

# State Waterboard 2017 SWS EAR

You were approved for application 409870 on 06/12/2018 14:14:47

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## SMALL WATER SYSTEM 2017 ANNUAL REPORT TO THE DRINKING WATER PROGRAM FOR YEAR ENDING DECEMBER 31, 2017 [Section 116530 Health & Safety Code]

WATER SYSTEM INFORMATION	
Water System No.:	CA2210906
Water System Name:	MARIPOSA PINES MU
Water System Classification:	Community Water System
Water System Ownership (See descriptions below):	--Pick one--
Physical location: (address line 1, address line 2, city, zip)	Hites Cove Road 7126 Hites Cove Road MARIPOSA 95338
General Office Phone: (with area code)	209-742-7130
Web site address:	mariposapineswater@wet

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



### ONLY FOR COMMUNITY WATER SYSTEMS

Your water system classification is: Community Water System

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.

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

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 checked the box above, have you previously submitted a written request with documentation for DAC status? If not, please follow this [LINK](#) for additional information on how to submit a request. --Pick one--

To upload DAC Certificate, click "Upload DAC" link below.

[Upload DAC](#)

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:	
Title:	
Work phone:	
Cell phone:	
Email address:	

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### 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)	
ATKINS, TOM	Business Home	209-742-2333	Atkins@sti.net	<input type="checkbox"/> Contact1 <input type="checkbox"/> Delete <input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
VICE PRESIDENT	Facsimile			<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
7126 Hites Cove Road	Mobile			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
MARIPOSA 95338	Emergency			<input type="checkbox"/> Owner	<input checked="" type="checkbox"/> Legal
				<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator
HARRIS, HEATH	Business Home	209-966-4461	yosemitewelltesting@hotmail.com	<input type="checkbox"/> Contact2 <input type="checkbox"/> Delete <input type="checkbox"/> Administrative	<input checked="" type="checkbox"/> Operator
OPERATOR	Facsimile			<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
P. O. Box 529	Mobile	209-617-2384		<input type="checkbox"/> Designated Operator In Charge	<input checked="" type="checkbox"/> Water Quality
MARIPOSA 95338	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
				<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator
CUMMINGS, MONICA	Business Home	209-966-7306	mariposapineswater@earthlink.net	<input type="checkbox"/> Contact3 <input type="checkbox"/> Delete <input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
TREASURER	Facsimile			<input checked="" type="checkbox"/> Financial	<input type="checkbox"/> Emergency
7126 Hites Cove Road	Mobile			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
MARIPOSA 95338	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
				<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator
MILLER, BOB	Business Home	209-742-3239	bmillerpharmdmba@gmail.com	<input type="checkbox"/> Contact4 <input type="checkbox"/> Delete <input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
OPERATOR	Facsimile			<input type="checkbox"/> Financial	<input checked="" type="checkbox"/> Emergency
7126 Hites Cove Road	Mobile			<input checked="" type="checkbox"/> Designated Operator In Charge	<input checked="" type="checkbox"/> Water Quality
MARIPOSA 95338	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
				<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator
LEACH, ROY	Business Home	209-742-7130	lqleach@sti.net	<input type="checkbox"/> Contact5 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Administrative	<input type="checkbox"/> Operator
PRESIDENT	Facsimile			<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
7126 Hites Cove Road	Mobile			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
MARIPOSA 95338	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
				<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator
	Business Home			<input type="checkbox"/> Contact6 <input type="checkbox"/> Delete <input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
	Facsimile			<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency

<input type="text"/>	<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Contact6 Water Quality
<input type="text"/>	<input type="text"/>	Emergency	<input type="text"/>		<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
					<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator

<input type="text"/>	<input type="text"/>	Business	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Contact7 Delete	<input type="checkbox"/> Operator
<input type="text"/>	<input type="text"/>	Home	<input type="text"/>		<input type="checkbox"/> Administrative	
<input type="text"/>	<input type="text"/>	Facsimile	<input type="text"/>		<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
<input type="text"/>	<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
<input type="text"/>	<input type="text"/>	Emergency	<input type="text"/>		<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
					<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator

<input type="text"/>	<input type="text"/>	Business	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Contact8 Delete	<input type="checkbox"/> Operator
<input type="text"/>	<input type="text"/>	Home	<input type="text"/>		<input type="checkbox"/> Administrative	
<input type="text"/>	<input type="text"/>	Facsimile	<input type="text"/>		<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
<input type="text"/>	<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
<input type="text"/>	<input type="text"/>	Emergency	<input type="text"/>		<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
					<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator

<b>Add Additional Contact</b> (pick all that apply)						
<input type="text"/>	<input type="text"/>	Business	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
<input type="text"/>	<input type="text"/>	Home	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
<input type="text"/>	<input type="text"/>	Facsimile	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Operator In Charge	<input type="checkbox"/> Water Quality
<input type="text"/>	<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	Emergency	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
					<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator

<b>Add Additional Contact</b> (pick all that apply)						
<input type="text"/>	<input type="text"/>	Business	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
<input type="text"/>	<input type="text"/>	Home	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
<input type="text"/>	<input type="text"/>	Facsimile	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Operator In Charge	<input type="checkbox"/> Water Quality
<input type="text"/>	<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	Emergency	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
					<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator

<b>Add Additional Contact</b> (pick all that apply)						
<input type="text"/>	<input type="text"/>	Business	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
<input type="text"/>	<input type="text"/>	Home	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
<input type="text"/>	<input type="text"/>	Facsimile	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Operator In Charge	<input type="checkbox"/> Water Quality
<input type="text"/>	<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	Emergency	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
					<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator

<b>Add Additional Contact</b> (pick all that apply)						
<input type="text"/>	<input type="text"/>	Business	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
<input type="text"/>	<input type="text"/>	Home	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
<input type="text"/>	<input type="text"/>	Facsimile	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Operator In Charge	<input type="checkbox"/> Water Quality
<input type="text"/>	<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	Emergency	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
					<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator



Landscape Irrigation: Parks, play fields, cemeteries, median strips, golf courses	0	0	0	0	0	0
Agricultural Irrigation: Irrigation of commercially-grown crops	0	0	0	0	0	0
Total Active Connections*	86	0	86	0	0	0

\*Calculated field

TYPE	Potable Water			Recycled Water		
	Unmetered	Metered	Total*	Unmetered	Metered	Total*
Other: Fire suppression, street cleaning, line flushing, construction meters, temporary meters	13	0	13	0	0	0

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."

C. Number of NON-residential customers required to have dedicated outdoor irrigation meters (excluding agricultural connections).

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

**GROUNDWATER SOURCES (INCLUDING STANDBY SOURCES)**

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

**SURFACE WATER INTAKES**

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

Are your water sources metered?

**DISCUSS CHANGES TO ABOVE SOURCES**

If a STANDBY SOURCE was used in 2017, provide the following information.

COMMENTS:

**6a. WATER RATES**

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

Mark this box if your water system does not charge a water rate and skip the rest of Section 6a.

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="Not Tiered"/>
Date of most recent update to the rate structure: <input type="text" value="MM/DD/YYYY"/>	<input type="text" value="07/01/2012"/>
Describe the changes that were made in the update:	<input type="text" value="INCREASE"/>
What is your billing frequency: <input type="text" value="monthly"/>	
What is your new connection fee?	<input type="text" value="650.00"/>
Date of most recent update to the new connection fee: <input type="text" value="MM/DD/YYYY"/>	<input type="text" value="07/01/2016"/>

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
<b>RESIDENTIAL</b>							
Single-family Residential	40.00	0	0	0	0	0	0
Multi-family Residential	0	0	0	0	0	0	0
Do you provide lifeline/low income subsidies?			--Pick one--				
If Yes, provide rates:							
If yes, what percentage of residential customers receives this subsidy? (Example: X %)				%			
<b>NON-RESIDENTIAL</b>							
Commercial/Institutional	0	0	0	0	0	0	0
Industrial	0	0	0	0	0	0	0
Landscape Irrigation	0	0	0	0	0	0	0
Agricultural Irrigation	0	0	0	0	0	0	00
Other							
Do you have fire suppression surcharges?			--Pick one--				
If Yes, provide rates:							
Do you have other surcharges?			--Pick one--				
What are the other surcharges?			Tank Replacement Fee				
If Yes, provide rates:	5.00	0	0	0	0	0	0

For each of the three water volumes shown below, provide what would be the monthly water bill for a single-family residential customer. Include all fees and service charges associated with water services that this customer would pay when their household used the specified amount of water.

Amount of water delivered to customer: Bill amount (including all charges/fees associated with the amount of water used):

- a. 6 HCF  Dollars/month  
 b. 12 HCF  Dollars/month  
 c. 24 HCF  Dollars/month

NOTE: If this is not a "Community" Water System or if individual customers do not pay a separate bill for water enter "0". If bill amount would vary by season, use the month or time period with the highest water consumption.

HCF means "hundred cubic feet". There are 748 gallons in 100 cubic feet.

### 6b. WATER DELIVERIES

Mark this box if your water system does not have monthly water deliveries data and skip the rest of Section 6b.

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

Provide monthly metered water deliveries in the table below.

A	B	C	D	E	F	G	H	A
	Single-family Residential	Multi-family Residential	Commercial/ Institutional	Industrial	Landscape Irrigation	Other	Total Urban Retail <sup>1*</sup>	
Check if Recycled Water is included:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
January	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	<input type="text"/>
February	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	<input type="text"/>
March	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	<input type="text"/>
April	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	<input type="text"/>
May	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	<input type="text"/>
June	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	<input type="text"/>
July	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	<input type="text"/>
August	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	<input type="text"/>
September	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	<input type="text"/>
October	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	<input type="text"/>
November	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	<input type="text"/>
December	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	<input type="text"/>

Total*	0	0	0	0	0	0	0	0
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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  $\geq 5$  mg/l as nitrogen) then quarterly monitoring must be initiated.

Did your system conduct monitoring for nitrate during 2017 from each source?  --Pick one--

**NOTE: If there were any sources that were not monitored because they were offline during 2017, 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:  11/10/2011

COMMENTS:  Nitrate sampling was not d

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## 8. WATER TREATMENT

If treatment was added or changed in any way in 2017, provide a brief description and identify the water source

TD = Treatment or Distribution operator at any level

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

### DIRECT ADDITIVES

Are all chemicals added to the drinking water NSF/ANSI Standard 60 certified?  --Pick one--

### INDIRECT ADDITIVES

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

Does your water system have procedures to ensure all future equipment and materials meet this standard?  --Pick one--

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

COMMENTS:

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

	Total Number in System	Number Installed in 2017	Number Tested in 2017	Number Failed in 2017	Number Repaired/ Replaced
Backflow Assemblies on the Service Connections or Meter (Reduced Pressure Principle and Double Check Valve assemblies)	<input type="text"/> 1	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 0	<input type="text"/> 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:	3	0			

No. of <i>Inactive</i> Backflow Prevention Assemblies in water system in 2017 :	0
Date of last cross-connection control survey done on the system:	
Cross Connection Control Program Coordinator	
Name:	
Certification Number:	10966
Business Phone:	209-751-8421
Email Address:	eqarqat@icloud.com
Certification or training received:	D4

Describe any cross-connection incidents that occurred during 2017:

COMMENTS:

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

**THE 2017 CCR MUST BE DISTRIBUTED TO YOUR CUSTOMERS AND A COPY SUBMITTED TO YOUR LOCAL REGULATORY AGENCY BY JULY 1, 2018. 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, 2018.**

**CERTIFICATION MUST BE SUBMITTED TO YOUR LOCAL REGULATORY AGENCY BY OCTOBER 1, 2018, STATING THAT THE 2017 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/certific\\_drinkingwater/CCR.shtml](http://www.waterboards.ca.gov/drinking_water/certific_drinkingwater/CCR.shtml)

Indicate the date your 2017 CCR was distributed or will be distributed to your customers:	07/01/2017 mm/dd/yyyy
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#### 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 sub**

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

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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):

<sup>1</sup>Use "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:

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

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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):

<sup>1</sup>Use "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:

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## 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 2017 for which a permit was not obtained, please describe the improvements or modifications below.

Indicate any planned improvements or modifications for 2020.

COMMENTS:

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## 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	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Color	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Turbidity	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Visible Organisms	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Pressure (High or Low)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Water Outages	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Illnesses (Waterborne)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Other (Specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total No. of Complaints*	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	

\*Calculated field

COMMENTS:

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## 14. SYSTEM PROBLEMS

Type of Problem	No. of Problems	No. of Problems Investigated	No. of Problems Reported to the Division of Drinking Water or Local County Staff	Brief Description of Cause and Corrective Action Taken
Service Connection Breaks/ Leaks	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="Tree fell on line"/>
Main Breaks/Leaks	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>
Water Outages	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Boil Water Orders	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="Proper Amt of chlorine ad"/>
Total*	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	

COMMENTS:

### 15. ONGOING WATER SYSTEM VIOLATIONS

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

If yes, respond to the following:

Type of violation (for example, specify "Nitrate MCL" violation if your wells exceeds the nitrate MCL of 45 mg/L)	<input type="text"/>
Dates in 2017 that public notification was provided to users	<input type="text"/>
Corrective action taken in 2017	<input type="text"/>
Was bottled water provided to users?	<input type="text" value="--Pick one--"/>
If yes, how was bottled water provided, for example, direct delivery?	<input type="text"/>
Describe anticipated schedule to return to compliance	<input type="text"/>

COMMENTS:

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### 16. WATER CONSERVATION AND DROUGHT PREPAREDNESS

Date of your revised Drought Preparedness Plan or Water Shortage Contingency Plan, if any:	<input type="text"/>
Units of Measure for this section: <input type="text"/>	<input type="text" value="Gallons"/>
If you experienced water shortages in 2017, please estimate the amount of shortfall in units selected for this section:	<input type="text"/>
How many water-shortage response stages are in your drought plan? For "non-applicable", enter zero.	<input type="text" value="--Pick one--"/>
Did drought conditions cause you to activate emergency standby wells in 2017?	<input type="text" value="--Pick one--"/>
Do you project water shortages in the current calendar year? <input type="text"/>	<input type="text" value="--Pick one--"/>
Did you implement NEW water conservation measures in 2017?	<input type="text" value="--Pick one--"/>
If you implemented NEW water conservation measures in 2017, please estimate how much water was conserved: <input type="text"/> volume of water in units selected for this section <input type="text"/> % reduction in demand	
Do you anticipate having to go to mandatory rationing in the upcoming year?	<input type="text" value="--Pick one--"/>

Do you routinely monitor the <i>static</i> water levels in your wells?	--Pick one--
Do you routinely monitor the <i>pumping</i> water levels in your wells?	--Pick one--
Are these levels recovering, declining or steady?:	--Pick one--

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

COMMENTS:

- |          |               |              |             |              |                |                            |               |          |
|----------|---------------|--------------|-------------|--------------|----------------|----------------------------|---------------|----------|
| Intro    | Contacts      | Population   | Connections | Sources      | Water Supplied | Water Rates and Deliveries | Water Quality | Backflow |
| Backflow | Certification | Improvements | Complaints  | Distribution | Conservation   | Climate Change             | LSLR          | Finalize |

## 17. CLIMATE CHANGE ADAPTATION AND RESILIENCY FOR WATER UTILITIES



### 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](mailto:Joseph.Crisologo@waterboards.ca.gov) or call (818) 551-2046.

<b>A. CLIMATE THREATS</b>		
What climate-related impacts are of concern for your water system (check all that apply)? <a href="#">?</a>		
<input type="checkbox"/> Drought <input type="checkbox"/> Groundwater Depletion <input type="checkbox"/> Water Quality Degradation <input type="checkbox"/> Flooding <input type="checkbox"/> Sea Level Rise <input type="checkbox"/> Extreme Heat <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Other <input type="checkbox"/> None or N/A		
<b>B. SENSITIVITY AND MAGNITUDE OF IMPACTS</b>		
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: <a href="https://www.epa.gov/crwu/build-resilience-your-utility">https://www.epa.gov/crwu/build-resilience-your-utility</a> . More resources are available that may help you complete this section. <a href="#">?</a>		
<b>Drought   Groundwater Depletion</b>	Decreased water storage (low lake and reservoir levels)	Choose an item --Pick one--
	Groundwater depletion (increased extraction, reduced groundwater recharge, etc.)	Choose an item --Pick one--
	Change in seasonal runoff and/or loss of snowmelt	Choose an item --Pick one--
	Region relies on water diverted from the Delta, imported from the Colorado River, or other climate-sensitive area	Choose an item --Pick one--
<b>Water Quality Degradation</b>	Salt-water intrusion into aquifers	Choose an item --Pick one--
	Altered water quality during storm events (turbidity shifts, debris flows)	Choose an item --Pick one--
	Surface water quality issues related to eutrophication, algal blooms, invasive species	Choose an item --Pick one--
<b>Flooding   Sea Level Rise</b>	High flow events and flooding	Choose an item --Pick one--
	Inundation due to sea level rise, high tides, and/or coastal storm surges	Choose an item --Pick one--
	Aging flood protection infrastructure (levees), or insufficient impoundment capacity	Choose an item --Pick one--
<b>Extreme Heat</b>	Peak demand volume surges (due to extreme heat, temperature trends, etc.)	Choose an item --Pick one--
	Increases in agricultural water demand or energy sector needs	Choose an item --Pick one--
<b>Fire   Other Impacts</b>	Increased fire risk and altered vegetation, e.g., wildfires	Choose an item --Pick one--
	Disruption of power supply	Choose an item --Pick one--
	Other <input style="width: 100px;" type="text"/>	Choose an item --Pick one--
<b>C. ADAPTATION MEASURES</b>		
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: <a href="https://www.epa.gov/crwu/learn-how-plan-extreme-weather-events">https://www.epa.gov/crwu/learn-how-plan-extreme-weather-events</a> <a href="#">?</a>		
Install new and deeper drinking water wells, or modify existing wells to increase pumping capacity	Choose an item --Pick one--	
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 --Pick one--	
Interconnection with other utilities (transfers, mutual aid agreements with neighboring utilities)	Choose an item --Pick one--	
Relocate facilities, construct or install redundant facilities	Choose an item --Pick one--	
Modify facilities (e.g., install barrier or levee, raise a wall, seal a door, elevate construction)	Choose an item --Pick one--	
Conservation measures (demand management, enhanced communication and outreach)	Choose an item --Pick one--	
Fire prevention – brush management, partnerships	Choose an item --Pick one--	
Alternative or backup energy supply	Choose an item --Pick one--	

On-site energy generation	Choose an item --Pick one--
Enhance monitoring program, budget for additional testing and treatment, chemicals	Choose an item --Pick one--
Other <input type="text"/>	Choose an item --Pick one--

<input type="button" value="Intro"/>	<input type="button" value="Contacts"/>	<input type="button" value="Population"/>	<input type="button" value="Connections"/>	<input type="button" value="Sources"/>	<input type="button" value="Water Supplied"/>	<input type="button" value="Water Rates and Deliveries"/>	<input type="button" value="Water Quality"/>	<input type="button" value="Backflow"/>
<input type="button" value="Backflow"/>	<input type="button" value="Certification"/>	<input type="button" value="Improvements"/>	<input type="button" value="Complaints"/>	<input type="button" value="Distribution"/>	<input type="button" value="Conservation"/>	<input type="button" value="Climate Change"/>	<input type="button" value="LSLR"/>	<input type="button" value="Finalize"/>

## 16. 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 (CWS) to compile an inventory of known partial or total lead user service lines in use in its distribution system by July 1, 2018. The inventory must include all user service lines that are active and those that are reasonably expected to become active in the future. Also, Section 116885 requires that CWS identify areas that may have lead user service lines in use, and/or identify any areas within the CWS distribution system that the CWS cannot identify the material that is being used for the service line.

For additional information, please visit [https://www.waterboards.ca.gov/drinking\\_water/cert/cdrinkingwater/lead\\_service\\_line\\_inventory\\_pws.html](https://www.waterboards.ca.gov/drinking_water/cert/cdrinkingwater/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.

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

### 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	<input type="text" value="0"/>	<input type="text"/>
B. Unknown material	<input type="text" value="0"/>	<input type="text"/>
C. Copper	<input type="text" value="0"/>	
D. Cast iron (ductile pipe)	<input type="text" value="0"/>	
E. Ductile iron	<input type="text" value="0"/>	
F. Galvanized steel	<input type="text" value="0"/>	
G. Polyvinyl chloride (PVC)	<input type="text" value="1"/>	
H. Polyethylene (PE)	<input type="text" value="0"/>	
I. High density polyethylene (HDPE)	<input type="text" value="0"/>	
J. Polybutylene (PB)	<input type="text" value="0"/>	
K. Transite/asbestos cement	<input type="text" value="1"/>	
<b>L. Other materials not listed above:</b>		
Identify material 1	<input type="text"/>	<input type="text"/>
Identify material 2	<input type="text"/>	<input type="text"/>
Identify material 3	<input type="text"/>	<input type="text"/>
Identify material 4	<input type="text"/>	<input type="text"/>
Total number of service lines inventoried* (calculated field)	<input type="text" value="2"/>	
Total number of service connections from Section 3 of the EAR	<input type="text" value="86"/>	
<b>Fittings or fittings connecting a water main:</b>		
M. Lead fittings NOT on a lead pipe (e.g., goosenecks, pigtails, and corporation stops)	<input type="text" value="0"/>	
N. Lead fittings ON a lead pipe (e.g., goosenecks, pigtails, and corporation stops)	<input type="text" value="0"/>	
O. Fittings of unknown material (e.g., goosenecks, pigtails, and corporation stops)	<input type="text" value="0"/>	
Total number of lead service lines** (calculated field)	<input type="text" value="0"/>	

### 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):

### C. PRINT THIS INVENTORY FORM FOR YOUR SIGNATURE

I certify under penalty of perjury under the laws of the State of California that the foregoing [including any uploaded documents] is true and correct to the best of my knowledge.

Signature:

Name:   
Title:   
Phone number:   
Date signed (MM/DD/YYYY):   
PWS Name:   
PWS No.:

Print this completed form by clicking "Print" below, sign and scan. This is your certified form.

[Print](#)

**D. UPLOAD SIGNED INVENTORY FORM AND MAP(S) IDENTIFYING AREAS WITH LEAD SERVICE LINES OR SERVICE LINES CONSTRUCTED OF UNKNOWN MATERIAL**

Click [HERE](#) to upload the certified form if no lead service lines or service lines constructed of unknown material were identified.

OR

Click [HERE](#) to upload the maps (only .shp, .kml or .knz, and .pdf in order of preference) only if you have areas with lead service lines or service lines constructed of unknown material and upload the certified form.

- [Intro](#)
- [Contacts](#)
- [Population](#)
- [Connections](#)
- [Sources](#)
- [Water Supplied](#)
- [Water Rates and Deliveries](#)
- [Water Quality](#)
- [Backflow](#)
- [Backflow](#)
- [Certification](#)
- [Improvements](#)
- [Complaints](#)
- [Distribution](#)
- [Conservation](#)
- [Climate Change](#)
- [LSLR](#)
- [Finalize](#)

**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.**