and Rate Information**

A1.m. Comments on Residential Rate Structure. Explain allocation rate, if applicable. ?

A2. RESIDENTIAL SERVICE CONNECTIONS

A2.a. Select the most common single-family residential meter size: 3/4 inch ▼

A2.b. Select the most common multi-family residential meter size: not applicable ▼

A2.c. What is, approximately, the service connection fee for a **single-family brand-new construction** based on the most common meter size listed above (\$) ? 5000

A2.d. Date of most recent update to the new connection fee for a single-family brand-new construction: MM/DD/YYYY ? 7/23/2005

A2.e. What is the one-time fee or deposit needed to create a new water service account for an **existing single-family home** based on the most common meter size indicated above (\$) ? 300

A2.f. What is, approximately, the connection fee for a **multi-family brand-new construction** based on the most common meter size indicated above (\$) ? 0

A2.g. Check items included in new residential connection fees:

<input type="checkbox"/>	Existing infrastructure buy-in (e.g., water treatment/ conveyance/sewage treatment)
<input type="checkbox"/>	Upgrades to infrastructure (seismic retrofits, pipe replacements, etc.)
<input type="checkbox"/>	Storm water management system
<input type="checkbox"/>	Debt service charge
<input type="checkbox"/>	Development of new water supplies
<input type="checkbox"/>	Other :

A2.h. Comments on Residential Service Connections (publicly available):

A3. AFFORDABLE DRINKING WATER

For each amount of water delivered to a single-family residential customer shown below, what is charged (in dollars) to a customer?

For each of the three water volumes shown below, provide what would be the monthly water bill for a single-family residential customer. Enter the monthly Water Charges and Other Charges for each water volume. For example, if a single-family customer used 12 HCF in a month, the total bill would include water charges for using 12 HCF and other charges that are added to the bill. Other charges vary locally and may include property tax, city tax, utility users tax, services for fire suppression, waste water or sewer, stormwater or other non-water surcharges, electricity. If the “other charges” varies by certain features (e.g., by climate, lot size, landscaped area) use the lowest or most common charge in your calculation. Click the “Update Totals” button to automatically add the charges together to show a Total Monthly Water Bill that a residential customer would pay when its household used the specified amount of water.

For water systems with an allocation rate (also called “budget rates”) see additional guidance ?



To be consistent with California’s Human Right to Water Law and Conservation Law, the questions in this section ask for water charges associated with 6, 9, 12 and 24 hundred cubic feet (HCF) of water. Information on 9 HCF is new.

A3.a. 6 HCF ?

Drinking Water Charges (Fixed and variable water charges) 50 Dollars/month

Other Charges (e.g., property tax, fire suppression, waste water, other) 25 Dollars/month


Total Monthly Water Bill (Automatic sum of Water Charges and Other Charges)* 75 Dollars/month

A3.b. 9 HCF  

Drinking Water Charges (Fixed and variable water charges) 45 Dollars/month

Other Charges (e.g., property tax, fire suppression, waste water, other) 25 Dollars/month

Total Monthly Water Bill (Automatic sum of Water Charges and Other Charges)* 70 Dollars/month

A3.b. 12 HCF 

Drinking Water Charges (Fixed and variable water charges) 66 Dollars/month

Other Charges (e.g., property tax, fire suppression, waste water, other) 25 Dollars/month

Total Monthly Water Bill (Automatic sum of Water Charges and Other Charges)* 91 Dollars/month

A3.c. 24 HCF 

Drinking Water Charges (Fixed and variable water charges) 96 Dollars/month

Other Charges (e.g., property tax, fire suppression, waste water, other) 25 Dollars/month

Total Monthly Water Bill (Automatic sum of Water Charges and Other Charges)* 121 Dollars/month

*If “Other Charges” varies, (e.g., by climate, lot size, landscaped area, or other features) use the lowest charge in your calculation.

Calculated field: To update calculated field, click button below

To update totals click here

A3.e. Describe what is included in “Other Charges” (mark those that apply).

- Property Tax
- City Tax or Fee
- Utility User Tax or Fee
- Fire Suppression or Fire Protection Services Tax or Fee
- Wastewater or Sewer Tax or Fee
- Stormwater Tax or Fee
- Electricity Tax or Fee
- Other non-water charges and fees that are included on water bills, explain below:

Other:

A3.f. Comments on Affordable Drinking Water (publicly available):

A4. SHUT-OFFS 


Completing this section will fulfill State Water Resources Control Board requirements of Senate Bill 998 – Discontinuation of residential water service, which are mandatory as of April 1, 2020.

Click the “Update Totals” button to automatically add the Single Family and Multifamily Accounts


Community Water Systems that have water rates and more than 200 connections must complete this section. If your community water system does not meet these criteria for completing this Section, then you must mark the boxes “did not collect information” below in order to avoid completion errors.

If a water supplier tracks the number of services connections but did not collect information on whether residences were occupied or unoccupied at the time of disconnection, put the total number of disconnections in the “unknown accounts” column in the tables in this section. If a water supplier does not differentiate between single-family or multi-family, then enter all information as single-family.

Click the “Update Totals” button to automatically sum the Single Family and Multifamily Accounts.

For section A4, select the reporting year for your answers :


Residential Shut-offs and Reconnections

A4. This section has several questions on water services. Are you able to provide information on drinking water services alone, or are water services combined with non-water services (e.g., electricity, trash removal services) so your responses cover more than just water services? 

A4.a. How many accounts for residential service connections had their water shut off once during the year due to failure to pay?

If this information is only available for accounts that had their water shut off at least once, then check this box and complete the table below and skip question A4.c

If there was no information collected for question A4.a, then mark this check box and skip below table.

	Occupied Accounts	Unoccupied Accounts	Unknown Accounts 	Total*
Single-Family Accounts	0	0	0	0

Multi-family Accounts	0	0	0	0
-----------------------	---	---	---	---

A4.b. What is the average amount owed at the time of shut-off? \$ 0 Mark the box if unknown

A4.c. How many accounts for residential service connections had their water shut off more than once during the year due to failure to pay?

If there was no information collected for question A4.c, mark this box and skip below table.

	Occupied Accounts	Unoccupied Accounts	Unknown Accounts ?	Total*
Single-Family Accounts	0	0	0	0
Multi-Family Accounts	0	0	0	0

A4.d. What is the residential fee, including all administrative and processing fees, to restore drinking water service due to failure to pay during **operating hours**? ?

Single-Family Accounts 0

Multi-family Accounts 0

A4.e. What is the residential fee, including all administrative and processing fees, to restore drinking water service due to failure to pay during **non-operating hours**? ?

Single-Family Accounts 0

Multi-Family Accounts 0

A4.f. What was the median duration of the shut-offs (in days) for continuously occupied residential service accounts? ?

If there was no information collected for question A4.f, mark the check box "Did not collect median duration of shut-offs (in days) for occupied residents" and skip below table.

	Occupied Accounts	Unoccupied Accounts	Unknown Accounts ?
Single-Family Accounts	0	0	0
Multi-Family Accounts	0	0	0

A 4.g How many of these shut-offs are returned to service within one-day (or 24-hours)? 0

This answer covers:

A4.h. If you offer an extended repayment or other customer payment assistance plan, how many continuously occupied residential customer accounts participated?

Single-Family Accounts 0

Multi-family Accounts 0

Total* 0

A4.i. How many of the continuously occupied residential accounts were shut off at least once during the year and were enrolled in an extended repayment plan or other customer payment assistance plan at the time of the service disconnection?

Single-Family Accounts 0

Multi-family Accounts 0

Total* 0

*Calculated field, to update calculated fields in this section, click button below

The **Water Shutoff Protection Act (SB 998, 2018)** ? requires community water systems that have more than 200 connections to have shutoff policies completed by April 1, 2020. Mark this box if your water system has less than 200 service connections

A4.j Provide a direct weblink to your shutoff policy as required by the Water Shutoff Protection Act:

If your water agency doesn't have a website and for this reason is unable to post your shutoff policy, email your shutoff policy. [Send an email \(click here\)](#) with the document, Subject line: PWSID CA_____ and Shutoff Policy?

A4.k. What is the number of residential accounts (single-family, multi-family, and mixed use that include residential) that were missing one or more required water bill payments at the end of your year? ? 0

A4.l For A4.k accounts, what is the sum of outstanding uncollected residential (single-family, multi-family, and mixed use that include residential) bills at the end of your most recent year? ? 0 Not determined

A4.m. Comments on Shut-offs (publicly available):

A5. Affordable Drinking Water Assistance

For section A5, select the reporting year for your answers [?](#):

A5.a. Do you provide options for low-income assistance? If you selected “No”, skip questions A5b-A5k, and proceed to questions A6.

A5.b. If yes, how many residential accounts received the low-income subsidy?

A5.c. If yes, how was the program funded?

A5.d. How much funding was allocated to the program in 2019?

A5.e Does your program provide benefits to single-family only, or single-family and multi-family? (select answer)

A5.f. What was the average benefit amount for a single-family account in one month? [?](#)

Amount and Unit of Measure:

A5g. What was the average benefit amount for a multi-family account in one month? [?](#)

Amount and Unit of Measure:

A5.h If your system partners with an outside entity (e.g., United Way) to provide assistance to low income households, list the name of organization(s) and the amount of the benefit (in dollars) provided

Dollars provided: Time Period:

A5.i. OTHER FORMS OF ASSISTANCE TO ALL RESIDENTIAL CUSTOMERS. What type of bill assistance was provided? (Check all that are applicable)

Flexible or alternative Payment Terms Number of Accounts [?](#) Average Bill \$

Temporary Assistance Number of Accounts [?](#) Average Bill \$

Special Medical Need Number of Accounts [?](#) Average Bill \$

Other Please describe: NONE Number of Accounts [?](#) Average Bill \$

A5.j Do you have a process that can offer bill forgiveness under certain circumstance?

If yes, Number of Accounts [?](#) Average Bill \$ Information Not Collected

A5.k Comments on Affordable Drinking Water Assistance (publicly available):

A6. NON-RESIDENTIAL WATER RATES [?](#)

If you have non-residential water rates, complete this section. If no, mark this box: and [go to Section 6B, Deliveries](#)

A6.a. Select the most common non-residential meter size:

A6.b. What is your billing frequency for non-residential customers?

A6. c. Does your water system use an allocation rate for non-residential accounts? [?](#)

If yes, skip table A6d. In the comment box A6.e provide a weblink to more information on the allocation rates.

A6.d. Complete the table below providing specific water rates applied to your **non-residential** customers:

Connection Type	BASE RATE (BR)	If BR + 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
Commercial							
Institutional							
Industrial							
Landscape Irrigation							
Agricultural Irrigation							
Other							

Annual % non-potable water									
Total*	0	0	0	0	0	0	0	0	0

PWS = Public Water System

*Calculated field

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

² "Other PWS" values are prefilled from the Section 5 Table, Column G

[To update totals click here](#)

B1. Mark boxes below:

If the delivery categories below include some portion of residential deliveries, please check the boxes below:

- Commercial/Institutional
- Industrial
- Landscape Irrigation

If you have questions about this please contact State Water Board staff by email at: waterconservation@waterboards.ca.gov. This information is being asked at this time to help staff estimate the impacts of SB 606 and AB 1668, as required for the regulatory process.

Only answer question B2 if your system is an Urban Water Supplier with dedicated outdoor irrigation meters [?](#)

B2. What is the annual volume of outdoor irrigation water used on landscape areas with dedicated irrigation meters in connection with commercial, institutional, and industrial (CII) water use?

- a. Unit of Measure
- b. Volume of water
- c. Water system does not collect this information (mark box if applies)

Comments [?](#)

B3. If known, indicate what percentage of total annual urban water deliveries (see column H in Table 6B) is used for irrigation of:

- a. Developed and natural parklands [?](#)
- b. Publicly maintained urban trees (outside of parklands)
- c. Water system does not collect this information (mark box if applies)

COMMENTS (Note: Comments will be made publicly available): [?](#)

C. FINANCIAL AND ASSET MANAGEMENT

These questions will be used by Drinking Water staff at the State Water Board to understand needs and planning for infrastructure replacement.

C1. What is the date of your most recent water system financial report?

- a. Provide a direct link to a web page with your most recent water system financial report, if available.
- b. Alternatively, email your most recent water system financial report, [send an email \(click here\)](#) with the document, Subject line: PWSID CA____ and Shutoff Policy [?](#)

C 2 If there isn't a water system financial report, indicate that main reason why?

If other:

Asset Management [?](#)

C 3. Do you have a water system asset management plan, water system capital improvement plan, or an equivalent plan for the replacement of major water-related infrastructure? If yes, please provide a direct weblink to your most recent infrastructure-related plan (Up to three documents may be provided)

If a webpage or weblink is not available, send an [email \(click here\)](#) with the document, Subject line: PWSID CA_____ and Financial Documents [?](#)

C 4. Comments (publicly available):

7. WATER QUALITY



Date of Emergency Notification Plan:	07/16/2019
Is the Emergency Notification Plan up to date?	<input type="text" value="Yes"/> If no is selected, please upload a revised WQENP.

DIRECT ADDITIVES

Pursuant to Section 64590, Title 22 of the California Code of Regulations, (effective January 1, 1994), all chemicals or products, including chlorine, added directly to the drinking water as part of a treatment process must meet the ANSI/NSF Standard 60. Please complete the following table for each chemical used by this water system. If you are not sure whether a chemical you are using meets this standard, contact the manufacturer or distributor of the chemical.

If you do not use any direct additives, put "NONE" in **each** column of the first row.

[*Click here to upload an Excel spreadsheet](#) of your water system's Water Quality Direct Additives.*

Name of Chemical	Name of Manufacturer	Purpose of using chemical	Chemical is ANSI/NSF Standard 60 certified ? (Y/N)	Use initiated in 2019 ? (Y/N)
NONE	NONE	NONE	Y	N

INDIRECT ADDITIVES

As of March 9, 2008, a water system shall not use any chemical, material, lubricant, or product in the production, treatment or distribution of drinking water that comes in contact with the drinking water that does not have certification of meeting NSF/ANSI standard 61.

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 (Note: Comments will be made publicly available): ?

8. WATER TREATMENT

Treatment Plant Name	Treatment Process	Contaminant Removed

If treatment was added or changed in any way in 2019, provide a brief description and identify the water source

COMMENTS (Note: Comments will be made publicly available): ?

9. CROSS-CONNECTION CONTROL ?

	Total Number in System in 2019 ¹	Number Installed in 2019	Number Tested in 2019 ²	Number Failed in 2019	Number Repaired/ Replaced
Backflow Assemblies ? on the Service Connections or Meter (Reduced Pressure Principle and Double Check Valve assemblies)	1	0	1	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			

Notes:

¹ **Total Number in System in 2019** – Total number of active Backflow Prevention Assemblies including new devices installed in 2019, but excluding inactive devices.

² **Number Tested in 2019** – includes all active devices that were tested in 2019 and either passed or failed.

No. of <i>Inactive</i> Backflow Prevention Assemblies ? in water system in 2019 :	0
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 2019:

COMMENTS (Note: Comments will be made publicly available): ?

10. 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 Treatment System Operator, put "NONE" in each column of the first row.

Check this box if your public water system has designated a Chief Treatment Operator.

Name of Chief Treatment Operator (First name Last name):

Grade of Chief Treatment Operator (1, 2, 3, 4 or 5):

Treatment Operator Number (4 or 5 digits):

Treatment Certification Expiration Date (MM/DD/YYYY):

[*Click here to upload an Excel spreadsheet](#) of your water system's certified water treatment operators.*

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.

Check this box if your public water system has designated a Chief Distribution Operator.

Name of Chief Distribution Operator (First name Last name):

Grade of Chief Distribution Operator (1, 2, 3, 4 or 5):

Distribution Operator Number (4 or 5 digits):

Distribution Certification Expiration Date (MM/DD/YYYY):

[*Click here to upload an Excel spreadsheet](#) of your water system's certified distribution operators.*

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)
TIM TASCHLER	1	C	48152	04/01/2021

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 (Note: Comments will be made publicly available): [?](#)

11. WATER SYSTEM IMPROVEMENTS

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

- Addition of a new distribution reservoir with a capacity of 100,000 gallons or more

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

If your water system made any improvements or modifications during 2019 for which a permit was not obtained, please describe the improvements or modifications below.

NONE

Indicate any planned improvements or modifications for 2020.

NONE

COMMENTS (Note: Comments will be made publicly available): [?](#)

12. 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	0	0	0	
Color	0	0	0	
Turbidity	2	2	0	WATER TESTED, HOMEOWNER ISSUES
Visible Organisms	0	0	0	
Pressure (High or Low)	0	0	0	
Water Outages	0	0	0	
Illnesses (Waterborne)	0	0	0	
Other (Specify)	0	0	0	
Total No. of Complaints*	2	2	0	

*Calculated field

To update totals click here

COMMENTS (Note: Comments will be made publicly available): [?](#)

13. SYSTEM PROBLEMS

Type of Problem	No. of Problems	No. of Problems Investigated	No. of Problems Reported to the Division of Drinking Water	Brief Description of Cause and Corrective Action Taken

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

To update totals click here

INFRASTRUCTURE AND PRESSURE ?

Pipe Material in Distribution System

1. Which materials does your distribution system pipe consist of? Please check all that apply:

- Plastic (Including Poly Vinyl Chloride and HDPE)
- Steel
- Cast Iron
- Galvanized Iron
- Ductile Iron
- Cement Concrete
- Asbestos Cement

Pipeline Material	Percentage of distribution pipe system composed of the materials selected above	Average Age (in years)
Plastic	10	15
Steel		
Cast Iron		
Galvanized Iron		
Ductile Iron		
Cement Concrete		
Asbestos Cement	90	30
other:		

COMMENTS (Note: Comments will be made publicly available): ?

14. EMERGENCY PREPAREDNESS & RESPONSE, AND WATER PARTNERSHIPS

A. EMERGENCY RESPONSE PLANS

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

Do you have an Emergency Response Plan (ERP) that addresses the procedures for the restoration of water service for your water system?	Yes ▾
Date of your current Emergency Response Plan:	07/16/2019
Date ERP was last exercised with a tabletop or other activity:	07/16/2019

Are you registered in your local energy utility's Public Safety Power Shutoff notification plan? Yes ▾

B. AUXILIARY POWER SUPPLY

Does your water system have backup power for:	
1. Sources: ?	Some <input type="text"/>
2. Pumping Stations:	Some <input type="text"/>
3. Water Treatment Plants:	Not Applicable <input type="text"/>
If your system has backup power, how many times per year is it exercised?	12
Can your system maintain system pressure in all pressure zones either by backup power or by gravity fed storage during power outages for each of the following number of hours?	
24 hours <input type="text"/>	Yes <input type="text"/>
48 hours <input type="text"/>	Yes <input type="text"/>
72 hours <input type="text"/>	Yes <input type="text"/>
Is your backup power system automatic or manual start?:	Automatic <input type="text"/>

C. WATER PARTNERSHIPS

1) Are you interested in obtaining information about [water partnership or consolidation options](#)? [?](#) If yes, please mark those that apply:

- Please have Drinking Water staff contact our organization with more information about water partnership activities such as consolidation, extension of service, or interties that connect one system to another
- Please send my water system information about training opportunities
- Please send my water system information about funding options for water partnerships and consolidations

COMMENTS (Note: Comments will be made publicly available): ?

15. WATER CONSERVATION AND DROUGHT PREPAREDNESS

1. Date of your revised Drought Preparedness Plan or Water Shortage Contingency Plan, if any:	01/01/2018
Water system does not have a current drought or water shortage plan, mark box if applies: <input type="checkbox"/>	
2. Did your water system experience water shortages in 2019?	No <input type="text"/>
If yes, please estimate the amount of shortfall in units selected for this section	Volume of water:
	Units of Measure: ? Gallons (Gal) <input type="text"/>
3. How many water-shortage response stages are in your drought plan? For "non-applicable", enter zero. ?	0 <input type="text"/>
4. Did drought conditions cause you to activate emergency standby wells in 2019?	No <input type="text"/>
5. Do you project water shortages in the current calendar year? ?	No <input type="text"/>
6. Does your water system anticipate having to go to mandatory restrictions in the upcoming year? ?	No <input type="text"/>

7. Identify the method your water system uses to discourage excessive water use when in drought, in support of SB 814 (2016) [?](#) (Check as applicable)

- 7a. Rate structure (e.g., block tiers, water budgets, or rate surcharges above base rates for excessive water use)
- 7b. Excessive water use ordinance, rule, or tariff condition
- 7c. Not implementing

7d. Not applicable: not an urban retail water supplier?

7e. COMMENTS REGARDING SB 814 (Note: Comments will be made publicly available) :

8. To identify data streamlining opportunities, are there other government agencies, aside from the Department of Water Resources, that require reports on the same information found in the Electronic Annual Report? If yes, please describe (include the title of the report, which agency receives it, and the type of information it includes):

9. COMMENTS (Note: Comments will be made publicly available):

16. CLIMATE CHANGE ADAPTATION AND RESILIENCY FOR WATER UTILITIES



Per Waterboard Resolution 2017-0012, dated 3/7/17, water system inspections are required to address climate change impacts & concerns.

ONLY FOR COMMUNITY WATER SYSTEMS

Your water system classification is:

If you have questions about completing this section of the report, please contact Joseph.Crisologo@waterboards.ca.gov or call (818) 551-2046.

A. CLIMATE THREATS		
What climate-related impacts are of concern for your water system (check all that apply)?		
<input checked="" type="checkbox"/> Drought <input checked="" type="checkbox"/> Groundwater Depletion <input checked="" type="checkbox"/> Water Quality Degradation <input type="checkbox"/> Flooding <input type="checkbox"/> Sea Level Rise <input checked="" type="checkbox"/> Extreme Heat <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Other <input type="checkbox"/> None or N/A		
B. SENSITIVITY AND MAGNITUDE OF IMPACTS		
Qualitatively assess climate change sensitivity of your facilities, and criticality or consequence of disruption. Consider identified climate threats using past experience, and expert judgement based on the magnitude of expected change and extreme events in the future. You do not need numeric answers. USEPA provides a risk assessment tool, called CREAT, to help utilities identify which environmental changes can impact water supply: https://www.epa.gov/crwu/build-resilience-your-utility . More resources are available that may help you complete this section.		
Drought Groundwater Depletion	Decreased water storage (low lake and reservoir levels)	Choose an item Medium Sensitivity
	Groundwater depletion (increased extraction, reduced groundwater recharge, etc.)	Choose an item Medium Sensitivity
	Change in seasonal runoff and/or loss of snowmelt	Choose an item None to Low Sensitivity
	Region relies on water diverted from the Delta, imported from the Colorado River, or other climate-sensitive area	Choose an item None to Low Sensitivity
Water Quality Degradation	Salt-water intrusion into aquifers	Choose an item None to Low Sensitivity
	Altered water quality during storm events (turbidity shifts, debris flows)	Choose an item None to Low Sensitivity
	Surface water quality issues related to eutrophication, algal blooms, invasive species	Choose an item None to Low Sensitivity
Flooding Sea Level Rise	High flow events and flooding	Choose an item None to Low Sensitivity
	Inundation due to sea level rise, high tides, and/or coastal storm surges	Choose an item None to Low Sensitivity
	Aging flood protection infrastructure (levees), or insufficient impoundment capacity	Choose an item None to Low Sensitivity
Extreme Heat	Peak demand volume surges (due to extreme heat, temperature trends, etc.)	Choose an item None to Low Sensitivity
	Increases in agricultural water demand or energy sector needs	Choose an item

		None to Low Sensitivity ▼
Fire Other Impacts	Increased fire risk and altered vegetation, e.g., wildfires	Choose an item High or Already Experiencing ▼
	Disruption of power supply	Choose an item High or Already Experiencing ▼
	Other	Choose an item --Pick one-- ▼

C. ADAPTATION MEASURES

Identify measures to increase resiliency and reduce vulnerabilities based on identified water system sensitivities. Indicate status for all projects that your organization has completed or plans to implement to increase resiliency of the water system to climate change? Adaptation measures planned or achieved for reasons other than climate change should be put in the "Other" box along with the reason for the measure. USEPA's Adaptation Strategies Guide for Water Utilities provides examples of adaptation: <https://www.epa.gov/crwu/learn-how-plan-extreme-weather-events> ?

Install new and deeper drinking water wells, or modify existing wells to increase pumping capacity	Choose an item Will not Implement ▼
Develop local supplemental water supply, enhanced treatment, or increased storage capacity (e.g. recycled water, storm runoff for groundwater recharge, desalination, new reservoir)	Choose an item Will not Implement ▼
Interconnection with other utilities (transfers, mutual aid agreements with neighboring utilities)	Choose an item N/A ▼
Relocate facilities, construct or install redundant facilities	Choose an item N/A ▼
Modify facilities (e.g., install barrier or levee, raise a wall, seal a door, elevate construction)	Choose an item N/A ▼
Conservation measures (demand management, enhanced communication and outreach)	Choose an item N/A ▼
Fire prevention – brush management, partnerships	Choose an item In Progress ▼
Alternative or backup energy supply	Choose an item Completed ▼
On-site energy generation	Choose an item Completed ▼
Enhance monitoring program, budget for additional testing and treatment, chemicals	Choose an item In Progress ▼
Other	Choose an item --Pick one-- ▼

COMMENTS (Note: Comments will be made publicly available): ?

17. LEAD SERVICE LINE REPLACEMENT



ONLY FOR COMMUNITY WATER SYSTEMS

Your water system classification is:

Section 116885 of the California Health and Safety Code, Lead Service Lines in Public Water Systems, added to the Health and Safety Code by Senate Bill 1398 (2016) and amended by Senate Bill 427 (2017), requires all community water systems (CWSs) to compile an inventory of known partial or total lead user service lines in use in its distribution system by July 1, 2018. DDW is utilizing the electronic annual report (eAR) to gather and update this information.

CWSs that reported in the table below the existence of lead user service lines (A) or unknown material user service lines (B) or lead/unknown fittings associated with user service lines (M or O), need to submit to a timeline for replacement of those user service lines or fittings to DDW by July 1, 2020. Please include the updated information on your user service line inventory below so DDW can track the progress of your system. If you have identified user service lines in A, B, M or O below, you will need to upload a timeline, including a spreadsheet listing the locations and replacement schedules and a letter or short report contain the justification for the dates of the replacement, for approval by DDW. Please utilize the spreadsheet template located on

DDW's lead service line webpage to document the replacement schedules. For the suggested contents of the letter or report, please check the Fact Sheet on DDW's lead service line webpage. Water systems that previously reported service lines of unknown materials, that have now identified those materials and can certify that no lead or unknown service lines exist, must upload a certification form under the LSLR tab in place of a timeline report or letter.

For additional information including the spreadsheet template, certification form and Facts Sheet, please visit

https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/lead_service_line_inventory_pws.html

If you have questions about completing this section of the report, please contact David.Pimentel@Waterboards.ca.gov or call (916) 323-0572.

IMPORTANT: In the 2017 and 2018 electronic Annual Reports, all CWSs were required to submit the lead service line inventory to the DDW. The inventory will be prefilled with the 2018 EAR data for this section. Please review the table below and take this opportunity to make changes and update your inventory. Do not leave entry spaces blank. You must enter zero in any yellow fields which are not populated, otherwise errors will be generated at the end of the eAR report.

If your water system is a wholesaler and contains no user service lines, you are not required to complete this form: Please check this box:

Date lead service line inventory was completed (MM/DD/YYYY): 04/30/2018

A. User service line inventory:

"User service line" means the pipe, tubing, and fittings connecting a water main to an individual water meter or service connection.

Pipe Material	Estimated Number of Service Lines (Enter "0" if none)	Estimated Total Length of Service Lines (In feet), if applicable
A. Lead	0	0
B. Unknown material	0	0
C. Copper	0	
D. Cast iron (ductile pipe)	0	
E. Ductile iron	0	
F. Galvanized steel	0	
G. Polyvinyl chloride (PVC)	30	
H. Polyethylene (PE)	0	
I. High density polyethylene (HDPE)	43	
J. Polybutylene (PB)	0	
K. Transite/asbestos cement	0	
<u>L. Other materials not listed above:</u>		
Identify material 1	na	0
Identify material 2	na	0
Identify material 3	na	0
Identify material 4	na	0
Total number of service lines inventoried* (calculated field)	73	
Total number of service connections from Section 3 of the EAR	0	
Fittings or fittings connecting a water main:		
M. <u>Lead fittings NOT</u> on a lead pipe (e.g., goosenecks, pigtails, and corporation stops)	0	
N. <u>Lead fittings ON</u> a lead pipe (e.g., goosenecks, pigtails, and corporation stops)	0	
O. <u>Fittings of unknown material</u> (e.g., goosenecks, pigtails, and corporation stops)	0	
Total number of lead service lines** (calculated field)	0	

*Total number of service lines inventoried (calculated field) = Sum of A through L

**Total number of lead service lines (calculated field) = Sum of A and M

To Update calculated field, click button below

To update totals click here

B. Method(s) used to prepare the lead service line inventory in Part A (check all that apply):

- Tap Cards or tickets from initial service installation
- Plans from water main installation, rehabilitation, and replacement
- Records indicating when buildings were constructed
- Meter replacement records
- Distribution maps, drawings, or GIS
- Visual confirmation of pipe material by plumbers or utility crews during maintenance or installation activities
- Interviews with water system personnel and/or past employees
- Field investigations
- Other (describe below):
operations manual

C. COMPLIANCE WITH LEAD SERVICE LINE REPLACEMENT REQUIREMENT - **NEW**

Select one of the following options which applies to all community water system:

1. If the CWS completed the requirement by reporting no lead or no unknown service lines or fittings in the **2017, 2018, and 2019** EAR (2017, 2018, and 2019 EAR LSLR inventory table in subsection A. have rows A, B, M and O equal to 0), Check the box below to indicate you have completed the requirement. Click OK in the two pop-up windows that open after the box is checked. No further action is required.

- No lead and no unknown material service lines or fittings.

2. If the CWS reported lead or unknown material service lines or fittings in the **2017 and/or 2018** EAR LSLR section AND have since replaced or identified the materials (2019 EAR LSLR inventory table in subsection A. has rows A, B, M and O equal to 0), complete the LSLR certification form (the template can be found at the webpage linked below) then click [HERE](#) to upload the completed form. When you click on the HERE link, a new browser tab will open to the Replacement Timeline LTR or Certification Form upload page, after you have uploaded the document navigate back to this browser tab to complete the Finalize section of the EAR.

The LSLR certification form template and FAQs can be found on the Lead Service Line Inventory Requirement for Public Water Systems webpage in the Resource and supplemental material section (bottom of page) at:

https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/lead_service_line_inventory_pws.html

3. If the CWS reported lead or unknown material service lines or fittings in the 2019 EAR LSLR section (rows A, B, M and/or O are NOT equal to 0), a Replacement Timeline letter and spreadsheet must be submitted. The completed letter and spreadsheet (Replacement Timeline LTR and SS) should be uploaded at the links provided in 3.a. and 3.b. When you click on the HERE link below in 3.a., a new browser tab will open which has the Replacement Timeline LTR upload location, after you have uploaded the document navigate back this browser tab and click the HERE link in 3.b. for a new browser tab to open with the upload page for the Replacement Timeline SS. You will need to return to this browser tab to complete the Finalize section of the EAR after the uploads are completed.

- a. Click [HERE](#) to upload the Replacement Timeline LTR
- b. Click [HERE](#) to upload the Replacement Timeline SS

The timeline spreadsheet template and FAQs on this requirement can be found on the Lead Service Line Inventory Requirement for Public Water Systems webpage in the Resource and supplemental material section (bottom of page) at:

https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/lead_service_line_inventory_pws.html

If you are not able to upload the Replacement Timeline documents before the 2019 EAR is due, submit the 2019 EAR report on or before the report due date. After the EAR is reviewed, District or LPA Staff will return the EAR for revisions to allow you to upload the required documents by the July 1, 2020 deadline. You can request your District or LPA Office return the EAR for revision if you are ready to upload the documents before the review is completed.

Please indicate the total number of hours spent to complete this report. This information will be utilized to characterize the level of effort required to complete this report 2

- By checking this box you acknowledge that any information submitted in this report is publicly accessible and may be used by the State of California to determine compliance with applicable laws and regulations. Knowingly submitting false information in this report is a misdemeanor, and by submitting this information you certify that the contents are, to the best of your knowledge, complete and correct.