

DRAFT

**LARGE WATER SYSTEM  
2013 ANNUAL REPORT TO THE DRINKING WATER PROGRAM  
FOR YEAR ENDING DECEMBER 31, 2013  
[Section 116530 Health & Safety Code]**

WATER SYSTEM INFORMATION	
Water System No.:	CA4510011
Water System Name:	CENTERVILLE C.S.D.
Water System Ownership (See descriptions below):	Local Government
Physical location: (address line 1, address line 2, city, zip) Note: <b>NO</b> P.O. Box	P.O. BOX 990431 8930 PLACER ROAD REDDING 96099
General Office Phone: (with area code)	530-246-0680
Web site address:	

## Water System Ownership Descriptions:

- Local Government: e.g., city, county, or special district, local school district, junior colleges, county or community parks, etc.
- State or Federal Government: e.g., state or national park, BLM, USFS and COE campgrounds and recreation facilities, state hospitals, State universities and colleges, California Veterans Home, County or District Fairs and Expositions, Caltrans rest stop, military base, other state or federal facility
- Privately owned, non-PUC-regulated (Community Water System): e.g., mobile home park, apartment or condominium
- Privately owned business (non-community): e.g., church, private school, restaurant, amusement park, RV park/campground, motel, ranch/farm, factory, other business establishment

REPORT SUBMITTED BY: (with help icon)	
Name:	Tina Teuscher
Title:	District Secretary
Business phone:	530-246-0680
Cell phone:	
Email address:	tteuscher@centervillecsd.com

COMMENTS: (with help icon)

## 1. Public Water System Contacts (with help icon)

Click [here](#) to learn how to Modify, Add and Delete Contacts in the table below.

NAME, TITLE & ADDRESS	PHONE TYPE	PHONE NO.	EMAIL	CONTACT TYPE (pick all that apply) (with help icon)
TEUSCHER, TINA	Business	530-246-0680	tteuscher@centervillecsd.com	<input type="checkbox"/> ** Delete Contact ** <input checked="" type="checkbox"/> Administrative
SECRETARY-BOOKKEEPER	Facsimile	530-246-2254		<input type="checkbox"/> Operator <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Emergency
P.O. BOX 990431	Mobile			<input type="checkbox"/> Designated <input type="checkbox"/> Operator In Charge <input type="checkbox"/> Water Quality
REDDING CA 96099	Emergency			<input type="checkbox"/> Owner <input type="checkbox"/> Legal

<b>MUEHLBACHER, CHRIS</b>	Business	530-246-0680	cmuehlbacher@centervillecsd.com	<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Operator
DISTRICT MANAGER	Facsimile	530-246-2254		<input checked="" type="checkbox"/> Administrative	<input checked="" type="checkbox"/> Emergency
P.O. Box 990431	Mobile	530-638-5631		<input type="checkbox"/> Financial	<input type="checkbox"/> Water Quality
REDDING CA 96099	Emergency			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Owner
				<input checked="" type="checkbox"/> Legal	
<b>BLEVINS, CHRIS</b>	Business	530-246-0680	cblevins@centervillecsd.com	<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Operator
WATER SERVICE LEAD W	Facsimile			<input type="checkbox"/> Administrative	<input checked="" type="checkbox"/> Emergency
PO Box 990431	Mobile	530-710-3738		<input type="checkbox"/> Financial	<input checked="" type="checkbox"/> Water Quality
REDDING CA 96099	Emergency			<input checked="" type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Owner
				<input type="checkbox"/> Legal	
<b>MARSH, JASON</b>	Business	530-246-0680	jmarsh@centervillecsd.com	<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Operator
Water Service Worker II	Facsimile	530-246-2254		<input type="checkbox"/> Administrative	<input checked="" type="checkbox"/> Emergency
P.O. Box 990431	Mobile	530-710-4880		<input type="checkbox"/> Financial	<input checked="" type="checkbox"/> Water Quality
Redding CA 96099	Emergency			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Owner
				<input type="checkbox"/> Legal	
	Business			<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Operator
	Facsimile			<input type="checkbox"/> Administrative	<input type="checkbox"/> Emergency
	Mobile			<input type="checkbox"/> Financial	<input type="checkbox"/> Water Quality
	Emergency			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Owner
				<input type="checkbox"/> Legal	
	Business			<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Operator
	Facsimile			<input type="checkbox"/> Administrative	<input type="checkbox"/> Emergency
	Mobile			<input type="checkbox"/> Financial	<input type="checkbox"/> Water Quality
	Emergency			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Owner
				<input type="checkbox"/> Legal	
	Business			<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Operator
	Facsimile			<input type="checkbox"/> Administrative	<input type="checkbox"/> Emergency
	Mobile			<input type="checkbox"/> Financial	<input type="checkbox"/> Water Quality
	Emergency			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Owner
				<input type="checkbox"/> Legal	
Add Additional Contact				(pick all that apply)	
Alex Shannon	Business	530-246-0680	ashannon@centervillecsd.com	<input type="checkbox"/> Administrative	<input checked="" type="checkbox"/> Operator
Water Service Worker I	Facsimile	530-246-2254		<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
	Mobile	530-510-2616	--2nd Email Addr-		<input checked="" type="checkbox"/> Water Quality

P.O. Box 990431				<input type="checkbox"/> Designated Operator In Charge	
Redding CA 96099	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
Add Additional Contact				(pick all that apply)	
--Contact Name--	Business	--Bus. #--	--Email Addr--	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
--Title--	Facsimile	--Fax No--		<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
--Address Line 1--	Mobile	--Mob. #--	--2nd Email Addr--	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
--Address Line 2--	Emergency	--Emer. #--		<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
--City-- --ST-- --Zip--					
COMMENTS:					

**2. POPULATION SERVED**

Permanent population (from latest US Census or finance data) or number of long-term residents*:	3083
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\*Long-term resident means someone who resides within the water system service area for more than half of the year.

If permanent population is not based on latest US Census or finance data, identify the methods or sources of how it was estimated::

Seasonal Maximum Population (If applicable):	
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Provide season :

Begin Date		End Date	
MM	DD	MM	DD

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

COMMENTS:
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**3. NUMBER OF SERVICE CONNECTIONS** (as of December 31, 2013)

A. Active Service Connections:

Total Active Potable Water Connections currently in CDPH database:	1206
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The total number of Service Connections as of December 31, 2013 must be reported as either Unmetered or Metered for each Service Connection Type as appropriate.

	Potable Water	Recycled Water
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TYPE	Unmetered	Metered	Total*	Unmetered	Metered	Total*
<b>Do NOT report fire sprinkler connections. These connections are not counted toward "service connections" for compliance purposes.</b>						
<u>Single-family Residential:</u> single family detached dwellings		1210	1210			0
<u>Multi-family Residential:</u> duplexes, town homes, condominiums, apartments, and trailer parks			0			0
<u>Commercial/Institutional:</u> hotels, schools, prisons, hospitals, nursing homes, dormitories, laundries, retail establishments (malls, shopping centers, retail stores, service shops, restaurants), office buildings, gas stations		3	3			0
<u>Industrial:</u> industrial parks, manufacturing, warehouses, utilities, assemblers		2	2			0
<u>Landscape Irrigation:</u> Play fields, golf courses, roadways, median strips, cemeteries, parks and other dedicated landscape connections			0			0
<u>Agricultural Irrigation:</u> irrigation of commercially-grown crops and other dedicated agricultural connections			0			0
<u>Other (services that do not meet any of the above definitions):</u> This service connection type is intended to be used by <u>noncommunity systems</u> such as churches, businesses, county, state and national parks, schools and other public institutions that operate as an individual public water system and do not specifically have connections for which water rates are charged.			0			0
Total Active Connections*	0	1215	1215	0	0	0

\*Calculated field

[To update totals click here](#)

B. Number of Inactive Connections (all types)	22
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COMMENTS: [?](#)

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

Type	Total No. Approved (by permit)	Total No. New/ Added in 2013	Total No. Inactivated in 2013	Total No. Abandoned/ Destroyed in 2013
Active Groundwater Intakes (Wells)	0			
Active Surface Water Intakes (Raw)	0			
Active Purchased Water (GW) Connections	0			
Active Purchased Water (SW) Connections	1			
Standby Sources <sup>1</sup> <a href="#">?</a>	0			
Emergency Interconnections	3	0		

Inactive Wells <sup>2</sup>				
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<sup>1</sup>If a standby source <sup>2</sup> was used in 2013, provide the following information.

Name of the Standby Source used in 2013:	No. of days the Standby Source was in operation:	Were customers notified? (Y/N)	Was CDPH notified? (Y/N)	Describe the reason the Standby Source was used:
N/A				

<sup>2</sup>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.

COMMENTS: <sup>2</sup>
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**5. WATER PRODUCED, PURCHASED AND SOLD**

The **Maximum Day** is the day during 2013 with the highest total water usage. Provide the *date* for that day in Column B, then complete Columns C, D and E, indicating how much of the water on that day was from each source.

The **Maximum Month** is the month during 2013 with the highest total water usage. Provide the *month* in Column B, then complete Columns C, D and E, indicating how much of the water during that month was from each source.

Units of Measure for this table:

Volumes are based on:

A	B	C	D	E	F	G	H	I
Potable Water								
	Date/ Month	Water Produced from Groundwater (Wells)	Water Produced from Surface Water <sup>2</sup>	Finished Water Purchased or Received from another PWS <sup>5</sup>	Total Amount of Potable Water <sup>3*</sup>	Water Sold to Another PWS <sup>5</sup>	Non-potable (exclude recycled)	Recycled
Maximum Day <sup>1</sup>	15		9.7		9.7			
Maximum Month	July		294.0		294			
January			56.3		56.3			
February			63.		63			
March			81.6		81.6			
April			117.3		117.3			
May			201.8		201.8			
June			240.1		240.1			
July			294.0		294			
August			281.5		281.5			
September			212.2		212.2			

October		166.6		166.6			
November		111.7		111.7			
December		83.7		83.7			
Annual Total*	0	1909.8	0	1909.8	0	0	0
Percent Treated <sup>4</sup>							

PWS = Public Water System

\*Calculated field

Non-potable = water supplies that do not enter the drinking water distribution system and are for non-potable uses only such as irrigation or toilet flushing

<sup>1</sup>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.

<sup>2</sup>Do not include raw water purchased; report only volume of water that was treated.

<sup>3</sup>(F) Total Amount of Potable Water = Sum of Columns (C), (D) and (E), automatically calculated. To update, click below

[To update totals click here](#)

<sup>4</sup>This is the percentage of the total annual volume for Groundwater produced that was provided treatment to meet drinking water standards other than precautionary disinfection.

<sup>5</sup>If water was Purchased from or Sold to another PWS, complete the table below:

Specify whether water was Purchased or Sold	Name of PWS
N/A	

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
N/A	

COMMENTS:

**6a. WATER RATES**

Indicate the type of water rate structure  used by your water system:

What is your billing frequency

Complete the table below providing specific water rates applied to your customers:

Connection Type	FLAT BASE RATE	UNIFORM USAGE RATE	VARIABLE BASE RATE (provide range)		VARIABLE USAGE RATE (provide range)	
	\$ (Base)	\$ per hef <input type="text"/>	\$ Low	\$ High	\$ per hef Low	\$ per hef High
RESIDENTIAL <input type="text"/>			20.50	21.00	.670	.770

Single-family Residential						
Multi-family Residential						
Do you provide lifeline/low income subsidies?			No <input type="button" value="v"/>			
If Yes, provide rates:						
NON-RESIDENTIAL <input checked="" type="checkbox"/>						
Commercial/Institutional			20.75	81.50	.67	4.02
Industrial			20.75	81.50	.67	4.02
Landscape Irrigation						
Agricultural Irrigation						
Other					.535	.585
Do you have fire suppression surcharges?			No <input type="button" value="v"/>			
If Yes, provide rates:						
Do you have other surcharges?						
If Yes, provide rates:			4.50	9.0	.181	.427

AVERAGE MONTHLY RESIDENTIAL WATER COST: 55.00\$/mo.

This value can be calculated by dividing your total annual revenues from residential customers by 12 and then dividing a second time by the number of residential service connections. If you are unable to differentiate revenues by type of customer {residential, industrial, agricultural}; then take your total annual revenues from all water rate payments and divide by 12 and then divide by your total number of service connections.

NOTE: If this is not a "Community" Water System; enter N/A. If individual customers do not pay a separate bill for water enter "0".

## 6b. WATER DELIVERIES

Units of Measure for this table:

Provide monthly **metered** water deliveries in the table below.

A	B	C	D	E	F	G	H	I	J
	Single-family Residential	Multi-family Residential	Commercial/Institutional	Industrial	Landscape Irrigation	Other	Total Urban Retail <sup>1*</sup>	Agricultural	Other PWS
Check if Recycled Water is included:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
January	40.9229		.05969	.13545	.12397	0	41.24201		
February	48.3517		.05969	.23875	.13315	0	48.78329		
March	67.4656		.05739	.18825	.08265	0	67.79389		
April	88.3683		.07117	.22957	.12167	0	88.79071		
May	174.158		.13545	.30303	.43388	.013	175.04336		
June	205.6821		.20202	.29614	.50505	.025	206.71031		
July	277.438		.26859	.96648	.72543	.094	279.4925		
August	259.69		.25941	.44077	.77364	.13	261.29382		
September	204.121		.27089	.47291	.81037	.493	206.16817		
October	152.688		.40404	.39256	1.21371	.25	154.94831		

November	96.653		.16759	.16070	.72085	.376	98.07814		
December	74.297		.09642	.19743	.87925	.087	75.5571		
Total*	1689.8356	0	2.05235	4.02204	6.52362	1.468	1703.90161	0	0

PWS = Public Water System

\*Calculated field

<sup>1</sup>Total Urban Retail = Sum of Columns (B) thru (G), automatically calculated. To update, click below

To update totals click here

COMMENTS:②

## 7. WATER QUALITY

### ANNUAL NITRATE SAMPLING

Regulations require a minimum of **annual** sampling for nitrate. If any nitrate result is  $\geq 1/2$  the MCL of 45 mg/l (i.e., a result of  $\geq 23$  mg/l nitrate) then quarterly monitoring must be initiated.

Did your system conduct monitoring for nitrate during 2013 from each source?	Yes
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**NOTE: If there were any sources that were not monitored because they were offline during 2013, you must contact your local regulatory agency to avoid an enforcement action for failure to monitor.**

### BACTERIOLOGICAL SAMPLE SITING PLAN

The coliform monitoring regulations require that an updated sample-siting plan be submitted at least every 10 years, and at any time the plan no longer ensures representative monitoring of the system (Section 64422 of Title 22).

Date of current bacteriological sample siting plan:	December 29, 2008
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### DIRECT ADDITIVES

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 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.

Name of Chemical	Name of Manufacturer	Purpose of using chemical	Chemical is ANSI/NSF Standard 60 certified ② (Y/N)	Use initiated in 2013 ② (Y/N)
M Polymer	Jen Chem	Coagulate Turbidity	Yes	N
Polymer	Jen Chem	Coagulate Turbidity	Yes	N
Chlorine	Pioneer	Disinfectant	Yes	N

### INDIRECT ADDITIVES

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

Does your water system have procedures to ensure all future equipment and materials meet this standard?	Yes
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If you have any questions on the requirements related to indirect additives, you may contact your local regulatory agency.

COMMENTS: **8. CROSS-CONNECTION CONTROL** 

	Total Number in System	Number Installed in 2013	Number Tested in 2013	Number Failed in 2013	Number Repaired/ Replaced
Backflow Assemblies  on the Service Connections or Meter	50				
Backflow Assemblies On-site but not on the Service Connections or Meter	N/A				
Air-gap Separation 	N/A				

No. of <i>Inactive</i> Backflow Prevention Assemblies in water system in 2013 		
Date of last cross-connection control survey done on the system:		11-5-2013
Cross Connection Control Program Coordinator		
Name:		Don Wood
Certification Number:		5998
Business Phone:	1-800-750-4547	Email Address:
Certification or training received: N/A		

Describe any cross-connection incidents  that occurred during 2013:COMMENTS: **9. CONSUMER CONFIDENCE REPORT**  (*does not apply to Transient Noncommunity water systems*)

**THE 2013 CCR MUST BE DISTRIBUTED TO YOUR CUSTOMERS AND A COPY SUBMITTED TO YOUR LOCAL REGULATORY AGENCY BY JULY 1, 2014.**

**CERTIFICATION MUST BE SUBMITTED TO YOUR LOCAL REGULATORY AGENCY BY OCTOBER 1, 2014, STATING THAT THE 2013 CCR HAS BEEN DISTRIBUTED TO CUSTOMERS AND THAT THE INFORMATION IS CORRECT.**

The CCR guidance, CCR template, and the certification form can be obtained from the CDPH web site at: <http://www.cdph.ca.gov/certlic/drinkingwater/Pages/CCR.aspx>

Indicate the date your 2013 CCR was distributed or will be distributed to your customers:	June 30, 2014 mm/dd/yyyy
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**PUBLIC WATER SYSTEMS THAT SERVE 100,000 OR MORE PERSONS ARE REQUIRED TO POST THEIR CCR ON THE INTERNET.**

If your water system serves 100,000 or more persons, indicate the date the CCR was or will be posted to the Internet:	
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If applicable, please provide the URL link to the CCR posted on the Internet:

COMMENTS: 

## 10. OPERATOR CERTIFICATION

A. Please list the State certified Water **Treatment Plant Operators** employed by your water system that supervise and direct the operation of your water treatment plants, beginning with the chief operator(s) ②.

Your Highest Treatment System Classification is: **Classification not available or no treatment facility**

Name	Grade of Operator	Chief or Shift <sup>1</sup> (C/S)	Operator Number	Expiration Date
Chris Blevins	T2		31381	10-1-15 / 2/1/16
Jason Marsh	T2		37286	2-1-16 / 6-1-16
Chris Muehlbacher	T1		31299	7-1-15 / 11-1-15

<sup>1</sup>Use "C" for Chief Operator and "S" for Shift Operator. If neither, leave blank.

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

B. Please list the State certified Water **Distribution Operators** employed by your water system that supervise and direct the operation of your distribution systems, beginning with the chief operator(s) ②.

Your Distribution System Classification is: **Classification not available**

Name	Grade of Operator	Chief or Shift <sup>1</sup> (C/S)	Operator Number	Expiration Date
Chris Blevins	D2		37387	11-1-13 / 3-1-14
Jason Marsh	D2		38140	2-1-16 / 6-1-16
Chris Muehlbacher	D2		36952	6-1-15 / 10-1-15
Alex Shannon	D1		43003	11-1-2017

<sup>1</sup>Use "C" for Chief Operator and "S" for Shift Operator. If neither, leave blank.

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

COMMENTS: ②

## 11. WATER SYSTEM IMPROVEMENTS

The California Waterworks Standards (Section 64556) require an amended permit for any of the following improvements or modifications:

- Addition of a new distribution reservoir with a capacity of 100,000 gallons or more

- Modification or extension of the existing distribution system using an alternative to the requirements of the California Waterworks Standards (see Sections 64570 through 64578)
- Modification of the water supply by:
  - Adding a new source
  - Changing the status of an existing source (for example, active to standby) or
  - Changing or altering a source, such that the quality or quantity of water supply could be affected
- Any addition or change in treatment, including
  - Design capacity
  - Process
- Expansion of the existing service area by 20 percent or more of the number of service connections specified in your current permit.

If your water system made any improvements or modifications during 2013 for which a permit was not obtained, please describe the improvements or modifications below.

N/A

Indicate any planned improvements or modifications for 2014.

N/A

COMMENTS:☺

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

Type of Complaint	No. of Complaints Reported by Customers	No. of Complaints Investigated	No. of Complaints reported to CDPH	Brief Description of Cause and Corrective Action taken
Taste and Odor	0			
Color	0			
Turbidity	0			
Visible Organisms	0			
Pressure (High or Low)	25	25	0	Failing PRV
Water Outages	1	1	0	
Illnesses (Waterborne)	0			
Other (Specify)				
Total No. of Complaints*	26	26	0	

\*Calculated field

To update totals click here

COMMENTS:☺

**13. RECYCLED WATER USE☺**

Recycled Water (RW) Use Sites	Total No. of Approved Sites as of Dec. 31, 2013	No. of New Sites Approved in 2013	No. of Sites Proposed for 2014
Irrigation, Agriculture	N/A		
Irrigation, Landscape	N/A		
Industrial	N/A		
Dual-plumbed ☺ (In-building)	N/A		
Dual-plumbed (Single-family lot)	N/A		

Cooling Towers	N/A		
Other	N/A		
Total*	0	0	0

To update totals click here

Name of the recycled water coordinator:	N/A
Business Phone:	N/A
Email address:	N/A
How many inspections of recycled water use sites were conducted in 2013?	
How many pressure/shutdown tests were performed in 2013?	
Do all of your recycled water uses sites have an on-site supervisor?	--Pick one-- ▾
How many recycled water uses sites do not have an on-site supervisor?	

COMMENTS: 

**14. SYSTEM OPERATION - TREATMENT**

**A. GROUNDWATER TREATMENT** *(respond only if groundwater treatment is provided)*

Groundwater Treatment Plant Name	Treatment Plant Classification	Capacity (MGD)	Type of Treatment	Date of Operations Plan	Is Operations Plan Current? (Y/N)
N/A					

Describe any plant problems, process failures, major shutdowns, etc., that occurred in 2013 and substantially affected the plant performance AND/OR any significant modifications or maintenance provided to the plant(s):

**B. SURFACE WATER TREATMENT** *(respond only if surface water treatment is provided)*

Surface water Treatment Plant Name	Treatment Plant Classification	Capacity (MGD)	Type of Treatment	Date of Operations Plan	Is Operations Plan Current? (Y/N)
Clear Creek Treatment Plan		24 million			


Describe any plant problems, process failures, major shutdowns, etc., that occurred in 2013 and substantially affected the plant performance AND/OR any significant modifications or maintenance provided to the plant(s):

Date of current Emergency Disinfection Plan (EDP)*:	2-9-11
<i>*As required under Section 64660(c)(2). The EDP may be included in your water system's Emergency Response Plan or Operations Plan. If so, provide the Name and Date of those plans below:.</i>	
Name of Document that includes the Emergency Disinfection Plan:	
Date of document that includes the Emergency Disinfection Plan:	
Date of last watershed sanitary survey report (2):	February 2011
Date planned to complete next watershed sanitary survey report*:	2015
<i>*As required under Section 64665, each watershed sanitary survey shall be updated at least every 5 years.</i>	

COMMENTS:(2)

**15. SYSTEM OPERATION – DISTRIBUTION**

**A. DEAD-END FLUSHING PROGRAM**

Total No. in System	No. with Blowoffs	No. Flushed in 2013	Frequency of Flushing
87	21	87	annually

**B. VALVE EXERCISE PROGRAM**

Size Range of Valves	Total No. in System	No. Exercised in 2013	Frequency of Valve Exercising
4" - 24"	704	334	Bi-Annually

**C. STORAGE TANK/RESERVOIR INSPECTION/CLEANING PROGRAM**

(Do not include pressure tanks)

Tank name	Capacity (in million gallons, MG)	Year installed	Date of last inspection (2)	Date of last cleaning	Date re-lined or coated
Zone A Tank	290,000 gal	1995	2012	2012	N/A
Zone A1 Tank	90,000 gal	1995	2012	2012	N/A
Zone B Tank	685,000 gal	1982	2012	2012	N/A

Zone C Tank	1,000,000 gal	1995	2012	2012	N/A
Zone C2 Tank	150,000 gal	1969	2012	2012	2001

**D. SYSTEM PROBLEMS**

Type of Problem	No. of Problems	No. of Problems Investigated	No. of Problems Reported to CDPH	Brief Description of Cause and Corrective Action Taken
Service Connection Breaks/ Leaks	4	4		
Main Breaks/Leaks	19	19	1	Mainline break resulted in creation of Standard Operating Procedures.
Water Outages(?)				
Boil Water Orders				
Total*	23	23	1	

To update totals click here

COMMENTS:?

**16. EMERGENCY PREPAREDNESS AND RESPONSE****A. EMERGENCY RESPONSE PLANS**

**PUBLIC WATER SYSTEMS WITH AT LEAST 3,300 OR MORE PERSONS ARE REQUIRED TO REVIEW AND REVISE THEIR EMERGENCY RESPONSE PLAN TO ENSURE THAT THE PLANS ARE SUFFICIENT TO ADDRESS POSSIBLE DISASTER SCENARIOS.**

Do you have an Emergency Response Plan (ERP) that addresses the procedures for the restoration of water service for your water system?	Yes
Date of your current Emergency Response Plan:	December 12, 2013
Date ERP was last exercised with a tabletop or other activity:	N/A

**B. AUXILIARY POWER SUPPLY**

Does your water system have backup power for:	
1. Sources:	All
2. Pumping Stations:	Some
3. Water Treatment Plants:	All
If your system has backup power, how many times per year is it exercised?	12
Can your system maintain system pressure either by backup power or by storage during power outages of 2 hours or less?	Yes
Is your backup power system automatic or manual start?:	Automatic

COMMENTS:?

## 17. WATER CONSERVATION AND DROUGHT PREPAREDNESS

Date of your revised Drought Preparedness Plan, if any:	2014
If you experienced water shortages in 2013, please estimate the amount of shortfall in millions of gallons:	
Did drought conditions cause you to activate emergency standby wells in 2013?	--Pick one-- ▾
Do you project water shortages in the current calendar year?	Yes ▾
Did you implement NEW water conservation measures in 2013?	No ▾
If you implemented NEW water conservation measures in 2013, please estimate how much water was conserved in millions of gallons: N/A (MG) % reduction in demand	
Do you anticipate having to go to mandatory rationing in the upcoming year?	Yes ▾
Are your water sources metered?	Yes ▾
Do you routinely monitor the <i>static</i> water levels in your wells?	--Pick one-- ▾
Do you routinely monitor the <i>pumping</i> water levels in your wells?	--Pick one-- ▾
Are these levels recovering, declining or steady?:	--Pick one-- ▾

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

COMMENTS:②

Disclosure: Be advised that Section 116725 and 116730 of the California Health and Safety Code states that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for each separate violations for each day that the violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in county jail not to exceed one year, or both the fine and imprisonment.