



SANDRA SHEWRY
Director

State of California—Health and Human Services Agency
DEPARTMENT OF HEALTH SERVICES

Division of Drinking Water and Environmental Management
Field Operations Branch, Sonoma District
50 D Street, Suite 200
Santa Rosa, CA 95404
(707) 576-2145 FAX (707) 576-2722
Internet Address: www.dhs.ca.gov/ps/ddwem



ARNOLD SCHWARZENEGGER
Governor

FEBRUARY 9, 2007

TO: WATER SYSTEM MANAGERS

RE: 2006 ANNUAL REPORT TO THE DEPARTMENT AND UPDATES

Enclosed is a copy of the California Department of Health Services (Department) 2006 Annual Report form. This report provides the Department with information on the operation of your water system. Please complete the form as thoroughly as possible and submit it to this office by **April 16, 2007**. For your convenience, we are also sending electronic versions of the Annual Report form to those systems that have email addresses on file with our office.

Updating Contact Information

The last page of the Annual Report is a summary of the contacts and sources of your water system. If any of the contact or source information has changed, please make a note of the changes on the summary page.

Water System Status Summary

The Department has developed a Water System Status Summary (enclosed) that outlines the status of your system's compliance with applicable rules and regulations. This summary is based on data from our database. If you have more current information, please provide it to our office. If the Summary indicates your system is overdue for any requirement, please complete the outstanding item as soon as possible and provide the necessary documents to our office.

Source Chemical Monitoring

A copy of the source chemical monitoring schedules for your system's source(s) is enclosed. Please review the monitoring schedule and your laboratory reports to determine if you have more current monitoring results than those shown. If you do have more recent results, contact your laboratory and request that the missing sample results be submitted electronically to the State database. Overdue monitoring must be completed immediately and upcoming monitoring must be completed by the listed due date. Please note that these results must be submitted electronically by State-certified laboratories to the State database. You should provide your laboratory with the ten-digit Source Code located in the upper left-hand corner of the monitoring schedule with your samples.

Consumer Confidence Report (CCR):

Section 64480 of Title 22, California Code of Regulations, requires every community and nontransient-noncommunity water system to prepare a Consumer Confidence Report (CCR) annually and mail or deliver a copy of that report to each customer. The report must be delivered to customers and this District Office by **July 1** of every year. A signed copy of the completed CCR certification form must be submitted to this office by **October 1, 2007**.

A blank CCR template (for systems serving fewer than 1,000 service connections), a certification form, and guidance material are located on our website at:

<http://www.dhs.ca.gov/ps/ddwem/publications/CCR/ccrindex.htm>

The attachments in the instructions are to be used as references in completing the CCR and are not to be attached to the report itself.

Please be reminded that Vulnerability Summary language from Source Water Assessments and any monitoring and reporting violations which occurred in 2006 must be included in the CCR.

Chain of Custody

A chain of custody is used in to document control and transfer of water quality samples. Water system personnel are strongly encouraged to complete and retain copies of chains of custody to document sample collection and delivery to the State-certified laboratory. In the event, the laboratory has no record of receiving a sample, the chain of custody can be used to demonstrate the sample was collected.

Free California Drinking Water Workshops in the Region

Rural Community Assistance Corporation (RCAC) and the Department are sponsoring free workshops for small water systems. Attendance at one of these workshops qualifies for six (6) contact hours for operator certification renewal purposes.. A list of upcoming workshops in the area is provided below:

1. **Surface Water Treatment Compliance**: May 8, 2007 (Chico, 8:30 – 3:30 pm)
2. **Water System Distribution O & M: Part 2** : May 22, 2007 (Bodega Bay, 8:30 – 3:30 pm)
3. **Monitoring & Water Quality**: May 23, 2007 (Sebastopol, 8:30 – 3:30 pm)

Register for classes at <http://notes.rcac.org/RCAC/OWR.nsf/CDWW07-1>

Technical, Managerial, and Financial (TMF) Tune Up

The Department has developed the “TMF Tune Up”, an online tool designed to help water system personnel assess their water system’s strengths and weaknesses. The Tune Up is free to use and will take approximately 15 minutes to complete. A flyer on the TMF Tune Up tool is enclosed.

Infrastructure Funding Fairs

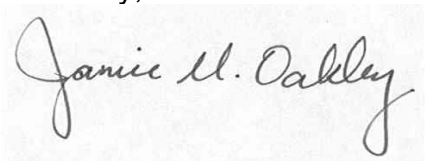
The California Financing Coordinating Committee is presenting a series of Funding Fairs around the state in 2007. These fairs will have representatives from infrastructure funding programs from the following agencies:

- California Department of Health Services
- State Water Resources Control Board
- Department of Housing and Community Development
- US Department of Agriculture Rural Development
- California Infrastructure and Economic Development Bank
- Department of Water Resources

One of these funding fairs will be held in Santa Rosa on May 23, 2007. A brochure is enclosed which gives more details and a registration form. We would encourage a representative from your water system to attend this meeting if you will need to seek financing for capital improvements in the near future.

Please feel free to call this office at (707) 576-2145 if you have any questions regarding the contents of this letter.

Sincerely,

A handwritten signature in cursive script that reads "Janice M. Oakley". The signature is written in black ink on a light-colored background.

Janice M. Oakley, P.E.
Sonoma District Engineer
Drinking Water Field Operations Branch

Enclosures: 2006 Annual Report Form
Water System Status Summary
Source Chemical Monitoring Schedule(s)
TMF Tune Up Flyer

Email_CommNTNC_SONOMA AR 2006.doc



State of California—Health and Human Services Agency
DEPARTMENT OF HEALTH SERVICES

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SANDRA SHEWRY
Director

ARNOLD SCHWARZENEGGER
Governor

To:

Return completed form to:

PWS NO.:4900570
Contact Name: Lee Tolbert
PWS System Name: Palomino Lakes Mutual Water Co.
Address: P.O. Box 687
City, State, Zip: Cloverdale, CA, 95425

DHS-Drinking Water Field Operations Branch
District: Sonoma
Address: 50 D Street, Suite 200
Santa Rosa, CA 95404

by April 20, 2007

2006 ANNUAL REPORT TO THE DRINKING WATER PROGRAM
FOR YEAR ENDING DECEMBER 31, 2006
[Section 116530 Health & Safety Code]

1. CHANGE OF SYSTEM NAME OR

MAILING ADDRESS *(If Applicable)*

2. WEBSITE ADDRESS:

<http://www.palominolakes.org/PLMWC/PLMWC.htm>

3. ORGANIZATION

A. Manager/Superintendent/Public Works Director

Telephone / Fax Numbers *(Include Area Code)*

E-mail Address

B. Primary Contact *(Name, Title & Grade)*

Address

Telephone / Fax Numbers *(Include Area Code)*

E-mail Address

C. Billing Contact

Address

E-mail Address

D. Specify to which of the above e-mail addresses the Department can send notices of security threats, warnings, emergency information etc.:

E. Water Quality Data Contact (WQM)

E-mail Address

Lee E. Tolbert

707 / 481 - 3475

j-l_tolbert@comcast.net

Mark Zastro

850 McClelland Drive Windsor, CA 95492

707 / 838 - 6217 fax 838 - 0148

mmzastro@comcast.net

Rick Corriea

PO Box 687 Cloverdale, CA 95425

rmcorriea@comcast.net

A, B, & C

Lee E. Tolbert

j-l_tolbert@comcast.net

4. PHYSICAL LOCATION ADDRESS, CITY, & ZIP CODE OF WATER SYSTEM

(If different than shown above)

REPORT SUBMITTED BY:

Signature Lee E. Tolbert

Print Name/Title Lee Edmond Tolbert

Date: 4/14/2007

5. 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

6. NUMBER OF SERVICE CONNECTION & 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.)	110	0	110	3/4" & 2"
Commercial	N/A			
Industrial	N/A			
Irrigation (Ag. & Res.)	2			
Other Water systems	N/A			
Total Active Connections	110	0	110	3/4" & 2"

B. Number of Inactive Connections (all types) 1

7. 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
Tank 3A & 3B	0	N/A

8. DOMESTIC WATER SOURCES IN SYSTEM (AS OF DECEMBER 31, 2006)

Type	Total Approved	New/Added in 2006	Inactivated in 2006	Abandoned or Destroyed in 2006
Groundwater	1	0	0	0
Surface Water (Raw)	0	0	0	0
Purchased Water (GW)	0	0	0	0
Purchased Water (SW)	0	0	0	0
Standby* (See below)	0	0	0	0
Inactive	0	0	0	0

GW = Groundwater SW = Surface Water

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

9. **FINISHED WATER PRODUCED, PURCHASED AND SOLD**

	Water Produced (million gallons)			Water Purchased (million gals.)	Water Sold (million gals.)	
	Total	GW	SW		PWS	Other (Ag)
Maximum Day	0.058 (estimate)	YES	0	0	0	0
Max. Month	1.75 (estimate)	YES	0	0	0	0
Which Month?	AUGUST (estimate)	YES	0	0	0	0
Annual Total	13.0 MG (from distribution meters)	YES	0	0	0	0

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 2006.

METER INFORMATION:

All sources are metered? Yes No Last calibrated on (date): (METER CURRENTLY NON-OP – SCHEDULED FOR REPLACEMENT)

All finished water is metered? Yes No Last calibrated on (date): (N/A METER REPLACEMENT PROGRAM)

10. **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 ≥ 23 mg/l nitrate) then quarterly monitoring must be initiated. Has your system conducted monitoring for nitrate during 2006 from each source? Yes No

Attach a copy of the 2006 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.

11. **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 2006 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

12. **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

13. BACKFLOW PREVENTION ASSEMBLIES

	Total Number in System	Number Installed in 2006	Number Tested in 2006	Number Failed in 2006	Number Repaired/ Replaced
Backflow Prevention Assemblies on Service Connections at the Meter	5	0	0	0	0
Backflow Devices On-site in lieu of at the Meter	0	0	0	0	0
Air-gap	0	0			

Designated Cross Connection Control Program Coordinator: [Lee E. Tolbert](#)

Certification Number [N/A](#) Telephone number: (707) 481-3475

Certification or training received:

[FOUNDATION FOR CROSS CONNECTION CONTROL AND HYDRAULIC RESEARCH \(USC\)](#)

Date of last cross-connection control survey done on the system

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 2006:

Total number of actual backflow incidents investigated during 2006:

Number with backflow into a public water system: [NONE](#) Number contained to customer premises: [NONE](#)

Water User Origin: Industrial Commercial Residential

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 2006	New Sites Proposed for 2007
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 _____

14. 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).

15. OPERATIONS PLAN FOR SURFACE WATER TREATMENT PLANTS ONLY

Date of current Operations Plan: *N/A*

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 2006.

Date of your current Emergency Disinfection Plan (EDP)

Please **submit a copy** of your current EDP if changes were made to the plan in 2006.

Date of last watershed sanitary survey

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

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

Describe any plant problems, process failures, major shutdowns, etc., which were experienced in 2006 and substantially affected the plant performance (Please attach separate sheets, if needed).

17. 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: *N/A*

Please **submit a copy** of your plan with this annual report if it was updated during 2006, and has not already been submitted.

18. 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

19. CONSUMER CONFIDENCE REPORT (Not required for Transient-Noncommunity water systems)

A Consumer Confidence Report (CCR) must be distributed to your customers by July 1, 2007, reporting the quality of the water delivered during 2006 (Section 116470 of Health and Safety Code). After the 2006 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:

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 : **Currently posted**

<http://www.palominolakes.org/PLMWC/CCR2005.pdf>

20. 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 ZASTRO</u> (Chief)	<u>23067</u>	<u>T2</u>	<u>11/1/07 – 3/1/08</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 ZASTRO</u> (Chief)	<u>18631</u>	<u>D1</u>	<u>1/1/09 – 5/1/09</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

21. WATER SYSTEM IMPROVEMENTS

Identify any major changes, additions, or improvements in the water system facilities and/or operation that were completed during 2006 or that are planned for 2007. (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 2006: RELOCATED AIR ELIMINATORS TO ABOVE GRADE MOUNTING
REPLACED 2 WHARF HYDRANT FILL POINTS WITH MUNICIPAL TYPE FIRE HYDRANTS

Planned for 2007: NEW PRIMARY WELL – REPLACE WELL METER MANIFOLD / CHLORINE INJECTION

22. SYSTEM PROBLEMS

Type of Problem	Number of Problems	Number of Problems Investigated	Number of Problems Reported to DHS
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 2006.

23. **COMPLAINTS REPORTED (WRITTEN OR VERBAL)**

Type of Complaint	Number of Complaints Reported	Number of Complaints Investigated	Number of Complaints Reported to DHS
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 2006.

24. **SYSTEM MAINTENANCE**

Dead-End Flushing Program

	Total No. in System	No. with Blowoffs	No. Flushed in 2006	Frequency of Flushing
Dead-Ends	7	0	0	AS NEEDED

Valve Exercise Program

Valves	Size Range of Valves	Total No. in System	No. Exercised in 2006	Frequency of Valve Exercising
GATE	4" & 6"	36	3	WHEN USED
BALL & FLAPPER CHECK	4" & 6"	2	2	ON WELL PUMPING

25. **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
Ex: Tank A	Ground	0.5	1989	2003	2004	NA
SITE 1	GROUND	0.015		2006		N/A
	GROUND	0.015		2006		N/A
SITE 2	GROUND	0.015		2006		N/A
SITE 3	GROUND	0.1		2006		N/A
	GROUND	0.008		2006		N/A

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

	Connections	Number of Hydrants	Hydrant Flow Range (gpm)	Hydrant flow method (measured or estimated?)	Pressure Range (psig)
Ex: Main	120	25	500-800	measured	30-75
TANK 1	42	7	N/A	HYDRANT #2 – 840 GPM (measured)	35 - 119
TANK 2	46	6	N/A	HYDRANT #10 – 770 GPM (measured)	34 - 110
TANK 3	23	4	N/A	HYDRANT #14 – 580 GPM	20 - 119

				(measured)	
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**DRINKING WATER PROGRAM RECORDS FOR PALOMINO LAKES MUTUAL WATER CO. IN 2006
FOR YEAR ENDING DECEMBER 31, 2006**

[Section 116530 Health & Safety Code]

Please review and correct all primary contact and source information provided below. Be sure to designate an email address in the Water Quality Manager Group below to receive chemical constituents schedules and reminders.

<i>System No.</i>	<i>System Name</i>	<i>System Class</i>
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4900570	Palomino Lakes Mutual Water Co.	Community
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<i>Primary Contact Information – Receives general correspondence from the Department</i>		
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Lee Tolbert	Title: VP/Brd of Directors	Email: j-l_tolbert@comcast.net
Palomino Lakes Mutual Water Co.	Phone: (707) 481-3475	
P.O. Box 687	Fax: (707) 744-1719	
Cloverdale, CA 95425	Emergency: (707) 476-9249	

Make corrections here:

<i>Primary Water Quality Manager Contact Information – Receives all chemical monitoring schedules</i>		
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Lee Tolbert	Title: VP/Board of Directors	Email: j-l_tolbert@comcast.net
Palomino Lakes Mutual Water Co.	Phone: (707) 481-3475	
P.O. Box 687	Fax: (707) 744-1719	
Cloverdale, CA 95425	Emergency: (707) 462-9249	

Make corrections here:

<i>Local Contacts Information for #1 and #2 – Operates Treatment Plant</i>		
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1. MARK ZASTRO	Title: T2 & D1 SYSTEM OPERATOR	Email: mmzastro@comcast.net
850 McClelland Drive	Phone: (707) 838 - 6217	
WINDSOR CA 95492	Fax: (707) 838-0148	
	Emergency: (707)	

2. Lee Tolbert	Title: VP/Brd of Directors	Email: j-l_tolbert@comcast.net
Palomino Lakes Mutual Water Co.	Phone: (707) 481-3475	
P.O. Box 687	Fax: (707) 744-1719	
Cloverdale, CA 95425	Emergency: (707) 476-9249	

<i>System Source(s): Source Name (Status)</i>

WELL 01 (ACTIVE)

-----DO NOT WRITE BELOW THIS LINE-----

EMAILED Reviewed by: _____ Entered by: _____ C: 121 P: 340 ENG: