

**LARGE WATER SYSTEM**  
**2012 ANNUAL REPORT TO THE DRINKING WATER**  
**PROGRAM**  
**FOR YEAR ENDING DECEMBER 31, 2012**  
*[Section 116530 Health & Safety Code]*

<b>WATER SYSTEM INFORMATION</b>	
Water System No.:	CA4510014
Water System Name:	BELLA VISTA WATER DISTRICT
Water System Ownership (See descriptions below):	Local Government <input type="checkbox"/>
Physical location: (address line 1, address line 2, city, zip) Note: <b><u>NO</u></b> P.O. Box	11368 EAST STILLWATER WAY 11368 EAST STILLWATER WAY REDDING 96003
General Office Phone:  (with area code)	(530)241-1085
Web site address:	www.bvwd.org

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

<b>REPORT SUBMITTED BY: </b>	
Name:	Tom Zaharris
Title:	Water Superintendent

Business phone:	(530)224-6501
Cell phone:	
Email address:	tzaharris@bvwd.org

COMMENTS: [?](#)

## 1. Public Water System Contacts [?](#)

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

NAME, TITLE & ADDRESS	PHONE TYPE	PHONE NO.	EMAIL	CON (pick a
<b>COXEY, DAVID</b>	Business	530-241-1085	dcoxe@bvwd.org	<input type="checkbox"/> ** Delete C **
GENERAL MANAGER	Facsimile	530-241-8354		<input checked="" type="checkbox"/> Administrati
11368 EAST STILLWATER WAY	Mobile	530-227-6923		<input type="checkbox"/> Financial
REDDING CA 96003	Emergency			<input type="checkbox"/> Designated Operator In Ch
				<input type="checkbox"/> Owner
<b>GROUNDWATER, DON</b>	Business	530-241-1085	dgroundwater@bvwd.org	<input type="checkbox"/> ** Delete C **
DISTRICT ENGINEER	Facsimile			<input type="checkbox"/> Administrati
11368 EAST STILLWATER WAY	Mobile	530-949-5233		<input type="checkbox"/> Financial
REDDING CA 96003	Emergency			<input type="checkbox"/> Designated Operator In Ch
				<input type="checkbox"/> Owner
<b>ZAHARRIS, TOM</b>	Business	530-224-6501	tzaharris@bvwd.org	<input type="checkbox"/> ** Delete C **
WATER TREATMENT SUPE	Facsimile	530-224-6511		<input type="checkbox"/> Administrati
11368 EAST STILLWATER WAY	Mobile	530-356-7036		<input checked="" type="checkbox"/> Financial
REDDING CA 96003	Emergency			<input type="checkbox"/> Designated Operator In Ch
				<input type="checkbox"/> Owner

<b>WADE, CONNIE</b>	Business	530-241-1085	cwade@bvwd.org	<input type="checkbox"/> <b>** Delete C **</b>
OFFICE MANAGER	Facsimile			<input checked="" type="checkbox"/> Administrati
11368 East Stillwater Way	Mobile	530-356-7036		<input checked="" type="checkbox"/> Financial
REDDING CA 96003	Emergency			<input type="checkbox"/> Designated Operator In Ch
				<input type="checkbox"/> Owner
	Business			<input type="checkbox"/> <b>** Delete C **</b>
	Facsimile			<input type="checkbox"/> Administrati
	Mobile			<input type="checkbox"/> Financial
	Emergency			<input type="checkbox"/> Designated Operator In Ch
				<input type="checkbox"/> Owner
	Business			<input type="checkbox"/> <b>** Delete C **</b>
	Facsimile			<input type="checkbox"/> Administrati
	Mobile			<input type="checkbox"/> Financial
	Emergency			<input type="checkbox"/> Designated Operator In Ch
				<input type="checkbox"/> Owner
	Business			<input type="checkbox"/> <b>** Delete C **</b>
	Facsimile			<input type="checkbox"/> Administrati
	Mobile			<input type="checkbox"/> Financial
	Emergency			<input type="checkbox"/> Designated Operator In Ch
				<input type="checkbox"/> Owner
	Business			<input type="checkbox"/> <b>** Delete C **</b>
	Facsimile			<input type="checkbox"/> Administrati
	Mobile			<input type="checkbox"/> Financial
				<input type="checkbox"/> Designated Operator In Ch

	Emergency			<input type="checkbox"/> Owner
<b>Add Additional Contact</b> ?				(pick
--Contact Name--	Business	--Bus. #--	--Email Addr--	<input type="checkbox"/> Administrati
--Title--	Facsimile	--Fax No--		<input type="checkbox"/> Financial
--Address Line 1-- --Address Line 2--	Mobile	--Mob. #--	--2nd Email Addr-	<input type="checkbox"/> Designated Operator In Ch
--City-- --ST-- --Zip--	Emergency	--Emer. #--		<input type="checkbox"/> Owner
<b>Add Additional Contact</b> ?				(pick
--Contact Name--	Business	--Bus. #--	--Email Addr--	<input type="checkbox"/> Administrati
--Title--	Facsimile	--Fax No--		<input type="checkbox"/> Financial
--Address Line 1-- --Address Line 2--	Mobile	--Mob. #--	--2nd Email Addr-	<input type="checkbox"/> Designated Operator In Ch
--City-- --ST-- --Zip--	Emergency	--Emer. #--		<input type="checkbox"/> Owner
<b>COMMENTS:</b> ?				

## 2. POPULATION SERVED

Permanent population (from latest US Census or finance data) or number of long-term residents*:	16,555
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\**Long-term resident* means someone who resides within the water system service area for more than half of the year.

Seasonal Maximum Population (If applicable):	
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Provide season ? :

Begin Date		End Date	
MM	DD	MM	DD

<b>COMMENTS:</b> ?
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## 3. NUMBER OF SERVICE CONNECTIONS *(as of December 31, 2012)*

A. Active Service Connections:

Total Active Connections currently in CDPH database:	
<b>The total number of Service Connections as of December 31, 2012 must be reported as either <u>Unmetered</u> or <u>Metered</u> for each Service Connection Type as appropriate.</b>	6028

TYPE	Unmetered	Metered	Total*
<b>Do NOT report fire sprinkler connections. These connections are not counted toward “service connections” for compliance purposes.</b>			
<u>Residential:</u> single family homes, town homes, condominiums, apartments	0	5411	5411
<u>Commercial:</u> hotels, schools, hospitals, malls, shopping centers, retail stores, service shops, restaurants, parks (but not irrigation), office buildings, gas stations	0	292	292
<u>Industrial:</u> business parks, manufacturing, warehouses, utilities, assemblers			0
<u>Agricultural (agricultural and non-agricultural irrigation services):</u> farms, golf courses, roadways, park irrigation		265	265
<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, 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.		60	60
Total Active Connections*	0	6028	6028

\*Calculated field

To update totals click here

B. Number of Inactive Connections (all types)	173
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<b>COMMENTS:</b> <a href="#">?</a>
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#### 4. GROUNDWATER (GW) AND SURFACE WATER (SW) SOURCES

Type	Total No. Approved (by permit)	Total No. New/ Added in 2012	Total No. Inactivated in 2012	Total No. Abandoned/ Destroyed in 2012
Active Groundwater Intakes (Wells)	5			
Active Surface Water Intakes (Raw)	1			
Active Purchased Water (GW) Connections	0			
Active Purchased Water (SW) Connections	0			
Standby Sources <sup>1</sup> ?	0			
Emergency Interconnections	5	0		
Inactive Wells <sup>2</sup>				

<sup>1</sup>If a standby source ? was used in 2012, provide the following information.

Name of the Standby Source used in 2012:	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:

<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:** ?

## 5. FINISHED WATER PRODUCED, PURCHASED AND SOLD

The **Maximum Day** is the day during 2012 with the highest total water usage. Provide the *date* for that day in Column A, then complete Columns B, C and D, indicating how much of the water on that day was from each source.

The **Maximum Month** is the month during 2012 with the highest total water usage. Provide the *month* in Column A, then complete Columns B, C and D, indicating how much of the water during that month was from each source.

Units of Measure for this table: Million Gallons

Volumes are based on: METERED VOLUMES

A		B	C	D	E	F
		Water Produced		Water Purchased or Received from another PWS	Total Amount of Water <sup>2</sup>	Water Sold to another PWS <sup>3</sup>
		Groundwater	Surface Water			
Maximum Day <sup>1</sup>		0	28.6	0	28.6	0
Date:	08/13/2012					
Maximum Month		0	776.7	0	776.7	0
Month:	July					
Annual Total		30.8	4268.0	0	4298.8	0
Percent Treated <sup>3</sup>		100	100	0		

PWS = Public Water System

<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>(E) Total Amount of Water = Sum of Columns (B), (C) and (D), automatically calculated. To update, click below

[To update totals click here](#)

<sup>3</sup>This is the percentage of the annual volume for each water type (Groundwater, Surface Water, and Purchased/Received) that was provided treatment to meet drinking water standards other than precautionary disinfection.

If water was **Purchased** from or **Sold** to another PWS, complete the table below:

Specify whether water was <i>Purchased</i> or <i>Sold</i>	Name of PWS


**COMMENTS:** [?](#)

## 6. WATER RATES

Indicate the type of water rate structure [?](#) used by your water system:

Flat Base Rate + Variable Usage Rate

What is your billing frequency [?](#) bi-monthly

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 hcf <a href="#">?</a>	\$ Low	\$ High	\$ per hcf Low	\$ per hcf High
<b>RESIDENTIAL</b> <a href="#">?</a>						
Residential			33.79	182.40	.465	.651
Multi-residential						
Additional Residential						
Do you provide lifeline/low income subsidies?			No <input type="checkbox"/>			
If Yes, provide rates:						
<b>NON-RESIDENTIAL</b> <a href="#">?</a>						
General						
Commercial			33.79	182.40	.465	.651
Industrial						
Agricultural			58.31	169.28	.090	.126
Government						
Other			33.79	182.40	.465	.651

Additional Non-residential						
Do you have fire suppression surcharges?			Yes <input type="checkbox"/>			
If Yes, provide rates:			19.67	66.54	.465	.651
Do you have other surcharges?						
If Yes, provide rates:						

AVERAGE MONTHLY RESIDENTIAL WATER COST: 38.38\$/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".

COMMENTS: [?](#)

## 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 2012 from each source?	Yes <input type="checkbox"/>
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**NOTE: If there were any sources that were not monitored because they were offline during 2012, 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:	06/01/2012
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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  (Y/N)	Use initiated in 2012  (Y/N)
Poly-Aluminum-Chlorhydrate	CalChem,LLC	Coagulant	Yes	No
Chlorine Gas	Sierrs Chemical Co.	Disinfectant	Yes	No
Sodium Hypochlorite	Sierra Chemical Co.	Disinfectant	Yes	No

## 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 <input type="checkbox"/>
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If you have any questions on the requirements related to indirect additives, you may contact your local regulatory agency.

<b>COMMENTS:</b> <a href="#">?</a>
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## 8. CROSS-CONNECTION CONTROL [?](#)

	Total Number in System	Number Installed in 2012	Number Tested in 2012	Number Failed in 2012	Number Repaired/ Replaced
Backflow Assemblies <a href="#">?</a> on the Service Connections or Meter	399	4	412	40	40
Backflow Assemblies On-site but not on the Service Connections or Meter					
Air-gap Separation <a href="#">?</a>	3	0			

No. of <i>Inactive</i> Backflow Prevention Assemblies in water system in 2012 <a href="#">?</a> :		13
Date of last cross-connection control survey done on the system:		4/1/2011
Cross Connection Control Program Coordinator		
Name:		Erick Ruste
Certification Number:		10684
Business Phone:	(530) 241-1085 x 122	Email Address: jtuchalski@bvwd.org
Certification or training received: AWWA		

Describe any cross-connection incidents [?](#) that occurred during 2012:

COMMENTS:?

**9. CONSUMER CONFIDENCE REPORT ?** (*does not apply to Transient Noncommunity water systems*)

**THE 2012 CCR MUST BE DISTRIBUTED TO YOUR CUSTOMERS AND A COPY SUBMITTED TO YOUR LOCAL REGULATORY AGENCY BY JULY 1, 2013.**

**CERTIFICATION MUST BE SUBMITTED TO YOUR LOCAL REGULATORY AGENCY BY OCTOBER 1, 2013, STATING THAT THE 2012 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 2012 CCR was distributed or will be distributed to your customers:	06/28/2013 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:	05/06/2013
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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) ?.

Name	Operator Number	Grade of Operator	Renewal/ Expiration Date
Tom Zaharris	18952	T5	12-1-2014 / 4-1-2015
Don Groundwater	10510	T5	6-1-2013 / 10-1-2013

Joe Pedersen	13688	T4	10-1-2014 / 2-1-2015
Brad Solso	25703	T3	1-1-2014 / 5-1-2014
Phil Alleman	16407	T3	7-1-2014 / 11-1-2014
Mark Maty	29456	T3	4-1-2015/8-1-2015
William Markword	31868	T3	5-1-2015/9-1-2015

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) .

Name	Operator Number	Grade of Operator	Renewal/ Expiration Date
Jeff Tuchalski	5697	D4	3-1-2015 / 7-1-2015
Floyd Woolam	14219	D4	1-1-2015 / 5-1-2015
Bud Wanbaugh	7192	D3	3-1-2015 / 7-1-2015
Steve Lowery	5692	D3	2-1-2015 / 6-1-2015

**COMMENTS:** 

## 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 2012 for which a permit was not obtained, please describe the improvements or modifications below.

Indicate any planned improvements or modifications for 2013.

**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	4	4	0	Investigated/Spoke to customer
Color	4	4	0	Investigated/Spoke to customer
Turbidity				
Visible Organisms				
Pressure (High or Low)	8	8	0	Investigated/Spoke to customer
Water Outages	7	7	0	Investigated/Spoke to customer
Illnesses (Waterborne)				
Other (Specify)				
Total No. of Complaints*	23	23	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, 2012	No. of New Sites Approved in 2012	No. of Sites Proposed for 2013
Irrigation, Agriculture			
Irrigation, Landscape			
Industrial			
Dual-plumbed  (In-building)			
Dual-plumbed (Single-family lot)			
Cooling Towers			
Other			
Total*	0	0	0

To update totals click here

Name of the recycled water coordinator:	
Business Phone:	
Email address:	
How many inspections of recycled water use sites were conducted in 2012?	
How many pressure/shutdown tests were performed in 2012?	
Do all of your recycled water uses sites have an on-site supervisor?	--Pick one-- <input type="text"/>
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)*

<b>Groundwater Treatment Plant Name</b>	<b>Capacity (MGD)</b>	<b>Type of Treatment</b>	<b>Date of Operations Plan</b>	<b>Is Operations Plan Current? (Y/N)</b>
Well #1	1.44	Fe/Mn removal	04/01/2012	Yes
Well #2	1.3	Fe/Mn removal	04/01/2012	Yes
Well #3	1.008	Fe/Mn removal	04/01/2012	Yes
Well #4	.43	Fe/Mn removal	04/01/2012	Yes
Well #6	.865	Fe/Mn removal	04/01/2012	Yes

Describe any plant problems, process failures, major shutdowns, etc., that occurred in 2012 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*)

<b>Surface water Treatment Plant Name</b>	<b>Capacity (MGD)</b>	<b>Type of Treatment</b>	<b>Date of Operations Plan</b>	<b>Is Operations Plan Current? (Y/N)</b>
BVWD Water Treatment Plant	52	Direct Filtration	04/01/2012	Yes

Describe any plant problems, process failures, major shutdowns, etc., that occurred in 2012 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)*:	12/4/2006
<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:	Emergency Disinfection Plan
Date of document that includes the Emergency Disinfection Plan:	12/4/2006
Date of last watershed sanitary survey report  :	2010
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:** 

## 15. SYSTEM OPERATION – DISTRIBUTION

### A. DEAD-END FLUSHING PROGRAM

Total No. in System	No. with Blowoffs	No. Flushed in 2012	Frequency of Flushing
569	417	21	Reactive/Proactive

### B. VALVE EXERCISE PROGRAM

Size Range of Valves	Total No. in System	No. Exercised in 2012	Frequency of Valve Exercising
4" to 54"	2419	1,666	every 2 years

### 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 	Date of last cleaning	Date re-lined or coated
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Main	4	1965	11/2011	2/2009	2/2009
Old Oregon Trail	1	1976	2/2012	2/2011	2/2011
Cow Creek	.2	1979	10/2012	10/2012	3/2008

## 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	5	5	0	Material failure/ Customer broke line
Main Breaks/Leaks	7	7	0	Material failure/ Contractor broke line
Water Outages?	7			Line breaks
Boil Water Orders	0			
Total*	19	12	0	

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 <input type="checkbox"/>
Date of your current Emergency Response Plan:	03/26/2013

Date ERP was last exercised with a tabletop or other activity:	to be scheduled
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## B. AUXILIARY POWER SUPPLY

Does your water system have backup power for:	
1. Sources:	Some <input type="checkbox"/>
2. Pumping Stations:	Some <input type="checkbox"/>
3. Water Treatment Plants:	All <input type="checkbox"/>
If your system has backup power, how many times per year is it exercised?	12 to 52 times a year
Can your system maintain system pressure either by backup power or by storage during power outages of 2 hours or less?	Yes <input type="checkbox"/>
Is your backup power system automatic or manual start?:	Automatic <input type="checkbox"/>

<b>COMMENTS:</b> <a href="#">?</a>
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## 17. WATER CONSERVATION AND DROUGHT PREPAREDNESS

Date of your revised Drought Preparedness Plan, if any:	1/3/2008
If you experienced water shortages in 2012, please estimate the amount of shortfall in millions of gallons:	
Did drought conditions cause you to activate emergency standby wells in 2012?	No <input type="checkbox"/>
Do you project water shortages in the current calendar year?	No <input type="checkbox"/>
Did you implement NEW water conservation measures in 2012?	No <input type="checkbox"/>
If you implemented NEW water conservation measures in 2012, please estimate how much water was conserved in millions of gallons: (MG) % reduction in demand	
Do you anticipate having to go to mandatory rationing in the upcoming year?	No <input type="checkbox"/>
Do you routinely monitor the <i>static</i> water levels in your wells?	Yes <input type="checkbox"/>
Do you routinely monitor the <i>pumping</i> water levels in your wells?	Yes <input type="checkbox"/>
Are these levels recovering, declining or steady?:	Steady <input type="checkbox"/>

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

COMMENTS:?

**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.**