

## State Waterboard 2021 EAR

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CA2210906 MARIPOSA PINES MUTUAL

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### DRINKING WATER SYSTEM'S 2021 ANNUAL REPORT TO THE DIVISION OF DRINKING WATER FOR THE YEAR ENDING DECEMBER 31, 2021 *[Section 116530 Health & Safety Code]*

#### WATER SYSTEM INFORMATION

Water System No.: CA2210906  
Water System Name: MARIPOSA PINES MUTUAL  
Water System Classification: Community  
Related Regulating Agency: DISTRICT 11 - MERCED  
Water System Ownership:  
☐ --Pick one--  
☐ Local Government  
☐ State or Federal Government  
☐ Privately owned, PUC-regulated, for profit water company  
☐ Privately owned, non-PUC-regulated (Community Water System)  
☒ Privately owned Mutual Water Company or Association  
☐ Privately owned business (non-community)

If the address recorded is a PO Box or similar, please update to a physical address that would most accurately describe the location of the water system.

Physical location:  
Address 1: Hites Cove Road and Snyder Ridge Road  
Address 2:  
City: MARIPOSA  
Zip Code: 95338  
General Office Phone: (with area code)  
Web site address:

Answer fields shaded yellow are **Mandatory Questions** and must be answered to complete this report. Based on previous answers, some answer fields are shaded salmon indicating **Conditionally Mandatory Questions**. Any missed responses to Mandatory and Conditionally Mandatory questions will be shown in the [Finalize Section](#).

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

☐ Check this box if you are **requesting** a Disadvantaged Community (DAC) fee annual reduction. You must complete a [DAC Certification Form](#) and upload the form below. Once you have completed the form found in the link, save it to your desktop, and use the upload feature below beginning with "Choose Files."

Before receiving a fee reduction, State Water Resources Control Board must conduct review.

Choose File No file selected

Upload

If you have questions about completing DAC Certification Form or about the DAC fee reduction, please contact the Program Liaison Unit at [DDW-PLU@waterboards.ca.gov](mailto:DDW-PLU@waterboards.ca.gov).

REPORT STARTED BY:

Name: Tom Atkins  
Title: Vice President  
Work phone: 2097422333  
Cell phone: 2096171808  
Email address: mariposapineswater@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 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:

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## 2. Public Water System Contacts

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

# Financial Contacts.

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

The Address, Business phone number and Email entered for the **Administrative Contact** will be publicly accessible at:

<https://sdwgs.waterboards.ca.gov/PDWW/>

**NEW** To complete this section, review all the CURRENT CONTACTS associated with the water system, if there are no changes and no new contact to add you can proceed to the next section.

CURRENT CONTACT: To edit a contact, select the "Edit Contact" checkbox, this will allow for editing all fields except the contact name. To indicate an individual should no longer be associated with the water system, select the "Remove Contact" checkbox.

NEW CONTACT: To add a new contact for the water system scroll down to the bottom of the table after the "ADD NEW CONTACT HERE" header and enter the contact information for the new contact.

CURRENT CONTACTS CONTACT RECORD	PHONE TYPE	PHONE NO. & EXTENSION	CONTACT TYPE (Modify with checkbox)	
Contact 1 First Name, Middle Initial TOM Last Name ATKINS Title VICE PRESIDENT Address 1 7126 Hites Cove Road Address 2 City MARIPOSA State CA Zip Code 95338 Email 1 Atkins@sti.net	Business Home	(209) 742-2333         Email 2  	<input type="checkbox"/> Remove Contact 1 <input type="checkbox"/> Administrative <input type="checkbox"/> Financial <input type="checkbox"/> Designated Operator In Charge <input type="checkbox"/> Contract Operator <input type="checkbox"/> Owner	<input type="checkbox"/> Edit Contact 1 <input type="checkbox"/> Operator <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Sampler / Water Quality <input checked="" type="checkbox"/> Legal <input type="checkbox"/> Funding
			<input type="checkbox"/> Carbon Copy	
Contact 2 First Name, Middle Initial HEATH Last Name HARRIS Title OPERATOR Address 1 P. O. Box 529 Address 2 City MARIPOSA State CA Zip Code 95338 Email 1 yosemitewelltesting@hotmail.com	Business Home	(209) 966-4461        (209) 617-2384  Email 2  	<input type="checkbox"/> Remove Contact 2 <input type="checkbox"/> Administrative <input type="checkbox"/> Financial <input checked="" type="checkbox"/> Designated Operator In Charge <input type="checkbox"/> Contract Operator <input type="checkbox"/> Owner	<input type="checkbox"/> Edit Contact 2 <input type="checkbox"/> Operator <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Sampler / Water Quality <input type="checkbox"/> Legal <input type="checkbox"/> Funding
			<input type="checkbox"/> Carbon Copy	
Contact 3 First Name, Middle Initial LINDA Last Name PEREZ Title TREASURER Address 1 7078 Hites Cove Road Address 2 City MARIPOSA State CA Zip Code	Business Home	(209) 742-2705        (408) 274-1938   	<input type="checkbox"/> Remove Contact 3 <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Designated Operator In Charge <input type="checkbox"/> Contract Operator	<input type="checkbox"/> Edit Contact 3 <input type="checkbox"/> Operator <input type="checkbox"/> Emergency <input type="checkbox"/> Sampler / Water Quality <input type="checkbox"/> Legal

95338				
Email 1 mariposapineswater@gmail.com		Email 2 <input type="text"/>		<input type="checkbox"/> Owner  <input type="checkbox"/> Carbon Copy
		<input type="checkbox"/> Funding		
Contact 4				
First Name, Middle Initial ROY	Business	(209) 742-7130 <input type="text"/>	<input type="checkbox"/> Remove Contact 4	<input type="checkbox"/> Edit Contact 4
Last Name LEACH	Home	<input type="text"/>	<input checked="" type="checkbox"/> Administrative	<input type="checkbox"/> Operator
Title PRESIDENT	Facsimile	<input type="text"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
Address 1 7126 Hites Cove Road	Mobile	<input type="text"/>	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Sampler / Water Quality
Address 2				
City MARIPOSA	Emergency	<input type="text"/>	<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
State CA				
Zip Code 95338				
Email 1 lqleach@sti.net		Email 2 <input type="text"/>		<input type="checkbox"/> Owner  <input type="checkbox"/> Carbon Copy
		<input type="checkbox"/> Funding		
Contact 5				
First Name, Middle Initial DEBBIE	Business	(209) 966-4461 <input type="text"/>	<input type="checkbox"/> Remove Contact 5	<input type="checkbox"/> Edit Contact 5
Last Name ANDRE	Home	<input type="text"/>	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
Title	Facsimile	<input type="text"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
Address 1 P.O. Box 1808	Mobile	<input type="text"/>	<input type="checkbox"/> Designated Operator In Charge	<input checked="" type="checkbox"/> Sampler / Water Quality
Address 2				
City MARIPOSA	Emergency	<input type="text"/>	<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
State CA				
Zip Code 95338				
Email 1 yosemitefalls@sti.net		Email 2 <input type="text"/>		<input type="checkbox"/> Owner  <input type="checkbox"/> Carbon Copy
		<input type="checkbox"/> Funding		
Contact 6				
First Name, Middle Initial <input type="text"/>	Business	<input type="text"/>	<input type="checkbox"/> Remove Contact 6	<input type="checkbox"/> Edit Contact 6
Last Name <input type="text"/>	Home	<input type="text"/>	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
Title <input type="text"/>	Facsimile	<input type="text"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
Address 1 <input type="text"/>	Mobile	<input type="text"/>	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Sampler / Water Quality
Address 2 <input type="text"/>				
City <input type="text"/>	Emergency	<input type="text"/>	<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
State <input type="text"/>				
Zip Code <input type="text"/>				
Email 1 <input type="text"/>		Email 2 <input type="text"/>		<input type="checkbox"/> Owner  <input type="checkbox"/> Carbon Copy
		<input type="checkbox"/> Funding		
Contact 7				

First Name, Middle Initial <input type="text"/>	Business <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Remove Contact 7	<input type="checkbox"/> Edit Contact 7
Last Name <input type="text"/>	Home <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
Title <input type="text"/>	Facsimile <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
Address 1 <input type="text"/>	Mobile <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Sampler / Water Quality
City <input type="text"/>	Emergency <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
State <input type="text"/>				
Zip Code <input type="text"/>				
Email 1 <input type="text"/>	Email 2 <input type="text"/>		<input type="checkbox"/> Owner	<input type="checkbox"/> Funding
			<input type="checkbox"/> Carbon Copy	

Contact 8 First Name, Middle Initial <input type="text"/> Last Name <input type="text"/> Title <input type="text"/> Address 1 <input type="text"/> Address 2 <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/> Email 1 <input type="text"/> Email 2 <input type="text"/>	Business <input type="text"/> Home <input type="text"/> Facsimile <input type="text"/> Mobile <input type="text"/> Emergency <input type="text"/>	<input type="checkbox"/> Remove Contact 8 <input type="checkbox"/> Edit Contact 8 <input type="checkbox"/> Administrative <input type="checkbox"/> Operator <input type="checkbox"/> Financial <input type="checkbox"/> Emergency <input type="checkbox"/> Designated Operator In Charge <input type="checkbox"/> Sampler / Water Quality <input type="checkbox"/> Contract Operator <input type="checkbox"/> Legal <input type="checkbox"/> Owner <input type="checkbox"/> Funding	<input type="checkbox"/> Carbon Copy
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ADD NEW CONTACTS HERE

NEW CONTACT CONTACT RECORD	PHONE TYPE <input type="button" value="Add"/>	PHONE NO. & EXTENSION	CONTACT TYPE (Pick all that apply)	
New 1 First Name, Middle Initial <input type="text"/> Last Name <input type="text"/> Title <input type="text"/> Address 1 <input type="text"/> Address 2 <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/> Email 1 <input type="text"/> Email 2 <input type="text"/>	Business <input type="text"/> Home <input type="text"/> Facsimile <input type="text"/> Mobile <input type="text"/> Emergency <input type="text"/>	<input type="checkbox"/> Administrative <input type="checkbox"/> Operator <input type="checkbox"/> Financial <input type="checkbox"/> Emergency <input type="checkbox"/> Operator In Charge <input type="checkbox"/> Sampler / Water Quality <input type="checkbox"/> Contract Operator <input type="checkbox"/> Legal <input type="checkbox"/> Owner <input type="checkbox"/> Funding	<input type="checkbox"/> Carbon Copy	

Add Additional Contact <input type="button" value="Add"/>			(pick all that apply)	
New 2 First Name, Middle Initial <input type="text"/> Last Name <input type="text"/>	Business <input type="text"/>	<input type="checkbox"/> Administrative <input type="checkbox"/> Operator		

<input type="checkbox"/>				
Title <input type="checkbox"/>	Home	<input type="checkbox"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
Address 1 <input type="checkbox"/>	Facsimile	<input type="checkbox"/>	<input type="checkbox"/> Operator In Charge	<input type="checkbox"/> Sampler / Water Quality
Address 2 <input type="checkbox"/>	Mobile	<input type="checkbox"/>		
City <input type="checkbox"/>				
State <input type="checkbox"/>	Emergency	<input type="checkbox"/>	<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
Zip Code <input type="checkbox"/>				
Email 1 <input type="checkbox"/>	Email 2 <input type="checkbox"/>		<input type="checkbox"/> Owner	<input type="checkbox"/> Funding
			<input type="checkbox"/> Carbon Copy	
<b>Add Additional Contact</b>			(pick all that apply)	
New 3 First Name, Middle Initial <input type="checkbox"/>	Business	<input type="checkbox"/>	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
Last Name <input type="checkbox"/>				
Title <input type="checkbox"/>	Home	<input type="checkbox"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
Address 1 <input type="checkbox"/>	Facsimile	<input type="checkbox"/>	<input type="checkbox"/> Operator In Charge	<input type="checkbox"/> Sampler / Water Quality
Address 2 <input type="checkbox"/>	Mobile	<input type="checkbox"/>		
City <input type="checkbox"/>				
State <input type="checkbox"/>	Emergency	<input type="checkbox"/>	<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
Zip Code <input type="checkbox"/>				
Email 1 <input type="checkbox"/>	Email 2 <input type="checkbox"/>		<input type="checkbox"/> Owner	<input type="checkbox"/> Funding
			<input type="checkbox"/> Carbon Copy	
<b>Add Additional Contact</b>			(pick all that apply)	
New 4 First Name, Middle Initial <input type="checkbox"/>	Business	<input type="checkbox"/>	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
Last Name <input type="checkbox"/>				
Title <input type="checkbox"/>	Home	<input type="checkbox"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
Address 1 <input type="checkbox"/>	Facsimile	<input type="checkbox"/>	<input type="checkbox"/> Operator In Charge	<input type="checkbox"/> Sampler / Water Quality
Address 2 <input type="checkbox"/>	Mobile	<input type="checkbox"/>		
City <input type="checkbox"/>				
State <input type="checkbox"/>	Emergency	<input type="checkbox"/>	<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
Zip Code <input type="checkbox"/>				
Email 1 <input type="checkbox"/>	Email 2 <input type="checkbox"/>		<input type="checkbox"/> Owner	<input type="checkbox"/> Funding
			<input type="checkbox"/> Carbon Copy	

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

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### 3. Population Served ☐

Total Population in DDW Records: 0

284

7/3/2015

Annual Operating Period 0

Population Type 0

Population Count

Begin Date

MM

DD

End Date

MM

DD

Residential

284

1

1

12

31

Transient

1

1

12

31

1

1

12

31

1

1

12

31

1

1

12

31

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12

31

Method Used to Determine Population: 0

☐ --Pick one--

☐ Most recent United States census data

☐ Multiplied number of service connections by 3.3

☐ Determined total number of dwelling units and multiplied by 2.8

☐ Other

If population is based on "Other" , identify the methods or sources of how it was estimated:

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

COMMENTS (Note: Comments will be made publicly available): 0

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## 4. Number of Service Connections 0

### A. Active Service Connections:

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

87

The total number of Service Connections as of December 31, 2021 must be reported as either Unmetered or Metered for each Service Connection Type as appropriate. 0

TYPE	Potable Water			
	Unmetered	Metered	2021	2020
Total*Total*				
Do NOT report fire sprinkler connections and fire hydrants. These connections are not counted toward “service connections” for compliance purposes.				
Single-family Residential:	87	0	87	87
single family detached dwellings				
Multi-family Residential:				
Apartments, condominiums, town houses, duplexes and trailer parks	0	0	0	0
Commercial/Institutional:				
Retail establishments, office buildings, laundries, schools, prisons, hospitals, dormitories, nursing homes, hotels, churches, campgrounds	0	0	0	0
Industrial:				
All manufacturing	0	0	0	0
Landscape Irrigation:				
Parks, play fields, cemeteries, median strips, golf courses	0	0	0	0
Agricultural Irrigation:				
Irrigation of commercially-grown crops	0	0	0	0
Total Active Connections*	87	0	87	87

\* Calculated field

## 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."

☐

## Urban Water Supplier (UWS) questions

These questions are specific to Urban Water Suppliers. In order to streamline reporting, we are only asking these questions to the largest system in the Urban Water Supplier's area. Responses should be provided for your entire agency. If you are uncertain which agency you are reporting for, please contact [waterconservation@waterboards.ca.gov](mailto:waterconservation@waterboards.ca.gov) for further guidance.

Please provide a comma-separated list of all water systems that are included in these urban water supplier questions. PWSIDs should be in the format CA#####.

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

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## 5. Source Inventory

### Section A

#### A1. Groundwater Source Inventory-Existing

Small Water Systems are provided a list view of your sources recorded in SDWIS, Division of Drinking Water's database of repository. For either Groundwater or Surface Water, the Existing Inventory is prefilled from SDWIS and may not be edited by EAR Reporters. You may add source updates to the EAR table below, and SDWIS will be made current with your details. For any sources not listed, please select "Email for Help on this page" at the bottom of this page to be connected with your Regulating Agency.

PS Code	Source Name	Source Activity	Comments
003	WELL 04	A	Well Permanent
005	WELL 03	A	Well Permanent

#### A2. Groundwater Source Inventory-Updated

Add the Source listed from above and describe any changes (e.g., activity, availability, use commentary).

**Note:** Please include PS Code and Source Name as displayed in above table.

PS Code Name Activity Comments

#### A3. Surface Water Source Inventory-Existing

PS Code Source Name Source Activity Comments

#### A4. Surface Water Source Inventory-Updated

Add the Source listed from above and describe any changes (e.g., activity, availability, use commentary).

**Note:** Please include PS Code and Source Name as displayed in above table.

PS Code Name Activity Comments

#### A5. Discuss Changes To Above Sources

### Section B. Source Metering

1. Are your water sources metered?	<input type="radio"/> --Pick one-- <input type="radio"/> Yes <input checked="" type="radio"/> No
2. Do you have equipment on hand to monitor groundwater levels at all your wells?	<input type="radio"/> --Pick one-- <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A, No Wells
3. Do you routinely monitor the <i>static</i> water levels in your wells?	<input type="radio"/> --Pick one-- <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable (no wells)
4. Do you routinely monitor the <i>pumping</i> water levels in your wells?	<input type="radio"/> --Pick one-- <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable (no wells)
5. Are these levels recovering, declining or steady?:	<input type="radio"/> --Pick one-- <input type="radio"/> Recovering <input type="radio"/> Declining <input type="radio"/> Steady <input type="radio"/> Not Applicable (no wells) <input checked="" type="radio"/> Don't Know

### Section C. Standby Source Use

If a standby source was used in 2021 , provide the following information.

Name of the Standby Source used in 2021:	No. of days the Standby Source was in operation:	Were customers notified? (Y/N)	Was the Division of Drinking Water notified? (Y/N)	Describe the reason the Standby Source was used:
--	--	--------------------------------	--	--

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

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6. Water Supply and Delivery

Important Note Concerning Water Use 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 water use information and opportunities to streamline reporting may exist.

Are any questions in this section reported elsewhere?

- ☐ --Pick one--
- ☒ Yes
- ☐ No

Name the report(s) containing the information requested in this Electronic Annual Report for the 2021 calendar year (reporting year):

Regulatory entity receiving the report(s), contact name, and phone number:

A. WATER PRODUCED, PURCHASED, AND SOLD

Units of Measure for tables in Section 6A: ☐ --Pick one--  
☒ Gallons  
☐ Million Gallons  
☐ Acre-feet (AF)  
☐ 100 cubic feet

Volumes are based on: ☐ --Pick one--  
☒ METERED VOLUMES  
☐ ESTIMATED VOLUMES

6.A1 - Water Produced, Purchased, and Sold

If **only total annual production is available**, report your **monthly** estimated volumes by dividing the total by 12 for monthly reporting. If you have **no annual production**, please use the checkboxes to prefill zero values and advance to subsection 6.A2 for water purchasing details.

A	B	C	D		E	F	G	H	I
	Water Produced from Groundwater (Wells)	Water Produced from Surface Water	Potable Water		Total Amount of Potable Water*	Water Sold to Another PWS	Non-potable Water		Recycled
Month			Finished Water Purchased or Received from another PWS				Total Amount of Non-potable Water	Water Sold to Another PWS	
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"/>	<input type="checkbox"/>
January	960298	0	0		960298	0	0	0	0
February	960300	0	0		960300	0	0	0	0
March	960300	0	0		960300	0	0	0	0
April	960300	0	0		960300	0	0	0	0
May	960300	0	0		960300	0	0	0	0
June	960300	0	0		960300	0	0	0	0
July	960300	0	0		960300	0	0	0	0
August	960300	0	0		960300	0	0	0	0
September	960300	0	0		960300	0	0	0	0
October	960300	0	0		960300	0	0	0	0
November	960300	0	0		960300	0	0	0	0
December	960300	0	0		960300	0	0	0	0
Annual Total*	11523598	0	0		11523598	0	0	0	0
Percent Treated	0								

PWS = Public Water System

\*Calculated field

The **Maximum Day** is the day during 2021 with the highest total water usage. Provide the date for Maximum volume supplied to the Distribution System, and report individual volumes recorded that day for each supply type.



Maximum Daily Demand (Date)	
Maximum Day - Groundwater (Volume)	
Maximum Day - Surface Water (Volume)	0
Maximum Day - Purchased or Received (Volume)	0
Maximum Day - Total Potable Water (Calculated)	0
Maximum Day - Sold (Volume)	0

#### 6.A2 - Water Purchased or Sold or Transferred

If water was *Purchased/received* from or *Sold/delivered* to another PWS, add the water system details to the table below. The prefilled rows are populated from Division of Drinking Water's SDWIS Database. Where changes are made in existing rows, please provide a comment describing the change.

WSID	WS Name	WSFID - Name	Buyer and/or Seller
------	---------	--------------	---------------------

#### 6.A3 - Recycled Water Supplied

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

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

SUBSECTION A COMMENTS (Note: Comments will be made publicly available):

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

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### 7. Recycled Water Use

Does your water system have recycled water in its service area (provided by your water system or another utility)?

☐ --Pick one--  
☐ Yes  
☒ No  
☐ Don't Know

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### 8. Customer Charges

About water rates and financial data; Senate Bill 200 (2019) updated Section 116530 (a) of California's Health and Safety Code allowing for the State Water Board to request information regarding financial capacity. Technical, managerial and financial capacity of a water system are critical components of its sustainability and resiliency. California Health and Safety Code Section 116530 now states:

(a) A public water system shall submit a technical report to the state board as part of the permit application or when otherwise required by the state board. This report may include, but not be limited to, detailed plans and specifications, water quality information, physical descriptions of the existing or proposed system, information related to technical, managerial, and financial capacity and sustainability, and information related to achieving the goals of Section 106.3 of the Water Code, including affordability and accessibility.

#### A. Water Rates and Charges

A.1 Does your water system charge customers for water (residential, commercial, industrial, or institutional water customers)?

☐ --Pick one--  
☒ Yes  
☐ No

A.2 Select applicable customer types:

☐ --Pick one--  
☒ Residential  
☐ Non-Residential (typically includes commercial, industrial, institutional customers etc.)  
☐ Both

A.2.1 Is your billing frequency for your Residential and Non-Residential customers the same?

☒ --Pick one--  
☐ Yes  
☐ No

A.2.2 Is your most common Residential water rates structure the same as your most common Non-Residential rate structure? (This does not include the number of tiers associated with the rate structures)

☒ --Pick one--  
☐ Yes  
☐ No

#### A1. Residential Water Rates and Charges

A1.1 Please select the most common rate structure used to charge Residential customers: ▾

Single or Flat Rate – Average, static rate charged per billing cycle independent of water usage.

Base Rate – Base rates are the charges applied for receiving drinking water service regardless of the amount of water consumed. Base rates are usually fixed amounts and may include charges like sourcewater protection fees, service fees, etc.

Usage Rate – Rates that are charged based on the amount of volume or water consumed.

Fixed or Uniform - Rates that remain unchanged per billing cycle throughout the year.

Variable - Rates that are changed depending on water usage.

- ☒ Single or Flat Rate (Often Unmetered)  
☐ Base Rate (Fixed) + Usage Rate (Uniform)  
☐ Base Rate (Fixed) + Usage Rate (Variable)  
☐ Base Rate (Variable) + Usage Rate (Uniform)  
☐ Base Rate (Variable) + Usage Rate (Variable)  
☐ Allocation Based (California Water Code Sections 370-374; Specifically, California Water Code Section 372)  
☐ Other (text box)

A1.1a. Other Notes

A1.2 Comments on rate structure, explain allocation rate if applicable:

A1.3. Please select your billing frequency for Residential customers: ▾

- ☐ --Pick one--  
☒ monthly  
☐ bi-monthly  
☐ quarterly  
☐ annually  
☐ Other: In text below, provide the average number of days between billing

A1.3a

A1.4. Please select the metric or unit of measure (UOM) used in Residential Water Rates: ▾

- ☒ --Pick one--  
☐ Gallons (Gal)  
☐ Hundred Cubic Feet  
☐ Thousand Gallons  
☐ Million Gallons  
☐ Acre Feet

A1.5. Please select any variances or factors used to determine or adjust residential water rates or allocations: ▾

- ☐ Agricultural use (non-commercial or commercial)  
☐ Drought factor  
☐ Elevation  
☐ Evaporative Coolers  
☐ Fire protection - water to irrigate vegetation  
☐ Home-based business  
☐ Livestock or large animals  
☐ Lot size  
☐ Medical needs  
☐ Meter size  
☐ Mitigation of high levels of total dissolved solids  
☐ Occupancy (All-year)  
☐ Occupancy (Seasonal)  
☐ Pressure zone  
☐ Soil compaction and dust control  
☐ Supplement ponds and lakes to sustain wildlife  
☐ Other :   
☒ None of the above

A1.6. Does your water system have multi-family AND single family billing classes? ▾

Single-Family- Single family detached dwellings (houses).

Multi-Family- Apartments, condominiums, town houses, duplexes and mobile homes.

- ☐ --Pick one--  
☐ Yes  
☒ No

A1.7. What is the number of tiers or levels of charges? ▾

- ☒ --Pick one--  
☐ 2  
☐ 3  
☐ 4  
☐ 5  
☐ 6  
☐ 7

A1.8. Residential Rates & Charges Table ▾

Please complete the table below – taking into consideration the following:

- You have selected Billing Frequency, please submit your rate data based on this frequency.
- If your flat rate varies over the year, please use the average flat rate amount.
- Please report the most common rate for the majority of your residential customers.

**Two or more tiers must be defined for the Base Rate Structure.**

**Two or more tiers must be defined for the Usage Rate Structure.**

**All selected tiers must be defined for the Base Rate Structure.**

**All selected tiers must be defined for the Cost per Unit of Measure (UOM).**

**All tiers must be defined for either the Base Rate Structure, Usage Rate Structure, or both.**

**Metrics for Base Rate Structure must be in ascending order.**

One or more values for Base Rate are missing.  
Metrics for Usage Rate Structure must be in ascending order.  
One or more values for Cost per Unit of Measure are missing.

	Flat Rate	Base Rate Structure		Usage Rate Structure	
Customer Class & Billing Tiers		Top Metric/ Unit of Measure (UOM) for Base Rate	Base Rate	Top Metric/ Unit of Measure (UOM)	Cost per Unit of Measure (UOM)
ResidentialSingle-family - Tier 1	55.00				
Tier 2					
Tier 3					
Tier 4					
Tier 5					
Tier 6					
Tier 7					
Multi-family - Tier 1					
Tier 2					
Tier 3					
Tier 4					
Tier 5					
Tier 6					
Tier 7					

A1.9 Did your rates change in the reporting year?\*

☒ No Change  
☐ Yes, inflation adjustment  
☐ Yes, increment of multi-year approved increase  
☐ Yes, imposition of new or increased fees  
☐ Yes, other:

A1.9a Other Notes

A1.10. 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

A1.11. If you recently updated your rate structure, please briefly describe the changes that were made:

A1.12. Provide a direct link to a web page that explains water rates and fees, if available.

☐ Not Available Online

A1.13. Upload rate structure documentation.

A1.13. Upload rate structure documentation

Choose File No file selected

Upload

(Uploaded files:)

Delete Mariposa Pines Water Rates.pdf

0%

A1.14 Comments on the allocation of ResidentialSingle-Family and Multi-Family rate.

A1.15 Does your residential customer bills include any non-drinking water charges (i.e. wastewater, stormwater, electricity, telecommunications, property tax etc.)?   
 --Pick one--  
 Yes  
 No

A2. RESIDENTIAL SERVICE CONNECTIONS

A2.1

What is the average charge\* for a brand-new ResidentialSingle-Family connection (based on the most common meter size)?

\* Also known as: Connection Fees; Advances in Construction, or Contributions in Aid for Construction.

650.00

☐ No service charge for brand new connections

A2.2

When was the connection charge\* for a brand-new ResidentialSingle-Family connection last updated (based on the most common meter size reported above)?

\* Also known as: Connection Fees; Advances in Construction, or Contributions in Aid for Construction.

08/04/2016

A2.3

What is the one-time fee or deposit needed to create a new water service account for an existing ResidentialSingle-Family home (based on the most common meter size reported above)?

0

A2.4

What is the average charge\* for a brand-new Multi-Family connection (based on the most common meter size)?

\* Also known as: Connection Fees; Advances in Construction, or Contributions in Aid for Construction.

A2.5. Check all costs covered by a new ResidentialSingle-Family and Multi-Family connection fee:

☒ Existing infrastructure buy-in (e.g., water treatment/ conveyance/sewage treatment )

☒ Upgrades to infrastructure (seismic retrofits, pipe replacements, etc.)

<input type="checkbox"/>	Storm water management system
<input checked="" type="checkbox"/>	Debt service charge
<input type="checkbox"/>	Development of new water supplies
<input type="checkbox"/>	Other : <input type="text"/>

A2.6. Comments on ResidentialSingle-Family and Multi-Family connections (publicly available):

A3. Non-Residential Water Rates & Charges

A3.1. Please select the metric or unit of measure (UOM) used for Non-Residential Water Rates:	<input checked="" type="radio"/> --Pick one-- <input type="radio"/> Gallons (Gal) <input type="radio"/> Hundred Cubic Feet (HCF) <input type="radio"/> Thousand Gallons <input type="radio"/> Million Gallons <input type="radio"/> Acre Feet
A3.2. Please select your billing frequency for Non-Residential customers?:	<input checked="" type="radio"/> --Pick one-- <input type="radio"/> monthly <input type="radio"/> bi-monthly <input type="radio"/> quarterly <input type="radio"/> annually <input type="radio"/> other

A3.2a  
please provide average number of days between  
billing

A3.3. Please select the most common rate structure used for to charge Non-Residential customers:

Single or Flat Rate – Average, static rate charged per billing cycle independent of water usage.

Base Rate – Base rates are the charges applied for receiving drinking water service regardless of the amount of water consumed. Base rates are usually fixed amounts and may include charges like sourcewater protection fees, service fees, etc.

Usage Rate – Rates that are charged based on the amount of volume or water consumed.

Fixed or Uniform - Rates that remain unchanged per billing cycle throughout the year.

Variable - Rates that are changed depending on water usage.

☐ Single or Flat Rate (Often Unmetered)  
☐ Base Rate (Fixed) + Usage Rate (Uniform)  
☐ Base Rate (Fixed) + Usage Rate (Variable)  
☐ Base Rate (Variable) + Usage Rate (Uniform)  
☐ Base Rate (Variable) + Usage Rate (Variable)  
☐ Allocation Based (California Water Code Sections 370-374; Specifically, California Water Code Section 372)  
☐ Other (text box)

A3.3a. Other Notes

A3.4 Comments on Non-Residential rate structure:

A3.5. Select all applicable Non-Residential connection types:\*

<input type="checkbox"/>	Commercial (Retail, Offices, Gas Stations, etc.)
<input type="checkbox"/>	Institutional (Schools, Hospitals, Hotels, etc.)
<input type="checkbox"/>	Industrial (Manufacturing, Chemical, etc.)
<input type="checkbox"/>	Landscape Irrigation (Parks, Golf Courses, etc.)
<input type="checkbox"/>	Agricultural Irrigation (Crops, Aquaculture, etc.)
<input type="checkbox"/>	Other

A3.5a. Other Notes

A3.6. Do your rates change for different levels of water consumption?	<input checked="" type="radio"/> --Pick one-- <input type="radio"/> Yes <input type="radio"/> No Tiers or Levels
---	--

A3.6.1. What is the number of tiers or levels of charges?

A3.6.1a Commercial	<input checked="" type="radio"/> --Pick one-- <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
A3.6.1b Institutional	<input checked="" type="radio"/> --Pick one-- <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
A3.6.1c Industrial	<input checked="" type="radio"/> --Pick one-- <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6

A3.6.1d Landscape Irrigation	<input type="radio"/> 7 --Pick one-- <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
A3.6.1e Agriculture Irrigation	<input checked="" type="radio"/> --Pick one-- <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
A3.6.1f Other	<input checked="" type="radio"/> --Pick one-- <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7

A3.7. Non-Residential Rates & Charges Table

Please complete the table below – taking into consideration the following:

- You have selected Billing Frequency, please submit your rate data based on this frequency.
- If your flat rate varies over the year, please use the average flat rate amount.
- Please report the most common rate for the majority of your residential customers.

	Flat Rate	Base Rate Structure		Usage Rate Structure	
Customer Class & Billing Tiers		Top Metric/ Unit of Measure (UOM) for Base Rate	Base Rate	Top Metric/ Unit of Measure (UOM)	Cost per Unit of Measure (UOM)
Commercial - Tier 1					
Tier 2					
Tier 3					
Tier 4					
Tier 5					
Tier 6					
Tier 7					
Institutional - Tier 1					
Tier 2					
Tier 3					
Tier 4					
Tier 5					
Tier 6					
Tier 7					
Industrial - Tier 1					
Tier 2					
Tier 3					
Tier 4					
Tier 5					
Tier 6					
Tier 7					
Landscape Irrigation - Tier 1					
Tier 2					
Tier 3					
Tier 4					
Tier 5					
Tier 6					
Tier 7					
Agricultural Irrigation - Tier 1					
Tier 2					
Tier 3					
Tier 4					
Tier 5					
Tier 6					
Tier 7					
Other - Tier 1					
Tier 2					
Tier 3					
Tier 4					
Tier 5					
Tier 6					

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*Please make sure to complete the Customer Charges section before completing this section.*

## 8(B) Income

### B0. Financial Reporting Period

B0.1 For the Total Income section of the EAR, water systems may report their data by fiscal year or calendar year. Please indicate if the information provided in this section represents your water system's fiscal or calendar year financial data?\*

- ☐ Calendar Year  
☒ Fiscal Year

B0.2 Please select fiscal year start-date (mm/dd/yyyy)

08/01/2021

### B1. Total Revenue Generated from Different Sources\*

Instructions: Purpose of this section is to calculate total annual revenue generated. No revenue should be double counted.

\*Mobile homes, parks, and other types of community water systems that do not charge their customers directly for water should provide their total revenues received from rent, fees, operating contracts, and/or any other source of revenue used to support the operations and maintenance of the water system in question B1.7

B1.1 Total revenue collected from Residential (Single and multi-family) customers' rates and charges that cover water services, including usage fares, and basic rates for the reporting year.\*

63486.01

\*Do not include any other charges (i.e. connection fees, service fees, etc.) associated with your water rates. Other charges for Residential customers will be recorded in B1.3.

You have reported \$0, please explain why:\*

\*Do not include any other charges (i.e. connection fees, service fees, etc.)

B1.3 Total revenue generated exclusivity from other fees and charges\* from all Residential customer types during the reporting year (includes single-family and multi-family customers).\*

350.00

\*Other fees and charges:

Include: Late fees, notice fees, penalties, shutoff fees, reconnection fees, and bounced check fees.

Do Not Include: Revenue generated by your water rates on your typical Non-Residential customer bill.

B1.5 Did you collect/receive revenue from interfund (from wastewater or stormwater utility) or governmental transfers (i.e. property taxes or fees, sales taxes or fees, etc. – typically from City/County General Fund)?\*

- ☐ --Pick one--  
☐ Yes  
☒ No

B1.6 Total revenue lost from interfund or governmental transfers (if \$0, enter \$0)\*

0

Total interfund or governmental Revenue Gained (-):

B1.7 Total revenue generated from non-customer sources that have not already been accounted for (i.e. cell towers, lawsuits and settlements, energy generation, land leases, rent, interest income, other service fees, etc.)\*

0

Total Other Revenue Gained (+):

B1.7a Other Notes

B1.8 Total Annual Revenue for the Reporting Year\*: 63836.01

You have reported \$0, please explain why:\*

Drinking Water Charge: Water Bill ≠ 0

Please revisit and confirm your answers to questions in the Customer Charges section: A.1 through A.2.2a; and A1.1 through A1.8. This field is calculated by taking the rate data inputted from question A1.8 and converting it into dollars/month as well as converting the UOM into HCF. Depending on how you answered certain questions in the Customer Charges section, there may be some questions you do not see. If the information you provided is incorrect, please fix and the figures in this table will refresh.

Total Drinking Water Cost to Customer ≠ 0

Please revisit and confirm your answers to questions in the Customer Charges section: A.1 through A.2.2a; and A1.1 through A1.8. This section converts drinking water charges into dollars/month: The column auto-calculates by adding Drinking Water Charges to Other Charges from Interfund Transfer for each consumption volume (6, 9, 12, and 24 HCF). Depending on how you answered certain questions in the Customer Charges section, there may be some questions you do not see. If the information you provided is incorrect, please fix and the figures in this table will refresh.

B1.9 Approximation of Total Residential Charges

Consumption	Drinking Water Charge: Water Bill	Other Charges from Interfund Transfer: Taxes / Fees	Total Drinking Water Cost to Customer: dollars/month	Provide Alternative Amount	Alternative Amount	Comments
6 HCF	55.00	0.00	55.00	<input type="checkbox"/>		
9 HCF	55.00	0.00	55.00	<input type="checkbox"/>		

12 HCF	55.00	0.00	55.00	<input type="checkbox"/>			
24 HCF	55.00	0.00	55.00	<input type="checkbox"/>			

B1.10 Days of cash-on-hand\* at the end of the reporting year:\*

\*How much cash your system has saved up, including reserve funds, that isn't earmarked for anything else (unrestricted cash) and estimates the number of days your system can pay its daily operation and maintenances costs before running out of this cash.

Number of Days **365**

B1.11

Comments on water system revenues:

Comment

## B2.Total Expenses

Instructions: Purpose of this section is to calculate total annual expenses. No expense should be double counted.

B2.1 Total annual operations and maintenance expenses\*

\* Expenses incurred during the system's normal operation. This can include salaries, benefits for employees, utility bills, system repair and maintenance, supplies (e.g., treatment chemicals), insurance, and water purchased for resale.

Total Operations and Maintenance Expenses (-): **40359.43**

B2.2 Total annual expenses from investing or capital expenditures\*

\* Expenses incurred from purchase of property and equipment; construction of new assets (i.e. treatment, distribution etc.)

Total Investment Expenses (-): **0**

B2.3 Total annual expenses from financing activities\*

\* Expenses incurred from retirement of long-term debt, purchase of securities, interest expenses etc.

Total Financing Activity Expenses (-): **0**

B2.4 Total Other annual expenses\*

Total Other Expenses (-): **0**

B2.4a Other Notes

B2.5 Total annual expenses\*

Total Annual Expenses (-): **40359.43**

B2.6

Comments on Total Expenses:

Comment

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*Please make sure to complete the Customer Charges section before completing this section.*

## 8(C) Affordability

### C2. Residential Customer Assistance

C2.1 In the reporting year, did you offer any of the following types of bill assistance to customers?

- ☐ Low-income water rate assistance
- ☐ Flexible payment terms
- ☐ Alternative payment terms
- ☐ Temporary assistance
- ☐ Special medical need
- ☐ Other types of assistance
- ☒ None

C2.2 Please provide the following about each type of bill assistance offered:

		Number of accounts Utilized	Average Bill
C2.2a	Low-income water rate assistance*		
C2.2b	Flexible payment terms		
C2.2c	Alternative payment terms		
C2.2d	Temporary assistance		
C2.2e	Special medical need		
C2.2f	Other types of assistance		

C2.3. How is low-income water rate assistance program funded?

C2.4. How much funding was allocated to your low-income water rate assistance program in the reporting year?

C2.7 Does your system partner with an outside entity (e.g. United Way) to provide assistance to low-income households?

--Pick one--

Yes

No

C2.8 Do you offer bill forgiveness under certain circumstances?

--Pick one--

Yes

No

Comment:

C2.9 Comments on Affordable Drinking Water Assistance (publicly available):

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## 9. Water Quality

### A. (NEW) BACTERIOLOGICAL SAMPLE SITING PLAN (BSSP)

On July 1, 2021, the California Revised Total Coliform Rule (RTCR) became effective which requires a BSSP be submitted by October 1, 2021 and complies with RTCR. Information on the RTCR can be found at: [https://www.waterboards.ca.gov/drinking\\_water/cert/cdrinkingwater/rtrc.html](https://www.waterboards.ca.gov/drinking_water/cert/cdrinkingwater/rtrc.html).

A.1. Is the Bacteriological Sample Siting Plan up to date?

--Pick one--

Yes

No

Select [here](#) to upload a new or revised water system BSSP

### B. EMERGENCY NOTIFICATION PLAN (ENP)

B.1. Date of Emergency Notification Plan:

No WQENP Uploaded

B.2. Is the Emergency Notification Plan up to date?

--Pick one--

Yes

No

If no is selected, please follow the upload process.

Select [here](#) to upload a new water system ENP or view existing. To upload a revised WQENP, please email your District or County representative with attachment for review and overwrite.

### C. DIRECT ADDITIVES

On July 1, 2021, the California Revised Total Coliform Rule (RTCR) became effective. Information on the RTCR can be found at: [https://www.waterboards.ca.gov/drinking\\_water/cert/cdrinkingwater/rtrc.html](https://www.waterboards.ca.gov/drinking_water/cert/cdrinkingwater/rtrc.html).

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 NSF/ANSI Standard 60.

☐ Check this box if your public water system has chemicals or products, including chlorine, added directly to the drinking water as part of a treatment process.

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.

\*Click [here to upload an Excel spreadsheet](#) of your water system's direct chemical additives.\*

Name of Chemical	Name of Manufacturer	Purpose of using chemical	Chemical is ANSI/NSF Standard 60 certified (Y/N)	Use initiated in 2021 (Y/N)
------------------	----------------------	---------------------------	--	-----------------------------

### D. 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.

D.1. Does your water system have procedures to ensure all future equipment and materials meet this standard?

--Pick one--

Yes

No

N/A

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

### E. CONSUMER CONFIDENCE REPORT

E.1. Date of Consumer Confidence Report (CCR):

08/19/2021

E.2. Date of CCR Certification:

08/19/2021

E.3. Are the CCR and Cert upload dates up to date?

--Pick one--

Yes

No

Select [here](#) to upload a new water system CCR or Certification Form.



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

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## 10. Backflow–Cross Connection Control

	Total Number Reported in 2020	Total Number in System in 2021	Number Installed in 2021	Number Tested in 2021	Number Failed in 2021	Number Repaired/ Replaced
Backflow Assemblies on the Service Connections or Meter (Reduced Pressure Principle and Double Check Valve assemblies)	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Backflow Assemblies On-site but not on the Service Connections or Meter (Reduced Pressure Principle and Double Check Valve assemblies)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Air-gap Separation	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="0"/>			
No. of <i>Inactive</i> Backflow Prevention Assemblies in water system in 2021:				<input type="text" value="0"/>		
Are cross-connection control surveys regularly conducted on the system?				<input type="radio"/> --Pick one-- <input type="radio"/> Yes <input checked="" type="radio"/> No		
Date of last cross-connection control survey done on the system:				<input type="text"/>		
Cross Connection Control Program Coordinator						
Name:				<input type="text"/>		
Certification Number:				<input type="text"/>		
Business Phone:	<input type="text"/>			<input type="text"/>		
Certification or training received:	<input type="text"/>			<input type="text"/>		

Describe any cross-connection incidents that occurred during 2021:

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

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## 11. Operator Certification

Please list the **State certified Drinking Water Operators** employed by your water system that supervise and direct the operation of your distribution system and water treatment plants where applicable.

### A. DISTRIBUTION SYSTEM CERTIFIED OPERATORS

Your Distribution System Classification is: **D1**

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

- ☐ --Pick one--  
☒ Yes  
☐ No  
☐ Not Applicable (transient non-community water system)

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

Name of Chief Distribution Operator (First name Last name):	Heath Harris
Grade of Chief Distribution Operator (1, 2, 3, 4 or 5):	1
Distribution Operator Number (3, 4 or 5 digits):	43038
Distribution Certification Expiration Date (MM/DD/YYYY):	07/01/2022

☐ Check this box if your public water system has one or more certified distribution system shift operators.

\*[Click here](#) to download, update, and/or 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, Shift or Neither <sup>1</sup> (C, S or X)	Distribution Operator Number (3, 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.

## B. TREATMENT PLANT CERTIFIED OPERATORS

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

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

- ☐ --Pick one--  
☒ Yes  
☐ No  
☐ No treatment facility except precautionary disinfection

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

Name of Chief Treatment Operator (First name Last name):	Heath Harris
Grade of Chief Treatment Operator (1, 2, 3, 4 or 5):	1
Treatment Operator Number (3, 4 or 5 digits):	34365
Treatment Certification Expiration Date (MM/DD/YYYY):	03/01/2021

☐ Check this box if your public water system has one or more certified treatment plant shift operators.

\*[Click here](#) to download, update, and/or 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, Shift or Neither <sup>1</sup> (C, S or X)	Treatment Operator Number (3, 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.

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

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## 12. Water System Improvements ☐

The California Waterworks Standards (Section 64556) requires 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 2021 for which a permit was not obtained or amended, please describe the improvements or modifications below.

Indicate any planned improvements or modifications for 2022.

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

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## 13. Complaints Reported (Written or Verbal) ☐

No. of

Type of Complaint	No. of Complaints Reported by Customers	No. of Complaints Investigated	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	0	0	0	
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*	0	0	0	

\*Calculated field

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

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## 14. Treatment Plants and Disinfection Plan

The water system treatment plants listed on PDWW are used to prefill this section. The following tables list treatment plants by water type, assigning the list to (A) Groundwater treatment and (B) Surface Water treatment. Chlorinator only treatment plants are not listed. You may report operation plan recordkeeping for Chlorinator only treatment plants below the tables.

Note: Use the "Email for help on this page" at the bottom to contact your regulating agency representative for questions or concerns.

### A. GROUNDWATER TREATMENT

WSF ID	Groundwater Treatment Plant Name	Date of Operations Plan	Is Operations Plan Current? (Y/N)
--------	----------------------------------	-------------------------	-----------------------------------

Describe any plant problems, process failures, major shutdowns, etc., which occurred in 2021 and substantially affected the plant performance AND/OR any significant modifications or maintenance provided to the plant(s):

Calculated count of active treatment plants: (This number includes chlorinator only facilities)	<input type="text"/>
Calculated count of active chlorinating facilities: (These facilities are not prefilled in the list above)	0
Do your chlorinating facilities have Operations Plans?	<input checked="" type="radio"/> --Pick one-- <input type="radio"/> Yes <input type="radio"/> No

Describe any changes to treatment plant operations plans including chlorination facilities.

Note: Please indicate which treatment plant your response applies to.

### B. SURFACE WATER TREATMENT

WSF ID	Surface water Treatment Plant Name	Date of Operations Plan	Is Operations Plan Current? (Y/N)
--------	------------------------------------	-------------------------	-----------------------------------

Describe any plant problems, process failures, major shutdowns, etc., which occurred in 2021 and substantially affected the plant performance AND/OR any significant modifications or maintenance provided to the plant(s):

### C. EMERGENCY DISINFECTION PLAN

Date of current Emergency Disinfection Plan (EDP)\* :

Name of Document that includes the Emergency Disinfection Plan:

Date of document that includes the Emergency Disinfection Plan:

#### D. WATERSHED SANITARY SURVEY REPORT

Per Title 22, Section 64665 (a,b,c) – All suppliers shall have a sanitary survey of their watershed(s) completed at least every five years, submitted to the State Board not later than 60 days following completion of the survey and shall include physical and hydrogeological description of the watershed, a summary of source water quality monitoring data, a description of activities and sources of contamination, a description of any significant changes that occurred since the last survey which could affect the quality of the source water, a description of watershed control and management practices, an evaluation of the system's ability to meet requirements of Surface Water Treatment chapter, and recommendations for corrective actions.

Date of last watershed sanitary survey report :

Date planned to complete next watershed sanitary survey report\*:

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

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### 15. Distribution System and Storage Tanks

#### A. 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	0	0	0	
Main Breaks/Leaks	0	0	0	
Water Outages	0	0	0	
Boil Water Orders	0	0	0	
Total*	0	0	0	

Comments on SYSTEM PROBLEMS (publicly available):

#### B. INFRASTRUCTURE AND PIPELINE MATERIALS

##### Pipe Material in Distribution System

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

Pipeline Material	Percentage of distribution pipe system composed of the materials selected	Average Age (in years)
<input checked="" type="checkbox"/> Plastic (Including Poly Vinyl Chloride and HDPE)	90	54
<input type="checkbox"/> Steel		
<input type="checkbox"/> Cast Iron		
<input type="checkbox"/> Galvanized Iron		
<input type="checkbox"/> Ductile Iron		
<input type="checkbox"/> Cement Concrete		
<input checked="" type="checkbox"/> Asbestos Cement	10	54
<input type="checkbox"/> Other		

Please describe other pipeline materials in your distribution system:

#### C1. DEAD-END FLUSHING PROGRAM

If unknown, please enter 0 and explain why in the comments box.

Total No. in System	No. with Blowoffs	No. Flushed in 2021	Frequency of Flushing
0			

Comments on DEAD-END FLUSHING PROGRAM (publicly available):

#### C2. ALL FLUSHING OPERATIONS

- Pick one--
- ☐ Gallons
  - ☐ Million Gallons

Units of Measure for total volume reported below:

☐ Acre-feet (AF)

☐ 100 cubic feet

☐ No Flushing

Total Volume in units of measure selected above; include all types of flushing, not just dead-end flushing:

100000

Comments on ALL FLUSHING OPERATIONS (publicly available):

D. VALVE EXERCISE PROGRAM

If unknown, please enter 0 and explain why in the comments box.

Total No. in System	Size Range of Valves	No. Exercised in 2021	Frequency of Valve Exercising
32	4"	10	Annual

Comments on VALVE EXERCISE PROGRAM (publicly available):

E. STORAGE TANK/RESERVOIR INSPECTION/CLEANING PROGRAM

☐ Check this box if your public water system has any storage tanks or reservoirs (Do not include pressure tanks).

\*If you have many storage tanks and completing the table below will take too long, [click here](#) to use a template and upload.\*

Tank name	Capacity	Capacity Units	Year installed	Date of last inspection	Date of last cleaning	Date re-lined or coated	Corrosion protection(*)	Material of construction
Tank 2	65000	1	2002	3/17/2022	3/17/2022 12:00:00 AM		0	
Tank 3	65000	1	1998	3/17/2022	3/17/2022 12:00:00 AM		0	

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

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16. Emergency Preparedness and Response

A. AUXILIARY POWER SUPPLY

Does your water system have backup power for:

A.1.1. Sources:

☐ --Pick one--

☐ All

☒ Some

☐ None

☐ Not Applicable

A.1.2. Pumping Stations:

☐ --Pick one--

☐ All

☐ Some

☐ None

☒ Not Applicable

A.1.3. Water Treatment Plants:

☐ --Pick one--

☐ All

☐ Some

☐ None

☒ Not Applicable

A.1.4. If your system has backup power, how many times per year is it exercised?

4

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?

A.2.1. 24 hours

☐ --Pick one--

☒ Yes

☐ No

☐ Only in some zones

A.2.2. 48 hours

☐ --Pick one--

☒ Yes

☐ No

☐ Only in some zones

A.2.3. 72 hours

☐ --Pick one--

☒ Yes

☐ No

☐ Only in some zones

A.2.4 Is your backup power system automatic or manual start?:

☐ Automatic

☒ Manual Start

☐ Not Applicable

**NEW** No later than January 1, 2024, Community water systems serving less than 3,000 service connections and Non-Transient Non-Community Systems that are schools shall ensure continuous operations during power failures by providing adequate backup electrical supply.

A.3. Can you maintain continuous operations during power failures with your current backup electrical supply setup?

☐ --Pick one--  
☒ Yes  
☐ No  
☐ In progress

A.3.2 What is the estimated funding gap<sup>1</sup> to install a backup power solution to maintain continuous operations?

A.3.3 Barriers to implementation?

- ☐ Funding
- ☐ Personnel Resources
- ☐ Infrastructure Limitations
- ☐ Legal Constraints
- ☐ Environmental Concerns

☐ Other

A.3.4 Please send my water system information about backup power funding opportunities. ☐

<sup>1</sup>Funding Gap: A funding gap is the amount of money needed to fund a future project; it is the difference between the amount required and the amount currently available.

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

## B. 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.**

B.1. Do you have an Emergency Response Plan (ERP) that addresses the procedures for the restoration of water service for your water system?

☐ --Pick one--  
☒ Yes  
☐ No

B.2. Date of your current Emergency Response Plan:

B.3. Date ERP was last exercised with a tabletop or other activity:

B.4. Are you registered in your local energy utility's Public Safety Power Shutoff notification plan?

☐ --Pick one--  
☒ Yes  
☐ No  
☐ Not applicable

## C. WATER PARTNERSHIPS

C.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

C.2. Do you have an active membership in the [California Water/Wastewater Agency Response Network \(CalWARN\)](#) or similar mutual aid organization? \*

☒ Yes  
☐ No

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## 17. Water Conservation and Drought

### A. Drought Preparedness

A.1. Does your agency have a current Water Shortage Contingency Plan (WSCP) or Drought Preparedness Plan?

☐ Yes  
☒ No

A.1.1. Date of your revised Drought Preparedness Plan or Water Shortage Contingency Plan, if any:

☐ --Pick one--  
☐ Yes  
☒ No

A.2. Did your water system experience water shortages in 2021?

A.2.1. Please estimate the amount of shortfall in the units specified below.

Volume:

- ☒ --Pick one--  
☐ Gallons  
☐ Million  
Units of Measure:  
☐ Gallons  
☐ Acre-feet(AF)  
☐ 100 cubic feet

A.2.2. Following the 2020 WSCP Mandated Shortage Levels (by DWR), What shortage level(s) did your agency declare in 2021? (select all that apply)

- ☐ Shortage Level 1 (<10%)  
☐ Shortage Level 2 (10-20%)  
☐ Shortage Level 3 (20-30%)  
☐ Shortage Level 4 (30-40%)  
☐ Shortage Level 5 (40-50%)  
☐ Shortage Level 6 (>50%)

- ☒ --Pick one--  
☐ Yes  
☒ No  
☐ Not Applicable (no wells)  
☐ --Pick one--  
☐ Yes  
☒ No  
☐ --Pick one--  
☐ Yes  
☒ No

A.3. Did drought conditions cause you to activate emergency standby wells, emergency interties, and/or other surface water sources in 2021? ☐

A.4. Do you project water shortages in 2022? ☐

A.5. Does your water system anticipate having to go to mandatory restrictions in 2022? ☐

A.6. Identify the method your water system uses to discourage excessive water use when in drought, in support of SB 814 (2016) (select all that apply) ☐ \* At least one box needs to be checked.

- ☐ Rate structure (e.g., block tiers, water budgets, or rate surcharges above base rates for excessive water use)  
☐ Excessive water use ordinance, rule, or tariff condition  
☒ Not implementing  
☐ Not applicable: not an urban retail water supplier

A.7. Comments regarding SB 814 (Note: Comments will be made publicly available) :

A.8. Comments regarding Drought Preparedness Section

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## 18. Climate Change Adaptation and Resiliency for Water Utilities ☐

### A. CLIMATE THREATS, SENSITIVITY, AND MAGNITUDE OF IMPACTS ☐ \* At least one box needs to be checked.

<input type="checkbox"/> Drought	Groundwater depletion (decreasing well levels, overdrafted groundwater basins, reduced groundwater recharge, etc.)	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input checked="" type="radio"/> None to Low Sensitivity
	Decreased surface water storage (decreasing lake, reservoir, and/or river levels)	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input checked="" type="radio"/> None to Low Sensitivity
	Reduction in surface water (decreases in seasonal runoff, and/or loss of snowmelt)	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input checked="" type="radio"/> None to Low Sensitivity
	Reliance on surface water diverted from the Delta, imported from Colorado River, or other climate-sensitive areas	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input checked="" type="radio"/> None to Low Sensitivity
	Salt-water intrusion into aquifers	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity

<input type="checkbox"/> Water Quality Degradation	Altered water quality during storm events (turbidity shifts, debris flows)	<input checked="" type="radio"/> None to Low Sensitivity Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input checked="" type="radio"/> None to Low Sensitivity
	Surface water quality issues related to eutrophication, algal blooms, invasive species	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input checked="" type="radio"/> None to Low Sensitivity
<input type="checkbox"/> Flooding <input type="checkbox"/> Sea Level Rise	High flow events and flooding	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input checked="" type="radio"/> None to Low Sensitivity
	Inundation due to sea level rise, high tides, and/or coastal storm surges	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input checked="" type="radio"/> None to Low Sensitivity
	Aging flood protection infrastructure (levees), or insufficient impoundment capacity	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input checked="" type="radio"/> None to Low Sensitivity
<input type="checkbox"/> Extreme Heat	Peak demand volume surges (due to extreme heat, temperature trends, etc.)	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input checked="" type="radio"/> None to Low Sensitivity
	Increases in agricultural water demand or energy sector needs	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input checked="" type="radio"/> None to Low Sensitivity
<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Other	Increased fire risk and altered vegetation, e.g., wildfires	Choose an item <input type="radio"/> --Pick one-- <input checked="" type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input type="radio"/> None to Low Sensitivity
	Disruption of power supply	Choose an item <input type="radio"/> --Pick one-- <input checked="" type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input type="radio"/> None to Low Sensitivity
	Other <input type="checkbox"/>	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input checked="" type="radio"/> None to Low Sensitivity
<input type="checkbox"/> None	Active Water Resource Threat Monitoring	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> I don't know

<b>B. ADAPTATION MEASURES</b>		
Install new and deeper drinking water wells, or modify existing wells to increase pumping capacity		Choose an item <input checked="" type="radio"/> --Pick one-- <input type="radio"/> Completed <input type="radio"/> In Progress <input type="radio"/> Plan to Implement <input type="radio"/> Will not Implement <input type="radio"/> N/A
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 <input checked="" type="radio"/> --Pick one-- <input type="radio"/> Completed <input type="radio"/> In Progress <input type="radio"/> Plan to Implement <input type="radio"/> Will not Implement <input type="radio"/> N/A



Interconnection with other utilities (transfers, mutual aid agreements with neighboring utilities)	Choose an item <input checked="" type="radio"/> --Pick one-- <input type="radio"/> Completed <input type="radio"/> In Progress <input type="radio"/> Plan to Implement <input type="radio"/> Will not Implement <input type="radio"/> N/A
Relocate facilities, construct or install redundant facilities	Choose an item <input checked="" type="radio"/> --Pick one-- <input type="radio"/> Completed <input type="radio"/> In Progress <input type="radio"/> Plan to Implement <input type="radio"/> Will not Implement <input type="radio"/> N/A
Modify facilities (e.g., install barrier or levee, raise a wall, seal a door, elevate construction)	Choose an item <input checked="" type="radio"/> --Pick one-- <input type="radio"/> Completed <input type="radio"/> In Progress <input type="radio"/> Plan to Implement <input type="radio"/> Will not Implement <input type="radio"/> N/A
Conservation measures (demand management, enhanced communication and outreach)	Choose an item <input checked="" type="radio"/> --Pick one-- <input type="radio"/> Completed <input type="radio"/> In Progress <input type="radio"/> Plan to Implement <input type="radio"/> Will not Implement <input type="radio"/> N/A
Fire prevention – brush management, partnerships	Choose an item <input checked="" type="radio"/> --Pick one-- <input type="radio"/> Completed <input type="radio"/> In Progress <input type="radio"/> Plan to Implement <input type="radio"/> Will not Implement <input type="radio"/> N/A
Alternative or backup energy supply	Choose an item <input checked="" type="radio"/> --Pick one-- <input type="radio"/> Completed <input type="radio"/> In Progress <input type="radio"/> Plan to Implement <input type="radio"/> Will not Implement <input type="radio"/> N/A
On-site energy generation	Choose an item <input checked="" type="radio"/> --Pick one-- <input type="radio"/> Completed <input type="radio"/> In Progress <input type="radio"/> Plan to Implement <input type="radio"/> Will not Implement <input type="radio"/> N/A
Enhance monitoring program, budget for additional testing and treatment, chemicals	Choose an item <input checked="" type="radio"/> --Pick one-- <input type="radio"/> Completed <input type="radio"/> In Progress <input type="radio"/> Plan to Implement <input type="radio"/> Will not Implement <input type="radio"/> N/A
Other <input type="checkbox"/>	Choose an item <input checked="" type="radio"/> --Pick one-- <input type="radio"/> Completed <input type="radio"/> In Progress <input type="radio"/> Plan to Implement <input type="radio"/> Will not Implement <input type="radio"/> N/A

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

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Finalize ☐

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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 48

☒ 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.

REPORT SUBMITTED BY 

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Title:

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