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**SMALL WATER SYSTEM  
2017 ANNUAL REPORT TO THE DRINKING WATER PROGRAM  
FOR YEAR ENDING DECEMBER 31, 2017  
[Section 116530 Health & Safety Code]**

**WATER SYSTEM INFORMATION**

Water System No.: CA3210010  
 Water System Name: HAMILTON BRANCH CSD  
 Water System Classification:  Community Water System  
 Water System Ownership (See descriptions below):   
 Physical location: (address line 1, address line 2, city, zip)  
 3749 HIGHWAY A-13  
 LAKE ALMANOR 96137  
 General Office Phone: (with area code) 530-596-3002  
 Web site address: na

**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



**ONLY FOR COMMUNITY WATER SYSTEMS**

Your water system classification is:

If you have questions about completing this section of the report, please contact the Program Liaison Unit at [DDW-PLU@waterboards.ca.gov](mailto:DDW-PLU@waterboards.ca.gov) or call (916) 449-5158.

**CERTIFICATION FOR REDUCTION OF ANNUAL FEES FOR PUBLIC WATER SYSTEMS SERVING DISADVANTAGED COMMUNITY (DAC)**

I certify under penalty of perjury under the laws of the State of California as a duly authorized representative of the public water system for which this document is being submitted that the foregoing is true and correct: the public water system for which this report is being submitted served a disadvantaged community (as defined in Title 22, Division 4, Chapter 14.5, section 64300 of the California Code of Regulations) for the year in which this report is applicable, and, if requested to do so by the State Board, will provide documentation to the State Board upon request, which may include an income survey, that the public water system served a disadvantaged community during the time period for which this report applies.

If you checked the box above, have you previously submitted a written request with documentation for DAC status? If not, please follow this [LINK](#) for instructions on how to submit a request.

**REPORT SUBMITTED BY:**

Note: Your name and title, email address, and work phone number are disclosable report information that may be obtained through the Public

Records Act.  
 Name: MICHAEL ROARTY  
 Title: GENERAL MANAGER  
 Work phone: 530-596-3002  
 Cell phone:  
 Email address: [hbcosd@frontier.com](mailto:hbcosd@frontier.com)

**COMMENTS:**

**1. PUBLIC WATER SYSTEM CONTACTS**

Click here to learn how to Modify, Add and Delete Contacts in the table below.

**IMPORTANT: Each water system must have one and only one Administrative Contact AND one and only one Financial Contact. The same person may be both the Administrative and Financial Contacts.**

Please provide an email address for the Administrative Contact as most email communication, particularly email blasts, from the Division of Drinking Water will be sent to the email address of the Administrative Contact.

PHONE TYPE: Home – if you use your home or personal phone number as your business number, use the HOME phone type instead and leave the BUSINESS phone type blank.

Only the BUSINESS phone type will appear in Drinking Water Watch (<https://sdwis.waterboards.ca.gov/PDWW/>), which can be viewed by the public, if the General Office phone number is not provided (see Water System Information section under the Intro tab).

NAME, TITLE & ADDRESS	PHONE TYPE	PHONE NO.	EMAIL	CONTACT TYPE (pick all that apply)
BOSWORTH, JANICE  SECRETARY 3749 HIGHWAY A13  LAKE ALMANOR CA 96137	Business	530-596-3002		<input type="checkbox"/> ** Delete Contact ** <input type="checkbox"/> Administrative <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Emergency <input type="checkbox"/> Designated Operator In Charge <input type="checkbox"/> Water Quality <input type="checkbox"/> Owner <input type="checkbox"/> Legal <input type="checkbox"/> Funding <input type="checkbox"/> Contract Operator
	Home			
	Facsimile	530-596-444C		
	Mobile			
HACKETT, J.D.	Business	530-596-3002	TIMBERFALLER007@FR	<input type="checkbox"/> ** Delete Contact ** <input type="checkbox"/> Administrative <input type="checkbox"/> Operator <input type="checkbox"/> Financial <input type="checkbox"/> Emergency
	Home			
	Facsimile	530-596-444C		
OPERATOR				

3749 Highway A13  
 LAKE ALMANOR CA 96137

Mobile 530-375-9004 pureaquah20@hotmail.c  
 Emergency

Designated Operator In Charge  Water Quality  
 Owner  Legal  
 Funding  Contract Operator

ROARTY, MIKE

GENERAL MANAGER  
 3749 Highway A13  
 LAKE ALMANOR CA 96137

Business 530-596-3002 hbcsd@frontier.com  
 Home  
 Facsimile 530-596-4440  
 Mobile  
 Emergency

\*\* Delete Contact \*\*  
 Administrative  Operator  
 Financial  Emergency  
 Designated Operator In Charge  Water Quality  
 Owner  Legal  
 Funding  Contract Operator

LAKE ALMANOR CA 96137

Business  
 Home  
 Facsimile  
 Mobile  
 Emergency

\*\* Delete Contact \*\*  
 Administrative  Operator  
 Financial  Emergency  
 Designated Operator In Charge  Water Quality  
 Owner  Legal  
 Funding  Contract Operator

LAKE ALMANOR CA 96137

Business  
 Home  
 Facsimile  
 Mobile  
 Emergency

\*\* Delete Contact \*\*  
 Administrative  Operator  
 Financial  Emergency  
 Designated Operator In Charge  Water Quality  
 Owner  Legal  
 Funding  Contract Operator

LAKE ALMANOR CA 96137

Business  
 Home  
 Facsimile  
 Mobile  
 Emergency

\*\* Delete Contact \*\*  
 Administrative  Operator  
 Financial  Emergency  
 Designated Operator In Charge  Water Quality  
 Owner  Legal  
 Funding  Contract Operator

LAKE ALMANOR CA 96137

Business  
 Home  
 Facsimile  
 Mobile  
 Emergency

\*\* Delete Contact \*\*  
 Administrative  Operator  
 Financial  Emergency  
 Designated Operator In Charge  Water Quality  
 Owner  Legal  
 Funding  Contract Operator

LAKE ALMANOR CA 96137

Business  
 Home  
 Facsimile  
 Mobile  
 Emergency

\*\* Delete Contact \*\*  
 Administrative  Operator  
 Financial  Emergency  
 Designated Operator In Charge  Water Quality  
 Owner  Legal  
 Funding  Contract Operator

Add Additional Contact  
 --Contact Name--  
 --Title--  
 --Address Line 1--  
 --Address Line 2--  
 --City-- --ST-- 99999

Business (999) 999-9999 XXXXX@XXXXX.XXX  
 Home (999) 999-9999  
 Facsimile (999) 999-9999  
 Mobile XXXXX@XXXXX.XXX  
 Emergency (999) 999-9999

Administrative (pick all that apply)  Operator  
 Financial  Emergency  
 Designated Operator In Charge  Water Quality  
 Owner  Legal  
 Funding  Contract Operator

Add Additional Contact  
 --Contact Name--  
 --Title--  
 --Address Line 1--  
 --Address Line 2--  
 --City-- --ST-- 99999

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 Financial  Emergency  
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 --Contact Name--  
 --Title--  
 --Address Line 1--  
 --Address Line 2--  
 --City-- --ST-- 99999

Business (999) 999-9999 XXXXX@XXXXX.XXX  
 Home (999) 999-9999  
 Facsimile (999) 999-9999  
 Mobile XXXXX@XXXXX.XXX  
 Emergency (999) 999-9999

Administrative (pick all that apply)  Operator  
 Financial  Emergency  
 Designated Operator In Charge  Water Quality  
 Owner  Legal  
 Funding  Contract Operator

COMMENTS:

**2. POPULATION SERVED**

Population Type Population

Annual Operating Period

Residential:   
 Transient:   
 Nontransients:

Method Used to Determine Population:  
 Multiplied number of service connections by 3.3

Begin Date		End Date	
MM	DD	MM	DD
01	01	12	31
01	01	12	31
01	01	12	31

MM = month, in 2-digit format DD = day, in 2-digit format

Descriptions:

- <sup>1</sup>Residential  – report the number of persons who reside within the water system service area for more than half of the year (excludes transient and nontransient populations). If year-round, the *Begin Date* would be 01/01 and the *End Date* would be 12/31.
- <sup>2</sup>Transient  – report the number of persons who are at the water system on the 60<sup>th</sup> busiest day of the year (excludes residential and nontransient populations). Report the *Begin Date* and *End Date* if the Transient use is seasonal.
- <sup>3</sup>Nontransient  – report the number of the persons who are at the water system for over 6 months per year (excludes residential and transient populations). Report the *Begin Date* and *End Date* if the Nontransient use is seasonal.

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

COMMENTS:

**3. NUMBER OF SERVICE CONNECTIONS (as of December 31, 2017)**

A. Active Service Connections:

Total Active Potable Water Connections currently in Division of Drinking Water database: 512

The total number of Service Connections as of December 31, 2017 must be reported as either Unmetered or Metered for each Service Connection Type as appropriate.

TYPE	Potable Water			Recycled Water		
	Unmetered	Metered	Total*	Unmetered	Metered	Total*
<b>Do NOT report fire sprinkler connections and fire hydrants. These connections are not counted toward "service connections" for compliance purposes.</b>						
<u>Single-family Residential:</u> single family detached dwellings	<input type="text" value="0"/>	<input type="text" value="490"/>	<input type="text" value="490"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<u>Multi-family Residential:</u> Apartments, condominiums, town houses, duplexes and trailer parks	<input type="text" value="0"/>	<input type="text" value="16"/>	<input type="text" value="16"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<u>Commercial/Institutional:</u> Retail establishments, office buildings, laundries, schools, prisons, hospitals, dormitories, nursing homes, hotels	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<u>Industrial:</u> All manufacturing	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<u>Landscape Irrigation:</u> Parks, play fields, cemeteries, median strips, golf courses	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<u>Agricultural Irrigation:</u> Irrigation of commercially-grown crops	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total Active Connections*	<input type="text" value="0"/>	<input type="text" value="506"/>	<input type="text" value="506"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

\*Calculated field

[To update totals click here](#)

TYPE	Potable Water			Recycled Water		
	Unmetered	Metered	Total*	Unmetered	Metered	Total*
<u>Other:</u> Fire suppression, street cleaning, line flushing, construction meters, temporary meters	<input type="text" value="42"/>	<input type="text" value="0"/>	<input type="text" value="42"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

B. Number of Inactive Connections (all types)

Include only service connections that have been physically disconnected (i.e., meter removed) from the water system. All other service connections should be considered as "Active."



C. Number of NON-residential customers required to have dedicated outdoor irrigation meters (excluding agricultural connections)

COMMENTS:

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

GROUNDWATER SOURCES (INCLUDING STANDBY SOURCES)

PSCode	Name	Activity

Add sources not listed above. Describe changes to sources above under "Comments".

PSCode	Name	Activity	Comments



3210010-001	schumaker springs	a		1 - 6 of 6

**SURFACE WATER INTAKES**

PSCode	Name	Activity

Add sources not listed above. Describe changes to sources above under "Comments".

PSCode	Name	Activity	Comments

Are your water sources metered?  Yes

**DISCUSS CHANGES TO ABOVE SOURCES**

If a STANDBY SOURCE was used in 2017, provide the following information.

Name of the Standby Source used in 2017:	No. of days the Standby Source was in operation:	Were customers notified? (Y/N)	Was DDW or Local County Staff notified? (Y/N)	Describe the reason the Standby Source was used:

COMMENTS:

**5. WATER PRODUCED, PURCHASED AND SOLD**

The **Maximum Day** is the day during 2017 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.



Units of Measure for the Maximum Day ONLY:

Mark this box if your water system does not have monthly production data.

If you do not have monthly production data to report, please report your Annual Total production in the row for January and leave all the other months blank.

Units of Measure for this table except for the Maximum Day:

Volumes are based on:

A	B	C	D Potable Water			F	G	H	I
	Date/ Month	Water Produced from Groundwater (Wells)	Water Produced from Surface Waterz	Finished Water Purchased or Received from another PWSs	Total Amount of Potable Waterz	Water Sold to Another PWSs	Non-potable (exclude recycled)	Recycled	
Maximum Day:	08/02/17	.525	0	0	0.525				
January		7.7	0	0	7.7	0	0	0	
February		7.4	0	0	7.4	0	0	0	
March		7.0	0	0	7	0	0	0	
April		5.9	0	0	5.9	0	0	0	
May		7.9	0	0	7.9	0	0	0	
June		11.0	0	0	11	0	0	0	
July		11.0	0	0	11	0	0	0	
August		11.6	0	0	11.6	0	0	0	
September		9.0	0	0	9	0	0	0	
October		7.8	0	0	7.8	0	0	0	

November	4.3	0	0	4.3	0	.081	0
December	4.3	0	0	4.3	0	.043	0
Annual Total*	94.9	0	0	94.9	0	0.124	0
Percent Treated <sup>4</sup>	100.0						

PWS = Public Water System

\*Calculated field.

Non-potable = water supplies, except recycled water, that do not enter the drinking water distribution system and are for non-potable uses only such as irrigation

Recycled = domestic wastewater which as a result of treatment is suitable for uses other than potable use such as irrigation or toilet flushing

\*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. Total water production includes water that is sold to another water system. 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 and fluoridation.

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

Specify whether water was Purchased or Sold	Name of PWS	
		1 - 3 of 3

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	
		1 - 3 of 3

COMMENTS:

6A. WATER RATES

If you have questions about completing this section of the report, please contact Kathy.Fraveri@Waterboards.ca.gov or call (916) 322-5274.



Mark this box if your water system does not charge a water rate and skip the rest of Section 6a.

Indicate the type of residential water rate structure used by your water system: Flat Base Rate + Variable Usage Rate

If tiered, what is the number of tiers? 3

Date of most recent update to the rate structure: 07/01/2016

Describe the changes that were made in the update: base rate increase

What is your billing frequency: bi-monthly

What is your new connection fee? 1300.00

Date of most recent update to the new connection fee: 07/01/2006

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

Connection Type	FLAT BASE RATE (FBR)	If FBR + UUR, what is the volume allowed before UUR applies HCF	UNIFORM USAGE RATE (UUR) \$ per HCF	VARIABLE BASE RATE (provide range) (VBR)		VARIABLE USAGE RATE (provide range) (VUR)	
				\$ Low	\$ High	\$ per HCF Low	\$ per HCF High
<b>RESIDENTIAL</b>	\$ (Base)						
Single-family Residential	2950	0	0	0	0	2050	450
Multi-family Residential	2950	0	0	0	0	2050	450
Do you provide lifeline/low income subsidies?			No				
If Yes, provide rates:							
If yes, what percentage of residential customers receives this subsidy? (Example: X %)							
<b>NON-RESIDENTIAL</b>							
Commercial/Institutional	0	0	0	0	0	250	450
Industrial	0	0	0	0	0	0	0
Landscape Irrigation	0	0	0	0	0	0	0
Agricultural Irrigation	0	0	0	0	0	0	0
Other							
Do you have fire suppression surcharges?			No				
If Yes, provide rates:							
Do you have other surcharges?			No				
What are the other surcharges?							
If Yes, provide rates:							

For each of the three water volumes shown below, provide what would be the monthly water bill for a single-family residential customer. Include all fees and service charges associated with water services that this customer would pay when their household used the specified amount of water. Amount of water delivered to customer: Bill amount (including all charges/fees associated with the amount of water used):

a. 6 HCF  Dollars/month  
 b. 12 HCF  Dollars/month  
 c. 24 HCF  Dollars/month

NOTE: If this is not a "Community" Water System or if individual customers do not pay a separate bill for water enter "0".  
 If bill amount would vary by season, use the month or time period with the highest water consumption.

HCF means "hundred cubic feet". There are 748 gallons in 100 cubic feet.

**6B. WATER DELIVERIES**



Mark this box if your water system does not have monthly water deliveries data and skip the rest of Section 6b.

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*	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	0	0	0	0	0	0	0	0	0
February	0	0	0	0	0	0	0	0	0
March	0	0	0	0	0	0	0	0	0
April	1193786	0	0	0	0	0	1193786	0	0
May	0	0	0	0	0	0	0	0	0
June	1182905	0	0	0	0	0	1182905	0	0
July	0	0	0	0	0	0	0	0	0
August	1263256	0	0	0	0	0	1263256	0	0
September	0	0	0	0	0	0	0	0	0
October	2243877	0	0	0	0	0	2243877	0	0
November	0	0	0	0	0	0	0	0	0
December	0	0	0	0	0	0	0	0	0
Total*	5883824	0	0	0	0	0	5883824	0	0

PWS = Public Water System

\*Calculated field

†Total Urban Retail = Sum of Columns (B) thru (G), automatically calculated. To update, click below

[To update totals click here](#)

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 (Maximum Contaminant Level) of 10 mg/l as nitrogen (i.e., a result of  $\geq 5$  mg/l as nitrogen) then quarterly monitoring must be initiated.

Did your system conduct monitoring for nitrate during 2017 from each source?

NOTE: If there were any sources that were not monitored because they were offline during 2017, 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:

COMMENTS:

**8. WATER TREATMENT**

Treatment Plant	Required Treatment Plant Operator Classification
D-2	<input type="text" value="1 - 4 of 4"/>
D-2	<input type="text"/>

If treatment was added or changed in any way in 2017, provide a brief description and identify the water source

TD = Treatment or Distribution operator at any level

NR, N/A, NA = There are no facilities subject to the Certified Treatment Plant Operator requirements

**DIRECT ADDITIVES**



Are all chemicals used NSF/ANSI Standard 60 certified?  Yes

**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

If you have any questions on the requirements related to indirect additives, you may contact your local regulatory agency.

COMMENTS:

**9. CROSS-CONNECTION CONTROL**

	Total Number in System	Number Installed in 2017	Number Tested in 2017	Number Failed in 2017	Number Repaired/ Replaced
Backflow Assemblies on the Service Connections or Meter (Reduced Pressure Principle and Double Check Valve assemblies)	1	0	1	0	0
Backflow Assemblies On-site but not on the Service Connections or Meter (Reduced Pressure Principle and Double Check Valve assemblies)	0	0	0	0	0
Air-gap Separation	0	0			

No. of Inactive Backflow Prevention Assemblies in water system in 2017:   
 Date of last cross-connection control survey done on the system:   
 Cross Connection Control Program Coordinator Name:   
 Certification Number:   
 Business Phone:  Email Address:   
 Certification or training received:

Describe any cross-connection incidents that occurred during 2017:

COMMENTS:

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

THE 2017 CCR MUST BE DISTRIBUTED TO YOUR CUSTOMERS AND A COPY SUBMITTED TO YOUR LOCAL REGULATORY AGENCY BY JULY 1, 2018. IN ADDITION, PUBLIC WATER SYSTEMS THAT ARE ALSO REGULATED BY THE CALIFORNIA PUBLIC UTILITIES COMMISSION (PUC) MUST MAIL A COPY OF THEIR CCR TO THE PUC BY JULY 1, 2018. CERTIFICATION MUST BE SUBMITTED TO YOUR LOCAL REGULATORY AGENCY BY OCTOBER 1, 2018, STATING THAT THE 2017 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 Division of Drinking Water web site at: [http://www.waterboards.ca.gov/drinking\\_water/certific/drinkingwater/CCR.shtml](http://www.waterboards.ca.gov/drinking_water/certific/drinkingwater/CCR.shtml)  
 Indicate the date your 2017 CCR was distributed or will be distributed to your customers:  mm/dd/yyyy

COMMENTS:

**11. 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).  
 Your Highest Treatment System Classification is: D2  
 If you do not have a Certified Distribution System Operator, put "NONE" in each column of the first row.



Check this box if your public water system has designated a Chief Treatment Operator.

Name of Chief Treatment Operator (First name Last name):   
 Grade of Chief Treatment Operator (1, 2, 3, 4 or 5):   
 Treatment Operator Number (4 or 5 digits):   
 Treatment Certification Expiration Date (MM/DD/YYYY):

Treatment Operator Name (First name Last name)	Grade of Treatment Operator (1, 2, 3, 4, or 5)	Chief or Shift (C, S or X)	Treatment Operator Number (4 or 5 digits)	Treatment Certification Expiration Date (MM/DD/YYYY)	
John Hackett	2	c	25574	01/01/2019	1 + 4 of 4

\*Use "C" for Chief Operator and "S" for Shift Operator. If neither, put an "X". Do not leave blank.

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

B. Please list the State certified Water Distribution System Operators employed by your water system that supervise and direct the operation of your distribution systems, beginning with the chief operator(s).  
 Your Distribution System Classification is: D2

If you do not have a Certified Distribution System Operator, put "NONE" in each column of the first row.



Check this box if your public water system has designated a Chief Distribution Operator.

Name of Chief Distribution Operator (First name Last name):   
 Grade of Chief Distribution Operator (1, 2, 3, 4 or 5):   
 Distribution Operator Number (4 or 5 digits):   
 Distribution Certification Expiration Date (MM/DD/YYYY):

Distribution Operator Name (First name Last name)	Grade of Distribution Operator (1, 2, 3, 4, or 5)	Chief or Shift (C, S or X)	Distribution Operator Number (4 or 5 digits)	Distribution Certification Expiration Date (MM/DD/YYYY)	
John Hackett	2	c	17190	04/01/2020	1 - 4 of 4

\*Use "C" for Chief Operator and "S" for Shift Operator. If neither, put an "X". Do not leave blank.

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

COMMENTS:

**12. 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 2017 for which a permit was not obtained, please describe the improvements or modifications below.

Indicate any planned improvements or modifications for 2018.

COMMENTS:

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

Type of Complaint	No. of Complaints Reported by Customers	No. of Complaints Investigated	No. of Complaints reported to the Division of Drinking Water or Local County Staff	Brief Description of Cause and Corrective Action taken
Taste and Odor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Color	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Turbidity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Visible Organisms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pressure (High or Low)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Water Outages	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Illnesses (Waterborne)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (Specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total No. of Complaints*	0	0	0	

\*Calculated field  
 To update totals click here

COMMENTS:

**14. SYSTEM PROBLEMS**

Type of Problem	No. of Problems	No. of Problems Investigated	No. of Problems Reported to the Division of Drinking Water or Local County Staff	Brief Description of Cause and Corrective Action Taken
Service Connection Breaks/ Leaks	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Main Breaks/Leaks	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Water Outages <sup>?</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Boil Water Orders	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total*	0	0	0	

To update totals click here

COMMENTS:<sup>?</sup>

**15. ONGOING WATER SYSTEM VIOLATIONS**

Is your water system operating under USEPA, Division or LPA enforcement for a continuous violation?

If yes, respond to the following:

Type of violation (for example, specify "Nitrate MCL" violation if your wells exceeds the nitrate MCL of 45 mg/L

Dates in 2017 that public notification was provided to users

Corrective action taken in 2017

Was bottled water provided to users?

If yes, how was bottled water provided, for example, direct delivery?

Describe anticipated schedule to return to compliance

COMMENTS:<sup>?</sup>

**16. WATER CONSERVATION AND DROUGHT PREPAREDNESS**

Date of your revised Drought Preparedness Plan or Water Shortage Contingency Plan, if any:

Units of Measure for this section:

If you experienced water shortages in 2017, please estimate the amount of shortfall in units selected for this section:

How many water-shortage response stages are in your drought plan? For "non-applicable", enter zero.

Did drought conditions cause you to activate emergency standby wells in 2017?

Do you project water shortages in the current calendar year?

Did you implement NEW water conservation measures in 2017?

If you implemented NEW water conservation measures in 2017, please estimate how much water was conserved:

volume of water in units selected for this section  
 % reduction in demand

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

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

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

Are these levels recovering, declining or steady?

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

COMMENTS:<sup>?</sup>

**17. CLIMATE CHANGE ADAPTATION AND RESILIENCY FOR WATER UTILITIES**



**ONLY FOR COMMUNITY WATER SYSTEMS**

Your water system classification is:

If you have questions about completing this section of the report, please contact Joseph.Crisologo@waterboards.ca.gov or call (818) 551-2046.

<b>A. CLIMATE THREATS</b>		
What climate-related impacts are of concern for your water system (check all that apply)? <sup>?</sup>		
<input checked="" type="checkbox"/> Drought <input checked="" type="checkbox"/> Groundwater Depletion <input type="checkbox"/> Water Quality Degradation <input type="checkbox"/> Flooding <input type="checkbox"/> Sea Level Rise <input type="checkbox"/> Extreme Heat <input type="checkbox"/> Fire <input type="checkbox"/> Other <input type="checkbox"/> None or N/A		
<b>B. SENSITIVITY AND MAGNITUDE OF IMPACTS</b>		
Qualitatively assess climate change sensitivity of your facilities, and criticality or consequence of disruption. Consider identified climate threats using past experience, and expert judgement based on the magnitude of expected change and extreme events in the future. You do not need numeric answers. USEPA provides a risk assessment tool, called CREAT, to help utilities identify which environmental changes can impact water supply: <a href="https://www.epa.gov/crwu/build-resilience-your-utility">https://www.epa.gov/crwu/build-resilience-your-utility</a> . More resources are available that may help you complete this section. <sup>?</sup>		
<b>Drought   Groundwater Depletion</b>	Decreased water storage (low lake and reservoir levels)	Choose an item <input type="text" value="None to Low Sensitivity"/>
	Groundwater depletion (increased extraction, reduced groundwater recharge, etc.)	Choose an item <input type="text" value="Medium Sensitivity"/>
	Change in seasonal runoff and/or loss of snowmelt	Choose an item <input type="text" value="Medium Sensitivity"/>
	Region relies on water diverted from the Delta, imported from the Colorado River, or other climate-sensitive area	Choose an item <input type="text" value="None to Low Sensitivity"/>
<b>Water Quality Degradation</b>	Salt-water intrusion into aquifers	Choose an item <input type="text" value="None to Low Sensitivity"/>

	Altered water quality during storm events (turbidity shifts, debris flows)	Choose an item <input type="text" value="None to Low Sensitivity"/>
	Surface water quality issues related to eutrophication, algal blooms, invasive species	Choose an item <input type="text" value="None to Low Sensitivity"/>
Flooding   Sea Level Rise	High flow events and flooding	Choose an item <input type="text" value="None to Low Sensitivity"/>
	Inundation due to sea level rise, high tides, and/or coastal storm surges	Choose an item <input type="text" value="None to Low Sensitivity"/>
	Aging flood protection infrastructure (levees), or insufficient impoundment capacity	Choose an item <input type="text" value="None to Low Sensitivity"/>
Extreme Heat	Peak demand volume surges (due to extreme heat, temperature trends, etc.)	Choose an item <input type="text" value="None to Low Sensitivity"/>
	Increases in agricultural water demand or energy sector needs	Choose an item <input type="text" value="None to Low Sensitivity"/>
Fire   Other Impacts	Increased fire risk and altered vegetation, e.g., wildfires	Choose an item <input type="text" value="None to Low Sensitivity"/>
	Disruption of power supply	Choose an item <input type="text" value="None to Low Sensitivity"/>
	Other: <input type="text"/>	Choose an item <input type="text" value="--Pick one--"/>

**C. ADAPTATION MEASURES**

Identify measures to reduce current vulnerability, or make future modifications based on identified sensitivity of the water system. Indicate status for all projects that your organization has completed, or plan to implement to increase resiliency of the water system to climate change? USEPA's Adaptation Strategies Guide for Water Utilities provides examples of adaptation: <https://www.epa.gov/crwu/learn-how-plan-extreme-weather-events>

Install new and deeper drinking water wells, or modify existing wells to increase pumping capacity	Choose an item <input type="text" value="Plan to Implement"/>
Develop local supplemental water supply, enhanced treatment, or increased storage capacity (e.g. recycled water, storm runoff for groundwater recharge, desalination, new reservoir)	Choose an item <input type="text" value="Plan to Implement"/>
Interconnection with other utilities (transfers, mutual aid agreements with neighboring utilities)	Choose an item <input type="text" value="Completed"/>
Relocate facilities, construct or install redundant facilities	Choose an item <input type="text" value="N/A"/>
Modify facilities (e.g., install barrier or levee, raise a wall, seal a door, elevate construction)	Choose an item <input type="text" value="N/A"/>
Conservation measures (demand management, enhanced communication and outreach)	Choose an item <input type="text" value="Plan to Implement"/>
Fire prevention – brush management, partnerships	Choose an item <input type="text" value="N/A"/>
Alternative or backup energy supply	Choose an item <input type="text" value="N/A"/>
On-site energy generation	Choose an item <input type="text" value="N/A"/>
Enhance monitoring program, budget for additional testing and treatment, chemicals	Choose an item <input type="text" value="N/A"/>
Other: <input type="text"/>	Choose an item <input type="text" value="--Pick one--"/>

**18. LEAD SERVICE LINE REPLACEMENT**



**ONLY FOR COMMUNITY WATER SYSTEMS**

Your water system classification is:

Section 116885 of the California Health and Safety Code, Lead Service Lines in Public Water Systems, added to the Health and Safety Code by Senate Bill 1398 (2016) and amended by Senate Bill 427 (2017), requires all community water systems (CWS) to compile an inventory of known partial or total lead user service lines in use in its distribution system by July 1, 2018. The inventory must include all user service lines that are active and those that are reasonably expected to become active in the future. Also, Section 116885 requires that CWS identify areas that may have lead user service lines in use, and/or identify any areas within the CWS distribution system that the CWS cannot identify the material that is being used for the service line.

For additional information, please visit [https://www.waterboards.ca.gov/drinking\\_water/certific/drinkingwater/lead\\_service\\_line\\_inventory\\_pws.html](https://www.waterboards.ca.gov/drinking_water/certific/drinkingwater/lead_service_line_inventory_pws.html)

If you have questions about completing this section of the report, please contact David.Pimentel@Waterboards.ca.gov or call (916) 323-0572.

Date lead service line inventory was completed (MM/DD/YYYY):

**A. USER SERVICE LINE INVENTORY:**

"User service line" means the pipe, tubing, and fittings connecting a water main to an individual water meter or service connection.

Pipe Material	Estimated Number of Service Lines (Enter "0" if none)	Estimated Total Length of Service Lines (In feet), if applicable
A. Lead	<input type="text" value="0"/>	<input type="text" value="0"/>
B. Unknown material	<input type="text" value="0"/>	<input type="text" value="0"/>
C. Copper	<input type="text" value="0"/>	
D. Cast iron (ductile pipe)	<input type="text" value="0"/>	
E. Ductile iron	<input type="text" value="0"/>	
F. Galvanized steel	<input type="text" value="0"/>	
G. Polyvinyl chloride (PVC)	<input type="text" value="0"/>	
H. Polyethylene (PE)	<input type="text" value="0"/>	
I. High density polyethylene (HDPE)	<input type="text" value="0"/>	
J. Polybutylene (PB)	<input type="text" value="0"/>	
K. Transit/asbestos cement	<input type="text" value="0"/>	
<b>L. Other materials not listed above:</b>		
Identify material 1: <input type="text"/>	<input type="text" value="0"/>	



Identify material 2	<input type="text"/>	0
Identify material 3	<input type="text"/>	0
Identify material 4	<input type="text"/>	0
Total number of service lines inventoried* (calculated field)		0
Total number of service connections from Section 3 of the EAR		0
<b>Fittings or fittings connecting a water main:</b>		
M. Lead fittings NOT on a lead pipe (e.g., goosenecks, pigtails, and corporation stops)	<input type="text"/>	0
N. Lead fittings ON a lead pipe (e.g., goosenecks, pigtails, and corporation stops)	<input type="text"/>	0
O. Fittings of unknown material (e.g., goosenecks, pigtails, and corporation stops)	<input type="text"/>	0
Total number of lead service lines** (calculated field)		0

\*Total number of service lines inventoried (calculated field) = Sum of A through L

\*\*Total number of lead service lines (calculated field) = Sum of A and M

To Update calculated field, click button below

[To update totals click here](#)

**B. METHOD(S) USED TO PREPARE THE LEAD SERVICE LINE INVENTORY IN PART A (CHECK ALL THAT APPLY):**

- Tap Cards or tickets from initial service installation
- Plans from water main installation, rehabilitation, and replacement
- Records indicating when buildings were constructed
- Meter replacement records
- Distribution maps, drawings, or GIS
- Visual confirmation of pipe material by plumbers or utility crews during maintenance or installation activities
- Interviews with water system personnel and/or past employees
- Field investigations
- Other (describe below):

**C. PRINT THIS INVENTORY FORM FOR YOUR SIGNATURE**

I certify under penalty of perjury under the laws of the State of California that the foregoing [including any uploaded documents] is true and correct to the best of my knowledge.

Signature:   
 Name:   
 Title:   
 Phone number:   
 Date signed (MM/DD/YYYY):   
 PWS Name:   
 PWS No.:

Print this completed form by clicking "Print" below, sign and scan. This is your certified form.  
[Print](#)

**D. UPLOAD SIGNED INVENTORY FORM AND MAP(S) IDENTIFYING AREAS WITH LEAD SERVICE LINES OR SERVICE LINES CONSTRUCTED OF UNKNOWN MATERIAL**

Click [HERE](#) to upload the certified form if no lead service lines or service lines constructed of unknown material were identified.

OR

Click [HERE](#) to upload the maps (only .shp, .kml or .kmz, and .pdf in order of preference) only if you have areas with lead service lines or service lines constructed of unknown material and upload the certified form.

**Disclosure:** Be advised that Sections 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 purposes of compliance may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for each separate violation 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 the violation, or be imprisoned in county jail not to exceed one year, or both the fine and imprisonment.