



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

WATER SYSTEM INFORMATION	
Water System No.:	CA4900704
Water System Name:	ALEXANDER VALLEY UNION SCHOOL DISTRICT
Water System Classification: 	Nontransient Noncommunity Water System
Water System Ownership (See descriptions below):	Local Government ▼
Physical location: <i>(address line 1, address line 2, city, zip)</i>	8511 Highway 128 HEALDSBURG 95448
General Office Phone: <i>(with area code)</i> 	707-433-1375
Web site address:	www.alexandervalleyusd.org

Water System Ownership Descriptions:

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



**ONLY FOR COMMUNITY WATER SYSTEMS**

Your water system classification is: Nontransient Noncommunity 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) **

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. --Pick one-- ▼

To upload DAC Certificate, click "Upload DAC" link below.  
[Upload DAC](#)

<b>REPORT SUBMITTED BY:</b> 
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:	Christine Judson
Title:	Administrative Assistant
Work phone:	707 823-3184
Cell phone:	
Email address:	christine@weeksdriilling.com

COMMENTS:?

## 1. Public Water System Contacts ?

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



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

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

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

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

NAME, TITLE & ADDRESS	PHONE TYPE ?	PHONE NO.	EMAIL	CONTACT TYPE (pick all that apply)?		
<b>JUDSON, TYLER</b> CERTIFIED OPERATOR P.O. Box 176 SEBASTOPOL CA 95473	Business	707-823-3184	tyler@weeksdriilling.com	<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Operator	
	Home			<input type="checkbox"/> Administrative	<input type="checkbox"/> Emergency	
	Facsimile	707-823-4258		<input type="checkbox"/> Financial	<input checked="" type="checkbox"/> Designated Operator In Charge	<input checked="" type="checkbox"/> Water Quality
	Mobile			<input checked="" type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Legal	
	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator
<b>RENO, MATT</b> SUPERINTENDENT/PRINC 8511 Hwy 128 HEALDSBURG CA 95448	Business	707-433-1375	mreno@alexandervalleyusd.org	<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Operator	
	Home			<input checked="" type="checkbox"/> Administrative	<input type="checkbox"/> Emergency	
	Facsimile			<input checked="" type="checkbox"/> Financial	<input type="checkbox"/> Water Quality	
	Mobile			<input type="checkbox"/> Designated Operator In Charge	<input checked="" type="checkbox"/> Legal	
	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator
	Business			<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Operator	
	Home			<input type="checkbox"/> Administrative	<input type="checkbox"/> Emergency	
	Facsimile			<input type="checkbox"/> Financial	<input type="checkbox"/> Water Quality	
	Mobile			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Legal	
	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator
	Business			<input type="checkbox"/> ** Delete Contact **		

	Home			<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
	Facsimile			<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
	Mobile			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
				<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator
	Business			<input type="checkbox"/> <b>** Delete Contact **</b>	<input type="checkbox"/> Operator
	Home			<input type="checkbox"/> Administrative	<input type="checkbox"/> Emergency
	Facsimile			<input type="checkbox"/> Financial	<input type="checkbox"/> Water Quality
	Mobile			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Legal
	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Contract Operator
				<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator
	Business			<input type="checkbox"/> <b>** Delete Contact **</b>	<input type="checkbox"/> Operator
	Home			<input type="checkbox"/> Administrative	<input type="checkbox"/> Emergency
	Facsimile			<input type="checkbox"/> Financial	<input type="checkbox"/> Water Quality
	Mobile			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Legal
	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Contract Operator
				<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator
	Business			<input type="checkbox"/> <b>** Delete Contact **</b>	<input type="checkbox"/> Operator
	Home			<input type="checkbox"/> Administrative	<input type="checkbox"/> Emergency
	Facsimile			<input type="checkbox"/> Financial	<input type="checkbox"/> Water Quality
	Mobile			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Legal
	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Contract Operator
				<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator
	Business			<input type="checkbox"/> <b>** Delete Contact **</b>	<input type="checkbox"/> Operator
	Home			<input type="checkbox"/> Administrative	<input type="checkbox"/> Emergency
	Facsimile			<input type="checkbox"/> Financial	<input type="checkbox"/> Water Quality
	Mobile			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Legal
	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Contract Operator
				<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator
<b>Add Additional Contact</b> 				(pick all that apply)	
--Contact Name--	Business	(999) 999-9999	XXXXXX@XXXXX.XXX	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
--Title--	Home	(999) 999-9999		<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
--Address Line 1--	Facsimile	(999) 999-9999	XXXXXX@XXXXX.XXX	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
--Address Line 2--	Mobile			<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
--City-- --ST-- 99999	Emergency	(999) 999-9999		<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator
<b>Add Additional Contact</b> 				(pick all that apply)	

--Contact Name--	Business	(999) 999-9999	XXXXXX@XXXXXX.XXX	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
--Title--	Home	(999) 999-9999		<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
--Address Line 1--	Facsimile	(999) 999-9999	XXXXXX@XXXXXX.XXX	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
--Address Line 2--	Mobile				
--City-- --ST-- 99999	Emergency	(999) 999-9999		<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
				<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator
<b>Add Additional Contact</b>				(pick all that apply)	
--Contact Name--	Business	(999) 999-9999	XXXXXX@XXXXXX.XXX	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
--Title--	Home	(999) 999-9999		<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
--Address Line 1--	Facsimile	(999) 999-9999	XXXXXX@XXXXXX.XXX	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
--Address Line 2--	Mobile				
--City-- --ST-- 99999	Emergency	(999) 999-9999		<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
				<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator
<b>Add Additional Contact</b>				(pick all that apply)	
--Contact Name--	Business	(999) 999-9999	XXXXXX@XXXXXX.XXX	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
--Title--	Home	(999) 999-9999		<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
--Address Line 1--	Facsimile	(999) 999-9999	XXXXXX@XXXXXX.XXX	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
--Address Line 2--	Mobile				
--City-- --ST-- 99999	Emergency	(999) 999-9999		<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
				<input type="checkbox"/> Funding	<input type="checkbox"/> Contract Operator
<b>COMMENTS:</b>					

## 2. POPULATION SERVED

Population Type	Population	Annual Operating Period					
				Begin Date		End Date	
				MM	DD	MM	DD
Residential <sup>1</sup>	0	Method Used to Determine Population: Other <input type="text"/>		01	01	12	31
Transient <sup>2</sup>	0			01	01	12	31
Nontransient <sup>3</sup>	200			01	01	12	31

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

Descriptions:

<sup>1</sup>Residential – report the number of persons who reside within the water system service area for more than half of the year (excludes transient and nontransient populations). If year-round, the *Begin Date* would be 01/01 and the *End Date* would be 12/31.

<sup>2</sup>Transient – report the number of persons who are at the water system on the 60<sup>th</sup> busiest day of the year (excludes residential and nontransient populations). Report the *Begin Date* and *End Date* if the Transient use is seasonal.

<sup>3</sup>Nontransient – report the number of the persons who are at the water system for over 6 months per year (excludes residential and transient populations). Report the *Begin Date* and *End Date* if the Nontransient use is seasonal.

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

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COMMENTS:?
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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:	5
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The total number of Service Connections as of December 31, 2017 must be reported as either Unmetered or Metered for each Service Connection Type as appropriate.

TYPE	Potable Water			Recycled Water		
	Unmetered	Metered	Total*	Unmetered	Metered	Total*
<b>Do NOT report fire sprinkler connections and fire hydrants. These connections are not counted toward “service connections” for compliance purposes.</b>						
<u>Single-family Residential:</u> single family detached dwellings	0	0	0	0	0	0
<u>Multi-family Residential:</u> Apartments, condominiums, town houses, duplexes and trailer parks	0	0	0	0	0	0
<u>Commercial/Institutional:</u> Retail establishments, office buildings, laundries, schools, prisons, hospitals, dormitories, nursing homes, hotels	5	0	5	0	0	0
<u>Industrial:</u> All manufacturing	0	0	0	0	0	0
<u>Landscape Irrigation:</u> Parks, play fields, cemeteries, median strips, golf courses	0	0	0	0	0	0
<u>Agricultural Irrigation:</u> Irrigation of commercially-grown crops	0	0	0	0	0	0
<b>Total Active Connections*</b>	<b>5</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*Calculated field

TYPE	Potable Water			Recycled Water		
	Unmetered	Metered	Total*	Unmetered	Metered	Total*
<u>Other:</u> Fire suppression, street cleaning, line flushing, construction meters, temporary meters	0	0	0	0	0	0

<p>B. Number of Inactive Connections (all types)</p> <p>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.”</p>	
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C. Number of NON-residential customers required to have dedicated outdoor irrigation meters (excluding agricultural connections) ?	
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COMMENTS: ?

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

**GROUNDWATER SOURCES (INCLUDING STANDBY SOURCES)**

PSCode ?	Name	Activity ?
4900704-001	WELL 01	A

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

PSCode ?	Name	Activity ?	Comments

**SURFACE WATER INTAKES**

PSCode ?	Name	Activity ?

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

PSCode ?	Name	Activity ?	Comments


Are your water sources metered?

**DISCUSS CHANGES TO ABOVE SOURCES?**

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

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

**COMMENTS:**

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

The **Maximum Day** is the day during 2017 with the highest total water usage. Provide the *date* for that day in Column B, then complete Columns C, D and E, indicating how much of the water on that day was from each source.



Units of Measure for the Maximum Day ONLY:

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

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

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

Volumes are based on:

A	B	C	D	E	F	G	H	I
	<b>Potable Water</b>						<b>Non-potable (exclude recycled)</b>	<b>Recycled</b>
	<b>Date/ Month</b>	<b>Water Produced from Groundwater (Wells)</b>	<b>Water Produced from Surface Water<sup>2</sup></b>	<b>Finished Water Purchased or Received from another PWS<sup>5</sup></b>	<b>Total Amount of Potable Water<sup>3*</sup></b>	<b>Water Sold to Another PWS<sup>5</sup></b>		
Maximum Day <sup>1</sup>					0			
January		3285	0	0	3285	0	0	0

February	5490	0	0	5490	0	0	0
March	3155	0	0	3155	0	0	0
April	4804	0	0	4804	0	0	0
May	6553	0	0	6553	0	0	0
June	4382	0	0	4382	0	0	0
July	4378	0	0	4378	0	0	0
August	5006	0	0	5006	0	0	0
September	12384	0	0	12384	0	0	0
October	5612	0	0	5612	0	0	0
November	291	0	0	291	0	0	0
December	3311	0	0	3311	0	0	0
Annual Total*	58651	0	0	58651	0	0	0
Percent Treated <sup>4</sup>	100						

PWS = Public Water System

\*Calculated field.

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

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

<sup>1</sup>Only report Maximum Day if it is actually measured or determined from production records. It should not be the average day demand during the maximum month of production.

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

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

[To update totals click here](#)

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

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

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

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: 



**6a. WATER RATES**

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



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

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

If tiered, what is the number of tiers? <a href="#">?</a>	<input type="text" value="--Pick one--"/>
Date of most recent update to the rate structure: <a href="#">?</a> MM/DD/YYYY	<input type="text"/>
Describe the changes that were made in the update:	
What is your billing frequency <input type="text" value="--Pick one--"/>	<input type="text"/>
What is your new connection fee? <a href="#">?</a>	<input type="text"/>
Date of most recent update to the new connection fee: <a href="#">?</a> MM/DD/YYYY	<input type="text"/>

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 (VBR) (provide range)		VARIABLE USAGE RATE (VUR) (provide range)	
	\$ (Base)	HCF <a href="#">?</a>	\$ per HCF	\$ Low	\$ High	\$ per HCF Low	\$ per HCF High
<b>RESIDENTIAL <a href="#">?</a></b>							
Single-family Residential							
Multi-family Residential							
Do you provide lifeline/low income subsidies?			<input type="text" value="--Pick one--"/>				
If Yes, provide rates:							
If yes, what percentage of residential customers receives this subsidy? (Example: X %)				%			
<b>NON-RESIDENTIAL <a href="#">?</a></b>							
Commercial/Institutional							
Industrial							
Landscape Irrigation							
Agricultural Irrigation							
Other							
Do you have fire suppression surcharges?			<input type="text" value="--Pick one--"/>				
If Yes, provide rates:							
Do you have other surcharges?			<input type="text" value="--Pick one--"/>				
What are the other surcharges?							
If Yes, provide rates:							

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

Amount of water delivered to customer: Bill amount (including all charges/fees associated with the amount of water used):

a. 6 HCF Dollars/month

b. 12 HCF Dollars/month

c. 24 HCF Dollars/month

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

HCF means "hundred cubic feet". There are 748 gallons in 100 cubic feet. [?](#)

## 6b. WATER DELIVERIES



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

Units of Measure for this table:  ▼

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

A	B	C	D	E	F	G	H	I	J
	Single-family Residential	Multi-family Residential	Commercial/Institutional	Industrial	Landscape Irrigation	Other	Total Urban Retail <sup>1*</sup>	Agricultural	Other PWS
Check if Recycled Water is included:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
January							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

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

COMMENTS: [?](#)

## 7. WATER QUALITY

### ANNUAL NITRATE SAMPLING

Regulations require a minimum of **annual** sampling for nitrate. If any nitrate result is  $\geq 1/2$  the MCL (Maximum Contaminant Level) of 10 mg/l as nitrogen (i.e., a result of  $\geq 5$  mg/l as nitrogen) then quarterly monitoring must be initiated.

Did your system conduct monitoring for nitrate during 2017 from each source?	Yes ▼
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**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:	12/6/2016
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COMMENTS: ?
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## 8. WATER TREATMENT

Treatment Plant	Required Treatment Plant Operator Classification
TREATMENT PLANT - WELL 01 - TREATED	D1

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

TD = Treatment or Distribution operator at any level

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

### DIRECT ADDITIVES

Are all chemicals used NSF/ANSI Standard 60 certified? ?	Yes ▼
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### INDIRECT ADDITIVES




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


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

COMMENTS: ?
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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  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)	2	0	0	0	0
Air-gap Separation 	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  that occurred during 2017:

COMMENTS: 
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## 10. CONSUMER CONFIDENCE REPORT (does not apply to Transient Noncommunity water systems)

**THE 2017 CCR MUST BE DISTRIBUTED TO YOUR CUSTOMERS AND A COPY SUBMITTED TO YOUR LOCAL REGULATORY AGENCY BY JULY 1, 2018. IN ADDITION, PUBLIC WATER SYSTEMS THAT ARE ALSO REGULATED BY THE CALIFORNIA PUBLIC UTILITIES COMMISSION (PUC) MUST MAIL A COPY OF THEIR CCR TO THE PUC BY JULY 1, 2018.**


**CERTIFICATION MUST BE SUBMITTED TO YOUR LOCAL REGULATORY AGENCY BY OCTOBER 1, 2018, STATING THAT THE 2017 CCR HAS BEEN DISTRIBUTED TO CUSTOMERS AND THAT THE INFORMATION IS CORRECT.**

The CCR guidance, CCR template, and the certification form can be obtained from the Division of Drinking Water web site at: [http://www.waterboards.ca.gov/drinking\\_water/certlic/drinkingwater/CCR.shtml](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:	5/30/2018 mm/dd/yyyy
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COMMENTS: 
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## 11. OPERATOR CERTIFICATION

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

Your Highest Treatment System Classification is: **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 Treatment Operator.

Name of Chief Treatment Operator (First name Last name): Tyler Judson

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


Treatment Operator Number (4 or 5 digits): 31865

Treatment Certification Expiration Date (MM/DD/YYYY): 01/01/2021

Treatment Operator Name (First name Last name)	Grade of Treatment Operator (1, 2, 3, 4, or 5)	Chief or Shift <sup>1</sup> (C, S or X)	Treatment Operator Number (4 or 5 digits)	Treatment Certification Expiration Date (MM/DD/YYYY)
Steve Curry	2	S	27503	07/01/2019
Ron Garner	1	S	36212	06/01/2020

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

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

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

Your Distribution System Classification is: 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): Tyler Judson

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

Distribution Operator Number (4 or 5 digits): 35297

Distribution Certification Expiration Date (MM/DD/YYYY): 03/01/2020

Distribution Operator Name (First name Last name)	Grade of Distribution Operator (1, 2, 3, 4, or 5)	Chief or Shift <sup>1</sup> (C, S or X)	Distribution Operator Number (4 or 5 digits)	Distribution Certification Expiration Date (MM/DD/YYYY)
Steve Curry	2	S	30902	10/01/2019
Ron Garner	1	S	42370	05/01/2019

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

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

COMMENTS: 

## 12. WATER SYSTEM IMPROVEMENTS

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

- Addition of a new distribution reservoir with a capacity of 100,000 gallons or more
- Modification or extension of the existing distribution system using an alternative to the requirements of the California Waterworks Standards (see Sections 64570 through 64578)
- Modification of the water supply by:
  - Adding a new source
  - Changing the status of an existing source (for example, active to standby) or
  - Changing or altering a source, such that the quality or quantity of water supply could be affected
- Any addition or change in treatment, including
  - Design capacity
  - Process
- Expansion of the existing service area by 20 percent or more of the number of service connections specified in your current permit.

If your water system made any improvements or modifications during 2017 for which a permit was not obtained, please describe the improvements or modifications below.

Indicate any planned improvements or modifications for 2018.

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

\*Calculated field

To update totals click here

COMMENTS:
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#### 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	0			
Main Breaks/Leaks	0			
Water Outages?	0			
Boil Water Orders	0			
Total*	0	0	0	

To update totals click here

COMMENTS:?

#### 15. ONGOING WATER SYSTEM VIOLATIONS

Is your water system operating under USEPA, Division or LPA enforcement for a continuous violation?	No ▼
---	------

If yes, respond to the following:

Type of violation (for example, specify "Nitrate MCL" violation if your wells exceeds the nitrate MCL of 45 mg/L	
Dates in 2017 that public notification was provided to users	
Corrective action taken in 2017	
Was bottled water provided to users?	--Pick one-- ▼
If yes, how was bottled water provided, for example, direct delivery?	
Describe anticipated schedule to return to compliance	

COMMENTS:?

## 16. WATER CONSERVATION AND DROUGHT PREPAREDNESS

Date of your revised Drought Preparedness Plan or Water Shortage Contingency Plan, if any:	
Units of Measure for this section: <a href="#">?</a>	--Pick one-- ▼
If you experienced water shortages in 2017, please estimate the amount of shortfall in units selected for this section:	
How many water-shortage response stages are in your drought plan? For “non-applicable”, enter zero.	0 ▼
Did drought conditions cause you to activate emergency standby wells in 2017?	No ▼
Do you project water shortages in the current calendar year? <a href="#">?</a>	No ▼
Did you implement NEW water conservation measures in 2017?	No ▼
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?	No ▼
Do you routinely monitor the <i>static</i> water levels in your wells?	No ▼
Do you routinely monitor the <i>pumping</i> water levels in your wells?	No ▼
Are these levels recovering, declining or steady?:	Steady ▼

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

COMMENTS: <a href="#">?</a>
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## 17. CLIMATE CHANGE ADAPTATION AND RESILIENCY FOR WATER UTILITIES



### ONLY FOR COMMUNITY WATER SYSTEMS

Your water system classification is:  [?](#)

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

<b>A. CLIMATE THREATS</b>
<p>What climate-related impacts are of concern for your water system (check all that apply)? <a href="#">?</a></p> <p> <input type="checkbox"/> Drought    <input type="checkbox"/> Groundwater Depletion    <input type="checkbox"/> Water Quality Degradation    <input type="checkbox"/> Flooding    <input type="checkbox"/> Sea Level Rise  <input type="checkbox"/> Extreme Heat    <input type="checkbox"/> Fire    <input type="checkbox"/> Other    <input type="checkbox"/> None or N/A </p>
<b>B. SENSITIVITY AND MAGNITUDE OF IMPACTS</b>
<p>Qualitatively assess climate change sensitivity of your facilities, and criticality or consequence of disruption. Consider identified climate threats using past experience, and expert judgement based on the magnitude of expected change and extreme events in the future. You do not need numeric answers.</p>



USEPA provides a risk assessment tool, called CREAT, to help utilities identify which environmental changes can impact water supply: <https://www.epa.gov/crwu/build-resilience-your-utility>. More resources are available that may help you complete this section. [?](#)

<b>Drought   Groundwater Depletion</b>	Decreased water storage (low lake and reservoir levels)	Choose an item --Pick one-- ▼
	Groundwater depletion (increased extraction, reduced groundwater recharge, etc.)	Choose an item --Pick one-- ▼
	Change in seasonal runoff and/or loss of snowmelt	Choose an item --Pick one-- ▼
	Region relies on water diverted from the Delta, imported from the Colorado River, or other climate-sensitive area	Choose an item --Pick one-- ▼
<b>Water Quality Degradation</b>	Salt-water intrusion into aquifers	Choose an item --Pick one-- ▼
	Altered water quality during storm events (turbidity shifts, debris flows)	Choose an item --Pick one-- ▼
	Surface water quality issues related to eutrophication, algal blooms, invasive species	Choose an item --Pick one-- ▼
<b>Flooding   Sea Level Rise</b>	High flow events and flooding	Choose an item --Pick one-- ▼
	Inundation due to sea level rise, high tides, and/or coastal storm surges	Choose an item --Pick one-- ▼
	Aging flood protection infrastructure (levees), or insufficient impoundment capacity	Choose an item --Pick one-- ▼
<b>Extreme Heat</b>	Peak demand volume surges (due to extreme heat, temperature trends, etc.)	Choose an item --Pick one-- ▼
	Increases in agricultural water demand or energy sector needs	Choose an item --Pick one-- ▼
<b>Fire   Other Impacts</b>	Increased fire risk and altered vegetation, e.g., wildfires	Choose an item --Pick one-- ▼
	Disruption of power supply	Choose an item --Pick one-- ▼
	Other	Choose an item --Pick one-- ▼

### C. ADAPTATION MEASURES

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

Install new and deeper drinking water wells, or modify existing wells to increase pumping capacity	Choose an item --Pick one-- ▼
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 --Pick one-- ▼
Interconnection with other utilities (transfers, mutual aid agreements with neighboring utilities)	Choose an item --Pick one-- ▼
Relocate facilities, construct or install redundant facilities	Choose an item --Pick one-- ▼
Modify facilities (e.g., install barrier or levee, raise a wall, seal a door, elevate construction)	Choose an item --Pick one-- ▼
Conservation measures (demand management, enhanced communication and outreach)	Choose an item --Pick one-- ▼
Fire prevention – brush management, partnerships	Choose an item --Pick one-- ▼
Alternative or backup energy supply	Choose an item --Pick one-- ▼
On-site energy generation	Choose an item --Pick one-- ▼

Enhance monitoring program, budget for additional testing and treatment, chemicals	Choose an item --Pick one-- ▼
Other	Choose an item --Pick one-- ▼

## 18. LEAD SERVICE LINE REPLACEMENT



### ONLY FOR COMMUNITY WATER SYSTEMS

Your water system classification is:

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

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

#### A. User service line inventory:

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

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

O. <u>Fittings of unknown material</u> (e.g., goosenecks, pigtails, and corporation stops)	
<b>Total number of lead service lines**</b> (calculated field)	0

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

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

To Update calculated field, click button below

[To update totals click here](#)

**B. Method(s) used to prepare the lead service line inventory in Part A (check all that apply):**

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

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

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

Signature:

Name:

Title:

Phone number:

Date signed (MM/DD/YYYY):

PWS Name: ALEXANDER VALLEY UNION SCHOOL DISTRICT

PWS No.: CA4900704

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.**