

# PUBLIC WATER SYSTEM 2007 ANNUAL REPORT

*January 1 through December 31, 2007*

**1. CONTACT INFORMATION**

Please refer to your hardcopy Public Water System 2007 Annual Report for the Department's records of your water system's contact information. Make all contact information corrections, deletions and additions to the hardcopy mailed to your water system. Please return the completed form to the Department.

**2. POPULATION SERVED**

A. Permanent (Latest U.S. Census Bureau or CA Department of Finance data) 275 (estimate)

B. Seasonal Daily Maximum (If applicable) N/A

**3. NUMBER OF SERVICE CONNECTIONS & WATER METERS**

A. Active Service Connections:

Type/Category	Total connections	Flat rate	Metered	
			# Of Meters	Size (in)
Example:	1200	200	700 300	3/4 1
General & Residential (except com. & Industrials.)	113	0	114	1/2 - 3/4 - 1 1/2 - 2
Commercial	N/A	0	0	0
Industrial	N/A	0	0	0
Irrigation (Ag. & Res.)	2	0	2	
Other Water systems	N/A	0	0	0
Total Active Connections	113	0	114	1/2 - 3/4 - 1 1/2 - 2

B. Number of Inactive Connections (all types) 7

**4. PUMP STATIONS (Distribution and Raw)**

N/A (Check this box if your system does not have any)

Station Name/I.D. (Optional)	# of pumps	Total Capacity (gpm)
Ex: Station A	5	5000
TANK 1A & 1B	1	150
TANK 2	1	125

5. **DOMESTIC WATER SOURCES IN SYSTEM (AS OF DECEMBER 31, 2007)**

Type	Total Approved	New/Added in 2007	Inactivated in 2007	Abandoned or Destroyed in 2007
Groundwater	1	0	0	0
Surface Water (Raw)	N/A			
Purchased Water (GW)	N/A			
Purchased Water (SW)	N/A			
Standby* (See below)	N/A			
Inactive	N/A			

**GW = Groundwater SW = Surface Water**

\*Attach a list of standby sources and the number of days each standby source was used.

6. **WATER PRODUCED BY SYSTEM:**

	Water Produced (million gallons)		
	Total	GW	SW
Maximum Day Date: <u>N/A</u>	0.058 MG (estimate)		
Max. Month Month: <u>JULY</u>	1.9 MG		
Annual Total	14.339 MG	14.339 MG	

**GW = Groundwater SW = Surface Water MG = Million Gallons**

Please **SUBMIT A LIST** of the other public water systems (PWS) that your water system sold water to, or purchased water from, in 2007.

**WATER PURCHASED AND SOLD:**

Water Purchased:		
Total Treated Water Purchased in 2007 (MG):	0	
Total Water Purchased during Maximum Month (MG):	0	
Water Sold:		
	Agriculture Irrigation	Other Utilities
Total Treated Water Sold in 2007 (MG):	0	
Total Treated Water Sold during Maximum Month (MG):	0	

**METER INFORMATION<sup>(1)</sup>:**

Location	Type	Calibration Date
<i>Ex. Clearwell Outlet</i>	Finished Water	12/31/2007
N/A	N/A	

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(1) At minimum, list each source and finished water meter.

**7. ANNUAL NITRATE SAMPLING**

Regulations require a minimum of **annual** sampling for nitrate. If any nitrate result is  $\geq 1/2$  the MCL of 45 mg/l (i.e., a result of  $\geq 23$  mg/l nitrate) then quarterly monitoring must be initiated. Has your system conducted monitoring for nitrate during 2007 from each source? Yes  No

Attach a copy of the 2007 results for each source to this report **if not already submitted through electronic data transfer(EDT) and/or provide a summary of sample dates and results.**

**8. 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). Please **submit a copy** of the siting plan **if** the plan was modified in 2007 and has not been submitted for review and approval, or if it is more than 10 years old. Date of current sample siting plan: 8/24/2002

**9. DIRECT ADDITIVES**

Pursuant to Section 64700, Title 22 of the California Code of Regulations, (effective January 1, 1994), all chemicals or products, including chlorine, added directly to the drinking water as part of a treatment process must meet the ANSI/NSF Standard 60. Please complete the following table for each chemical used by this water system. If you are not sure whether a chemical you are using meets this standard, contact the manufacturer or distributor of the chemical. If no chemicals or products are added to the drinking water, indicate that below:

List each chemical used in treatment process	Enter the name of the manufacturer(s)	Enter the purpose for using the chemical(s)	Does Chemical Meet ANSI/NSF Standard 60? (Yes/No)
12.5% SODIUM HYPOCHLORITE	HASA	BACTERIAL INACTIVATION	YES

Check here if no chemicals are added to the drinking water:

If chlorine is being used, is it used on a continuous basis? Yes  No

**10. BACKFLOW PREVENTION ASSEMBLIES**

	Total Number in System	Number Installed in 2007	Number Tested in 2007	Number Failed in 2007	Number Repaired/ Replaced
Backflow Prevention Assemblies on Service Connections at the Meter	14	2	0	0	0
Backflow Devices On-site in lieu of at the Meter	0	0	0	0	0
Air-gap	0	0			
Chemical Feed pumps	0	0	0	0	0

Designated Cross Connection Control Program Coordinator: Lee E. Tolbert

Certification Number N/A Telephone number (707) 481-3475

Certification or training received USC – Foundation for Cross Connection Control & Hydraulic Research

Date of last cross-connection control survey done on the system November 5, 2007

The Department is collecting information through an informal survey as part of the proposed revisions to the cross connection regulations, which may contain mandatory reporting. Please provide an estimate of the number of backflow incidents that you became aware of through water complaint investigations during 2007: **NONE**

Total number of actual backflow incidents investigated during 2007: **NONE**

Number with backflow into a public water system: 0 Number contained to customer premises: 0

Water User Origin: Industrial : 0 Commercial : 0 Residential : 0

**11. RECYCLED WATER USE SITES**

Do you use recycled water in your service area? Yes  No   
 If yes, please check all uses that apply below.

Recycled Water Use Sites	Existing in 2007	New Sites Proposed for 2008
Irrigation, Agriculture		
Irrigation, Commercial Landscape		
Industrial		
Dual-Plumbed - residential landscaping		
Dual-Plumbed - in-building (e.g. toilets)		
Cooling Towers		
Other, specify		
Other, specify		
Other, specify		

Who in your program is your recycled water coordinator?

Name \_\_\_\_\_  
 Phone number \_\_\_\_\_  
 E-mail address \_\_\_\_\_

**12. EMERGENCY NOTIFICATION PLANS**

If the Emergency Notification Plan has been revised in the last 12 months, please submit a copy. (Section 116460 of the Health and Safety Code)

**13. OPERATIONS PLAN FOR SURFACE WATER TREATMENT PLANTS ONLY**

Date of current Operations Plan: \_\_\_\_\_

Does your Operations Plan accurately reflect your current operations? Yes  No

Please **submit a copy** of your current operations plan **if** changes were made to the plan in 2007.

Date of your current Emergency Disinfection Plan (EDP) \_\_\_\_\_

Please **submit a copy** of your current EDP **if** changes were made to the plan in 2007.

Date of last watershed sanitary survey \_\_\_\_\_

Date planned to complete next watershed sanitary survey \_\_\_\_ *(to be completed every five years)*

**14. TREATMENT PLANT (SURFACE WATER, GAC, AIR STRIPPER, ETC.) PROBLEMS**

Describe any plant problems, process failures, major shutdowns, etc., which were experienced in 2007 and substantially affected the plant performance (Please attach separate sheets, if needed).

**15. EMERGENCY RESPONSE PLANS / DISASTER PREPAREDNESS**

Do you have an Emergency Response Plan that addresses the procedures for the restoration of water services for your water system? Yes  No  If Yes, specify date of plan: \_\_\_\_\_

Public water systems with at least 3,300 or more persons are required to review and revise their Emergency Response Plans to ensure that the plans are sufficient to address possible disaster scenarios.

Date of last review/ revision: \_\_\_\_\_

Please **submit a copy** of your plan with this annual report **if** it was updated during 2007, and has not already been submitted.

**16. BACKUP POWER**

Does your water system have backup power for:

- Sources: Yes  No  N/A
- Pumping Stations: Yes  No
- Water Treatment Plant: Yes  No  N/A

If your system has backup power, how frequently is it tested? (# of times/yr.) \_\_\_\_\_

Can your system maintain system pressure either by backup power or by storage during power outages of 2 hours or less? Yes  No

Is your backup power system: Automatic Start  Manual Start

**17. CONSUMER CONFIDENCE REPORT**

A Consumer Confidence Report (CCR) must be distributed to your customers by July 1, 2008, reporting the quality of the water delivered during 2007 (Section 116470 of Health and Safety Code). After the 2007 CCR has been provided to customers, **please submit a copy to the Department with a completed CCR Certification Form**. If the report has not yet been distributed, indicate the date it will be distributed: July 1, 2008

Public water systems that serve 100,000 or more persons are required to post their CCR on the Internet. Is your CCR on the Internet? Yes  No  To be posted by: July 1, 2008

**18. 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.

<u>Name</u>	<u>Operator Number</u>	<u>Grade of Operator</u>	<u>Renewal/ Expiration Date</u>
<u>MARK ZASTROW</u>	<u>23067</u>	<u>T2</u>	<u>11/1/2011 - 3/1/2011</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- B. Please list the State or AWWA certified water **distribution operators** employed by your water system that supervise and direct the operation of your distribution system.

<u>Name</u>	<u>Operator Number</u>	<u>Grade of Operator</u>	<u>Renewal/ Expiration Date</u>
<u>MARK ZASTROW</u>	<u>18631</u>	<u>D1</u>	<u>1/1/09 - 5/1/09</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

#### 19. WATER SYSTEM IMPROVEMENTS

Identify any major changes, additions, or improvements in the water system facilities and/or operation that were completed during 2007 or that are planned for 2008. (Water systems are required to submit an amended permit application for any addition or modification to water sources or treatment facilities pursuant to Section 116550 of the Health and Safety Code).

Completed in 2007: NONE

Planned for 2008: NONE

#### 20. SYSTEM PROBLEMS

Type of Problem	Number of Problems	Number of Problems Investigated	Number of Problems Reported to DPH
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

Please provide a brief description of the cause and the corrective action taken for each problem identified during 2007.

found distribution lateral failure and repaired

#### 21. COMPLAINTS REPORTED (WRITTEN OR VERBAL)

Type of Complaint	Number of Complaints Reported	Number of Complaints Investigated	Number of Complaints Reported to DPH
Taste and Odor	0	0	0
Color	0	0	0
Turbidity	0	0	0
Worms and other Visible Organisms	0	0	0
Pressure (High or Low)	0	0	0
Illnesses (Waterborne)	0	0	0
Other (Specify)	0	0	0
Total	0	0	0

Please provide a brief description of the cause and the corrective actions taken for each complaint reported during 2007.

**22. SYSTEM MAINTENANCE**

**Dead-End Flushing Program**

	Total No. in System	No. with Blowoffs	No. Flushed in 2007	Frequency of Flushing
Dead-Ends	7	7	7	Annual

**Valve Exercise Program**

	Size Range of Valves	Total No. in System	No. Exercised in 2007	Frequency of Valve Exercising
Valves	4 & 6	22 on water mains + 17 fire hydrant	0	When required

**23. STORAGE TANKS/RESERVOIRS/FOREBAY (INCLUDING PRESSURE/PNEUMATIC TANKS) DATA**

*Attach a separate sheet if needed.*

Name or ID # (Optional)	Type (Elevated, Ground or Hydropneumatic)	Capacity (MG)	Year Installed	Date of Last Inspection	Date of Last Cleaning	Date re-lined or coated
<i>Ex: Tank A</i>	<i>Ground</i>	<i>0.5</i>	<i>1989</i>	<i>2003</i>	<i>2004</i>	<i>NA</i>
Tank 1A	Ground	0.015	< 1979	2007		NA
Tank 1B	Ground	0.015	1993	2007		NA
Tank 2	Ground	0.015	< 1979	2007		NA
Tank 3	Ground	0.1	2000	2007		NA

**24. PRESSURE ZONES & HYDRANT FLOW (GPM) (Specify method of estimating hydrant flow below.)**

	Connections	Number of Hydrants	Hydrant Flow Range (gpm)	Hydrant flow measurement method (measured or estimated?)	Pressure Range (psig)
<i>Ex: Main</i>	<i>120</i>	<i>25</i>	<i>500-800</i>	<i>measured</i>	<i>30-75</i>
Well to tank site 1A & 1B	45	4 municipal hydrants + 3 wharf valves	T.B.D.	T.B.D.	35-119
Tank site 1A & 1B to tank site 2	47	4 municipal hydrants + 2 wharf valves	T.B.D.	T.B.D.	34-120
Tank site 2 to tank site 3	21	2 municipal hydrants + 2 wharf valves	T.B.D.	T.B.D.	20-119

**25. SYSTEM SOURCE LIST. (Specify a list of public water system sources and respective status.)**

Source Name	Status
<i>Ex: Well 01</i>	<i>Active</i>
Well # 01	Active

Source Status options: Active, Standby and Inactive

**26. ADDITIONAL INFORMATION** \_\_\_\_\_