




**SMALL WATER SYSTEM
2014 ANNUAL REPORT TO THE DRINKING WATER PROGRAM
FOR YEAR ENDING DECEMBER 31, 2014
[Section 116530 Health & Safety Code]**

WATER SYSTEM INFORMATION	
Water System No.:	CA3701837
Water System Name:	WYNOLA WATER DISTRICT
Water System Classification: 	Community Water System
Water System Ownership (See descriptions below):	Privately owned, non-PUC-regulated (Community Water System)
Physical location: (address line 1, address line 2, city, zip)	4839 Glenside Road Santa Ysabel, California 92070 Santa Ysabel 92070
General Office Phone: (with area code) 	760-765-4872
Web site address:	Wynolaestates.com

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

REPORT SUBMITTED BY: 	
Name:	Raymond Mitchell
Title:	Director, Water Quality
Business phone:	760-765-4872
Cell phone:	760-525-0967
Email address:	raymitchell76@outlook.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.

NAME, TITLE & ADDRESS	PHONE TYPE	PHONE NO.	EMAIL	CONTACT TYPE (pick all that apply)	
_HUFFMAN, ED P.O. BOX 193 SANTA YSABEL CA 92070	Business	760-765-3420		<input checked="" type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Ope
	Facsimile			<input type="checkbox"/> Administrative	
	Mobile			<input type="checkbox"/> Financial	<input type="checkbox"/> Emc
	Emergency			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Wat
				<input type="checkbox"/> Owner	<input type="checkbox"/> Leg
				<input type="checkbox"/> Funding	<input type="checkbox"/> Con
	Business			<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Ope
	Facsimile			<input type="checkbox"/> Administrative	
	Mobile			<input type="checkbox"/> Financial	<input type="checkbox"/> Emc
	Emergency			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Wat
				<input type="checkbox"/> Owner	<input type="checkbox"/> Leg
				<input type="checkbox"/> Funding	<input type="checkbox"/> Con
	Business			<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Ope
	Facsimile			<input type="checkbox"/> Administrative	
	Mobile			<input type="checkbox"/> Financial	<input type="checkbox"/> Emc
	Emergency			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Wat
				<input type="checkbox"/> Owner	<input type="checkbox"/> Leg
				<input type="checkbox"/> Funding	<input type="checkbox"/> Con
	Business			<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Ope
	Facsimile			<input type="checkbox"/> Administrative	
	Mobile			<input type="checkbox"/> Financial	<input type="checkbox"/> Emc
	Emergency			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Wat
				<input type="checkbox"/> Owner	<input type="checkbox"/> Leg
				<input type="checkbox"/> Funding	<input type="checkbox"/> Con
	Business			<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Ope
	Facsimile			<input type="checkbox"/> Administrative	
	Mobile			<input type="checkbox"/> Financial	<input type="checkbox"/> Emc
				<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Wat

	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Leg
				<input type="checkbox"/> Funding	<input type="checkbox"/> Con
	Business			<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Ope
	Facsimile			<input type="checkbox"/> Administrative	<input type="checkbox"/> Emc
	Mobile			<input type="checkbox"/> Financial	<input type="checkbox"/> Wat
	Emergency			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Leg
				<input type="checkbox"/> Owner	<input type="checkbox"/> Con
				<input type="checkbox"/> Funding	<input type="checkbox"/> Con
	Business			<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Ope
	Facsimile			<input type="checkbox"/> Administrative	<input type="checkbox"/> Emc
	Mobile			<input type="checkbox"/> Financial	<input type="checkbox"/> Wat
	Emergency			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Leg
				<input type="checkbox"/> Owner	<input type="checkbox"/> Con
				<input type="checkbox"/> Funding	<input type="checkbox"/> Con
	Business			<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Ope
	Facsimile			<input type="checkbox"/> Administrative	<input type="checkbox"/> Emc
	Mobile			<input type="checkbox"/> Financial	<input type="checkbox"/> Wat
	Emergency			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Leg
				<input type="checkbox"/> Owner	<input type="checkbox"/> Con
				<input type="checkbox"/> Funding	<input type="checkbox"/> Con
Add Additional Contact				(pick all that apply)	
Ray Mitchell	Business	760-765-4832	raymitchell76@outlook.com	<input checked="" type="checkbox"/> Administrative	<input checked="" type="checkbox"/> Ope
Director, Water Quality	Facsimile			<input type="checkbox"/> Financial	<input type="checkbox"/> Emc
P.O. Box 376 1449 Springview Rd	Mobile			<input type="checkbox"/> Designated Operator In Charge	<input checked="" type="checkbox"/> Wat
Santa Ysabel CA 92070	Emergency	760-765-0276		<input type="checkbox"/> Owner	<input type="checkbox"/> Leg
				<input type="checkbox"/> Funding	<input type="checkbox"/> Con
Add Additional Contact				(pick all that apply)	
--Contact Name--	Business	--Bus. #--	--Email Addr--	<input type="checkbox"/> Administrative	<input type="checkbox"/> Ope
--Title--	Facsimile	--Fax No--		<input type="checkbox"/> Financial	<input type="checkbox"/> Emc
--Address Line 1-- --Address Line 2--	Mobile	--Mob. #--	--2nd Email Addr--	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Wat
--City-- --ST-- --Zip--	Emergency	--Emer. #--		<input type="checkbox"/> Owner	<input type="checkbox"/> Leg
				<input type="checkbox"/> Funding	<input type="checkbox"/> Con
Add Additional Contact				(pick all that apply)	
--Contact Name--	Business	--Bus. #--	--Email Addr--	<input type="checkbox"/> Administrative	<input type="checkbox"/> Ope
--Title--	Facsimile	--Fax No--		<input type="checkbox"/> Financial	<input type="checkbox"/> Emc

--Address Line 1-- --Address Line 2--	Mobile	--Mob. #--	--2nd Email Addr--	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Wat
--City-- --ST-- --Zip--	Emergency	--Emer. #--		<input type="checkbox"/> Owner	<input type="checkbox"/> Leg
				<input type="checkbox"/> Funding	<input type="checkbox"/> Con
Add Additional Contact ?				(pick all that apply)	
--Contact Name--	Business	--Bus. #--	--Email Addr--	<input type="checkbox"/> Administrative	<input type="checkbox"/> Ope
--Title--	Facsimile	--Fax No--		<input type="checkbox"/> Financial	<input type="checkbox"/> Emc
--Address Line 1-- --Address Line 2--	Mobile	--Mob. #--	--2nd Email Addr--	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Wat
--City-- --ST-- --Zip--	Emergency	--Emer. #--		<input type="checkbox"/> Owner	<input type="checkbox"/> Leg
				<input type="checkbox"/> Funding	<input type="checkbox"/> Con
COMMENTS: ?					

2. POPULATION SERVED

Population Type	Population ?	Annual Operating Period ?					
				Begin Date		End Date	
				MM	DD	MM	DD
Residential ¹	199	Method Used to Determine Population: <input type="text" value="Determined total number of dwelling units and multiplied by 2.8"/>		01	01	12	31
Transient ²							
Nontransient ³							

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

Descriptions:

¹Residential ? – 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 ? – 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 ? – report the number of the persons who are at the water system for over 6 months per year (excludes residential and transient populations). Report the *Begin Date* and *End Date* if the Nontransient use is seasonal.

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

COMMENTS: ?

3. NUMBER OF SERVICE CONNECTIONS *(as of December 31, 2014)*

A. Active Service Connections:

Total Active Potable Water Connections currently in Division of Drinking Water database:	87
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The total number of Service Connections as of December 31, 2014 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*
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> single family detached dwellings		71	71			0
<u>Multi-family Residential:</u> duplexes, town homes, condominiums, apartments, and trailer parks			0			0
<u>Commercial/Institutional:</u> hotels, schools, prisons, hospitals, nursing homes, dormitories, laundries, retail establishments (malls, shopping centers, retail stores, service shops, restaurants), office buildings, gas stations, and other service connections that do not meet any of the connection type definitions			0			0
<u>Industrial:</u> industrial parks, manufacturing, warehouses, utilities, assemblers			0			0
<u>Landscape Irrigation:</u> Play fields, golf courses, roadways, median strips, cemeteries, parks and other dedicated landscape connections			0			0
<u>Agricultural Irrigation:</u> irrigation of commercially-grown crops and other dedicated agricultural connections			0			0
Total Active Connections*	0	71	71	0	0	0

*Calculated field

[To update totals click here](#)

B. Number of Inactive Connections (all types)	
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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."

COMMENTS: ?

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

GROUNDWATER SOURCES (INCLUDING STANDBY SOURCES)

PSCode ?	Name	Activity ?
3701837-006	WELL 06	I
3701837-001	WELL 01	A
3701837-008	WELL 08	A
3701837-005	WELL 05	A
3701837-002	WELL 02	A
3701837-004	WELL 04	I
3701837-010	WELL 10	A
3701837-009	WELL 09	A
3701837-011	WELL 11	A
3701837-003	WELL 03	A
3701837-007	WELL 07	A

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

PSCode ?	Name	Activity ?	Comments
3701837-006	WELL 6	S	Stand-by source
3701837-001	WELL 1	I	Inactive Source
3701837-008	WELL 8	I	Inactive Source
3701837-005	WELL 5	I	Inactive Source
3701837-002	WELL 2	I	Inactive Source

SURFACE WATER INTAKES

PSCode ?	Name	Activity ?

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

PSCode ?	Name	Activity ?	Comments

DISCUSS CHANGES TO ABOVE SOURCES [?](#)

If a STANDBY SOURCE was used in 2014, provide the following information.

Name of the Standby Source used in 2014:	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 2014 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.

The **Maximum Month** is the month during 2014 with the highest total water usage. Provide the *month* in Column B, then complete Columns C, D and E, indicating how much of the water during that month was from each source.

Units of Measure for this table:

Volumes are based on: METERED VOLUMES

A	B	C	D	E	F	G	H	I
	Potable Water						Non-potable (exclude recycled)	Recycled
	Date/ Month	Water Produced from Groundwater (Wells)	Water Produced from Surface Water²	Finished Water Purchased or Received from another PWS⁵	Total Amount of Potable Water^{3*}	Water Sold to Another PWS⁵		
Maximum Day ¹					0			
Maximum Month					0			
January					0			
February					0			
March		1.42			1.42			
April					0			
May					0			
June		2.53			2.53			
July					0			
August					0			
September		2.83			2.83			
October					0			
November					0			
December		1.74			1.74			
Annual Total*		8.52	0	0	8.52	0	0	0
Percent Treated ⁴								

PWS = Public Water System

*Calculated field

Non-potable = water supplies that do not enter the drinking water distribution system and are for non-potable uses only such as irrigation or toilet flushing

¹Only 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. 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.

⁵If 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
0	

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
0	

COMMENTS: ?

6a. WATER RATES

Indicate the type of water rate structure ? used by your water system:

Flat Base Rate + Variable Usage Rate

What is your billing frequency ? other

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

Connection Type	FLAT BASE RATE	UNIFORM USAGE RATE	VARIABLE BASE RATE (provide range)		VARIABLE USAGE RATE (provide range)	
	\$ (Base)	\$ per hcf ?	\$ Low	\$ High	\$ per hcf Low	\$ per hcf High
RESIDENTIAL ?						
Single-family Residential	\$1.50 HCF				\$2.00 HCF	\$10.00 HCF
Multi-family Residential						
Do you provide lifeline/low income subsidies? No						
If Yes, provide rates:						
NON-RESIDENTIAL ?						

Commercial/Institutional						
Industrial						
Landscape Irrigation						
Agricultural Irrigation						
Other						
Do you have fire suppression surcharges? <input type="text" value="No"/>						
If Yes, provide rates:						
Do you have other surcharges? <input type="text" value="Yes"/>						
If Yes, provide rates:	\$7.00 Month					

AVERAGE MONTHLY RESIDENTIAL WATER COST: \$26.41\$/mo.

This value can be calculated by dividing your total annual revenues from residential customers by 12 and then dividing a second time by the number of residential service connections. If you are unable to differentiate revenues by type of customer {residential, industrial, agricultural}; then take your total annual revenues from all water rate payments and divide by 12 and then divide by your total number of service connections.

NOTE: If this is not a "Community" Water System; enter N/A. If individual customers do not pay a separate bill for water enter "0".

6b. WATER DELIVERIES

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 ^{1*}	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	1.42						1.42		
April							0		
May							0		
June	2.53						2.53		

July								0		
August								0		
September	2.83							2.83		
October								0		
November								0		
December	1.74							1.74		
Total*	8.52	0	0	0	0	0	0	8.52	0	0

PWS = Public Water System

*Calculated field

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

[To update totals click here](#)

COMMENTS: ?

7. WATER QUALITY

ANNUAL NITRATE SAMPLING

Regulations require a minimum of **annual** sampling for nitrate. If any nitrate result is $\geq 1/2$ the MCL of 45 mg/L (i.e., a result of ≥ 23 mg/L nitrate) then quarterly monitoring must be initiated.

Did your system conduct monitoring for nitrate during 2014 from each source?

Yes

NOTE: If there were any sources that were not monitored because they were offline during 2014, 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:

02-28-2007

COMMENTS: ?

8. WATER TREATMENT

Treatment Plant	Required Treatment Plant Operator Classification

If treatment was added or changed in any way in 2014, 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?	N/A (no chemicals used)
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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 <input type="checkbox"/>
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If you have any questions on the requirements related to indirect additives, you may contact your local regulatory agency.


COMMENTS: ?

9. CROSS-CONNECTION CONTROL [?](#)

	Total Number in System	Number Installed in 2014	Number Tested in 2014	Number Failed in 2014	Number Repaired/ Replaced
Backflow Assemblies ? on the Service Connections or Meter	2	0		2	2
Backflow Assemblies On-site but not on the Service Connections or Meter ?	0				
Air-gap Separation ?	0				


No. of <i>Inactive</i> Backflow Prevention Assemblies ? in water system in 2014 :	2
Date of last cross-connection control survey done on the system:	

Name of designated Cross Connection Control Program Coordinator:	
--	--

Describe any cross-connection incidents  that occurred during 2014:

None

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

THE 2014 CCR MUST BE DISTRIBUTED TO YOUR CUSTOMERS AND A COPY SUBMITTED TO YOUR LOCAL REGULATORY AGENCY BY JULY 1, 2015. 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, 2015.


CERTIFICATION MUST BE SUBMITTED TO YOUR LOCAL REGULATORY AGENCY BY OCTOBER 1, 2015, STATING THAT THE 2014 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 2014 CCR was distributed or will be distributed to your customers:	06-22-2014 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: **There are no facilities subject to the Certified Treatment Plant Operator requirements**

Name	Grade of Operator	Chief or Shift ¹ (C/S)	Operator Number	Expiration Date

¹Use "C" for Chief Operator and "S" for Shift Operator. If neither, leave blank.

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

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

Your Distribution System Classification is: **D1**

Name	Grade of Operator	Chief or Shift ¹ (C/S)	Operator Number	Expiration Date
Raymond Mitchell	D1		40900	04-01-2018
Tom Mcdonough	D1		44478	11/1/2017

¹Use “C” for Chief Operator and “S” for Shift Operator. If neither, leave blank.

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

--Pick one--

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 2014 for which a permit was not obtained, please describe the improvements or modifications below.

Indicate any planned improvements or modifications for 2015.

COMMENTS: ?

13. COMPLAINTS REPORTED (WRITTEN OR VERBAL)

Type of Complaint	No. of Complaints Reported by Customers	No. of Complaints Investigated	No. of Complaints reported to the Division of Drinking Water or Local County Staff	Brief Description of Cause and Corrective Action taken
Taste and Odor	0			
Color	0			
Turbidity	0			
Visible Organisms	0			
Pressure (High or Low)	2	2		Replaced meter; Replaced lateral line and meter.
Water Outages	0			
Illnesses (Waterborne)	0			
Other (Specify)	0			
Total No. of Complaints*	2	2	0	


*Calculated field

To update totals click here

COMMENTS: ?

14. SYSTEM PROBLEMS

Type of Problem	No. of Problems	No. of Problems Investigated	No. of Problems Reported to the Division of Drinking Water or Local County Staff	Brief Description of Cause and Corrective Action Taken
Service Connection Breaks/ Leaks	1	1		Replaced lateral line.
Main Breaks/Leaks	1	1		Replaced shut-off valve.

Water Outages 	0			
Boil Water Orders	0			
Total*	2	2	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?	<input type="text" value="No"/>
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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 2014 that public notification was provided to users	
Corrective action taken in 2014	
Was bottled water provided to users?	<input type="text" value="--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, if any:	10-2013
If you experienced water shortages in 2014, please estimate the amount of shortfall in millions of gallons:	0
Did drought conditions cause you to activate emergency standby wells in 2014?	<input type="text" value="No"/>
Do you project water shortages in the current calendar year?	<input type="text" value="No"/>
Did you implement NEW water conservation measures in 2014?	<input type="text" value="Yes"/>
If you implemented NEW water conservation measures in 2014, please estimate how much water was conserved in millions of gallons (relative to 2013): 0.7 (MG) 7.6% % reduction in demand	
Do you anticipate having to go to mandatory rationing in the upcoming year?	<input type="text" value="No"/>
Are your water sources metered?	<input type="text" value="Yes"/>
Do you routinely monitor the <i>static</i> water levels in your wells?	<input type="text" value="Yes"/>
Do you routinely monitor the <i>pumping</i> water levels in your wells?	<input type="text" value="Yes"/>
Are these levels recovering, declining or steady?:	<input type="text" value="Declining"/>

Please list any other long term actions you are considering or planning:
 Have already implemented a water rate increase for 2015

COMMENTS: ?

Disclosure: Be advised that Section 116725 and 116730 of the California Health and Safety Code states that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for each separate violations for each day that the violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in county jail not to exceed one year, or both the fine and imprisonment.