

# State Waterboard 2021 EAR

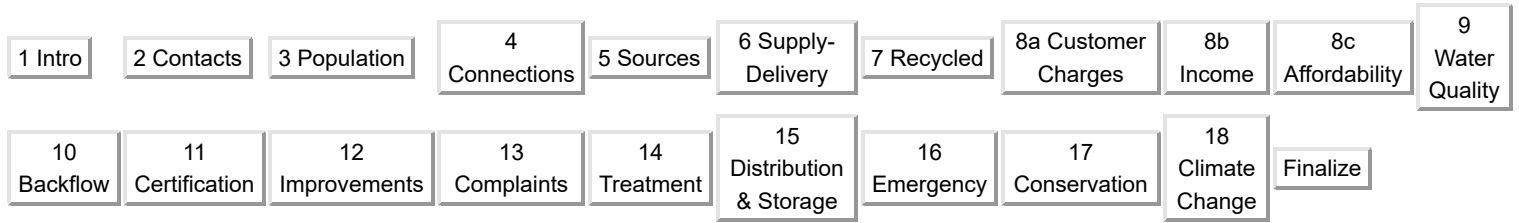
You were approved for application 444289 on 05/19/2022 10:58:12

[Return to Home \(/PwsUser\)](#)

Need Help Completing the EAR. Click [HERE](https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/ear_assistance.html) (https://www.waterboards.ca.gov/drinking\_water/certlic/drinkingwater/ear\_assistance.html).

CA4900893 WEST WATER COMPANY (PUC)

To view last year's report, click here ([../TakeSurvey/PreviousSummary?surveysTakenId=444289](#)).



## DRINKING WATER SYSTEM'S 2021 ANNUAL REPORT TO THE DIVISION OF DRINKING WATER FOR THE YEAR ENDING DECEMBER 31, 2021 *[Section 116530 Health & Safety Code]*

### WATER SYSTEM INFORMATION

Water System No.:

Water System Name:

Water System Classification: [?](#)   
 ([../Content/2021EARHelp.htm#1.1](#))

Related Regulating Agency: [?](#)   
 ([../Content/2021EARHelp.htm#1.2](#))

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

Water System Ownership [?](#)  
 (../Content/2021EARHelp.htm#1.4)

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

Physical location [?](#) (../Content/2021EARHelp.htm#1.1)

Address 1

Address 2

City

Zip Code

General Office Phone: [?](#)  
 (../Content/2021EARHelp.htm#1.3)

(with area code)

Web site address:

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

### CERTIFICATION FOR REDUCTION OF ANNUAL FEES FOR PUBLIC WATER SYSTEMS SERVING A DISADVANTAGED COMMUNITY (DAC) [?](#) (../Content/2021EARHelp.htm#1.5)

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

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

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

REPORT STARTED BY [?](#) (../Content/2021EARHelp.htm#1.6)

Name:

Title:

Work phone:

Cell phone:

Email address:

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

PRIVATE COMMENTS: [?](#) (../Content/2021EARHelp.htm#1.7)

Need Help Completing the EAR. Click [HERE](https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/ear_assistance.html) (https://www.waterboards.ca.gov/drinking\_water/certlic/drinkingwater/ear\_assistance.html).

CA4900893 WEST WATER COMPANY (PUC)

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## 2. Public Water System Contacts [?](#) (../Content/2021EARHelp.htm#2.a)

**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 from the Division of Drinking Water will be sent to the email address of the Administrative Contact.

The Address, Business phone number and Email entered for the **Administrative Contact will be publicly accessible** at: <https://sdwis.waterboards.ca.gov/PDWW/> (https://sdwis.waterboards.ca.gov/PDWW/)

**NEW** To complete this section, review all the CURRENT CONTACTS associated with the water system, if there are no changes and no new contact to add you can proceed to the next section.

**CURRENT CONTACT:** To edit a contact, select the "Edit Contact" checkbox, this will allow for editing all fields except the contact name. To indicate an individual should no longer be associated with the water system, select the "Remove Contact" checkbox.

**NEW CONTACT:** To add a new contact for the water system scroll down to the bottom of the table after the "ADD NEW CONTACT HERE" header and enter the contact information for the new contact.

CURRENT CONTACTS	CONTACT RECORD	PHONE TYPE <a href="#">?</a> (../Content/2021EARHelp.htm#2.1)	PHONE NO. & EXTENSION	CONTACT TYPE <a href="#">?</a> (../Content/2021EARHelp.htm#2.2) (Modify with checkbox)		
Contact 1 First Name, Middle Initial	JAMES	Business	(707) 887-7735	YY	<input type="checkbox"/> Remove Contact 1	<input type="checkbox"/> Edit Contact 1
Last Name	DUNTON	Home	YY	YY	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
Title	CONTRACT OPERATOR	Facsimile	(707) 887-9445	YY	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
Address 1 Address 2	P.O. Box 730	Mobile	(707) 481-6210	YY	<input checked="" type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Sampler / Water Quality
City State Zip Code	FORESTVILLE CA 95436	Emergency	(707) 887-7735	YY	<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
Email 1	rruwater@sonic.net	Email 2	YY		<input type="checkbox"/> Owner	<input type="checkbox"/> Funding
					<input checked="" type="checkbox"/> Carbon Copy	
Contact 2 First Name, Middle Initial	TOM	Business	(707) 669-0098	YY	<input type="checkbox"/> Remove Contact 2	<input type="checkbox"/> Edit Contact 2
Last Name	JOHNSON	Home	YY	YY	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator

Title	OWNER	Facsimile	YY	YY	<input checked="" type="checkbox"/> Financial	<input type="checkbox"/> Emergency
Address 1	292 A Else Way	Mobile	(707) 332-9373	YY	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Sampler / Water Quality
Address 2						
City	CLOVERDALE	Emergency	YY	YY	<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
State	CA					
Zip Code	95425					
Email 1	westwaterman@yahoo.com	Email 2	YY		<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Funding
					<input type="checkbox"/> Carbon Copy	
Contact 3					<input type="checkbox"/> Remove Contact 3	<input type="checkbox"/> Edit Contact 3
First Name, Middle Initial	LORIE	Business	YY	YY	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
Last Name	JOHNSON	Home	(707) 894-6411	YY		
Title	OWNER	Facsimile	YY	YY	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
Address 1	335 ELSE WAY	Mobile	(707) 396-3746	YY	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Sampler / Water Quality
Address 2						
City	CLOVERDALE	Emergency	(707) 431-6500	YY	<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
State	CA					
Zip Code	95425					
Email 1	lucybjohnson27@gmail.com	Email 2	YY		<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Funding
					<input type="checkbox"/> Carbon Copy	
Contact 4					<input type="checkbox"/> Remove Contact 4	<input type="checkbox"/> Edit Contact 4
First Name, Middle Initial	GLENN	Business	(707) 565-7947	YY	<input checked="" type="checkbox"/> Administrative	<input type="checkbox"/> Operator
Last Name	MORELLI	Home	YY	YY		
Title	HYDROGEOLOGIST	Facsimile	YY	YY	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
Address 1	2300 County Center Drive, Suite B100	Mobile	(415) 717-4857	YY	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Sampler / Water Quality
Address 2						
City	SANTA ROSA	Emergency	YY	YY	<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
State	CA					
Zip Code	95403					
Email 1	glenn.morelli@sonoma-county.org	Email 2	YY		<input type="checkbox"/> Owner	<input type="checkbox"/> Funding
					<input type="checkbox"/> Carbon Copy	

Contact 5							
First Name, Middle Initial	YY	Business	YY	YY	<input type="checkbox"/> Remove Contact 5	<input type="checkbox"/> Edit Contact 5	
Last Name	YY	Home	YY	YY	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator	
Title	YY	Facsimile	YY	YY	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency	
Address 1	YY	Mobile	YY	YY	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Sampler / Water Quality	
Address 2	YY						
City	YY	Emergency	YY	YY	<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal	
State	YY						
Zip Code	YY						
Email 1	YY	Email 2	YY		<input type="checkbox"/> Owner	<input type="checkbox"/> Funding	
					<input type="checkbox"/> Carbon Copy		
Contact 6							
First Name, Middle Initial	YY	Business	YY	YY	<input type="checkbox"/> Remove Contact 6	<input type="checkbox"/> Edit Contact 6	
Last Name	YY	Home	YY	YY	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator	
Title	YY	Facsimile	YY	YY	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency	
Address 1	YY	Mobile	YY	YY	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Sampler / Water Quality	
Address 2	YY						
City	YY	Emergency	YY	YY	<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal	
State	YY						
Zip Code	YY						
Email 1	YY	Email 2	YY		<input type="checkbox"/> Owner	<input type="checkbox"/> Funding	
					<input type="checkbox"/> Carbon Copy		
Contact 7							
First Name, Middle Initial	YY	Business	YY	YY	<input type="checkbox"/> Remove Contact 7	<input type="checkbox"/> Edit Contact 7	
Last Name	YY	Home	YY	YY	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator	
Title	YY	Facsimile	YY	YY	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency	
Address 1	YY	Mobile	YY	YY	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Sampler / Water Quality	
Address 2	YY						
City	YY	Emergency	YY	YY	<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal	
State	YY						
Zip Code	YY						
Email 1	YY	Email 2	YY		<input type="checkbox"/> Owner	<input type="checkbox"/> Funding	
					<input type="checkbox"/> Carbon Copy		

Contact 8 First Name, Middle Initial <input type="text" value="YY"/> Last Name <input type="text" value="YY"/> Title <input type="text" value="YY"/> Address 1 <input type="text" value="YY"/> Address 2 <input type="text" value="YY"/> City <input type="text" value="YY"/> State <input type="text" value="YY"/> Zip Code <input type="text" value="YY"/> Email 1 <input type="text" value="YY"/>	Business <input type="text" value="YY"/> Home <input type="text" value="YY"/> Facsimile <input type="text" value="YY"/> Mobile <input type="text" value="YY"/> Emergency <input type="text" value="YY"/> Email 2 <input type="text" value="YY"/>	<input type="checkbox"/> Remove Contact 8 <input type="checkbox"/> Administrative <input type="checkbox"/> Financial <input type="checkbox"/> Designated Operator In Charge <input type="checkbox"/> Contract Operator <input type="checkbox"/> Owner <input type="checkbox"/> Carbon Copy	<input type="checkbox"/> Edit Contact 8 <input type="checkbox"/> Operator <input type="checkbox"/> Emergency <input type="checkbox"/> Sampler / Water Quality <input type="checkbox"/> Legal <input type="checkbox"/> Funding
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ADD NEW CONTACTS HERE [?](#) (../Content/2021EARHelp.htm#2.2)

NEW CONTACT	CONTACT RECORD	PHONE TYPE <a href="#">?</a> (../Content/2021EARHelp.htm#2.3.a)	PHONE NO. & EXTENSION	CONTACT TYPE (Pick all that apply)	
New 1	First Name, Middle Initial <input type="text" value="YY"/> Last Name <input type="text" value="YY"/> Title <input type="text" value="YY"/> Address 1 <input type="text" value="YY"/> Address 2 <input type="text" value="YY"/> City <input type="text" value="YY"/> State <input type="text" value="YY"/> Zip Code <input type="text" value="YY"/> Email 1 <input type="text" value="YY"/>	Business <input type="text" value="YY"/> Home <input type="text" value="YY"/> Facsimile <input type="text" value="YY"/> Mobile <input type="text" value="YY"/> Emergency <input type="text" value="YY"/>	<input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/>	<input type="checkbox"/> Administrative <input type="checkbox"/> Financial <input type="checkbox"/> Operator In Charge <input type="checkbox"/> Contract Operator <input type="checkbox"/> Owner <input type="checkbox"/> Carbon Copy	<input type="checkbox"/> Operator <input type="checkbox"/> Emergency <input type="checkbox"/> Sampler / Water Quality <input type="checkbox"/> Legal <input type="checkbox"/> Funding

Add Additional Contact [?](#) (../Content/2021EARHelp.htm#2.3)

(pick all that apply)

New 2	First Name, Middle Initial <input type="text" value="YY"/> Last Name <input type="text" value="YY"/> Title <input type="text" value="YY"/> Address 1 <input type="text" value="YY"/> Address 2 <input type="text" value="YY"/> City <input type="text" value="YY"/> State <input type="text" value="YY"/> Zip Code <input type="text" value="YY"/> Email 1 <input type="text" value="YY"/>	Business <input type="text" value="YY"/> Home <input type="text" value="YY"/> Facsimile <input type="text" value="YY"/> Mobile <input type="text" value="YY"/> Emergency <input type="text" value="YY"/>	<input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/>	<input type="checkbox"/> Administrative <input type="checkbox"/> Financial <input type="checkbox"/> Operator In Charge <input type="checkbox"/> Contract Operator <input type="checkbox"/> Owner	<input type="checkbox"/> Operator <input type="checkbox"/> Emergency <input type="checkbox"/> Sampler / Water Quality <input type="checkbox"/> Legal <input type="checkbox"/> Funding
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				<input type="checkbox"/> Carbon Copy	
<b>Add Additional Contact</b>				(pick all that apply)	
New 3 First Name, <input type="text" value="YY"/> Middle Initial	Business	<input type="text" value="YY"/>	<input type="text" value="YY"/>	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
Last Name <input type="text" value="YY"/>					
Title <input type="text" value="YY"/>	Home	<input type="text" value="YY"/>	<input type="text" value="YY"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
Address 1 <input type="text" value="YY"/>	Facsimile	<input type="text" value="YY"/>	<input type="text" value="YY"/>	<input type="checkbox"/> Operator In Charge	<input type="checkbox"/> Sampler / Water Quality
Address 2 <input type="text" value="YY"/>	Mobile	<input type="text" value="YY"/>	<input type="text" value="YY"/>		
City <input type="text" value="YY"/> State <input type="text" value="YY"/> Zip Code <input type="text" value="YY"/>	Emergency	<input type="text" value="YY"/>	<input type="text" value="YY"/>	<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
Email 1 <input type="text" value="YY"/>	Email 2 <input type="text" value="YY"/>			<input type="checkbox"/> Owner	<input type="checkbox"/> Funding
				<input type="checkbox"/> Carbon Copy	
<b>Add Additional Contact</b>				(pick all that apply)	
New 4 First Name, <input type="text" value="YY"/> Middle Initial	Business	<input type="text" value="YY"/>	<input type="text" value="YY"/>	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
Last Name <input type="text" value="YY"/>					
Title <input type="text" value="YY"/>	Home	<input type="text" value="YY"/>	<input type="text" value="YY"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
Address 1 <input type="text" value="YY"/>	Facsimile	<input type="text" value="YY"/>	<input type="text" value="YY"/>	<input type="checkbox"/> Operator In Charge	<input type="checkbox"/> Sampler / Water Quality
Address 2 <input type="text" value="YY"/>	Mobile	<input type="text" value="YY"/>	<input type="text" value="YY"/>		
City <input type="text" value="YY"/> State <input type="text" value="YY"/> Zip Code <input type="text" value="YY"/>	Emergency	<input type="text" value="YY"/>	<input type="text" value="YY"/>	<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
Email 1 <input type="text" value="YY"/>	Email 2 <input type="text" value="YY"/>			<input type="checkbox"/> Owner	<input type="checkbox"/> Funding
				<input type="checkbox"/> Carbon Copy	

COMMENTS (Note: Comments will be made publicly available): [?](#) (../Content/2021EARHelp.htm#2.4)

Need Help Completing the EAR. Click [HERE](https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/ear_assistance.html) (https://www.waterboards.ca.gov/drinking\_water/certlic/drinkingwater/ear\_assistance.html).

CA4900893 WEST WATER COMPANY (PUC)

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### 3. Population Served

Total Population in DDW Records: [?](#)   
(../Content/2021EARHelp.htm#3.1)

Annual Operating Period (./Content/2021EARHelp.htm#3.3)

Population Type (./Content/2021EARHelp.htm#3.2)	Population Count	Begin Date MM	Begin Date DD	End Date MM	End Date DD
Residential	40	1	1	12	31
Transient	0	1	1	12	31
Non-Transient	0	1	1	12	31

Method Used to Determine Population: (./Content/2021EARHelp.htm#3)

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

If population is based on "Other" , identify the methods or sources of how it was estimated: Billing, Owner, & old annual reports.

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

COMMENTS (Note: Comments will be made publicly available): (./Content/2021EARHelp.htm#3.4) YY

Need Help Completing the EAR. Click HERE (https://www.waterboards.ca.gov/drinking\_water/certlic/drinkingwater/ear\_assistance.html).

CA4900893 WEST WATER COMPANY (PUC)

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4. Number of Service Connections (./Content/2021EARHelp.htm#4)

A. Active Service Connections:

Total Active Potable Water Connections currently in Division of Drinking Water database: 13

The total number of Service Connections as of December 31, 2021 must be reported as either Unmetered or Metered for each Service Connection Type as appropriate. (./Content/2021EARHelp.htm#4.1)

TYPE	Potable Water		2021 Total*	2020 Total*
	Unmetered	Metered		
<u>Single-family Residential:</u> single family detached dwellings	5	8	13	13
<u>Multi-family Residential:</u> Apartments, condominiums, town houses, duplexes and trailer parks	0	0	0	0



Commercial/Institutional:

Retail establishments, office buildings, laundries, schools, prisons, hospitals, dormitories, nursing homes, hotels, churches, campgrounds

Industrial:

All manufacturing

Landscape Irrigation:

Parks, play fields, cemeteries, median strips, golf courses

Agricultural Irrigation:

Irrigation of commercially-grown crops

Total Active Connections\*

\* Calculated field

B. Number of Inactive Connections (all types)

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

Urban Water Supplier (UWS) questions [?](#) (../Content/2021EARHelp.htm#4.2)

These questions are specific to Urban Water Suppliers. In order to streamline reporting, we are only asking these questions to the largest system in the Urban Water Supplier's area. Responses should be provided for your entire agency. If you are uncertain which agency you are reporting for, please contact [waterconservation@waterboards.ca.gov](mailto:waterconservation@waterboards.ca.gov) for further guidance.

Please provide a comma-separated list of all water systems that are included in these urban water supplier questions. PWSIDs should be in the format CA#####.

COMMENTS (Note: Comments will be made publicly available): [?](#) (../Content/2021EARHelp.htm#4.3)

Need Help Completing the EAR. Click [HERE](https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/ear_assistance.html) (https://www.waterboards.ca.gov/drinking\_water/certlic/drinkingwater/ear\_assistance.html).

CA4900893 WEST WATER COMPANY (PUC)

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### 5. Source Inventory [?](#) (../Content/2021EARHelp.htm#5)

#### Section A

##### A1. Groundwater Source Inventory-Existing [?](#) (../Content/2021EARHelp.htm#5.1)

Small Water Systems [?](#) (../Content/2021EARHelp.htm#5.1) are provided a list view of your sources recorded in SDWIS, Division of Drinking Water's database of repository. For either Groundwater or Surface Water, the Existing Inventory is prefilled from SDWIS and may not be edited by EAR Reporters. You may add source updates to the EAR table below, and SDWIS will be made current with your details. For any sources not listed, please select "Email for Help on this page" at the bottom of this page to be connected with your Regulating Agency.

PS Code	Source Name	Source Activity	Comments
001	WELL 01	A	Well Permanent

##### A2. Groundwater Source Inventory-Updated

Add the Source listed from above and describe any changes (e.g., activity, availability, use commentary).

**Note:** Please include PS Code and Source Name as displayed in above table.

PS Code	Name	Activity	Comments
---------	------	----------	----------

**A3. Surface Water Source Inventory-Existing** [?](#) (../Content/2021EARHelp.htm#5.1)

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

**A4. Surface Water Source Inventory-Updated**

Add the Source listed from above and describe any changes (e.g., activity, availability, use commentary).

**Note:** Please include PS Code and Source Name as displayed in above table.

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

**A5. Discuss Changes To Above Sources**

**Section B. Source Metering** [?](#) (../Content/2021EARHelp.htm#5)

- 1. Are your water sources metered?
  - Pick one--
  - Yes
  - No
  - Pick one--
- 2. Do you have equipment on hand to monitor groundwater levels at all your wells?
  - Yes
  - No
  - N/A, No Wells
  - Pick one--
- 3. Do you routinely monitor the *static* water levels in your wells?
  - Yes
  - No
  - Not Applicable (no wells)
  - Pick one--
- 4. Do you routinely monitor the *pumping* water levels in your wells?
  - Yes
  - No
  - Not Applicable (no wells)

5. Are these levels recovering, declining or steady?:

- Pick one--
- Recovering
- Declining
- Steady
- Not Applicable (no wells)
- Don't Know

**Section C. Standby Source Use** [?](#) (../Content/2021EARHelp.htm#5)

If a standby source was used in 2021 , provide the following information.

Name of the Standby Source used in 2021:	No. of days the Standby Source was in operation:	Were customers notified? (Y/N)	Was the Division of Drinking Water notified? (Y/N)	Describe the reason the Standby Source was used:
--	--	--------------------------------	--	--

COMMENTS (Note: Comments will be made publicly available): [?](#) (../Content/2021EARHelp.htm#5.3)

Need Help Completing the EAR. Click [HERE](https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/ear_assistance.html) (https://www.waterboards.ca.gov/drinking\_water/certlic/drinkingwater/ear\_assistance.html).

CA4900893 WEST WATER COMPANY (PUC)

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**6. Water Supply and Delivery** [?](#) (../Content/2021EARHelp.htm#6)

**Important Note Concerning Water Use Questions:**

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

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

Are any questions in this section reported elsewhere?

- Pick one--
- Yes
- No

Name the report(s) containing the information requested in this Electronic Annual Report for the 2021 calendar year (reporting year):

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

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

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

Units of Measure for tables in Section 6A: [?](#) (../Content/2021EARHelp.htm#6.1)

- Pick one--

Volumes are based on:  METERED VOLUMES  
 ESTIMATED VOLUMES

**6.A1 - Water Produced, Purchased, and Sold** [?](#) (../Content/2021EARHelp.htm#)

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

A	B	C	D	E	F	G	H	I
Month	Potable Water				Non-potable Water			
	Water Produced from Groundwater (Wells)	Water Produced from Surface Water	Finished Water Purchased or Received from another PWS	Total Amount of Potable Water*	Water Sold to Another PWS	Total Amount of Non-potable Water	Water Sold to Another PWS	Recycled
Check here if no production for every month	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
January	132860	0	0	132860	0	0	0	0
February	143350	0	0	143350	0	0	0	0
March	157760	0	0	157760	0	0	0	0
April	174150	0	0	174150	0	0	0	0
May	189120	0	0	189120	0	0	0	0
June	256300	0	0	256300	0	0	0	0
July	240170	0	0	240170	0	0	0	0
August	214800	0	0	214800	0	0	0	0
September	214370	0	0	214370	0	0	0	0
October	177060	0	0	177060	0	0	0	0
November	127680	0	0	127680	0	0	0	0
December	139900	0	0	139900	0	0	0	0
Annual Total*	2167520	0	0	2167520	0	0	0	0
Percent Treated	YY							

PWS = Public Water System

\*Calculated field

The **Maximum Day** is the day during 2021 with the highest total water usage. Provide the date for Maximum volume supplied to the Distribution System, and report individual volumes recorded that day for each supply type. [?](#) (../Content/2021EARHelp.htm#6.1)

Maximum Daily Demand (Date)	06/17/2021
Maximum Day - Groundwater (Volume)	9100
Maximum Day - Surface Water (Volume)	0
Maximum Day - Purchased or Received (Volume)	0
Maximum Day - Total Potable Water (Calculated)	9100

Maximum Day - Sold (Volume)

**6.A2 - Water Purchased or Sold or Transferred** [?](#) ([../Content/2021EARHelp.htm#6.2](#))

If water was Purchased/received from or Sold/delivered to another PWS, add the water system details to the table below. The prefilled rows are populated from Division of Drinking Water's SDWIS Database. Where changes are made in existing rows, please provide a comment describing the change.

WSID	WS Name	WSFID - Name	Buyer and/or Seller
------	---------	--------------	---------------------

**6.A3 - Recycled Water Supplied** [?](#) ([../Content/2021EARHelp.htm#6.3](#))

If recycled water was *supplied to your customers*, complete the table below:

Specify the level of treatment (e.g., tertiary, disinfected secondary)	Name of Recycled Water supplier
---	---------------------------------

**SUBSECTION A COMMENTS** (Note: Comments will be made publicly available):

**B. WATER DELIVERIES** [?](#) ([../Content/2021EARHelp.htm#6.4](#))

No record keeping of metered delivery volumes

- Pick one--
- Gallons

- Units of Measure (UOM) for this table:
- Million Gallons
  - Acre-feet (AF)
  - 100 cubic feet

**6.B1 - Water Delivery Volumes to Service Connections and/or Interties**

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

A	B	C	D	E	F	G	H	I	J
	Single-family Residential	Multi-family Residential	Commercial/ Institutional	Industrial	Landscape Irrigation	Other	Total Retail*	Agricultural	Other PWS
Check if no water is delivered or not applicable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
January	<input type="text" value="117800"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="117800"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
February	<input type="text" value="129100"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="129100"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
March	<input type="text" value="142400"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="142400"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
April	<input type="text" value="162700"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="162700"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

May	214500	0	0	0	0	0	214500	0	0
June	230500	0	0	0	0	0	230500	0	0
July	207300	0	0	0	0	0	207300	0	0
August	203600	0	0	0	0	0	203600	0	0
September	203700	0	0	0	0	0	203700	0	0
October	166800	0	0	0	0	0	166800	0	0
November	118100	0	0	0	0	0	118100	0	0
December	130000	0	0	0	0	0	130000	0	0
Annual*	2026500	0	0	0	0	0	2026500	0	0
Annual % recycled water	0	0	0	0	0	0		0	YY

PWS = Public Water System

\*Calculated field

If no record keeping of metered delivery volumes, please explain:

YY

COMMENTS (Note: Comments will be made publicly available): [?](#) (./Content/2021EARHelp.htm#6.6) YY

Need Help Completing the EAR. Click [HERE](https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/ear_assistance.html) (https://www.waterboards.ca.gov/drinking\_water/certlic/drinkingwater/ear\_assistance.html).

CA4900893 WEST WATER COMPANY (PUC)

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### 7. Recycled Water Use [?](#) (./Content/2021EARHelp.htm#7)

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

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

Need Help Completing the EAR. Click [HERE](https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/ear_assistance.html) (https://www.waterboards.ca.gov/drinking\_water/certlic/drinkingwater/ear\_assistance.html).

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## 8. Customer Charges [?](#) (../Content/2021EARHelp.htm#8a)

About water rates and financial data; Senate Bill 200 (2019) updated Section 116530 (a) of California's Health and Safety Code allowing for the State Water Board to request information regarding financial capacity. Technical, managerial and financial capacity of a water system are critical components of its sustainability and resiliency. California Health and Safety Code Section 116530 now states:

(a) A public water system shall submit a technical report to the state board as part of the permit application or when otherwise required by the state board. This report may include, but not be limited to, detailed plans and specifications, water quality information, physical descriptions of the existing or proposed system, information related to technical, managerial, and financial capacity and sustainability, and information related to achieving the goals of Section 106.3 of the Water Code, including affordability and accessibility.

### A. Water Rates and Charges [?](#) (../Content/2021EARHelp.htm#A)

A.1 Does your water system charge customers for water (residential, commercial, industrial, or institutional water customers)? [?](#)  --Pick one--  
(../Content/2021EARHelp.htm#A.1)  Yes  No

A.2 Select applicable customer types: [?](#) (../Content/2021EARHelp.htm#A.2)  --Pick one--  
 Residential  Non-Residential (typically includes commercial, industrial, institutional customers etc.)  
 Both

### A1. Residential Water Rates and Charges [?](#) (../Content/2021EARHelp.htm#A1)

A1.1 Please select the most common rate structure used to charge Residential customers: [?](#) (../Content/2021EARHelp.htm#A1.1)

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

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

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

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

Variable - Rates that are changed depending on water usage.

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

A1.1a. Other Notes

A1.2 Comments on rate structure, explain allocation rate if applicable: [?](#)   
(../Content/2021EARHelp.htm#A1.2)

A1.3. Please select your billing frequency for Residential customers: ? (/Content/2021EARHelp.htm#A1.3)

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

A1.4. Please select the metric or unit of measure (UOM) used in Residential Water Rates: ? (/Content/2021EARHelp.htm#A1.4)

- Pick one--
- Gallons (Gal)
- Hundred Cubic Feet
- Thousand Gallons
- Million Gallons
- Acre Feet

A1.5. Please select any variances or factors used to determine or adjust residential water rates or allocations: ? (/Content/2021EARHelp.htm#A1.5)

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

A1.6. Does your water system have multi-family AND single family billing classes? ? (/Content/2021EARHelp.htm#A1.6)

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

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

- Pick one--
- Yes
- No

A1.8. Residential Rates & Charges Table ? (/Content/2021EARHelp.htm#A1.8)

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

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



- Two or more tiers must be defined for the Base Rate Structure.
- Two or more tiers must be defined for the Usage Rate Structure.
- All selected tiers must be defined for the Base Rate Structure.
- All selected tiers must be defined for the Cost per Unit of Measure (UOM).
- All tiers must be defined for either the Base Rate Structure, Usage Rate Structure, or both.
- Metrics for Base Rate Structure must be in ascending order.
- One or more values for Base Rate are missing.
- Metrics for Usage Rate Structure must be in ascending order.
- One or more values for Cost per Unit of Measure are missing.

Customer Class & Billing Tiers	Base Rate	Cost per Unit of Measure (UOM)
Residential - Tier 1	82.45	1.45

- No Change
- Yes, inflation adjustment
- Yes, increment of multi-year approved increase
- Yes, imposition of new or increased fees
- Yes, other:
  - YY
  - YY
  - YY
- UNAVAILABLE
- Not Available Online

A1.9 Did your rates change in the reporting year?\* [?](#) (./Content/2021EARHelp.htm#A1.9)

A1.9a Other Notes [?](#) (./Content/2021EARHelp.htm#A1.9A)

A1.10. Date of most recent update to the rate structure (this does not include regularly scheduled rate changes, rather actual changes to your rate structure): [?](#) (./Content/2021EARHelp.htm#A1.10)MM/DD/YYYY

A1.11. If you recently updated your rate structure, please briefly describe the changes that were made: [?](#) (./Content/2021EARHelp.htm#A1.11)

A1.12. Provide a direct link to a web page that explains water rates and fees, if available. [?](#) (./Content/2021EARHelp.htm#A1.12)

A1.13. Upload rate structure documentation. [?](#) (./Content/2021EARHelp.htm#A1.13)

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

Browse... No files selected.

Upload

(Uploaded files:)

Delete West Water Company Rates Structure information was not available at the time this report was submitted.pdf (/TakeSurvey/Download?fileName=1055\_CA4900893\_444289\_36461\_2021EAR\_\_WRRResidentialRateUpload\_1.pdf)

0%

A1.14 Comments on the allocation of Residential rate. [?](#) (./Content/2021EARHelp.htm#A1.14)

INFORMATION UNAVAILABLE

A1.15 Does your residential customer bills include any non-drinking water charges (i.e. wastewater, stormwater, electricity, telecommunications, property tax etc.)? [?](#) (./Content/2021EARHelp.htm#A1.15)

- Pick one--
- Yes
- No

**A2. RESIDENTIAL SERVICE CONNECTIONS [?](#) (./Content/2021EARHelp.htm#A2)**

A2.1 What is the average charge\* for a brand-new Residential connection (based on the most common meter size)?  [?](#) (../Content/2021EARHelp.htm#A2.1)

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

No service charge for brand new connections

A2.2 When was the connection charge\* for a brand-new Residential connection last updated (based on the most common meter size reported above)?  [?](#) (../Content/2021EARHelp.htm#A2.2)

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

A2.3 What is the one-time fee or deposit needed to create a new water service account for an existing Residential home (based on the most common meter size reported above)?  [?](#) (../Content/2021EARHelp.htm#A2.3)

A2.5. Check all costs covered by a new Residential connection fee:  [?](#) (../Content/2021EARHelp.htm#A2.5)

Existing infrastructure buy-in (e.g., water treatment/ conveyance/sewage treatment )

Upgrades to infrastructure (seismic retrofits, pipe replacements, etc.)

Storm water management system

Debt service charge

Development of new water supplies

Other :

A2.6. Comments on Residential connections (publicly available):  [?](#) (../Content/2021EARHelp.htm#A2.6)

**Need Help Completing the EAR. Click HERE ([https://www.waterboards.ca.gov/drinking\\_water/certlic/drinkingwater/ear\\_assistance.html](https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/ear_assistance.html)).**

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

## 8(B) Income [?](#) (../Content/2021EARHelp.htm#8b)

### B0. Financial Reporting Period

B0.1 For the Total Income section of the EAR, water systems may report their data by fiscal year or calendar year. Please indicate if the information provided in this section represents your water system's fiscal or calendar year financial data?\*

Calendar Year

Fiscal Year

### B1. Total Revenue Generated from Different Sources\* [?](#) (../Content/2021EARHelp.htm#B1)

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

\*Mobile homes, parks, and other types of community water systems that do not charge their customers directly for water should provide their total revenues received from rent, fees, operating contracts, and/or any other source of revenue used to support the operations and maintenance of the water system in question B1.7

B1.1 Total revenue collected from Residential (Single and multi-family) customers' rates and charges that cover water services, including usage fares, and basic rates for the reporting year.\* [?](#) (../Content/2021EARHelp.htm#B1.1) 0

\*Do not include any other charges (i.e. connection fees, service fees, etc.) associated with your water rates. Other charges for Residential customers will be recorded in B1.3.

You have reported \$0, please explain INFORMATION NOT AVAILABLE why:\*

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

B1.3 Total revenue generated exclusivity from other fees and charges\* from all Residential customer types during the reporting year (includes single-family and multi-family customers).\* [?](#) (../Content/2021EARHelp.htm#B1.3) 1

\*Other fees and charges:

Include: Late fees, notice fees, penalties, shutoff fees, reconnection fees, and bounced check fees.

Do Not Include: Revenue generated by your water rates on your typical Non-Residential customer bill.

- Pick one--
- Yes
- No

B1.5 Did you collect/receive revenue from interfund (from wastewater or stormwater utility) or governmental transfers (i.e. property taxes or fees, sales taxes or fees, etc. – typically from City/County General Fund)?\* [?](#) (../Content/2021EARHelp.htm#B1.5)

B1.6 Total revenue lost from interfund or governmental transfers (if \$0, enter \$0)\* [?](#) (../Content/2021EARHelp.htm#B1.6) 0

Total interfund or governmental Revenue Gained (-):

B1.7 Total revenue generated from non-customer sources that have not already been accounted for (i.e. cell towers, lawsuits and settlements, energy generation, land leases, rent, interest income, other service fees, etc.)\* [?](#) (../Content/2021EARHelp.htm#B1.7) 0

Total Other Revenue Gained (+):

B1.7a Other Notes INFORMATION UNAVAILABLE

B1.8 Total Annual Revenue for the Reporting Year\* [?](#) (../Content/2021EARHelp.htm#B1.8) 1.00

Warning: You have indicated an exceptionally high monthly Drinking Water Charge: Water Bill > \$500, please verify this amount before proceeding.

B1.9 Approximation of Total Residential Charges [?](#) (../Content/2021EARHelp.htm#B1.9)

Consumption	Drinking Water Charge: Water Bill	Other Charges from Interfund Transfer: Taxes / Fees	Total Drinking Water Cost to Customer: dollars/month	Provide Alternative Amount	Alternative Amount	Comments
<b>6 HCF</b> <a href="#">?</a> (../Content/2021Help.html#A3)	6591.50	<span style="border: 1px solid black; padding: 2px;">0.00</span>	<span style="border: 1px solid black; padding: 2px;">6591.50</span>	<input type="checkbox"/>		<span style="border: 1px solid black; padding: 2px;">YY</span>
<b>9 HCF</b> <a href="#">?</a> (../2021Help.html#A3)	9845.30	<span style="border: 1px solid black; padding: 2px;">0.00</span>	<span style="border: 1px solid black; padding: 2px;">9845.30</span>	<input type="checkbox"/>		<span style="border: 1px solid black; padding: 2px;">YY</span>
<b>12 HCF</b> <a href="#">?</a> (../Content/2020LWSHelp.htm#A3)	13099.10	<span style="border: 1px solid black; padding: 2px;">0.00</span>	<span style="border: 1px solid black; padding: 2px;">13099.10</span>	<input type="checkbox"/>		<span style="border: 1px solid black; padding: 2px;">YY</span>
<b>24 HCF</b> <a href="#">?</a> (../Content/2021Help.html#A3)	26115.75	<span style="border: 1px solid black; padding: 2px;">0.00</span>	<span style="border: 1px solid black; padding: 2px;">26115.75</span>	<input type="checkbox"/>		<span style="border: 1px solid black; padding: 2px;">YY</span>

B1.10 Days of cash-on-hand\* at the end of the reporting year:\* [?](#) (../Content/2021EARHelp.htm#B1.10)

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

Number of Days 0

B1.11 Comments on water system revenues: [?](#) (./Content/2021EARHelp.htm#B1.11)

Comment

INFORMATION UNAVAILABLE

## B2.Total Expenses [?](#) (./Content/2021EARHelp.htm#B2)

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

B2.1 Total annual operations and maintenance expenses\* [?](#) (./Content/2021EARHelp.htm#B2.1)

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

Total Operations and Maintenance Expenses (-):

B2.2 Total annual expenses from investing or capital expenditures\* [?](#) (./Content/2021EARHelp.htm#B2.2)

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

Total Investment Expenses (-):

B2.3 Total annual expenses from financing activities\* [?](#) (./Content/2021EARHelp.htm#B2.3)

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

Total Financing Activity Expenses (-):

B2.4 Total Other annual expenses\* [?](#) (./Content/2021EARHelp.htm#B2.4)

Total Other Expenses (-):

B2.4a Other Notes

B2.5 Total annual expenses\* [?](#) (./Content/2021EARHelp.htm#B2.5)

Total Annual Expenses (-):

B2.6 Comments on Total Expenses: [?](#) (./Content/2021EARHelp.htm#B2.6)

Comment

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

## 8(C) Affordability [?](#) (./Content/2021EARHelp.htm#8c)

### C2. Residential Customer Assistance [?](#) (./Content/2021EARHelp.htm#C2)

C2.1 In the reporting year, did you offer any of the following types of bill assistance to customers? [?](#) (./Content/2021EARHelp.htm#C2.1)

- Low-income water rate assistance
- Flexible payment terms
- Alternative payment terms
- Temporary assistance

- Special medical need
- Other types of assistance
- None

C2.7 Does your system partner with an outside entity (e.g. United Way) to provide assistance to low-income households? [?](#)  
 (../Content/2021EARHelp.htm#C2.7)

- Pick one--
- Yes
- No

C2.8 Do you offer bill forgiveness under certain circumstances? [?](#) (../Content/2021EARHelp.htm#C2.8)

- Pick one--
- Yes
- No

Comment:

C2.9 Comments on Affordable Drinking Water Assistance (publicly available): [?](#) (../Content/2021EARHelp.htm#C2.9)

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## 9. Water Quality [?](#) (../Content/2021EARHelp.htm#9)

### A. (NEW) BACTERIOLOGICAL SAMPLE SITING PLAN (BSSP) [?](#) (../Content/2021EARHelp.htm#9.3)

On July 1, 2021, the California Revised Total Coliform Rule (RTCR) became effective which requires a BSSP be submitted by October 1, 2021 and complies with RTCR. Information on the RTCR can be found at: [https://www.waterboards.ca.gov/drinking\\_water/certlic/drinkingwater/rtrc.html](https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/rtrc.html) ([https://www.waterboards.ca.gov/drinking\\_water/certlic/drinkingwater/rtrc.html](https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/rtrc.html)).

A.1. Is the Bacteriological Sample Siting Plan up to date?

- Pick one--
- Yes
- No

Select here (<../PwsUser/PWSBSSPList?PwsID=CA4900893>) to upload a new or revised water system BSSP

### B. EMERGENCY NOTIFICATION PLAN (ENP) [?](#) (../Content/2021EARHelp.htm#9.3)

B.1. Date of Emergency Notification Plan: 04/29/2021

B.2. Is the Emergency Notification Plan up to date?

- Pick one--
- Yes
- No

If no is selected, please follow the upload process. [?](#) (../Content/2021EARHelp.htm#9.2)

Select here (<../PwsUser/PWSWQENPList?PwsID=CA4900893>) to upload a new water system ENP or view existing. To upload a revised WQENP, please email your District or County representative with attachment for review and overwrite. [?](#) (../Content/2021EARHelp.htm#9.1)

### C. DIRECT ADDITIVES [?](#) (../Content/2021EARHelp.htm#9.3)

On July 1, 2021, the California Revised Total Coliform Rule (RTCR) became effective. Information on the RTCR can be found at: [https://www.waterboards.ca.gov/drinking\\_water/certlic/drinkingwater/rtcr.html](https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/rtcr.html).

Pursuant to Section 64590, Title 22 of the California Code of Regulations, (effective January 1, 1994), all chemicals or products, including chlorine, added directly to the drinking water as part of a treatment process must meet the NSF/ANSI Standard 60.

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

Please complete the following table for each chemical used by this water system. If you are not sure whether a chemical you are using meets this standard, contact the manufacturer or distributor of the chemical. [?](#) ([../Content/2021EARHelp.htm#9.4](#))

\*Click here to upload an Excel spreadsheet ([./UploadGrid?surveysTakenId=444289&surveyId=1055&questionId=35169](#)) of your water system's direct chemical additives.\*

Name of Chemical	Name of Manufacturer	Purpose of using chemical	Chemical is ANSI/NSF Standard 60 certified (Y/N)	Use initiated in 2021 (Y/N)
Sodium Hypochlorite	HASA	Disinfection	1	2

**D. 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.

D.1. Does your water system have procedures to ensure all future equipment and materials meet this standard?

--Pick one--  
 Yes  
 No  
 N/A

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

**E. CONSUMER CONFIDENCE REPORT** [?](#) ([../Content/2021EARHelp.htm#9.5](#))

E.1. Date of Consumer Confidence Report (CCR): 06/24/2022

E.2. Date of CCR Certification: No CCR Uploaded

--Pick one--  
 Yes  
 No

E.3. Are the CCR and Cert upload dates up to date?

Yes  
 No

Select here ([../PwsUser/PWSCCRLList?PwsID=CA4900893](#)) to upload a new water system CCR or Certification Form.

**COMMENTS (Note: Comments will be made publicly available):** [?](#) ([../Content/2021EARHelp.htm#9.6](#))

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### 10. Backflow–Cross Connection Control ? (../Content/2021EARHelp.htm#10)

	Total Number Reported in 2020	Total Number in System in 2021	Number Installed in 2021	Number Tested in 2021	Number Failed in 2021	Number Repaired/ Replaced
Backflow Assemblies on the Service Connections or Meter (Reduced Pressure Principle and Double Check Valve assemblies) ? (../Content/2021EARHelp.htm#10.1)	0	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) ? (../Content/2021EARHelp.htm#10.2)	0	0	0	0	0	0
Air-gap Separation ? (../Content/2021EARHelp.htm#10.3)	0	0	0			

No. of *Inactive* Backflow Prevention Assemblies in water system in 2021: ? (../Content/2021EARHelp.htm#10.4)

Are cross-connection control surveys regularly conducted on the system?

--Pick one--

Yes

No

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 2021: ? (../Content/2021EARHelp.htm#10.5)

Survey In progress

COMMENTS (Note: Comments will be made publicly available): ? (../Content/2021EARHelp.htm#10.6)

Need Help Completing the EAR. Click HERE ([https://www.waterboards.ca.gov/drinking\\_water/certlic/drinkingwater/ear\\_assistance.html](https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/ear_assistance.html)).

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### 11. Operator Certification ? (../Content/2021EARHelp.htm#11)

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

**A. DISTRIBUTION SYSTEM CERTIFIED OPERATORS**

Your Distribution System Classification is: **D1** (?) (./Content/2021EARHelp.htm#11.1)

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

- Pick one--
- Yes
- No
- Not Applicable (transient non-community water system)

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

Name of Chief Distribution Operator (First name Last name):

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

Distribution Operator Number (3, 4 or 5 digits):

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

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

\*Click here (./TakeSurvey/UploadGrid?surveysTakenId=444289&surveyId=1055&questionId=35175) to download, update, and/or upload an Excel spreadsheet of your water system's certified distribution operators.\*

Distribution Operator Name (First name Last name)	Grade of Distribution Operator (1, 2, 3, 4, or 5)	Chief, Shift or Neither <sup>1</sup> (C, S or X)	Distribution Operator Number (3, 4 or 5 digits)	Distribution Certification Expiration Date (MM/DD/YYYY)
Greg Passalacqua	2	2	36086	2024-05-01T07:00:00.000Z
Robert Sherod	2	1	45865	2024-10-01T07:00:00.000Z
Cliff Ridgeway	2	2	36630	4/1/2024
Cory Cresswell	2	2	51037	9/1/2024

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

**B. TREATMENT PLANT CERTIFIED OPERATORS**

Your Highest Treatment System Classification is: **T1 Or D1 required** (?) (./Content/2021EARHelp.htm#11.2)

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

- Pick one--
- Yes
- No
- No treatment facility except precautionary disinfection

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

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

\*Click here (./TakeSurvey/UploadGrid?surveysTakenId=444289&surveyId=1055&questionId=35177) to download, update, and/or upload an Excel spreadsheet of your water system's certified water treatment operators.\*



Treatment Operator Name (First name Last name)	Grade of Treatment Operator (1, 2, 3, 4, or 5)	Chief, Shift or Neither <sup>1</sup> (C, S or X)	Treatment Operator Number (3, 4 or 5 digits)	Treatment Certification Expiration Date (MM/DD/YYYY)
Greg Passalacqua	3	2	30916	2022-12-01T08:00:00.000Z
Robert Sherod	3	1	37339	2023-04-01T07:00:00.000Z
Cliff Ridgeway	2	2	31937	6/1/2022
Cory Cresswell	2	2	42660	9/1/2024

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

**COMMENTS (Note: Comments will be made publicly available):** [?](#) (../Content/2021EARHelp.htm#11.4)

Need Help Completing the EAR. Click [HERE](https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/ear_assistance.html) (https://www.waterboards.ca.gov/drinking\_water/certlic/drinkingwater/ear\_assistance.html).

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## 12. Water System Improvements [?](#) (../Content/2021EARHelp.htm#12)

The California Waterworks Standards (Section 64556) requires 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 2021 for which a permit was not obtained or amended, please describe the improvements or modifications below.

Indicate any planned improvements or modifications for 2022.

**COMMENTS (Note: Comments will be made publicly available):** [?](#) (../Content/2021EARHelp.htm#12.2)

Need Help Completing the EAR. Click [HERE](https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/ear_assistance.html) (https://www.waterboards.ca.gov/drinking\_water/certlic/drinkingwater/ear\_assistance.html).

CA4900893 WEST WATER COMPANY (PUC)

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### 13. Complaints Reported (Written or Verbal) [?](#) ([../Content/2021EARHelp.htm#13](#))

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

\*Calculated field

**COMMENTS** (Note: Comments will be made publicly available): [?](#) ([../Content/2021EARHelp.htm#13.2](#)) **INFORMATION NOT AVAILABLE**

Need Help Completing the EAR. Click [HERE](https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/ear_assistance.html) ([https://www.waterboards.ca.gov/drinking\\_water/certlic/drinkingwater/ear\\_assistance.html](https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/ear_assistance.html)).

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### 14. Treatment Plants and Disinfection Plan [?](#) ([../Content/2021EARHelp.htm#14](#))

The water system treatment plants listed on PDWW are used to prefill this section. The following tables list treatment plants by water type, assigning the list to (A) Groundwater treatment and (B) Surface Water treatment. Chlorinator only treatment plants are not listed. You may report operation plan

recordkeeping for Chlorinator only treatment plants below the tables.

Note: Use the "Email for help on this page" at the bottom to contact your regulating agency representative for questions or concerns.

**A. GROUNDWATER TREATMENT** [?](#) (../Content/2021EARHelp.htm#14.1)

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

Describe any plant problems, process failures, major shutdowns, etc., which occurred in 2021 and substantially affected the plant performance AND/OR any significant modifications or maintenance provided to the plant(s):

Calculated count of active treatment plants:   
 (This number includes chlorinator only facilities)

Calculated count of active chlorinating facilities:   
 (These facilities are not prefilled in the list above)

--Pick one--

Do your chlorinating facilities have Operations Plans?  Yes  No

Describe any changes to treatment plant operations plans including chlorination facilities.  
 Note: Please indicate which treatment plant your response applies to.

**B. SURFACE WATER TREATMENT** [?](#) (../Content/2021EARHelp.htm#14.2)

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

Describe any plant problems, process failures, major shutdowns, etc., which occurred in 2021 and substantially affected the plant performance AND/OR any significant modifications or maintenance provided to the plant(s):

**C. EMERGENCY DISINFECTION PLAN** [?](#) (../Content/2021EARHelp.htm#14.3)

Date of current Emergency Disinfection Plan (EDP)\* :

Name of Document that includes the Emergency Disinfection Plan:

Date of document that includes the Emergency Disinfection Plan:

**D. WATERSHED SANITARY SURVEY REPORT** [?](#) (../Content/2021EARHelp.htm#14.4)

Per Title 22, Section 64665 (a,b,c) – All suppliers shall have a sanitary survey of their watershed(s) completed at least every five years, submitted to the State Board not later than 60 days following completion of the survey and shall include physical and hydrogeological description of the watershed, a summary of source water quality monitoring data, a description of activities and sources of contamination, a description of any significant changes that occurred since the last survey which could affect the quality of the source water, a description of watershed control and management practices, an evaluation of the system’s ability to meet requirements of Surface Water Treatment chapter, and recommendations for corrective actions.

Date of last watershed sanitary survey report : [?](#) (../Content/2021EARHelp.htm#14.4)

Date planned to complete next watershed sanitary survey report\*:

YY

COMMENTS (Note: Comments will be made publicly available): ? (../Content/2021EARHelp.htm#14.5) YY

Need Help Completing the EAR. Click HERE (https://www.waterboards.ca.gov/drinking\_water/certlic/drinkingwater/ear\_assistance.html).

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To view last year's report, click here (../TakeSurvey/PreviousSummary?surveysTakenId=444289).

### 15. Distribution System and Storage Tanks ? (../Content/2021EARHelp.htm#15)

#### A. SYSTEM PROBLEMS ? (../Content/2021EARHelp.htm#15.1)

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	0	0	YY
Main Breaks/Leaks	0	0	0	YY
Water Outages ? (../Content/2021EARHelp.htm#15.1.a)	0	0	0	YY
Boil Water Orders	0	0	0	YY
Total*	0	0	0	

Comments on SYSTEM PROBLEMS (publicly available): INFORMATION NOT AVAILABLE

#### B. INFRASTRUCTURE AND PIPELINE MATERIALS ? (../Content/2021EARHelp.htm#15.2)

##### Pipe Material in Distribution System

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

Pipeline Material	Percentage of distribution pipe system composed of the materials selected	Average Age (in years)
<input type="checkbox"/> Plastic (Including Poly Vinyl Chloride and HDPE)	YY	YY
<input checked="" type="checkbox"/> Steel	100	0
<input type="checkbox"/> Cast Iron	YY	YY
<input type="checkbox"/> Galvanized Iron	YY	YY
<input type="checkbox"/> Ductile Iron	YY	YY
<input type="checkbox"/> Cement Concrete	YY	YY
<input type="checkbox"/> Asbestos Cement	YY	YY
<input type="checkbox"/> Other	YY	YY

Please describe other pipeline materials in your distribution system:

YY

**C1. DEAD-END FLUSHING PROGRAM** [?](#) (../Content/2021EARHelp.htm#15.3)

If unknown, please enter 0 and explain why in the comments box.

<b>Total No. in System</b>	<b>No. with Blowoffs</b>	<b>No. Flushed in 2021</b>	<b>Frequency of Flushing</b>
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

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

**C2. ALL FLUSHING OPERATIONS**

Units of Measure for total volume reported below:

- Pick one--
- Gallons
- Million Gallons
- Acre-feet (AF)
- 100 cubic feet
- No Flushing

Total Volume in units of measure selected above; include all types of flushing, not just dead-end flushing: [?](#) (../Content/2021Help.html#SB555)

Comments on ALL FLUSHING OPERATIONS (publicly available):

**D. VALVE EXERCISE PROGRAM** [?](#) (../Content/2021EARHelp.htm#15.4)

If unknown, please enter 0 and explain why in the comments box.

<b>Total No. in System</b>	<b>Size Range of Valves</b>	<b>No. Exercised in 2021</b>	<b>Frequency of Valve Exercising</b>
<input type="text" value="2"/>	<input type="text" value="1- 2 inch"/>	<input type="text" value="2"/>	<input type="text" value="annual"/>

Comments on VALVE EXERCISE PROGRAM (publicly available):

**E. STORAGE TANK/RESERVOIR INSPECTION/CLEANING PROGRAM** [?](#) (../Content/2021EARHelp.htm#15.5)

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

\*If you have many storage tanks and completing the table below will take too long, click here (../TakeSurvey/UploadGrid?surveysTakenId=444289&surveyId=1055&questionId=35185) to use a template and upload.\*

Tank name	Capacity	Capacity Units	Year installed	Date of last inspection	Date of last cleaning	Date re-lined or coated	Corroded
-----------	----------	----------------	----------------	-------------------------	-----------------------	-------------------------	----------

COMMENTS (Note: Comments will be made publicly available): [?](#) (../Content/2021EARHelp.htm#15.6)

Need Help Completing the EAR. Click [HERE](https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/ear_assistance.html) (https://www.waterboards.ca.gov/drinking\_water/certlic/drinkingwater/ear\_assistance.html).

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## 16. Emergency Preparedness and Response [?](#) ([../Content/2021EARHelp.htm#16](#))

### A. AUXILIARY POWER SUPPLY [?](#) ([../Content/2021EARHelp.htm#16.1](#))

Does your water system have backup power for:

A.1.1. Sources:

- Pick one--
- All
- Some
- None
- Not Applicable

A.1.2. Pumping Stations:

- Pick one--
- All
- Some
- None
- Not Applicable

A.1.3. Water Treatment Plants:

- Pick one--
- All
- Some
- None
- Not Applicable

A.1.4. If your system has backup power, how many times per year is it exercised?

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

A.2.1. 24 hours

- Pick one--
- Yes
- No
- Only in some zones

A.2.2. 48 hours

- Pick one--
- Yes
- No
- Only in some zones

A.2.3. 72 hours

- Pick one--
- Yes
- No
- Only in some zones

A.2.4 Is your backup power system automatic or manual start?:

- Pick one--
- Automatic
- Manual Start
- Not Applicable

NEW No later than January 1, 2024, Community water systems serving less than 3,000 service connections and Non-Transient Non-Community Systems that are schools shall ensure continuous operations during power failures by providing adequate backup electrical supply.

A.3. Can you maintain continuous operations during power failures with your current backup electrical supply setup?

- Pick one--
- Yes
- No
- In progress

COMMENTS (Note: Comments will be made publicly available): [?](#) (../Content/2021EARHelp.htm#16.4)

**B. EMERGENCY RESPONSE PLANS** [?](#) (../Content/2021EARHelp.htm#16.2)

PUBLIC WATER SYSTEMS WITH AT LEAST 3,300 OR MORE PERSONS SHOULD REVIEW AND REVISE THEIR EMERGENCY RESPONSE PLAN TO ENSURE THAT THE PLANS ARE SUFFICIENT TO ADDRESS POSSIBLE DISASTER SCENARIOS.

B.1. Do you have an Emergency Response Plan (ERP) that addresses the procedures for the restoration of water service for your water system?

- Pick one--
- Yes
- No

B.2. Date of your current Emergency Response Plan:

B.3. Date ERP was last exercised with a tabletop or other activity:

B.4. Are you registered in your local energy utility's Public Safety Power Shutoff notification plan?

- Pick one--
- Yes
- No
- Not applicable

**C. WATER PARTNERSHIPS** [?](#) (../Content/2021EARHelp.htm#16.3)

C.1. Are you interested in obtaining information about water partnership or consolidation options ([https://www.waterboards.ca.gov/drinking\\_water/certlic/drinkingwater/waterpartnership.html](https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/waterpartnership.html))? If yes, please mark those that apply:

- Please have Drinking Water staff contact our organization with more information about water partnership activities such as consolidation, extension of service, or interties that connect one system to another
- Please send my water system information about training opportunities
- Please send my water system information about funding options for water partnerships and consolidations

C.2. Do you have an active membership in the California Water/Wastewater Agency Response Network (CalWARN) (<https://www.calwarn.org/>) or similar mutual aid organization? \*

- Yes
- No

Need Help Completing the EAR. Click [HERE](https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/ear_assistance.html) (https://www.waterboards.ca.gov/drinking\_water/certlic/drinkingwater/ear\_assistance.html).

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## 17. Water Conservation and Drought [?](#) ([../Content/2021EARHelp.htm#17](#))

### A. Drought Preparedness

A.1. Does your agency have a current Water Shortage Contingency Plan (WSCP) or Drought Preparedness Plan? [?](#)  Yes  
([../Content/2021EARHelp.htm#17.1](#))  No

A.1.1. Date of your revised Drought Preparedness Plan or Water Shortage Contingency Plan, if any: [?](#) ([../Content/2021EARHelp.htm#17.1](#))

A.2. Did your water system experience water shortages in 2021? [?](#) ([../Content/2021EARHelp.htm#17.3](#))

- Pick one--  
 Yes  
 No

A.2.1. Please estimate the amount of shortfall in the units specified below.

- Volume:   
 --Pick one--  
 Gallons  
 Million  
Units of Measure:  Gallons  
 Acre-foot(AF)  
 100 cubic feet

A.2.2. Following the 2020 WSCP Mandated Shortage Levels (by DWR), What shortage level(s) did your agency declare in 2021? (select all that apply)

- Shortage Level 1 (<10%)  
 Shortage Level 2 (10-20%)  
 Shortage Level 3 (20-30%)  
 Shortage Level 4 (30-40%)  
 Shortage Level 5 (40-50%)  
 Shortage Level 6 (>50%)



A.3. Did drought conditions cause you to activate emergency standby wells, emergency interties, and/or other surface water sources in 2021? [?](#) (../Content/2021EARHelp.htm#17A.3)

--Pick one--  
 Yes  
 No  
 Not Applicable (no wells)

A.4. Do you project water shortages in 2022? [?](#) (../Content/2021Help.htm#WaterShortages)

--Pick one--  
 Yes  
 No

A.5. Does your water system anticipate having to go to mandatory restrictions in 2022? [?](#) (../Content/2021EARHelp.htm#17.4)

--Pick one--  
 Yes  
 No

A.6. Identify the method your water system uses to discourage excessive water use when in drought, in support of SB 814 (2016) (select all that apply) [?](#) (../Content/2021EARHelp.htm#17A.6)\* At least one box needs to be checked.

- Rate structure (e.g., block tiers, water budgets, or rate surcharges above base rates for excessive water use)
- Excessive water use ordinance, rule, or tariff condition
- Not implementing
- Not applicable: not an urban retail water supplier

A.7. Comments regarding SB 814 (Note: Comments will be made publicly available) :

A.8. Comments regarding Drought Preparedness Section

**Need Help Completing the EAR. Click HERE ([https://www.waterboards.ca.gov/drinking\\_water/certlic/drinkingwater/ear\\_assistance.html](https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/ear_assistance.html)).**

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**18. Climate Change Adaptation and Resiliency for Water Utilities [?](#) (../Content/2021EARHelp.htm#18)**

<b>A. CLIMATE THREATS, SENSITIVITY, AND MAGNITUDE OF IMPACTS <a href="#">?</a> (../Content/2021EARHelp.htm#18.2)</b> * At least one box needs to be checked.		
<input type="checkbox"/> Drought	Groundwater depletion (decreasing well levels, overdrafted groundwater basins, reduced groundwater recharge, etc.)	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input checked="" type="radio"/> None to Low Sensitivity

<input type="checkbox"/> Water Quality Degradation	Decreased surface water storage (decreasing lake, reservoir, and/or river levels)	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input checked="" type="radio"/> None to Low Sensitivity
	Reduction in surface water (decreases in seasonal runoff, and/or loss of snowmelt)	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input checked="" type="radio"/> None to Low Sensitivity
	Reliance on surface water diverted from the Delta, imported from Colorado River, or other climate-sensitive areas	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input checked="" type="radio"/> None to Low Sensitivity
	Salt-water intrusion into aquifers	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input checked="" type="radio"/> None to Low Sensitivity
	Altered water quality during storm events (turbidity shifts, debris flows)	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input checked="" type="radio"/> None to Low Sensitivity

	Surface water quality issues related to eutrophication, algal blooms, invasive species	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input checked="" type="radio"/> None to Low Sensitivity
<input type="checkbox"/> Flooding <input type="checkbox"/> Sea Level Rise	High flow events and flooding	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input checked="" type="radio"/> Medium Sensitivity <input type="radio"/> None to Low Sensitivity
	Inundation due to sea level rise, high tides, and/or coastal storm surges	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input checked="" type="radio"/> None to Low Sensitivity
	Aging flood protection infrastructure (levees), or insufficient impoundment capacity	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input checked="" type="radio"/> None to Low Sensitivity
<input type="checkbox"/> Extreme Heat	Peak demand volume surges (due to extreme heat, temperature trends, etc.)	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input checked="" type="radio"/> Medium Sensitivity <input type="radio"/> None to Low Sensitivity

	Increases in agricultural water demand or energy sector needs	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input checked="" type="radio"/> None to Low Sensitivity
<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Other	Increased fire risk and altered vegetation, e.g., wildfires	Choose an item <input type="radio"/> --Pick one-- <input checked="" type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input type="radio"/> None to Low Sensitivity
	Disruption of power supply	Choose an item <input type="radio"/> --Pick one-- <input checked="" type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input type="radio"/> None to Low Sensitivity
	Other <input type="text" value="YY"/>	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input checked="" type="radio"/> None to Low Sensitivity
<input checked="" type="checkbox"/> None	Active Water Resource Threat Monitoring	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> I don't know

**B. ADAPTATION MEASURES** [?](#) (../Content/2021EARHelp.htm#18.3)

<p>Install new and deeper drinking water wells, or modify existing wells to increase pumping capacity</p>	<p>Choose an item</p> <ul style="list-style-type: none"> <li><input type="radio"/> --Pick one--</li> <li><input type="radio"/> Completed</li> <li><input type="radio"/> In Progress</li> <li><input checked="" type="radio"/> Plan to Implement</li> <li><input type="radio"/> Will not Implement</li> <li><input type="radio"/> N/A</li> </ul>
<p>Develop local supplemental water supply, enhanced treatment, or increased storage capacity (e.g. recycled water, storm runoff for groundwater recharge, desalination, new reservoir)</p>	<p>Choose an item</p> <ul style="list-style-type: none"> <li><input type="radio"/> --Pick one--</li> <li><input type="radio"/> Completed</li> <li><input type="radio"/> In Progress</li> <li><input type="radio"/> Plan to Implement</li> <li><input checked="" type="radio"/> Will not Implement</li> <li><input type="radio"/> N/A</li> </ul>
<p>Interconnection with other utilities (transfers, mutual aid agreements with neighboring utilities)</p>	<p>Choose an item</p> <ul style="list-style-type: none"> <li><input type="radio"/> --Pick one--</li> <li><input type="radio"/> Completed</li> <li><input type="radio"/> In Progress</li> <li><input type="radio"/> Plan to Implement</li> <li><input checked="" type="radio"/> Will not Implement</li> <li><input type="radio"/> N/A</li> </ul>
<p>Relocate facilities, construct or install redundant facilities</p>	<p>Choose an item</p> <ul style="list-style-type: none"> <li><input type="radio"/> --Pick one--</li> <li><input type="radio"/> Completed</li> <li><input type="radio"/> In Progress</li> <li><input checked="" type="radio"/> Plan to Implement</li> <li><input type="radio"/> Will not Implement</li> <li><input type="radio"/> N/A</li> </ul>
<p>Modify facilities (e.g., install barrier or levee, raise a wall, seal a door, elevate construction)</p>	<p>Choose an item</p> <ul style="list-style-type: none"> <li><input type="radio"/> --Pick one--</li> <li><input type="radio"/> Completed</li> <li><input type="radio"/> In Progress</li> <li><input type="radio"/> Plan to Implement</li> <li><input checked="" type="radio"/> Will not Implement</li> <li><input type="radio"/> N/A</li> </ul>

<p>Conservation measures (demand management, enhanced communication and outreach)</p>	<p>Choose an item</p> <ul style="list-style-type: none"> <li><input type="radio"/> --Pick one--</li> <li><input type="radio"/> Completed</li> <li><input checked="" type="radio"/> In Progress</li> <li><input type="radio"/> Plan to Implement</li> <li><input type="radio"/> Will not Implement</li> <li><input type="radio"/> N/A</li> </ul>
<p>Fire prevention – brush management, partnerships</p>	<p>Choose an item</p> <ul style="list-style-type: none"> <li><input type="radio"/> --Pick one--</li> <li><input type="radio"/> Completed</li> <li><input type="radio"/> In Progress</li> <li><input type="radio"/> Plan to Implement</li> <li><input checked="" type="radio"/> Will not Implement</li> <li><input type="radio"/> N/A</li> </ul>
<p>Alternative or backup energy supply</p>	<p>Choose an item</p> <ul style="list-style-type: none"> <li><input type="radio"/> --Pick one--</li> <li><input type="radio"/> Completed</li> <li><input type="radio"/> In Progress</li> <li><input checked="" type="radio"/> Plan to Implement</li> <li><input type="radio"/> Will not Implement</li> <li><input type="radio"/> N/A</li> </ul>
<p>On-site energy generation</p>	<p>Choose an item</p> <ul style="list-style-type: none"> <li><input type="radio"/> --Pick one--</li> <li><input type="radio"/> Completed</li> <li><input type="radio"/> In Progress</li> <li><input type="radio"/> Plan to Implement</li> <li><input checked="" type="radio"/> Will not Implement</li> <li><input type="radio"/> N/A</li> </ul>
<p>Enhance monitoring program, budget for additional testing and treatment, chemicals</p>	<p>Choose an item</p> <ul style="list-style-type: none"> <li><input type="radio"/> --Pick one--</li> <li><input type="radio"/> Completed</li> <li><input type="radio"/> In Progress</li> <li><input type="radio"/> Plan to Implement</li> <li><input checked="" type="radio"/> Will not Implement</li> <li><input type="radio"/> N/A</li> </ul>

Other <input type="text" value="YY"/>	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> Completed <input type="radio"/> In Progress <input type="radio"/> Plan to Implement <input type="radio"/> Will not Implement <input checked="" type="radio"/> N/A
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COMMENTS (Note: Comments will be made publicly available): [?](#) (../Content/2021EARHelp.htm#18.4)

Need Help Completing the EAR. Click [HERE](https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/ear_assistance.html) (https://www.waterboards.ca.gov/drinking\_water/certlic/drinkingwater/ear\_assistance.html).

CA4900893 WEST WATER COMPANY (PUC)

To view last year's report, click here (../TakeSurvey/PreviousSummary?surveysTakenId=444289).

Finalize [?](#) (../Content/2021EARHelp.htm#19.2)

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

Please indicate the total number of hours spent to complete this report. This information will be utilized to characterize the level of effort required to complete this report 1

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

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