

State Waterboard 2020 EAR

You were approved for application 428653 on 06/03/2021 14:15:18

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CA5510016 SIERRA PARK WATER COMPANY, INC.

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DRINKING WATER SYSTEM'S 2020 ANNUAL REPORT TO THE DIVISION OF DRINKING WATER FOR THE YEAR ENDING DECEMBER 31, 2020 [Section 116530 Health & Safety Code]

WATER SYSTEM INFORMATION ?

Water System No.: CA5510016
Water System Name: SIERRA PARK WATER COMPANY, INC.
Water System Classification: Community
Related Regulating Agency: ? DISTRICT 11 - MERCED

- Water System Ownership ?
- Pick one--
 - Local Government
 - State or Federal Government
 - Privately owned, PUC-regulated, for profit water company
 - Privately owned, non-PUC-regulated (Community Water System)
 - Privately owned Mutual Water Company or Association
 - Privately owned business (non-community)

If the address recorded is a PO Box or similar, please update to a physical address that would most accurately describe the location of the water system.

Physical location
Address 1: 25538 Wheeler
Address 2:
City: LONG BARN
Zip Code: 95335
General Office Phone: ? (with area code) 209-533-7998
Web site address: sierraparkwater.com

Answer fields shaded yellow are **Mandatory Questions** and must be answered to complete this report. Based on previous answers, some answer fields are shaded salmon indicating **Conditionally Mandatory Questions**. Any missed responses to Mandatory and Conditionally Mandatory questions will be shown in the **Finalize Section**.

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

To **continue receiving** a reduced annual fee you must read and check the box below:

By checking this box, you are a community water system who is serving a DAC as defined in Title 22, Division 4, Chapter 14.5, section 64300 of the California Code of Regulations and have submitted documentation to the State Water Resource Control Board certifying that you are serving a 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.

REPORT STARTED BY ?

Name: Lael Potter
Title: Compliance Administrator
Work phone: 831-588-3054
Cell phone:
Email address: potterlael@gmail.com

Please be aware that all comment boxes throughout this electronic annual report will be made publicly available WITH THE EXCEPTION of the comment box below. Only Waterboard staff and other people with your water system's login credentials will have access to this comment box. You are encouraged to provide any comments that you believe may help improve this annual report process.

PRIVATE COMMENTS: ?

Need Help Completing the EAR. Click [HERE](#).

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2. Public Water System Contacts?

Contact your Regulating Agency to **update contact information for current contacts.**

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).

CURRENT CONTACTS CONTACT RECORD	PHONE TYPE	PHONE NO.	EMAIL ADDRESS(ES)	CONTACT TYPE (Modify with checkbox)	
Contact 1 First Name, Middle Initial KIRK	Business	(209) 533-7998	kirkmknudsen@gmail.com	<input type="checkbox"/> DELETE CONTACT 1	<input checked="" type="checkbox"/> NO CHAT CONTACT
Last Name KNUDSEN	Home	<input type="checkbox"/>		<input checked="" type="checkbox"/> Administrative	<input type="checkbox"/> Operator
Title PRESIDENT	Facsimile	<input type="checkbox"/>		<input type="checkbox"/> Financial	<input checked="" type="checkbox"/> Emergen
Address 1 P.O. BOX 424 Address 2	Mobile	(408) 483-6539		<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Sampler
City MI WUK VILLAGE State CA Zip Code 95346	Emergency	<input type="checkbox"/>		<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
				<input type="checkbox"/> Owner	<input type="checkbox"/> Funding
Contact 2 First Name, Middle Initial BILL	Business	(209) 586-1618	bill.ordwein@yahoo.com	<input type="checkbox"/> DELETE CONTACT 2	<input checked="" type="checkbox"/> NO CHAT CONTACT
Last Name ORDWEIN	Home	<input type="checkbox"/>		<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
Title COO & TREASURER	Facsimile	<input type="checkbox"/>		<input checked="" type="checkbox"/> Financial	<input checked="" type="checkbox"/> Emergen
Address 1 P.O. BOX 454 Address 2	Mobile	<input type="checkbox"/>		<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Sampler
City MWUK VILLAGE State CA Zip Code 95346	Emergency	(209) 768-9039		<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
				<input type="checkbox"/> Owner	<input type="checkbox"/> Funding
Contact 3 First Name, Middle Initial DAVID	Business	(209) 770-0109	davroy@aol.com	<input type="checkbox"/> DELETE CONTACT 3	<input checked="" type="checkbox"/> NO CHAT CONTACT
Last Name ROY	Home	<input type="checkbox"/>		<input type="checkbox"/> Administrative	<input checked="" type="checkbox"/> Operator
Title OPERATOR	Facsimile	<input type="checkbox"/>		<input type="checkbox"/> Financial	<input type="checkbox"/> Emergen
Address 1 245 Banner Drive Address 2	Mobile	<input type="checkbox"/>		<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Sampler
City SONORA State CA Zip Code 95370	Emergency	<input type="checkbox"/>		<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
				<input type="checkbox"/> Owner	<input type="checkbox"/> Funding

Contact 4					
First Name, Middle Initial MIKE	Business	(714) 501-9071		<input type="checkbox"/> DELETE CONTACT 4	<input type="checkbox"/> NO CHAT CONTACT
Last Name NESSL	Home	<input type="checkbox"/>		<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
Title CONSULTANT/ENGINEER	Facsimile	<input type="checkbox"/>	mnessl1@gmail.com	<input type="checkbox"/> Financial	<input checked="" type="checkbox"/> Emergen
Address 1 397 Greenhaven Drive	Mobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Designated Operator In Charge	<input checked="" type="checkbox"/> Sampler
Address 2					
City OAKDALE	Emergency	<input type="checkbox"/>		<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
State CA					
Zip Code 95361				<input type="checkbox"/> Owner	<input type="checkbox"/> Funding
Contact 5					
First Name, Middle Initial	Business	<input type="checkbox"/>		<input type="checkbox"/> DELETE CONTACT 5	<input type="checkbox"/> NO CHAT CONTACT
Last Name	Home	<input type="checkbox"/>		<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
Title	Facsimile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergen
Address 1	Mobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Sampler
Address 2					
City	Emergency	<input type="checkbox"/>		<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
State					
Zip Code				<input type="checkbox"/> Owner	<input type="checkbox"/> Funding
Contact 6					
First Name, Middle Initial	Business	<input type="checkbox"/>		<input type="checkbox"/> DELETE CONTACT 6	<input type="checkbox"/> NO CHAT CONTACT
Last Name	Home	<input type="checkbox"/>		<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
Title	Facsimile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergen
Address 1	Mobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Sampler
Address 2					
City	Emergency	<input type="checkbox"/>		<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
State					
Zip Code				<input type="checkbox"/> Owner	<input type="checkbox"/> Funding
Contact 7					
First Name, Middle Initial	Business	<input type="checkbox"/>		<input type="checkbox"/> DELETE CONTACT 7	<input type="checkbox"/> NO CHAT CONTACT
Last Name	Home	<input type="checkbox"/>		<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
Title	Facsimile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergen
Address 1	Mobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Sampler
Address 2					

<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Zip Code <input type="checkbox"/>	Emergency	<input type="checkbox"/>		<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
				<input type="checkbox"/> Owner	<input type="checkbox"/> Funding

Contact 8 First Name, Middle Initial <input type="checkbox"/> Last Name <input type="checkbox"/> Title <input type="checkbox"/> Address 1 <input type="checkbox"/> Address 2 <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Zip Code <input type="checkbox"/>	Business	<input type="checkbox"/>		<input type="checkbox"/> DELETE CONTACT 8	<input type="checkbox"/> NO CHAT CONTACT
	Home	<input type="checkbox"/>		<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
	Facsimile	<input type="checkbox"/>		<input type="checkbox"/> Financial	<input type="checkbox"/> Emergen
	Mobile	<input type="checkbox"/>		<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Sampler
	Emergency	<input type="checkbox"/>		<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
				<input type="checkbox"/> Owner	<input type="checkbox"/> Funding

ADD NEW CONTACTS HERE [?](#)

NEW CONTACT CONTACT RECORD	PHONE TYPE ?	PHONE NO.	EMAIL ADDRESS(ES)	CONTACT TYPE (Pick all that apply)	
New 1 First Name, Middle Initial <input type="checkbox"/> Last Name <input type="checkbox"/> Title <input type="checkbox"/> Address 1 <input type="checkbox"/> Address 2 <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Zip Code <input type="checkbox"/>	Business	<input type="checkbox"/>		<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
	Home	<input type="checkbox"/>		<input type="checkbox"/> Financial	<input type="checkbox"/> Emergen
	Facsimile	<input type="checkbox"/>		<input type="checkbox"/> Operator In Charge	<input type="checkbox"/> Sampler
	Mobile	<input type="checkbox"/>		<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
	Emergency	<input type="checkbox"/>		<input type="checkbox"/> Owner	<input type="checkbox"/> Funding

Add Additional Contact [?](#) (pick all that apply)

New 2 First Name, Middle Initial <input type="checkbox"/> Last Name <input type="checkbox"/> Title <input type="checkbox"/> Address 1 <input type="checkbox"/> Address 2 <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Zip Code <input type="checkbox"/>	Business	<input type="checkbox"/>		<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
	Home	<input type="checkbox"/>		<input type="checkbox"/> Financial	<input type="checkbox"/> Emergen
	Facsimile	<input type="checkbox"/>		<input type="checkbox"/> Operator In Charge	<input type="checkbox"/> Sampler
	Mobile	<input type="checkbox"/>		<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
	Emergency	<input type="checkbox"/>		<input type="checkbox"/> Owner	<input type="checkbox"/> Funding

Add Additional Contact (pick all that apply)

New 3 First Name, Middle					
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Initial <input type="checkbox"/>	Business <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name <input type="checkbox"/>							
Title <input type="checkbox"/>	Home <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address 1 <input type="checkbox"/>	Facsimile <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address 2 <input type="checkbox"/>	Mobile <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City <input type="checkbox"/>							
State <input type="checkbox"/>	Emergency <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zip Code <input type="checkbox"/>							
						<input type="checkbox"/>	<input type="checkbox"/>
Add Additional Contact						(pick all that apply)	
New 4							
First Name, Middle Initial <input type="checkbox"/>	Business <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name <input type="checkbox"/>							
Title <input type="checkbox"/>	Home <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address 1 <input type="checkbox"/>	Facsimile <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address 2 <input type="checkbox"/>	Mobile <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City <input type="checkbox"/>							
State <input type="checkbox"/>	Emergency <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zip Code <input type="checkbox"/>							
						<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (Note: Comments will be made publicly available):

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3. Population Served ?

Total Population in DDW Records: ?

Annual Operating Period ?

Population Type ?

Population Count

Begin Date

MM

DD

End Date

MM

DD

Residential

Transient

Non-Transient

Method Used to Determine Population:

- Pick one--
- Most recent United States census data
- Multiplied number of service connections by 3.3
- Determined total number of dwelling units and multiplied by 2.8
- Other

If population is based on "Other", identify the methods or sources of how it was estimated:

ESTIMATE IS BASED ON OBSERVATIONS.

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

COMMENTS (Note: Comments will be made publicly available):

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4. Number of Service Connections

A. Active Service Connections:

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

The total number of Service Connections as of December 31, 2020 must be reported as either Unmetered or Metered for each Service Connection Type as appropriate.

TYPE	Potable Water		Total*
	Unmetered	Metered	
Do NOT report fire sprinkler connections and fire hydrants. These connections are not counted toward "service connections" for compliance purposes.			
<u>Single-family Residential:</u>	<input type="text" value="343"/>	<input type="text" value="0"/>	<input type="text" value="343"/>
single family detached dwellings			
<u>Multi-family Residential:</u>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Apartments, condominiums, town houses, duplexes and trailer parks			
<u>Commercial/Institutional:</u>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="1"/>
Retail establishments, office buildings, laundries, schools, prisons, hospitals, dormitories, nursing homes, hotels, churches, campgrounds			
<u>Industrial:</u>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
All manufacturing			
<u>Landscape Irrigation:</u>	<input type="text" value="3"/>	<input type="text" value="0"/>	<input type="text" value="3"/>
Parks, play fields, cemeteries, median strips, golf courses			
<u>Agricultural Irrigation:</u>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Irrigation of commercially-grown crops			
Total Active Connections*	<input type="text" value="347"/>	<input type="text" value="0"/>	<input type="text" value="347"/>

* Calculated field

B. Number of Inactive Connections (all types)

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

COMMENTS (Note: Comments will be made publicly available):

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5. Source Inventory

Groundwater Source Inventory-Existing

PSCode	Source Name	Source Activity	Source Type	Availability
006	WELL 05	A	WL	P
007	WELL 06	A	WL	P

Groundwater Source Inventory-Not Listed

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

PSCode	Name	Activity	Comments
5510016-005	WELL 04 - ABANDONED	2	
5510016-002	WELL 01 - ABANDONED	2	
5510016-004	WELL 03 - ABANDONED	2	

PSCode	Name	Activity	Comments
5510016-001	WELL 02 - INACTIVE	2	
5510016-001	NICHOLS SPRING - ABANDONED	2	

Surface Water Source Inventory-Existing [?](#)

PSCode	Source Name	Source Activity	Source Type	Availability
--------	-------------	-----------------	-------------	--------------

Surface Water Source Inventory-Not Listed

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

PSCode	Name	Activity	Comments
--------	------	----------	----------

Are your water sources metered?	<input type="radio"/> --Pick one-- <input checked="" type="radio"/> Yes <input type="radio"/> No
Do you routinely monitor the <i>static</i> water levels in your wells?	<input type="radio"/> --Pick one-- <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable (no wells)
Do you routinely monitor the <i>pumping</i> water levels in your wells?	<input type="radio"/> --Pick one-- <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable (no wells)
Are these levels recovering, declining or steady?:	<input type="radio"/> --Pick one-- <input type="radio"/> Recovering <input type="radio"/> Declining <input checked="" type="radio"/> Steady <input type="radio"/> Not Applicable (no wells) <input type="radio"/> Don't Know

DISCUSS CHANGES TO ABOVE SOURCES

¹If a standby source was used in 2020 , provide the following information.

Name of the Standby Source used in 2020:	No. of days the Standby Source was in operation:	Were customers notified? (Y/N)	Was the Division of Drinking Water notified? (Y/N)	Describe the reason the Standby Source was used:
--	--	--------------------------------	--	--

²Inactive sources are not approved as sources of supply and must be physically disconnected or similarly isolated.

COMMENTS (Note: Comments will be made publicly available): [?](#)

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6. Water Supply and Delivery [?](#)

Important Note Concerning Water Use Questions:

The California Water Code Section 10609(c)(4) states: "The state should identify opportunities for streamlined reporting, eliminate redundant data submissions, and incentivize open access to data collected by urban and agricultural water suppliers."

It has come to the Division of Drinking Water's attention that, between this electronic Annual Report and other reports, some public water systems experience (at least some) redundant reporting of water use information and opportunities to streamline reporting may exist.

Are any questions in this section reported elsewhere?

<input type="radio"/> --Pick one-- <input type="radio"/> Yes <input checked="" type="radio"/> No
--

Name the report(s) containing the information requested in this Electronic Annual Report for the 2020 calendar year (reporting year):

Regulatory entity receiving the report(s), contact name, and phone number:

A. WATER PRODUCED, PURCHASED, AND SOLD

Units of Measure for tables in Section 6A: ?	<input type="radio"/> --Pick one-- <input checked="" type="radio"/> Gallons <input type="radio"/> Million Gallons
--	---

Acre-feet (AF)
 100 cubic feet

--Pick one--
 Volumes are based on: METERED VOLUMES
 ESTIMATED VOLUMES

6.A1 - Water Produced, Purchased, and Sold

If **only total annual production is available**, report your **monthly** estimated volumes by dividing the total by 12 for monthly reporting. If you have **no annual production**, please use the checkboxes to prefill zero values and advance to subsection 6.A2 for water purchasing details.

A	B	C	D	E	F	G	H
Month	Potable Water						
	Water Produced from Groundwater (Wells)	Water Produced from Surface Water	Finished Water Purchased or Received from another PWS	Total Amount of Potable Water*	Water Sold to Another PWS	Non-potable (exclude recycled)	Recycled
Check here if no production for every month	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
January	957300	0	0	957300	0	0	0
February	481600	0	0	481600	0	0	0
March	491800	0	0	491800	0	0	0
April	488800	0	0	488800	0	0	0
May	657600	0	0	657600	0	0	0
June	731700	0	0	731700	0	0	0
July	997400	0	0	997400	0	0	0
August	927100	0	0	927100	0	0	0
September	738500	0	0	738500	0	0	0
October	711400	0	0	711400	0	0	0
November	616500	0	0	616500	0	0	0
December	663000	0	0	663000	0	0	0
Annual Total*	8462700	0	0	8462700	0	0	0
Percent Treated							

PWS = Public Water System

*Calculated field

The **Maximum Day** is the day during 2020 with the highest total water usage. Provide the date for Maximum volume supplied to the Distribution System, and report individual volumes recorded that day for each supply type.

Maximum Daily Demand (Date)	
Maximum Day - Groundwater (Volume)	
Maximum Day - Surface Water (Volume)	0
Maximum Day - Purchased or Received (Volume)	0
Maximum Day - Total Potable Water (Calculated)	0
Maximum Day - Sold (Volume)	0

6.A2 - Water Purchased or Sold or Transferred

If water was *Purchased/received* from or *Sold/delivered* to another PWS, complete the table below.

Specify whether water was Purchased or Sold or Transferred	Name of PWS

6.A3 - Recycled Water Supplied

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

COMMENTS (Note: Comments will be made publicly available):

B. WATER DELIVERIES

Check this box **No Water Deliveries** if your water system does not have monthly water deliveries data and provide further clarification in the comments (e.g. system does not provide water to retail customers, billing system data is unavailable at the time of the report). Once you have checked this box, the rest of Section B will be hidden.

--Pick one--
 Gallons
 Million Gallons
 Acre-feet (AF)
 100 cubic feet

Units of Measure (UOM) for this table:

Provide all monthly metered water deliveries for all water sources (potable and non-potable) in the table below. If you have partially metered or unmetered water deliveries, check the help tips for additional guidance as you may be able to provide information.

A	B	C	D	E	F	G	H	I	J
---	---	---	---	---	---	---	---	---	---

	Single-family Residential	Multi-family Residential	Commercial/ Institutional	Industrial	Landscape Irrigation	Other	Total Retail*	Agricultural	Other PWS
Check if no water is delivered or not applicable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
January	<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"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
February	<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"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
March	<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"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
April	<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"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
May	<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"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
June	<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"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
July	<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"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
August	<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"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
September	<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"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
October	<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"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
November	<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"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
December	<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"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Annual*	<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"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Annual % recycled water	<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"/>		<input type="text" value="0"/>	<input type="text" value="0"/>

PWS = Public Water System

*Calculated field

COMMENTS (Note: Comments will be made publicly available):

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7. Recycled Water Use [?](#)

Does your water system have recycled water in its service area (provided by your water system or another utility)?

- Pick one--
- Yes
- No
- Don't Know

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8. Customer Charges [?](#)

A. Water Rates and Charges [?](#)

A.1 Does your water system charge customers for water (residential, commercial, industrial, or institutional water customers)? [?](#)

- Pick one--
- Yes
- No

A.2 Select applicable customer types: [?](#)

- Pick one--
- Residential
- Non-Residential (typically includes commercial, industrial, institutional customers etc.)
- Both

A1. Residential Water Rates and Charges [?](#)

A1.1 Please select the most common rate structure used to charge Residential customers: [?](#)

Single or Flat Rate – Average, static rate charged per billing cycle independent of water usage.

Base Rate – Base rates are the charges applied for receiving drinking water service regardless of the amount of water consumed. Base rates are usually fixed amounts and may include charges like sourcewater protection fees, service fees, etc.

Usage Rate – Rates that are charged based on the amount of volume or water consumed.

Fixed or Uniform - Rates that remain unchanged per billing cycle throughout the year.

Variable - Rates that are changed depending on water usage.

- Single or Flat Rate (Often Unmetered)
- Base Rate (Fixed) + Usage Rate (Uniform)
- Base Rate (Fixed) + Usage Rate (Variable)
- Base Rate (Variable) + Usage Rate (Uniform)
- Base Rate (Variable) + Usage Rate (Variable)
- Allocation Based (California Water Code Sections 370-374; Specifically, California Water Code Section 372)
- Other (text box)

A1.1.a. Other Notes

A1.2 Comments on rate structure, explain allocation rate if applicable:

A1.3. Please select your billing frequency for Residential customers:

- Pick one--
- monthly
- bi-monthly
- quarterly
- annually
- Other: In text below, provide the average number of days between billing

A1.4. Please select the metric or unit of measure (UOM) used in Residential Water Rates:

- Pick one--
- Gallons (Gal)
- Hundred Cubic Feet
- Thousand Gallons
- Million Gallons
- Acre Feet
- Not Applicable

A1.5. Please select any variances or factors used to determine or adjust residential water rates or allocations:

- Agricultural use (non-commercial or commercial)
- Drought factor
- Elevation
- Evaporative Coolers
- Fire protection - water to irrigate vegetation
- Home-based business
- Livestock or large animals
- Lot size
- Medical needs
- Meter size
- Mitigation of high levels of total dissolved solids
- Occupancy (All-year)
- Occupancy (Seasonal)
- Pressure zone
- Soil compaction and dust control
- Supplement ponds and lakes to sustain wildlife
- Other :
- None of the above

A1.6. Does your water system have multi-family AND single family billing classes?

- Pick one--
- Yes
- No

Single-Family- Single family detached dwellings (houses).

Multi-Family- Apartments, condominiums, town houses, duplexes and mobile homes.

A1.8. Residential Rates & Charges Table

Please complete the table below – taking into consideration the following:

- You have selected Billing Frequency, please submit your rate data based on this frequency.
- If your flat rate varies over the year, please use the average flat rate amount.
- Please report the most common rate for the majority of your residential customers.

Customer Class & Billing Tiers	Flat Rate
Residential - Tier 1	185.94

A1.9 Did your rates change in the reporting year?*

- No Change
- Yes, inflation adjustment
- Yes, increment of multi-year approved increase
- Yes, imposition of new or increased fees
- Yes, other:

A1.9a Other Notes

QUARTERLY RATE INCREASED FROM \$185.94 TO \$225.69 12/1/2020

A1.10. Date of most recent update to the rate structure (this does not include regularly scheduled rate changes, rather actual changes to your rate structure):

A1.11. If you recently updated your rate structure, please briefly describe the changes that were made:

A1.12. Provide a direct link to a web page that explains water rates and fees, if available.

<https://sierraparkwater.com/wp-content/uploads/2020/11/Approved-Schedule-No.-2R-10-2-2020.pdf>

Not Available Online

Choose File No file selected

A1.13. Upload rate structure documentation. [?](#)

(Uploaded files:) [Delete](#) [Final-Resolution-W-5204.pdf](#)

10%

A1.14 Comments on the allocation of Residential rate. [?](#)

A1.15 Does your residential customer bills include any non-drinking water charges (i.e. wastewater, stormwater, electricity, telecommunications, property tax etc.)? [?](#)

- Pick one--
- Yes
- No

A1.15.1 What are those charges? [?](#)

- Wastewater service charge
- Stormwater service charge
- Electricity / Gas
- Internet / Telecommunications
- Garbage / Recycling collection
- Property tax
- Other:

A1.15.1a. Other Notes

A1.15.2 What are the average monthly charges (calculated on an annual basis) for the following: [?](#)

A1.15.2a

Wastewater service charge

A1.15.2b

Stormwater service charge

A1.15.2c

Electricity / Gas

A1.15.2d

Internet / Telecommunications

A1.15.2e

Garbage / Recycling collection

A1.15.2f

Property Tax

A1.15.2g

Other

A1.15.2g1

Other Notes

A2. RESIDENTIAL SERVICE CONNECTIONS [?](#)

A2.1

What is the average charge* for a brand-new Residential connection (based on the most common meter size)?

[?](#)

* Also known as: Connection Fees; Advances in Construction, or Contributions in Aid for Construction.

No service charge for brand new connections

A2.2

When was the connection charge* for a brand-new Residential connection last updated (based on the most common meter size reported above)? [?](#)

* Also known as: Connection Fees; Advances in Construction, or Contributions in Aid for Construction.

A2.3

What is the one-time fee or deposit needed to create a new water service account for an existing Residential home (based on the most common meter size reported above)? [?](#)

A2.5. Check all costs covered by a new Residential connection fee: [?](#)

- Existing infrastructure buy-in (e.g., water treatment/ conveyance/sewage treatment)
- Upgrades to infrastructure (seismic retrofits, pipe replacements, etc.)
- Storm water management system
- Debt service charge
- Development of new water supplies
- Other :

A2.6. Comments on Residential connections (publicly available): [?](#)

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Please make sure to complete the Customer Charges section before completing this section.

8(B) Income [?](#)

B1. Total Revenue Generated from Different Sources* [?](#)

Instructions: Purpose of this section is to calculate total annual revenue generated. No revenue should be double counted.

B1.1 Total revenue generated exclusivity from water rates and charges* from all Residential customer types during the reporting year (includes single-family and multi-family). [?](#)

*Do not include any other charges (I.e. connection fees, service fees, etc.)

B1.3 Total revenue generated exclusivity from other fees and charges* from all Residential customer types during the reporting year (includes single-family and multi-family customers).* [?](#)

*Other fees and charges:

Include: Late fees, notice fees, penalties, shutoff fees, reconnection fees, bounced check fees, and any additional fees that were associated with water rates that are collected and approved in the fee schedule.

Do Not Include: Revenue generated by you water rates in the above question.

B1.5 Did you collect/receive revenue from interfund (from wastewater or stormwater utility) or governmental transfers (i.e. property taxes or fees, sales taxes or fees, etc. – typically from City/County General Fund)?* [?](#) --Pick one-- Yes No

B1.6 Total revenue lost from interfund or governmental transfers (if \$0, enter \$0)* [?](#)

Total interfund or governmental Revenue Gained (-):

B1.7 Total revenue generated from non-customer sources that have not already been accounted for (i.e. cell towers, lawsuits and settlements, energy generation, land leases, rent, other service fees, etc.)* [?](#)

Total Other Revenue Gained (+):

B1.7a Other Notes

B1.8 Total Annual Revenue for the Reporting Year* [?](#)

B1.9 Approximation of Total Residential Charges [?](#)

Consumption	Drinking Water Charge: Water Bill	Other Charges from Interfund Transfer: Taxes / Fees	Total Drinking Water Cost to Customer: dollars/month	Provide Alternative Amount	Alternative Amount	Comments
6 HCF ?	61.98	0.00	61.98	<input type="checkbox"/>		
9 HCF ?	61.98	0.00	61.98	<input type="checkbox"/>		
12 HCF ?	61.98	0.00	61.98	<input type="checkbox"/>		
24 HCF ?	61.98	0.00	61.98	<input type="checkbox"/>		

B1.10 Days of cash-on-hand* at the end of the reporting year:* [?](#)

*How much cash your system has saved up, including reserve funds, that isn't earmarked for anything else (unrestricted cash) and estimates the number of days your system can pay its daily operation and maintenances costs before running out of this cash.

Number of Days

B1.11

Comments on water system revenues: [?](#)

Comment

B2. Total Expenses [?](#)

Instructions: Purpose of this section is to calculate total annual expenses. No expense should be double counted.

B2.1 Total annual operations and maintenance expenses* [?](#)

* Expenses incurred during the system's normal operation. This can include salaries, benefits for employees, utility bills, system repair and maintenance, supplies (e.g., treatment chemicals), insurance, and water purchased for resale.

Total Operations and Maintenance Expenses (-):

B2.2 Total annual expenses from investing or capital expenditures* [?](#)

* Expenses incurred from purchase of property and equipment; construction of new assets (i.e. treatment, distribution etc.)

Total Investment Expenses (-):

B2.3 Total annual expenses from financing activities* [?](#)

* Expenses incurred from retirement of long-term debt, purchase of securities, interest expenses etc.

Total Financing Activity Expenses (-):

B2.4 Total Other annual expenses* [?](#)

Total Other Expenses (-):

B2.4a Other Notes

B2.5 Total annual expenses* [?](#)

Total Annual Expenses (-):

B2.6

Comments on Total Expenses: [?](#)

Comment

OTHER EXPENSES INCLUDES ENGINEERING COSTS FOR MANDATED IMPROVEMENTS

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Please make sure to complete the Customer Charges section before completing this section.

8(C) Affordability [?](#)

C1. Shut-offs [?](#)

Senate Bill 998 (over 200 service connections to be applicable and mandatory)

Health & Safety Code 116918.

An urban and community water system shall report the number of annual discontinuations of residential service for inability to pay on the urban and community water system's Internet Web site, if an Internet Web site exists, and to the board. The board shall post on its Internet Web site the information reported.

Health & Safety Code Section 116904.

(a) An urban water supplier not regulated by the Public Utilities Commission shall comply with this chapter on and after February 1, 2020. (b) An urban and community water system regulated by the Public Utilities Commission shall comply with this chapter on and after February 1, 2020. The urban and community water system regulated by the Public Utilities Commission shall file advice letters with the commission to conform with this chapter. (c) An urban and community water system not described in subdivision (a) or (b) shall comply with this chapter on and after April 1, 2020.

- "Residential service" means water service to a residential connection that includes single-family residences, multifamily residences, mobilehomes, including, but not limited to, mobilehomes in mobilehome parks, or farmworker housing.
- "Urban and community water system" means a public water system that supplies water to more than 200 service connections.
- "Urban water supplier" has the same meaning as defined in Section 10617 of the Water Code.

C1.1 How many accounts for Residential service connections had their water shut-off once during the year due to failure to pay? [?](#)

	Occupied Accounts	Unoccupied Accounts	Unknown Accounts ?	Total*
C1.1a Residential Accounts	0	0	0	0

C1.2. How many accounts for Residential service connections had their water shut off more than once during the year due to failure to pay? [?](#)

	Occupied Accounts	Unoccupied Accounts	Unknown Accounts	Total*
C1.2a Residential Accounts	0	0	0	0

Data not collected. System will begin collecting. Grace period 2020 and 2021 eAR.

C1.5. What is the Residential fee, including all administrative and processing fees, to restore drinking water service due to failure to pay during operating hours? [?](#)

Fee
C1.5a Residential Accounts 149

C1.6. What is the Residential fee, including all administrative and processing fees, to restore drinking water service due to failure to pay during non-operating hours? [?](#)

Fee
C1.6a Residential Accounts 164

C1.7 Do you offer an extended repayment or other customer payment assistance plan? [?](#)

--Pick one--
 Yes
 No

C1.8. What is the number of residential accounts (single-family, multi-family, and mixed use that include residential) that were missing one or more required water bill payments at the end of your year? [?](#)

C1.8.1. What is the sum of outstanding uncollected residential (single-family, multi-family, and mixed use that include residential) bills at the end of your most recent year? [?](#) Not determined

C1.9. Comments on Shut-offs (publicly available): [?](#)

C2. Residential Customer Assistance [?](#)

C2.1 In the reporting year, did you offer any of the following types of bill assistance to customers? [?](#)

- Low-income water rate assistance
- Flexible payment terms
- Alternative payment terms
- Temporary assistance
- Special medical need
- Other types of assistance
- None

C2.7 Does your system partner with an outside entity (e.g. United Way) to provide assistance to low-income households? [?](#)

--Pick one--
 Yes
 No

C2.8 Do you offer bill forgiveness under certain circumstances? [?](#)

--Pick one--
 Yes
 No

Comment:

C2.9 Comments on Affordable Drinking Water Assistance (publicly available): [?](#)

Need Help Completing the EAR. Click [HERE](#).

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9. Water Quality [?](#)

Is the Emergency Notification Plan up to date?

--Pick one--
 Yes
 No
 If no is selected, please upload a revised WQENP. [?](#)

Select [here](#) to [view](#) your water system's last WQENP received. [?](#)

A. 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 NSF/ANSI Standard 60.

Check this box if your public water system has chemicals or products, including chlorine, added directly to the drinking water as part of a treatment process.

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 2020 (Y/N)
------------------	----------------------	---------------------------	--	-----------------------------

B. 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?

--Pick one--
 Yes
 No
 N/A

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

C. CONSUMER CONFIDENCE REPORT [?](#)

Date of Consumer Confidence Report (CCR): 04/01/2021

Is the CCR date up to date?

--Pick one--
 Yes
 No

Select [here](#) to [view](#) your water system's last CCR received.

COMMENTS (Note: Comments will be made publicly available): [?](#)

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10. Backflow-Cross Connection Control [?](#)

	Total Number in System in 2020	Number Installed in 2020	Number Tested in 2020	Number Failed in 2020	Number Repaired/ Replaced
Backflow Assemblies on the Service Connections or Meter (Reduced Pressure Principle and Double Check Valve assemblies) ?	0	0	0	0	0
Backflow Assemblies On-site but not on the Service Connections or Meter (Reduced Pressure Principle and Double Check Valve assemblies) ?	1	0	1	0	0
Air-gap Separation ?	0	0			
No. of <i>Inactive</i> Backflow Prevention Assemblies in water system in 2020: ?				0	
Date of last cross-connection control survey done on the system:					
Cross Connection Control Program Coordinator					
Name:					David Roy
Certification Number:					18179
Business Phone:	(209) 770-0109		Email Address:		davroy@aol.com
Certification or training received:	OPERATOR				

Describe any [cross-connection](#) incidents that occurred during 2020: [?](#)

COMMENTS (Note: Comments will be made publicly available): [?](#)

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11. Operator Certification [?](#)

Please list the **State certified Drinking Water Operators** employed by your water system that supervise and direct the operation of your distribution system and water treatment plants where applicable.

A. DISTRIBUTION SYSTEM CERTIFIED OPERATORS

Your Distribution System Classification is: D1 [?](#)

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

- Pick one--
- Yes
- No
- Don't Know
- Not Applicable (transient non-community water system)

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 (3, 4 or 5 digits):

Distribution Certification Expiration Date (MM/DD/YYYY):

Check this box if your public water system has one or more certified distribution system shift operators.

[Click here to upload an Excel spreadsheet](#) of your water system's certified distribution operators.

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

¹Use "C" for Chief Operator and "S" for Shift Operator. If neither, put an "X". Do not leave blank.

B. TREATMENT PLANT CERTIFIED OPERATORS

Your Highest Treatment System Classification is: There are no facilities subject to the Certified Treatment Plant Operator requirements [?](#)

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

- Pick one--
- Yes
- No
- No treatment facility except precautionary disinfection
- Don't Know

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 (3, 4 or 5 digits):

Treatment Certification Expiration Date (MM/DD/YYYY):

Check this box if your public water system has one or more certified treatment plant shift operators.

[Click here to upload an Excel spreadsheet](#) of your water system's certified water treatment operators.

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

¹Use "C" for Chief Operator and "S" for Shift Operator. If neither, put an "X". Do not leave blank.

COMMENTS (Note: Comments will be made publicly available): [?](#)

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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 2020 for which a permit was not obtained, please describe the improvements or modifications below.

Indicate any planned improvements or modifications for 2020.

CONTINUED ENGINEERING WORK ON MANDATED IMPROVEMENTS INVOLVING A SCADA SYSTEM, MANGANESE PLANT, AND METER INSTALLATIONS.

COMMENTS (Note: Comments will be made publicly available):

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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	4	4	0	ROTTEN EGG ODOR. FLUSHED AREA AND DISCUSSED POSSIBLE CAUSES.
Color	0	0	0	0
Turbidity	0	0	0	0
Visible Organisms	0	0	0	0
Pressure (High or Low)	0	0	0	0
Water Outages	0	0	0	0
Illnesses (Waterborne)	0	0	0	0
Other (Specify)	0	0	0	0
Total No. of Complaints*	4	4	0	

*Calculated field

COMMENTS (Note: Comments will be made publicly available):

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14. Treatment Plants and Disinfection Plan

A. GROUNDWATER TREATMENT

WSF ID	Groundwater Treatment Plant Name	Treatment Process	Date of Operations Plan	Is Operations Plan Current? (Y/N)	Contaminant Removed
--------	----------------------------------	-------------------	-------------------------	-----------------------------------	---------------------

Describe any plant problems, process failures, major shutdowns, etc., which occurred in 2020 and substantially affected the plant performance AND/OR any significant modifications or maintenance provided to the plant(s):

Please indicate any treatment plants that should be excluded due to chlorination only:

B. SURFACE WATER TREATMENT

WSF ID	Surface water Treatment Plant Name	Treatment Process	Date of Operations Plan	Is Operations Plan Current? (Y/N)	Contaminant Removed
--------	------------------------------------	-------------------	-------------------------	-----------------------------------	---------------------

Describe any plant problems, process failures, major shutdowns, etc., which occurred in 2020 and substantially affected the plant performance AND/OR any significant modifications or maintenance provided to the plant(s):

C. EMERGENCY DISINFECTION PLAN / WATERSHED SANITARY SURVEY REPORT ?

Date of current Emergency Disinfection Plan (EDP)* :

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 : ?

Date planned to complete next watershed sanitary survey report*:

COMMENTS (Note: Comments will be made publicly available): ?

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15. Distribution System and Storage Tanks ?

A. 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	8	8	0	7 LEAKS FOUND AND REPAIRED. 1 CUSTOMER BROKE SERVICE LINE WORKING IN HIS YARD AND REPAIRED IT.
Main Breaks/Leaks	0	0	0	0
Water Outages ?	0	0	0	0
Boil Water Orders	0	0	0	0
Total*	8	8	0	

Comments on SYSTEM PROBLEMS (publicly available):

B. INFRASTRUCTURE AND PIPELINE MATERIALS ?

Pipe Material in Distribution System

1. Which materials does your distribution system pipe consist of? Please check all that apply:

Pipeline Material	Percentage of distribution pipe system composed of the materials selected above	Average Age (in years)
<input checked="" type="checkbox"/> Plastic (Including Poly Vinyl Chloride and HDPE)	85	
<input type="checkbox"/> Steel		
<input type="checkbox"/> Cast Iron		
<input checked="" type="checkbox"/> Galvanized Iron	15	
<input type="checkbox"/> Ductile Iron		
<input type="checkbox"/> Cement Concrete		
<input type="checkbox"/> Asbestos Cement		
<input type="checkbox"/> Other		

Comments on INFRASTRUCTURE AND PIPELINE MATERIALS (publicly available):

C1. DEAD-END FLUSHING PROGRAM ?

Total No. in System	No. with Blowoffs	No. Flushed in 2020	Frequency of Flushing
0	0	0	0

Comments on DEAD-END FLUSHING PROGRAM (publicly available):

C2. ALL FLUSHING OPERATIONS

Units of Measure for total volume reported below:

- Pick one--
- Gallons
- Million Gallons
- Acre-feet (AF)

100 cubic feet
 N/A

Total Volume in units of measure selected above; include all types of flushing, not just dead-end flushing:

Comments on ALL FLUSHING OPERATIONS (publicly available):

D. VALVE EXERCISE PROGRAM

Size Range of Valves	Total No. in System	No. Exercised in 2020	Frequency of Valve Exercising
2 - 6 INCH	22	44	TWICE PER YEAR

Comments on VALVE EXERCISE PROGRAM (publicly available):

E. STORAGE TANK/RESERVOIR INSPECTION/CLEANING PROGRAM

Check this box if your public water system has any storage tanks or reservoirs (Do not include pressure tanks).

Click here to upload an Excel spreadsheet of your water system's Storage Tank/Reservoir Inspection/Cleaning Program.

Tank name	Capacity (in million gallons, MG)	Year installed	Date of last inspection	Date of last cleaning	Date re-lined or coated	Corrosion protection(*)	Material

COMMENTS (Note: Comments will be made publicly available):

Need Help Completing the EAR. Click [HERE](#).

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16. Emergency Preparedness and Response

A. AUXILIARY POWER SUPPLY

Does your water system have backup power for:

1. Sources: --Pick one--
 All
 Some
 None
 Not Applicable

2. Pumping Stations: --Pick one--
 All
 Some
 None
 Not Applicable

3. Water Treatment Plants: --Pick one--
 All
 Some
 None
 Not Applicable

If your system has backup power, how many times per year is it exercised?

Can your system maintain system pressure in all pressure zones either by backup power or by gravity fed storage during power outages for each of the following number of hours?

24 hours: --Pick one--
 Yes
 No
 Only in some zones

48 hours: --Pick one--
 Yes
 No
 Only in some zones

72 hours: --Pick one--
 Yes
 No
 Only in some zones

Is your backup power system automatic or manual start?: Automatic
 Manual Start

B. EMERGENCY RESPONSE PLANS

PUBLIC WATER SYSTEMS WITH AT LEAST 3,300 OR MORE PERSONS SHOULD 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?

Date of your current Emergency Response Plan: 03/19/2018

Date ERP was last exercised with a tabletop or other activity:

Are you registered in your local energy utility's Public Safety Power Shutoff notification plan?

C. WATER PARTNERSHIPS

- 1) Are you interested in obtaining information about [water partnership or consolidation options](#)? If yes, please mark those that apply:
- Please have Drinking Water staff contact our organization with more information about water partnership activities such as consolidation, extension of service, or interties that connect one system to another
 - Training Info Please send my water system information about training opportunities
 - Funding Info Please send my water system information about funding options for water partnerships and consolidations

COMMENTS (Note: Comments will be made publicly available):

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17. Water Conservation and Drought

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

Water system does not have a current drought or water shortage plan, mark box if applies:

2. Did your water system experience water shortages in 2020?

If yes, please estimate the amount of shortfall in units selected for this section

Volume of water:

Units of Measure:

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

4. Did drought conditions cause you to activate emergency standby wells in 2020?

5. Do you project water shortages in the current calendar year? [?](#)

Yes

No

--Pick one--

Yes

No

6. Does your water system anticipate having to go to mandatory restrictions in the upcoming year? [?](#)

7. Identify the method your water system uses to discourage excessive water use when in drought, in support of SB 814 (2016) (Check as applicable)

- 7a. Rate structure (e.g., block tiers, water budgets, or rate surcharges above base rates for excessive water use)
- 7b. Excessive water use ordinance, rule, or tariff condition
- 7c. Not implementing
- 7d. Not applicable: not an urban retail water supplier [?](#)
- 7e. COMMENTS REGARDING SB 814 (Note: Comments will be made publicly available) :

8. To identify data streamlining opportunities, are there other government agencies, aside from the Department of Water Resources, that require reports on the same information found in the Electronic Annual Report? If yes, please describe (include the title of the report, which agency receives it, and the type of information it includes):

COMMENTS (Note: Comments will be made publicly available): [?](#)

Need Help Completing the EAR. Click [HERE](#).

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18. Climate Change Adaptation and Resiliency for Water Utilities [?](#)

A. CLIMATE THREATS, SENSITIVITY, AND MAGNITUDE OF IMPACTS ?		
<input type="checkbox"/> Drought <input type="checkbox"/> Groundwater	Decreased water storage (low lake and reservoir levels)	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input checked="" type="radio"/> None to Low Sensitivity
	Groundwater depletion (increased extraction, reduced groundwater recharge, etc.)	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input checked="" type="radio"/> Medium Sensitivity <input type="radio"/> None to Low Sensitivity
	Change in seasonal runoff and/or loss of snowmelt	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input checked="" type="radio"/> None to Low Sensitivity
	Region relies on water diverted from the Delta, imported from the Colorado River, or other climate-sensitive area	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input checked="" type="radio"/> None to Low Sensitivity
<input type="checkbox"/> Water Quality Degradation	Salt-water intrusion into aquifers	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input checked="" type="radio"/> None to Low Sensitivity
	Altered water quality during storm events (turbidity shifts, debris flows)	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity

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

		<input type="radio"/> Medium Sensitivity <input type="radio"/> None to Low Sensitivity
<input type="checkbox"/> None	Active Water Resource Threat Monitoring	Choose an item <input checked="" type="radio"/> --Pick one-- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
B. ADAPTATION MEASURES ?		
	Install new and deeper drinking water wells, or modify existing wells to increase pumping capacity	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> Completed <input type="radio"/> In Progress <input type="radio"/> Plan to Implement <input type="radio"/> Will not Implement <input checked="" type="radio"/> N/A
	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="radio"/> --Pick one-- <input type="radio"/> Completed <input type="radio"/> In Progress <input type="radio"/> Plan to Implement <input type="radio"/> Will not Implement <input checked="" type="radio"/> N/A
	Interconnection with other utilities (transfers, mutual aid agreements with neighboring utilities)	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> Completed <input type="radio"/> In Progress <input type="radio"/> Plan to Implement <input type="radio"/> Will not Implement <input checked="" type="radio"/> N/A
	Relocate facilities, construct or install redundant facilities	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> Completed <input type="radio"/> In Progress <input type="radio"/> Plan to Implement <input type="radio"/> Will not Implement <input checked="" type="radio"/> N/A
	Modify facilities (e.g., install barrier or levee, raise a wall, seal a door, elevate construction)	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> Completed <input type="radio"/> In Progress <input type="radio"/> Plan to Implement <input type="radio"/> Will not Implement <input checked="" type="radio"/> N/A
	Conservation measures (demand management, enhanced communication and outreach)	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> Completed <input type="radio"/> In Progress <input checked="" type="radio"/> Plan to Implement <input type="radio"/> Will not Implement <input type="radio"/> N/A
	Fire prevention – brush management, partnerships	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> Completed <input checked="" type="radio"/> In Progress <input type="radio"/> Plan to Implement <input type="radio"/> Will not Implement <input type="radio"/> N/A
		Choose an item

Alternative or backup energy supply	<input type="radio"/> --Pick one-- <input checked="" type="radio"/> Completed <input type="radio"/> In Progress <input type="radio"/> Plan to Implement <input type="radio"/> Will not Implement <input type="radio"/> N/A
On-site energy generation	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> Completed <input type="radio"/> In Progress <input type="radio"/> Plan to Implement <input checked="" type="radio"/> Will not Implement <input type="radio"/> N/A
Enhance monitoring program, budget for additional testing and treatment, chemicals	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> Completed <input type="radio"/> In Progress <input checked="" type="radio"/> Plan to Implement <input type="radio"/> Will not Implement <input type="radio"/> N/A
Other <input type="checkbox"/>	Choose an item <input checked="" type="radio"/> --Pick one-- <input type="radio"/> Completed <input type="radio"/> In Progress <input type="radio"/> Plan to Implement <input type="radio"/> Will not Implement <input type="radio"/> N/A

COMMENTS (Note: Comments will be made publicly available):

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19. Lead Service Line Replacement

If your water system completed a timeline for replacement plan in 2020, you must read and complete this section

BACKGROUND - UPDATED

Under California Health and Safety code, Section 116885, added by Senate Bill 1398 (2016) and amended by Senate Bill 427 (2017), all community water systems (CWS) were required to compile an inventory of known lead user service lines in its distribution system by July 1, 2018. The inventory includes all user service lines that are active and those that are reasonably expected to become active in the future. In addition, the inventory has to include any areas for which the CWS cannot determine the content of the service line. CWS were further required to propose a schedule to replace all the known lead user service lines and user service lines constructed of unknown material by July 1, 2020.

DDW is utilizing the electronic annual report (eAR) to gather and update the timeline for replacement spreadsheet. You need to update your timeline for replacement annually.

For additional information including the spreadsheet template, certification form and Facts Sheet, please visit https://www.waterboards.ca.gov/drinking_water/cert/cdrinkingwater/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.

COMPLIANCE WITH LEAD SERVICE LINE REPLACEMENT REQUIREMENT - UPDATED

If the CWS reported lead or unknown material service lines or fittings in the 2019 EAR LSLR section (rows A, B, M and/or O are NOT equal to 0), **the CWS must submit an updated Replacement Timeline spreadsheet (SS) to reflect the lines and fittings that have been replaced or any changes to the timeline previously submitted. Updating the Replacement Timeline letter (LTR) is optional but would be helpful if the water system is not meeting the timeline previously approved. Click on the [HERE](#) link below to upload the revisions.** A new browser tab will open which has the Replacement Timeline LTR and SS upload locations at the bottom of the page, after you have uploaded the documents navigate back this browser tab to complete the Finalize section of the EAR after the uploads are completed.

Click [HERE](#) to open the LSLR uploads page


The timeline spreadsheet template and FAQs on this requirement can be found on the Lead Service Line Inventory Requirement for Public Water Systems webpage in the Resource and supplemental material section (bottom of page) at: https://www.waterboards.ca.gov/drinking_water/cert/cdrinkingwater/lead_service_line_inventory_pws.html

COMMENTS (Note: Comments will be made publicly available):

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Finalize 

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.

Please indicate the total number of hours spent to complete this report. This information will be utilized to characterize the level of effort required to complete this report

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By checking this box you acknowledge that any information submitted in this report is publicly accessible and may be used by the State of California to determine compliance with applicable laws and regulations. Knowingly submitting false information in this report is a misdemeanor, and by submitting this information you certify that the contents are, to the best of your knowledge, complete and correct.

REPORT SUBMITTED BY 

Name:

Title:

Work phone:

Cell phone:

Email address: