

# Public Water System 2009 Annual Report

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The California Department of Public Health (CDPH) requests your cooperation in completing the **Public Water System 2009 Annual Report** which focuses on critical areas of our Drinking Water Program: Emergency Contacts, Drought and Conservation, and Water Consumption for the year ending December 31, 2009. The information you submit will be used by the department, other state agencies, and the environmental community to assess and plan water strategies for the future.

## Instructions on using this form

Answer those questions that are relevant to your water system making sure to identify yourself as the person completing the report

When you have answered all the questions, save your completed report to your local hard drive

Start an email to [drinc@cdph.ca.gov](mailto:drinc@cdph.ca.gov)

Enter the subject line **2009 Annual Report for** and your public water system **number**. It should look like **2009 Annual Report for CA3413345**. Visit <http://drinc.ca.gov:8080/DWW> to find your water system number.

Attach the completed 2009 Annual Report file that you saved to the email

Attach all other document files requested in the form to the email

Send the email

The following files are requested:

- a Bacteriological Site Sampling Plan, if changes have been made in 2009
- a Backflow Prevention Device Test Schedule, if testing was not performed as required
- a listing and description of Cross-connection Incidents if they have not been submitted to the CDPH Drinking Water Program
- any new Groundwater Treatment Plant Operations Plan placed into effect in 2009
- a Groundwater Treatment Plan Operations Plan, if changes were made to it in 2009
- any new Surface Water Treatment Plant Operations Plan placed into effect in 2009
- a Surface Water Treatment Plant Operations Plan, if changes were made to it in 2009
- an Emergency Disinfection Plan, if changes were made to it in 2009
- an Emergency Response Plan, if changes were made to it in 2009
- an Emergency Notifications Plan
- a list of State Certified Operators working at your water system

It may be necessary to send your document attachment files separate from the Annual Report file due to the number and size of the files. In this case, email the attachments in a separate email but make sure that the subject line contains your public water system number. Upon receipt by us, an acknowledgement email will be sent to you, and that completes the process.

If for any reason you are unable to complete and email this report, please print-out and mail this completed form and attachments to:

Public Water System 2009 Annual Report  
CDPH Division of Drinking Water and Environmental Management  
POB 997377 MS 7400  
Sacramento CA 95899-7377

## Water System Detail Information

Public Water System (PWS) name:

PWS Number:

Principal city served:

Mailing Address:

Physical Location:

Web Site Address:

Name of the person completing this report:

Telephone number:

Email address:

## Public Water System Contacts

**Manager / Superintendent / Public Works Director** (person who is legally responsible for ensuring that the PWS maintains compliance with the Safe Drinking Water Act, and/or person to which Enforcement Letters and Correspondence would be addressed such as Board of Directors, General Manager, or CEO)

Title:

Name:

Business Phone:

Cell Phone:

Fax Number:

Email Address:

**Primary Contact** (designated Operator-in-Charge)

Title:

Chief Operator

Name:

Business Phone:

Cell Phone:

Fax Number:

Email Address:

**Billing Contact** (person who receives and processes invoices and payments)

Title:

Name:

Business Phone:

Cell Phone:

Fax Number:

Email Address:

Mailing address if different than the PWS mailing address:

**Water Quality Contact** (Person responsible for receiving water quality email updates from the Department's Drinking Water Program)

Title:

Name:

Business Phone:

Cell Phone:

Fax Number:

Email Address:

**Consumer Data**

Population (permanent) served by your system:   
(From the latest US Census Bureau or Department of Finance)

Seasonal Maximum Daily, if applicable:

**This next section is for non-community water systems with less than 1000 active connections.**

Does your system serve 25 or more people per day at least 60 days out of the year?

Yes  No

Does your system serve 25 or more of the same people for more than 6 months out of the year?

Yes  No

If 'Yes', what was the number of persons served on the 60<sup>th</sup> highest day of 2009?

How many year-round residents does your system serve, if any?

Does your system operate all year?

Yes  No

If 'No', give normal Open and Close dates:

**Number of Service Connections as of December 31, 2009**

**Residential**

Number of metered residential service connections:

Number of flat rate residential service connections:

Total number of residential service connections:

**Commercial**

Number of metered commercial service connections:

Number of flat rate commercial service connections:

Total number of commercial service connections:

**Industrial**

Number of metered industrial service connections:

Number of flat rate industrial service connections:

Total number of industrial service connections:

**Agricultural**

Number of metered agricultural service connections:

Number of flat rate agricultural service connections:

Total number of agricultural service connections:

**Source Data**

*Inactive sources are not approved as sources of supply and must be physically disconnected or otherwise isolated so that only an intentional act by an operator can place the source in service.*

**Groundwater wells**

Number of approved active groundwater (GW) wells:

Number of groundwater wells added in 2009:

Number of groundwater wells inactivated in 2009:

Number of groundwater wells abandoned or destroyed in 2009:

**Surface water**

Number of approved active raw surface water (SW) sources:

Number of raw surface water sources added in 2009:

Number of raw surface water sources inactivated in 2009:

Number of raw surface water sources abandoned or destroyed in 2009:

**Purchased water connections**

Number of active purchased groundwater (GW) connections:

Number of purchased groundwater connections added in 2009:

Number of purchased groundwater connections inactivated in 2009:

Number of purchased groundwater connections abandoned or destroyed in 2009:

**Surface water connections**

Number of approved active purchased surface water connections:

Number of purchased surface water connections added in 2009:

Number of purchased surface water connections inactivated in 2009:

Number of purchased surface water connections abandoned or destroyed in 2009:

**Standby wells**

Number of approved standby wells:

Number of standby wells added in 2009:

Number of standby wells inactivated in 2009:

Number of standby wells abandoned or destroyed in 2009:

**Emergency interconnections**

Number of approved emergency interconnections (interties):

Number of Emergency Interconnections added in 2009:

Number of emergency interconnections inactivated in 2009:

Number of emergency interconnections abandoned or destroyed in 2009:

For each standby source used in 2009, list (fill out sheet3 if necessary):

Name of source	Number days in operation	Reason for use	Was public notified?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Finished Water Produced, Purchased, or Sold**

The **Maximum Day** is the day during 2009 with the highest total water usage. Once this day has been identified, complete the section below indicating how much of the water on that day was from each source. Only report **Maximum Day** if it is actually measured or determined from production records. It should not be the average day demand during the maximum month of production.

The **Maximum Month** is the month during 2009 with the highest total water usage. Indicate the month in the section below for each source and the amount that was supplied.

For questions below asking for amounts of water produced, purchased, or sold, please select units of measure:

<input checked="" type="radio"/> Gallons	<input type="radio"/> Million Gallons	<input type="radio"/> Acre-feet (AF)	<input type="radio"/> 100 cubic feet
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**Groundwater**

Date in 2009 maximum amount of groundwater was produced:

Amount of groundwater produced in the Maximum Day:

Month in 2009 maximum groundwater was produced:

Amount of groundwater produced in the Maximum Month:

Total amount of groundwater produced in 2009:

**Surface water**

Date in 2009 maximum amount of surface water was produced:

Amount of surface water produced in the Maximum Day:

Month in 2009 maximum surface water was produced:

Amount of surface water produced in the Maximum Month:

Total amount of surface water produced in 2009:

**Purchased water**

Date in 2009 maximum amount of water was purchased:

Amount of water purchased in the Maximum Day:

Month in 2009 maximum amount of water was purchased:

Amount of water purchased in the Maximum Month:

Total amount of water purchased in 2009:

### Sold water

Date in 2009 maximum amount of water was sold:

Amount of water sold in the Maximum Day:

Month in 2009 maximum amount of water was sold:

Amount of water sold in the Maximum Month:

Total amount of water sold in 2009:

For water purchased or sold in 2009, list (fill out sheet4 if necessary):

Name of Public Water System	Indication water purchased from, sold to, or both
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### Water Quality

Has your system conducted monitoring for nitrate during 2009 from each source?

Yes  No

*Regulations require a minimum of annual sampling for nitrate. If any nitrate result is greater than or equal to 1/2 the MCL of 45 mg/L (i.e., a result of at least 23 mg/L nitrate), quarterly monitoring must be initiated. If there were any sources that were not monitored because they were offline during 2008, you must contact the CDPH Drinking Water Program to avoid an enforcement action.*

When was your bacteriological site sampling plan last updated?

*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, California Code of Regulations). Please attach a copy of this siting plan if it is in electronic format (eg: PDF) and was changed in 2009.*

*Please note that if there is a system pressure loss to less than 5 psi, special bacteriological samples are required from the affected area. Also, you must notify the CDPH Drinking Water Program immediately.*

Is your 2009 Consumer Confidence Report (CCR) on the Internet?

Yes  No  N/A

Yes No N/A

Date 2009 CCR was or will be posted on the Internet:

If your 2009 CCR has not yet been distributed, indicate the date it will be distributed:

*A 2009 Consumer Confidence Report (CCR) must be distributed to your customers by July 1, 2010, reporting the quality of water delivered during the 2009 (Section 116470 of the Health and Safety Code). A copy of the 2009 CCR must be submitted to the CDPH Drinking Water Program by October 1, 2010 (Section 64483(c) of Title 22 California Code of Regulations).*

### Chemical Additives

*Pursuant to Section 64590, Title 22 of the California Code of Regulations, 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. If you are not sure whether a chemical you are using meets this standard, contact the manufacturer or distributor of the chemical.*

Please enter information about each chemical used by your water system including the following information (fill out sheet5 if necessary).

Chemical name	Manufacturer's name	Purpose for use of chemical	If chemical meets ANSI/NSF Standard 60
Sodium Hypochlorite	HASA, Inc.	Disinfection	Yes

### Cross-connection Control Program

All backflow prevention devices must be tested annually. If any were not tested in 2009, please attach a time schedule stating when the devices will be tested in 2010.

#### Backflow prevention assemblies on service connections at the meter

Total number of backflow prevention assemblies on service connections at the meter:

Number of backflow prevention assemblies on service connections at the meter installed in 2009:

Number of backflow prevention assemblies on service connections at the meter tested in 2009:

Number of backflow prevention assemblies on service connections at the meter failed in 2009:

Number of backflow prevention assemblies on service connections at the meter repaired or replaced in 2009:

**Backflow devices on-site in lieu of at the meter**

Total number of backflow devices on-site in lieu of at the meter:

Number of backflow devices on-site in lieu of at the meter installed in 2009:

Number of backflow devices on-site in lieu of at the meter tested in 2009:

Number of backflow devices on-site in lieu of at the meter failed in 2009:

Number of backflow devices on-site in lieu of at the meter repaired or replaced in 2009:

**Air gap backflow assemblies**

Total number of air gap backflow assemblies:

Number of air gap backflow assemblies installed in 2009:

Number of air gap backflow assemblies tested in 2009:

Number of air gap backflow assemblies failed in 2009:

Number of air gap backflow assemblies repaired or replaced in 2009:

Name of designated Cross-connection Control Program Coordinator:

Certification Number:

Business Phone:

Email Address:

Describe certification or training received:

Date of last cross-connection control survey completed on the water system:

Please list any incidents of cross-connection including the following information (fill out sheet6 if necessary):

Description of event	Was the report submitted to the CDPH Drinking Water Program (Yes/No)

Please attach non-submitted cross-connection incident reports:

**Recycled Water**

This next section is for **Large Water Systems Only**, which are those systems with 1000 active connections or greater.

**Agricultural sites**

Total number of approved agricultural irrigation sites:

Number of agricultural irrigation sites approved in 2009:

Number of agricultural irrigation sites proposed for 2010:

**Landscape irrigation sites**

Total number of approved landscape irrigation sites:

Number of landscape irrigation sites approved in 2009:

Number of landscape irrigation sites proposed for 2010:

**Industrial sites**

Total number of approved industrial sites:

Number of industrial sites approved in 2009:

Number of industrial sites proposed for 2010:

**Dual-plumbed (In-building) sites**

Total number of approved dual-plumbed (In-building) sites:

Number of dual-plumbed (In-building) sites approved in 2009:

Number of dual-plumbed (In-building) sites proposed for 2010:

**Dual-plumbed (Single-family lot) sites**

Total number of approved dual-plumbed (Single-family lot) sites:

Number of dual-plumbed (Single-family lot) sites approved in 2009:

Number of dual-plumbed (Single-family lot) sites proposed for 2010:

**Cooling towers**

Total number of approved cooling tower sites:

Number of cooling tower sites approved in 2009:

Number of cooling tower sites proposed for 2010:

**Other**

Total number of any other approved sites:

Number of any other sites approved in 2009:

Number of any other sites proposed for 2010:

Please list specific recycled water use sites within your system:

Name of Recycled Water Coordinator:

Title:

Business Phone:

Email Address:

How many inspections of recycled water use sites were conducted in 2009?

How many pressure/shutdown tests were performed in 2009?

Do all of your recycled water uses sites have an on-site supervisor?

 Yes  No

How many recycled water use sites do not have an on-site supervisor?

**System Operation - Treatment**

Please attach any new Groundwater Treatment Plant Operation Plan:

Date of current Groundwater Treatment Plant Operations Plan:

Does your Operations Plan accurately reflect your current operations?:

 Yes  No

Please attach a copy of your current GW Treatment Plant Operations Plan if changes were made to the plan in 2009:

Describe any plant problems, process failures, major shutdowns, etc., which were experienced in 2009 and substantially affected the plant performance:

Please attach any new Surface Water Treatment Operations Plan:

Date of current Surface Water Treatment Plant Operations Plan:

Does your SW Treatment Operations Plan accurately reflect your current operations?

 Yes  No

Please upload a copy of your current SW Operations Plan if changes were made to the plan in 2009:

Describe any plant problems, process failures, major shutdowns, etc., which were experienced in 2009 and substantially affected the plant performance:

This section is for **Small Water Systems Only** which are systems with less than 1000 active connections.

Is any water treatment provided?

 Yes  No

If your water system uses chlorination treatment, list the name of each treated water source:

Well # 01

If any other water treatment is provided, list the water source name and the type of treatment:

If your water system uses any type of filtration treatment, list the water source and the type of filters used:

If your water system uses any other type of water treatment, list the water source and the type of treatment:

### Watershed Sanitary Survey (Surface Water System only)

Date of last watershed sanitary survey:

Date planned to complete next watershed sanitary survey:

### Emergency Preparation and Response

Date of current Emergency Disinfection Plan (EDP):

Please attach a copy of your current Emergency Disinfection Plan if changes were made to the plan in 2009:

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

 Yes  No

Date of your current Emergency Response Plan:

For **Large Water Systems Only** (30,000 connections), date of last review / revision of your Emergency Response Plan:

*Public water systems serving at least 30,000 or more persons are required to review and revise their ERP to ensure that the plan is sufficient to address possible disaster scenarios.*

For **Large Water Systems Only**, date ERP was last exercised with a tabletop or activity:

Please attach a copy of your Emergency Response Plan if it was updated in 2009 and has not been already submitted:

Does your water system have backup power for?

Sources    Pumping Stations    Water Treatment Plant

If your system has backup power, how often is it tested?

Can your system maintain system pressure either by backup power or by storage during power outages of two (2) hours or less?:

Yes    No

Is your backup power system:

Automatic Start    Manual Start

Please submit an up-to-date Emergency Notification Plan (Section 116460 of the Health and Safety Code). Make sure to include the emergency notification procedures as directed on the form.

### Operations

Please attach a list of State-certified Operators and include the following information:

- \* Type of Certification
- \* Number and Grade
- \* Indicate if Treatment Plant or Distribution Operator
- \* Certification renewal or expiration date
- \* Indicate if Lead or Shift operator

### System Planning

**Water System Improvements:** Identify any major changes, additions, or improvements in the water facilities and/or operation that were completed during 2009 or that are planned for 2010. *(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 2009:

Planned for 2010:

### System Operations - Distribution

Total number of dead-ends in the system:

Number of blow-offs in system:	<input type="text" value="7"/>
Number of dead-ends flushed in 2009:	<input type="text" value="7"/>
Frequency of dead-end flushing:	<input type="text" value="Annual"/>
Total number of valves in the system:	<input type="text" value="39"/>
Size range of valves:	<input type="text" value="4 &amp; 6"/>
Number of valves exercised in 2009:	<input type="text" value="39"/>
Frequency of valve exercise:	<input type="text" value="Annually"/>

**System Operations - Storage**

Storage Tank / Reservoir Inspection / Cleaning Program: Please attach a list with the following information for each storage tank:

- \* Tank Name
- \* Capacity in MG
- \* Year installed
- \* Date last inspected
- \* Date last cleaned
- \* Date re-lined (if applicable)

**System Operations - Problems**

Number of service breaks / leak problems experienced in 2009:	<input type="text"/>
Number of service breaks / leak problems investigated in 2009:	<input type="text"/>
Number of service breaks / leak problems reported to the CDPH Drinking Water Program in 2009:	<input type="text"/>
Number of main breaks / leaks experienced in 2009:	<input type="text"/>
Number of main breaks / leaks investigated in 2009:	<input type="text"/>
Number of main breaks / leaks reported to the CDPH Drinking Water Program in 2009:	<input type="text"/>
Number of water outages experienced in 2009:	<input type="text"/>
Number of water outages investigated in 2009:	<input type="text"/>
Number of water outages reported to the CDPH Drinking Water Program in 2009:	<input type="text"/>

Number of Boil Water Notices issued in 2009:

Please provide a brief description of the cause and the corrective action taken for each problem identified during 2009 (attach separate sheet if necessary):

### **System Complaints**

Number of water color complaints received in 2009:

Number of water color complaints investigated in 2009:

Number of water color complaints reported to the CDPH Drinking Water Program in 2009:

Number of water turbidity complaints received in 2009:

Number of water turbidity complaints investigated in 2009:

Number of water turbidity complaints reported to the CDPH Drinking Water Program in 2009:

Number of worm & other organism complaints received in 2009:

Number of worm & other organism complaints investigated in 2009:

Number of worm & other organism complaints reported to the CDPH Drinking Water Program in 2009:

Number of pressure (too high/low) complaints received in 2009:

Number of pressure complaints investigated in 2009:

Number of pressure complaints reported to the CDPH Drinking Water Program in 2009:

Number of waterborne illness complaints received in 2009:

Number of waterborne illness complaints investigated in 2009:

Number of waterborne illness complaints reported to the CDPH Drinking Water Program in 2009:

Number of all other complaints received in 2009:

Number of all other complaints investigated in 2009:

Number of all other complaints reported to the CDPH Drinking Water Program in 2009:

Please provide a brief description of the cause and the corrective action taken for each complaint identified during 2009:

## Drought Response and Water Conservation

Do you have a drought action plan?

 Yes  No

If "Yes," when was it last updated?

Did you experience water shortages in the past calendar year?

 Yes  No

If "Yes," how much was your shortfall (please express units in million gallons (MG) or acre-feet (AF))?

Did drought conditions cause you to activate emergency standby wells this past year?

 Yes  No

Do you project water shortages in the upcoming calendar year?

 Yes  No

If "Yes," how much of a shortfall do you anticipate (please express units in million gallons (MG) or acre-feet (AF))?

Did you implement any water conservation activity in 2009?

 Yes  No

If 'Yes', what was the savings in MG?

What was the percent (%) reduction in demand?

Do you anticipate having to go to mandatory rationing in the upcoming year?

Yes  No

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

Yes  No

Are the levels recovering or is there a steady decline in these levels?

Declining  Recovering  No Change

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

Development and activation of a new water well.

Again...thank you for your cooperation in completing this reporting form

