DRAFT

SMALL WATER SYSTEM 2017 ANNUAL REPORT TO THE DRINKING WATER PROGRAM FOR YEAR ENDING DECEMBER 31, 2017

[Section 116530 Health & Safety Code]

WATER SYSTEM INFORM	ATION
Water System No.:	CA1900537
Water System Name:	OAK GROVE FAMILY PARK
Water System Classification	Community Water System
Water System Ownership (See descriptions below):	Privately owned, PUC-regulated, for profit water company
Physical location: (address line 1, address line 2, city, zip)	12753 SIERRA HWY AQUA DULCE 91390
General Office Phone: (1) (with area code)	(310) 331-8552
Web site address:	

Water System Ownership Descriptions:

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



ONLY FOR COMMUNITY WATER SYSTEMS

Your water system classification is: Community Water System

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

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

☐ 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 additional information on how to submit a request. Don't Know V

To upload DAC Certificate, click "Upload DAC" link below. Upload DAC

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:	Sarah Rogers
Title:	Accounting
Work phone:	3103318552
Cell phone:	
Email address:	mb@iagpm.com

COMMENTS: Sarah Rogers (818) 335-2159	

1. Public Water System Contacts ①

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 ②	PHONE NO.	EMAIL	CONTACT TYPE (pick all that apply) ①	
_NONE CA1900537, NONE	Business Home	(310) 331-8552	mb@iagpm.com	□ ** Delete Contact ** ☑ Administrative	✓ Operator
	Facsimile				✓ Emergency
OAK GROVE TRAILER PARK 12753 SIERRA HWY	Mobile		jh@iagpm.com	☐ Designated Operator In Charge	✓ Water Quality
SLEEPY VALLEY CA 91351	Emergency			□Owner	□Legal
	-			□Funding	☐ Contract Operator
	Business Home			□ ** Delete Contact ** □ Administrative	☐ Operator
	Facsimile		1	☐ Financial	□Emergency
	Mobile			☐ Designated Operator In Charge	☐ Water Quality
	Emergency			Owner Legal	
				☐Funding ☐Contract Ope	
	Business Home			□ ** Delete Contact ** □ Administrative	□ Operator
	Facsimile		1	Financial	☐ Emergency
	Mobile			☐ Designated Operator In Charge	☐ Water Quality
	Emergency			Owner	Legal
				Funding	☐ Contract Operator

	Business			** Delete Contact **	
	Home			Administrative	□Operator
	Facsimile	2 11 1		Financial	Emergency
	Mobile			☐ Designated Operator In Charge	☐ Water Quality
	Emergency			□Owner	□Legal
				□Funding	☐Contract Operator
	Business			□ ** Delete Contact ** □ Administrative	Operator
	Facsimile			Financial	Emergency
	Mobile			Designated Operator In Charge	☐ Water Quality
	Emergency			□Owner	Legal
The second second		7		□Funding	☐ Contract Operator
	Business Home			** Delete Contact ** Administrative	Operator
	Facsimile			☐ Financial	□Emergency
	Mobile		_ = =	Designated Operator In Charge	☐ Water Quality
	Emergency			□Owner	Legal
				□Funding	☐ Contract Operator
	Business			□** Delete Contact ** □Administrative	□Operator
	Facsimile			Financial	□Emergency
	Mobile			☐ Designated Operator In Charge	☐ Water Quality
	Emergency			Owner	□Legal
				□Funding	☐ Contract Operator
	Business			□** Delete Contact ** □Administrative	Operator
	Facsimile			Financial	□Emergency
	Mobile			Designated Operator In Charge	☐ Water Quality
	Emergency			□Owner	Legal
134				□Funding	☐Contract Operator
Add Additional Contact ¹				(pick all tha	at apply)
Contact Name	Business	(999) 999-9999	v = 1	☐Administrative	Operator
Title	Home	(999) 999-9999	XXXXX@XXXXXXXX	Financial	Emergency
Address Line 1 Address Line 2	Facsimile Mobile	(999) 999-9999	XXXXX@XXXXXXXX	Designated Operator In Charge	☐ Water Quality
CityST 99999	Emergency	(999) 999-9999		□Owner	□Legal
				Funding	☐Contract Operator

Add Additional Contact				(pick all	that apply)
Contact Name	Business	(999) 999-9999		☐ Administrative	□ Operator
Title	Home	(999) 999-9999	XXXXX@XXXXXXXX	Financial	☐ Emergency
Address Line 1 Address Line 2	Facsimile Mobile	(999) 999-9999	xxxxx@xxxxx.xxx	☐ Designated Operator In Charge	☐ Water Quality
CityST 99999	Emergency	(999) 999-9999	1	Owner	Legal
				Funding	☐ Contract Operato
Add Additional Contact 🛈		•		(pick all	that apply)
Contact Name	Business	(999) 999-9999		☐ Administrative	Operator
Title	Home	(999) 999-9999	XXXXX@XXXXXXXX	Financial	□Emergency
Address Line 1 Address Line 2	Facsimile Mobile	(999) 999-9999	xxxxx@xxxxxxxx	Designated Operator In Charge	☐ Water Quality
CityST 99999	Emergency	(999) 999-9999		Owner	Legal
	•	•		Funding	Contract Operator
Add Additional Contact				(pick all	that apply)
Contact Name	Business	(999) 999-9999		Administrative	Operator
Title	Home	(999) 999-9999	XXXXX@XXXXXXXX	☐ Financial	☐ Emergency
Address Line I Address Line 2	Facsimile Mobile	(999) 999-9999	xxxxx@xxxxxxxx	Designated Operator In Charge	☐ Water Quality
CityST 99999	Emergency	(999) 999-9999		Owner	Legal
		•		Funding	☐ Contract Operato

2. POPULATION SERVED

		Annual Operating Period 🗇								
Population Population Type			Begin	Date	End	Date				
			MM	DD	MM	DD				
Residential ¹	39	Method Used to Determine Population: Other	01	01	12	31				
Transient ²	0		01	01	01	01				
Nontransient ³	0		01	01	01	01				

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

Descriptions:

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.

²Transient ①—report the number of persons who are at the water system on the 60th busiest day of the year (excludes residential and nontransient populations. Report the Begin Date and End Date if the Transient use is seasonal.

³Nontransient ①—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:	

						-
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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: 40

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

	Potable Water			Recy	cled Water	'
TYPE Do NOT report fire sprinkler connections and fire hydrants. These connections are not counted toward "service connections" for compliance purposes.	Unmetered	Metered	Total*	Unmetered	Metered	Total*
Single-family Residential: single family detached dwellings	0	0	0	0	0	0
Multi-family Residential: Apartments, condominiums, town houses, duplexes and trailer parks	0	39	39	0	0	0
Commercial/Institutional: Retail establishments, office buildings, laundries, schools, prisons, hospitals, dormitories, nursing homes, hotels	0	0	0	0	0	0
Industrial: All manufacturing	0	0	0	0	0	0
Landscape Irrigation: Parks, play fields, cemeteries, median strips, golf courses	0	0	0	0	0	0
Agricultural Irrigation: Irrigation of commercially-grown crops	0	0	0	0	0	0
Total Active Connections*	0	39	39	0	0	0

*Calculated field

To update totals click here

	Potable Water			Recycled Water		
ТҮРЕ	Unmetered	Metered	Total*	Unmetered	Metered	Total*
Other: Fire suppression, street cleaning, line flushing, construction meters, temporary meters	0	0	0	0	0	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) ②	

COMMENTS: 7

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

GROUNDWATER SOURCES (INCLUDING STANDBY SOURCES)

PSCode ?	Name	Activity 3

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

PSCode 2	Name	Activity 🕜	Comments
1900537-001	WELL 01	A	

SURFACE WATER INTAKES

PSCode ②	Name	Activity 2

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

PSCode ②	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?	Was DDW or Local County Staff notified? (Y/N)	Describe the reason the Standby Source was used:	
_					
					- , , , , , ,
COMMENTS: 1					

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: Gallons

☐ 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: Gallons

Volumes are based on: ESTIMATED VOLUMES V

В	С	D	E	F	G	н	1
		Potabl	le Water				
Date/ Month	Water Produced from Groundwater (Wells)	Water Produced from Surface Water ²	Finished Water Purchased or Received from another PWS ⁵	Total Amount of Potable Water ³	Water Sold to Another PWS ⁵	Non- potable (exclude recycled)	Recycled
				0			
	12500	0	0	12500	0	0	0
	Date/	Date/ Produced from Groundwater (Wells)	Date/ Month Water Produced from Groundwater (Wells) Surface Water²	Potable Water Water Produced from Groundwater (Wells) Potable Water Produced from Surface Water² Purchased or Received from another PWS ⁵	Potable Water Water Produced from Groundwater (Wells) Water Produced from Surface Water Purchased or Received from another PWS ⁵ O O	Potable Water Water Produced from Groundwater (Wells) Water Produced from Surface Water² Water Purchased or Received from another PWS ⁵ O O Water Poduced from Amount of Potable Water³ O O	Potable Water Date Water Produced from Groundwater (Wells) Water^2 Water Purchased or Received from another PWS ⁵ Water ³ Water Sold to Another PWS ⁵ O

February	12500	0	0	12500	0	0	0
March	12500	0	0	12500	0	0	0
April	12500	0	0	12500	0	0	0
May	12500	0	0	12500	0	0	0
June	12500	0	0	12500	0	0	0
July	12500	0	0	12500	0	0	0
August	12500	0	0	12500	0	0	0
September	12500	0 -	0	12500	0	0	0
October	12500	0	0	12500	0	0	0
November	12500	0	0	12500	0	0	0
December	12500	0	0	12500	0	0	0
Annual Total*	150000	0	0	150000	0	0	0
Percent Treated4			•		•	•	

PWS = Public Water System

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.

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

³(F) Total Amount of Potable Water = Sum of Columns (C), (D) and (E), automatically calculated. <u>Total water production includes water that is sold to another water system.</u> To update, click below

To update totals click here

⁴This 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 flouridation.

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

Specify whether water was Purchased or Sold	Name of PWS

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

^{*}Calculated field:

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6a. WATER RATES

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



 $\hfill \square$ 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 ② used by your water system: Flat Base Rate

If tiered, what is the number of tiers? ①	Not Tiered 🗸
Date of most recent update to the rate structure: MM/DD/YYYY	03/01/2018
Describe the changes that were made in the update:	N/A
What is your billing frequency monthly	
What is your new connection fee? ①	0
Date of most recent update to the new connection fee MM/DD/YYYY	03/01/2018

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		UNIFORM USAGE RATE (UUR)	VARIABLE BASE RATE (provide range) (VBR)		VARIABLE USAGE RATE (provide range) (VUR)	
	\$ (Base)	нсғ 🗹	\$ per HCF	\$ Low	\$ High	\$ per HCF Low	\$ per HCF High
RESIDENTIAL 🕜	-						
Single-family Residential	0	0	0	0	0	0	0
Multi-family Residential	35.00	0	0	0	0	0	0
Do you provide lifeline/lo	No 🗸						
If Yes, provide rates:							
If yes, what percentage of (Example: X %)	subsidy?	%					
NON-RESIDENTIAL ①							
Commercial/Institutional	0	0	0	0	0	0	0
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 suppress	ion surcharg	es?	No 🗸				
If Yes, provide rates:							
Do you have other surcharges?			No 🗸	•			
What are the other surchar	ges?						

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

35.00 Dollars/month

b. 12 HCF

0 Dollars/month

c. 24 HCF

0 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: -Pick one-

Provide monthly metered water deliveries in the table below.

A	В	С	D	E	F	G	Н	I	J
	Single- family Residential	Multi- family Residential	Commercial/ Institutional	Industrial	Landscape Irrigation	Other	Total Urban Retail ¹	Agricultural	Other PWS
Check if Recycled Water is included:									
January							0		
February							0		
March							0		
April							0		
May							0		
June							0		
July							0		
August							0		
September							0		
October							0		
November							0		
December							0		
Total*	0	0	0	0	0	0	0	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: We bill tenants a flat \$35/month for water & trash.

7. WATER QUALITY

ANNUAL NITRATE SAMPLING

Regulations require a minimum of annual sampling for nitrate. If any nitrate result is $\ge 1/2$ the MCL (Maximum Contaminant Level) of 10 mg/l as nitrogen (i.e., a result of ≥ 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: ①	

8. WATER TREATMENT

Treatment Plant	Required Treatment Plant Operator Classification
N/A	

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? ①

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?

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

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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 ① 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 (1) (Reduced Pressure Principle and Double Check Valve assemblies)	0	0	0	0	0
Air-gap Separation ③	0	0			

No. of <i>Inactive</i> 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 1 that occurred during 2017

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10. CONSUMER CONFIDENCE REPORT ① (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/certlic/drinkingwater/CCR.shtml

Indicate the date your 2017 CCR was distributed or will be distributed to your customers:	03/01/2018 mm/dd/yyyy
COMMENTS: ①	-

11. OPERATOR CERTIFICATION 3

A. Please list the State certified Water <u>Treatment Plant</u> 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: There are no facilities subject to the Certified Treatment Plant Operator requirements

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): Charles Holmes

Grade of Chief Treatment Operator (1, 2, 3, 4 or 5):

0

Treatment Operator Number (4 or 5 digits):

0

Treatment Certification Expiration Date (MM/DD/YYYY): 03/01/2019

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 (4 or 5 digits)	Treatment Certification Expiration Date (MM/DD/YYYY)
Charles Holmes	0	х	0	N/A
		=	_	=

¹Use "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 <u>Distribution System</u> Operators employed by your water system that supervise and direct the operation of your distribution systems, beginning with the chief operator(s) ①.

Your Distribution System Classification is: D1

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 ¹ (C, S or X)	Distribution Operator Number (4 or 5 digits)	Distribution Certification Expiration Date (MM/DD/YYYY)	
0	0	х	0	00/00/0000	
	45			T.	

¹Use "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 leve	.1	Don't Know
He vour t hiel and Shift Highribition System Cherafors have the minimum leve	el reallirea?	LOOR I KNOW

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CO	N. #1	B. 40	IT'N	TTC	 9
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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:
 - o Adding a new source
 - o Changing the status of an existing source (for example, active to standby) or
 - o Changing or altering a source, such that the quality or quantity of water supply could be affected
- Any addition or change in treatment, including
 - o Design capacity
 - o 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. No.

						-
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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				
Color				
Turbidity				
Visible Organisms				
Pressure (High or Low)				
Water Outages				
Illnesses (Waterborne)				
Other (Specify)				
Total No. of Complaints*	0	0	0	

*Cal	cu	ated	l fie	ld

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				

•							
Main Breaks/Leaks			1 1				
Water Outages 1	 						
Boil Water Orders					no		-
Total*	0	0	0		-		
To update totals cli	ck here						
COMMENTS: ①							
		_					
5. ONGOING WA	TER SYST	TEM VIOLA	TIONS				
Is your water system oviolation?	perating und	er USEPA, Div	rision or LPA enforcement for	a continuous		No	~
yes, respond to the fo	llowing:						
Type of violation (for of 45 mg/L	example, spe	ecify "Nitrate M	ICL" violation if your wells ex	cceeds the nit	rate MCL		
Dates in 2017 that pub	olic notification	on was provide	d to users				
Corrective action take	n in 2017						
Was bottled water pro	vided to user	s?				No	~
If yes, how was bottle	d water provi	ided, for examp	le, direct delivery?				
Describe anticipated s	chedule to re	turn to complia	nce				
COMMENTS: ①					111		
6. WATER CONS	ERVATIO	N AND DRO	UGHT PREPAREDNES	SS			
Date of your revised E)rought Prepa	aredness Plan o	r Water Shortage Contingency	Plan, if			17
Units of Measure for t	his section: (Ð			Pick one	V	
If you experienced wa selected for this sectio		in 2017, please	estimate the amount of shorti	fall in units			
			1 1 1 0 7 "				

--Pick one- ✓

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?	Pick one-	~		
Do you project water shortages in the current calendar year? 🕽	-Pick one- ✓			
Did you implement NEW water conservation measures in 2017?	-Pick one- ∨			
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?	Pick one ✓			
Do you routinely monitor the static water levels in your wells?	-Pick one-	~		
Do you routinely monitor the <i>pumping</i> water levels in your wells?	Pick one	Y		
Are these levels recovering, declining or steady?:	Pick one	Y		

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

	The same and the s	
COMMENTS: 1		

17. CLIMATE CHANGE ADAPTATION AND RESILIENCY FOR WATER UTILITIES



ONLY FOR COMMUNITY WATER SYSTEMS

Your water system classification is: Community Water System 2

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

A. CLIMATE THREATS							
What climate-related impacts a	are of concern for your water system (check all that apply)? 🕜						
□ Drought □ Groundwater Depletion □ Water Quality Degradation □ Flooding □ Sea Level Rise □ Extreme Heat □ Fire □ Other □ None or N/A							
B. SENSITIVITY AND MAG	NITUDE OF IMPACTS						
past experience, and expert jud USEPA provides a risk assessr	ange sensitivity of your facilities, and criticality or consequence of disru gement based on the magnitude of expected change and extreme events nent tool, called CREAT, to help utilities identify which environmental addresilience-your-utility. More resources are available that may help you	in the future. You do not need numeric answers. changes can impact water supply:					
	Decreased water storage (low lake and reservoir levels)	Choose an item None to Low Sensitivity					
Drought Groundwater	Groundwater depletion (increased extraction, reduced groundwater recharge, etc.)	Choose an item None to Low Sensitivity					
Depletion	Change in seasonal runoff and/or loss of snowmelt	Choose an item 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 None to Low Sensitivity					
	Salt-water intrusion into aquifers	Choose an item None to Low Sensitivity					
Water Quality Degradation	Altered water quality during storm events (turbidity shifts, debris flows)	Choose an item None to Low Sensitivity					
	Surface water quality issues related to eutrophication, algal blooms, invasive species	Choose an item None to Low Sensitivity					

	High flow events and flooding	Choose an item None to Low Sensitivity
Flooding Sea Level Rise	Inundation due to sea level rise, high tides, and/or coastal storm surges	Choose an item None to Low Sensitivity
	Aging flood protection infrastructure (levees), or insufficient impoundment capacity	Choose an item None to Low Sensitivity
Extreme Heat	Peak demand volume surges (due to extreme heat, temperature trends, etc.)	Choose an item None to Low Sensitivity
	Increases in agricultural water demand or energy sector needs	Choose an item None to Low Sensitivity
	Increased fire risk and altered vegetation, e.g., wildfires	Choose an item None to Low Sensitivity
Fire Other Impacts	Disruption of power supply	Choose an item None to Low Sensitivity
	Other	Choose an item Pick one—
C. ADAPTATION MEASU	RES	
projects that your organization Strategies Guide for Water Ut	urrent vulnerability, or make future modifications based on identified sens in has completed, or plan to implement to increase resiliency of the water stillities provides examples of adaptation: https://www.epa.gov/crwu/learn-lug water wells, or modify existing wells to increase pumping capacity	system to climate change? USEPA's Adaptation
Develop local supplemental w	vater supply, enhanced treatment, or increased storage capacity (e.g. or groundwater recharge, desalination, new reservoir)	Choose an item N/A
Interconnection with other uti	lities (transfers, mutual aid agreements with neighboring utilities)	Choose an item N/A
Relocate facilities, construct of	or install redundant facilities	Choose an item N/A
Modify facilities (e.g., install	barrier or levee, raise a wall, seal a door, elevate construction)	Choose an item N/A
Conservation measures (dema	and management, enhanced communication and outreach)	
Fire prevention - brush manage	and management, emilianced communication and obtreach)	Choose an item N/A
Alternative or backup energy		Choose an item N/A Choose an item N/A
	gement, partnerships	Choose an item
On-site energy generation	gement, partnerships	Choose an item N/A
0, 0	gement, partnerships	Choose an item N/A Choose an item N/A
0, 0	gement, partnerships supply	Choose an item N/A Choose an item N/A Choose an item N/A

18. LEAD SERVICE LINE REPLACEMENT



ONLY FOR COMMUNITY WATER SYSTEMS

Your water system classification is: Community Water System

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/certlic/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): 03/01/2018

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	Estimated Total Length of Service Lines
---------------	--------------------------------------	--

		(Enter "0" if none)	(In feet), if applicable
A. Lead		0	0
B. Unknown material		0	0
C. Copper		0	
D. Cast iron (ductile pipe)		0	
E. Ductile iron		0	
F. Galvanized steel		0	
G. Polyvinyl chloride (PVC)		0	
H. Polyethylene (PE)		0	
I. High density polyethylene (HDPE)		0	
J. Polybutylene (PB)		0	
K. Transite/asbestos cement		0	
L. Other materials not listed above:			
Identify material 1	0	0	
Identify material 2	0	0	
Identify material 3	0	0	= =
Identify material 4	0	0	
Total number of service lines inventoried* (calculated field)		0	
Total number of service connections from Section 3 of the EAR		0	
Fittings or fittings connecting a water main:			
M. <u>Lead fittings NOT</u> on a lead pipe(e.g., goosenecks, pigtails, and corporation stops)		0	
N. <u>Lead fittings ON</u> a lead pipe (e.g., goosenecks, pigtails, and corporation stops)		0	
O. <u>Fittings of unknown material</u> (e.g., goosenecks, pigtails, and corporation stops)		0	
Total number of lead service lines** (calculated field)		0	

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

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):

lap 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):
0

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:

Stephany Zaldana

^{**}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

Other (describe below):

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
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

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: Maribel Picos

Maribel Picos Name: Admin Assistance Title:

Phone number: (310) 2127445

Date signed (MM/DD/YYYY): 9/18/18

PWS Name: Oak Grove Family park

PWS No.: CA-1900537

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.