

State Waterboard 2024 EAR

[Return to Home](#)

CA2000619 COLD SPRING GRANITE CO RAYMOND

To view last year's report, click [here](#).

1 Intro	2 Contacts	3 Population	4 Connections	5 Sources	6 Supply-Delivery	7 Recycled	8a Customer Charges	8b Income	8c Affordability	9 Rpts./Plans
10 Backflow	11 Certification	12 Improvements	13 Complaints	14 Treatment	15 Distribution & Storage	16 Emergency	17 Conservation	18 Climate Change	Finalize	

California State Water Resource Control Board
2024 electronic Annual Report (eAR) to the Division of Drinking Water
for the year ending December 31, 2024
[Section 116530 Health & Safety Code]

A. WATER SYSTEM INFORMATION

Water System Number: CA2000619
Water System Name: COLD SPRING GRANITE CO RAYMOND
Water System Classification: Non-transient Noncommunity
Related Regulating Agency: LPA50 - MADERA COUNTY
Water System Ownership:
☐ --Pick one--
☐ Local Government
☐ State or Federal Government
☐ Privately owned, PUC-regulated, for profit water company
☐ Privately owned, non-PUC-regulated (Community Water System)
☐ Privately owned Mutual Water Company or Association
☐ Privately owned business (non-community)

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

Physical location:
Address 1: 36722 ROAD 606
Address 2:
City: RAYMOND
Zip Code: 93653
General Office Phone:
(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](#).

REPORT STARTED BY

Name: Randy Johnson
Title: Contract Operator
Work phone: 209-742-2626
Cell phone: 209-484-5003
Email address: rjohnson@nvenvironmental.com

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

PRIVATE COMMENTS: ☐

CA2000619 COLD SPRING GRANITE CO RAYMOND

To view last year's report, click [here](#).

2. Public Water System Contacts

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

The Division of Drinking Water will be send important information to the Administrative Contact email address. The Administrative Contact's address, business phone number, and email will be publicly accessible at: <https://sdwis.waterboards.ca.gov/PDWW/>

EXISTING CONTACTS: 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 CONTACTS: To add a new contact for the water system scroll down to subsection B, "ADD NEW CONTACT HERE" header and enter the contact information for the new contact. All contacts must have a form of communication provided and at least one role type selected.

A. EXISTING CONTACTS Contact Record	Phone Type	Phone Number & Extension	Contact Type (Modify with checkbox)	
Contact 1 First Name, Middle Initial RANDY	Business	(209) 742-2626	<input type="checkbox"/> Remove Contact 1	<input type="checkbox"/> Edit Contact 1

Last Name JOHNSON	Home	<input type="text"/>	<input type="checkbox"/> Administrative	<input checked="" type="checkbox"/> Operator
Title CONTRACT OPERATOR	Facsimile	<input type="text"/>	<input type="checkbox"/> Financial	<input checked="" type="checkbox"/> Emergency
Address 1 1050 BEN HUR RD.	Mobile	(209) 484-5003	<input type="checkbox"/> Designated Operator In Charge	<input checked="" type="checkbox"/> Sampler / Water Quality
Address 2				
City RAYMOND	Emergency	<input type="text"/>	<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
State CA				
Zip Code 93653				
Email 1 rjohnson@nvenvironmental.com			<input type="checkbox"/> Owner	<input type="checkbox"/> Funding
Email 2 admin@nvenvironmental.com			<input type="checkbox"/> Carbon Copy	
Contact 2 First Name, Middle Initial STEVEN	Business	(320) 685-4808	<input type="checkbox"/> Remove Contact 2	<input type="checkbox"/> Edit Contact 2
Last Name CHOUANARD	Home	<input type="text"/>	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
Title	Facsimile	<input type="text"/>	<input checked="" type="checkbox"/> Financial	<input type="checkbox"/> Emergency
Address 1 17482 Granite West Road	Mobile	<input type="text"/>	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Sampler / Water Quality
Address 2				
City COLD SPRING	Emergency	<input type="text"/>	<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
State MN				
Zip Code 56320				
Email 1 schouanard@coldspringusa.com			<input type="checkbox"/> Owner	<input type="checkbox"/> Funding
Email 2 <input type="text"/>			<input type="checkbox"/> Carbon Copy	
Contact 3 First Name, Middle Initial ROBERT	Business	(559) 689-3257	<input type="checkbox"/> Remove Contact 3	<input type="checkbox"/> Edit Contact 3
Last Name NELSON II	Home	<input type="text"/>	<input checked="" type="checkbox"/> Administrative	<input type="checkbox"/> Operator
Title FACILITY MANAGER	Facsimile	<input type="text"/>	<input type="checkbox"/> Financial	<input checked="" type="checkbox"/> Emergency
Address 1 36772 Road 606	Mobile	(559) 287-1010	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Sampler / Water Quality
Address 2				
City RAYMOND	Emergency	<input type="text"/>	<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
State CA				
Zip Code 93653				
Email 1 RNELSON@coldspringusa.com			<input type="checkbox"/> Owner	<input type="checkbox"/> Funding
Email 2 <input type="text"/>			<input type="checkbox"/> Carbon Copy	
Contact 4 First Name, Middle Initial CALEB	Business	(209) 742-2626	<input checked="" type="checkbox"/> Remove Contact 4	<input type="checkbox"/> Edit Contact 4
Last Name MASON	Home	<input type="text"/>	<input type="checkbox"/> Administrative	<input checked="" type="checkbox"/> Operator
Title OPERATOR	Facsimile	<input type="text"/>	<input type="checkbox"/> Financial	<input checked="" type="checkbox"/> Emergency
Address 1			<input type="checkbox"/> Designated Operator In Charge	<input checked="" type="checkbox"/> Sampler / Water Quality

1050 BEN HUR RD. Address 2 City RAYMOND State CA Zip Code 93653	Mobile	(605) 423-3207	Charge	Quality
	Emergency		<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
Email 1 cmason@mvenvironmental.com			<input type="checkbox"/> Owner	<input type="checkbox"/> Funding
Email 2			<input type="checkbox"/> Carbon Copy	
Contact 5 First Name, Middle Initial Last Name Title	Business Home		<input type="checkbox"/> Remove Contact 5	<input type="checkbox"/> Edit Contact 5
			<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
	Facsimile		<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
Address 1 Address 2 City State Zip Code	Mobile		<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Sampler / Water Quality
	Emergency		<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
Email 1			<input type="checkbox"/> Owner	<input type="checkbox"/> Funding
Email 2			<input type="checkbox"/> Carbon Copy	
Contact 6 First Name, Middle Initial Last Name Title	Business Home		<input type="checkbox"/> Remove Contact 6	<input type="checkbox"/> Edit Contact 6
			<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
	Facsimile		<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
Address 1 Address 2 City State Zip Code	Mobile		<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Sampler / Water Quality
	Emergency		<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
Email 1			<input type="checkbox"/> Owner	<input type="checkbox"/> Funding
Email 2			<input type="checkbox"/> Carbon Copy	
Contact 7 First Name, Middle Initial Last Name Title	Business Home		<input type="checkbox"/> Remove Contact 7	<input type="checkbox"/> Edit Contact 7
			<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
	Facsimile		<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
Address 1 Address 2 City	Mobile		<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Sampler / Water Quality

<input type="text"/> State <input type="text"/> Zip Code <input type="text"/>	Emergency <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
Email 1 <input type="text"/>			<input type="checkbox"/> Owner	<input type="checkbox"/> Funding
Email 2 <input type="text"/>			<input type="checkbox"/> Carbon Copy	
Contact 8 First Name, Middle Initial <input type="text"/> Last Name <input type="text"/>	Business <input type="text"/> Home <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Remove Contact 8 <input type="checkbox"/> Administrative	<input type="checkbox"/> Edit Contact 8 <input type="checkbox"/> Operator
Title <input type="text"/>	Facsimile <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
Address 1 <input type="text"/> Address 2 <input type="text"/>	Mobile <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Sampler / Water Quality
City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>	Emergency <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
Email 1 <input type="text"/>			<input type="checkbox"/> Owner	<input type="checkbox"/> Funding
Email 2 <input type="text"/>			<input type="checkbox"/> Carbon Copy	
ADD NEW CONTACTS HERE				
B. NEW CONTACT Contact Record	Phone Type	Phone Number & Extension	Contact Type (Pick all that apply)	
New 1 First Name, Middle Initial <input type="text"/> Last Name <input type="text"/>	Business <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
Title <input type="text"/>	Home <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
Address 1 <input type="text"/> Address 2 <input type="text"/>	Facsimile <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Operator In Charge	<input type="checkbox"/> Sampler / Water Quality
City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>	Mobile <input type="text"/>	<input type="text"/>		
City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>	Emergency <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
Email 1 <input type="text"/>			<input type="checkbox"/> Owner	<input type="checkbox"/> Funding
Email 2 <input type="text"/>			<input type="checkbox"/> Carbon Copy	
Add Additional Contact:			(pick all that apply)	
New 2 First Name, Middle Initial <input type="text"/> Last Name <input type="text"/>	Business <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
Title <input type="text"/>	Home <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
Address 1 <input type="text"/> Address 2 <input type="text"/>	Facsimile <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Operator In Charge	<input type="checkbox"/> Sampler / Water Quality
City <input type="text"/>	Mobile <input type="text"/>	<input type="text"/>		
City <input type="text"/>				

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

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

CA2000619 COLD SPRING GRANITE CO RAYMOND

To view last year's report, click [here](#).

3. Population Served

Total Population in DDW Records: []

43
6/11/2013

Annual Operating Period []

Population Type []
Population Count
Begin Date
MM

DD
MM
DD

End Date

Residential

0

Transient

0

Non-Transient

43

1

1

12

31

Method Used to Determine Population: ☐

☐ --Pick one--

☐ Most recent United States census data

☐ Multiplied number of service connections by 3.3

☐ Determined total number of dwelling units and multiplied by 2.8

☒ Other

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

Direct counting of people who are there.

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

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

CA2000619 COLD SPRING GRANITE CO RAYMOND

To view last year's report, click [here](#).

4. Number of Service Connections ☐

A. Active Service Connections:

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

The total number of Service Connections as of December 31, 2024 must be reported as either Unmetered or Metered for each Service Connection Type as appropriate. ☐

TYPE	Potable Water			
	Unmetered	Metered	2024	2023
Total*Total*				
<u>Single-family Residential:</u> single family detached dwellings	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
<u>Multi-family Residential:</u> Apartments, condominiums, town houses, duplexes and mobile home parks	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
<u>Commercial/Institutional:</u> Retail establishments, office buildings, laundries, schools, prisons, hospitals, dormitories, nursing homes, hotels, churches, campgrounds If you are a wholesaler, Enter the number of service connections, you have for downstream public water systems.	<input type="text" value="0"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>
<u>Industrial:</u> All manufacturing	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
<u>Landscape Irrigation:</u> Parks, play fields, cemeteries, median strips, golf courses	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
<u>Agricultural Irrigation:</u> Irrigation of commercially-grown crops	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>

Do NOT report fire sprinkler connections and fire hydrants. These connections are not counted toward "service connections" for compliance purposes.

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."

0

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

CA2000619 COLD SPRING GRANITE CO RAYMOND

To view last year's report, click [here](#).

5. Source Inventory

Section A

(A) Small Water System Source Type

As a Small Water System, sources are listed in Section A tables by either groundwater or surface water. The existing inventory is prefilled for groundwater sources in table A1, and for surface water sources in table A3. You may view these sources at [Public Drinking Water Watch](#). You may suggest inventory updates for groundwater sources in table A2, and for surface water in table A4. For any source(s) not listed, please select "Email for Help on this page" at the bottom of this page to be connected with your Regulating Agency.

A1. Groundwater Source Inventory - Existing

Source ID	Source Name	Source Activity	Source Type, Availability
001	SOURCE WELL 1-EMERGENCY A		Well Emergency
002	SOURCE WELL 2-EMERGENCY A		Well Emergency
010	2015 SOURCE WELL 3	A	Well Permanent

A2. Groundwater Source Inventory - Updated

Add the Source listed from above and describe any changes. An example might be a change to activity or availability. Must include comment describing change listed.

Note: Please include Source ID and Source Name as displayed in table A1.

To add a new row, select the green plus sign in the upper right corner of the table. To remove a row, select the trash can at the end of a row. Save changes by selecting the green check mark at the end of the row.

Source ID	Name	Activity	Comments
Nothing Reported			

A3. Surface Water Source Inventory-Existing

Source ID	Source Name	Source Activity	Source Type, Availability
Nothing Reported			

A4. Surface Water Source Inventory - Updated

Add the Source listed from above and describe any changes. An example might be a change to activity or availability. Must include comment describing change listed.

Note: Please include Source ID and Source Name as displayed in table A3.

To add a new row, select the green plus sign in the upper right corner of the table. To remove a row, select the trash can at the end of a row. Save changes by selecting the green check mark at the end of the row.

Source ID	Name	Activity	Comments
Nothing Reported			

A5. Source Inventory Comment

Section B. Source Metering and Well Monitoring

1. Are your water sources metered?	<input type="radio"/> --Pick one-- <input checked="" type="radio"/> Yes <input type="radio"/> No
2. Do you have equipment on hand to monitor groundwater levels at all your wells?	<input type="radio"/> --Pick one-- <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable (no wells)
3. Do you routinely monitor the <i>static</i> water levels in your wells?	<input checked="" type="radio"/> --Pick one-- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable (no wells)
4. Do you routinely monitor the <i>pumping</i> water levels in your wells?	<input checked="" type="radio"/> --Pick one-- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable (no wells)
	<input checked="" type="radio"/> --Pick one-- <input type="radio"/> Recovering

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

☐ Declining

☐ Steady

☐ Not Applicable (no wells)

☐ Don't Know

Section C. Standby Source Use

If a standby source was used in 2024, provide the following information.

To add a new row, select the green plus sign in the upper right corner of the table. To remove a row, select the trash can at the end of a row. Save changes by selecting the green check mark at the end of the row.

Name of the Standby Source used in 2024:	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:
Nothing Reported				
COMMENTS (Note: Comments will be made publicly available):				

CA2000619 COLD SPRING GRANITE CO RAYMOND

To view last year's report, click [here](#).

6. Water Supply and Delivery

This section has been relocated to the SAFER Clearinghouse and is a required technical report submission. To complete this required report visit the SAFER Clearinghouse located at: <https://wbappsrv.waterboards.ca.gov>

Note: If you do not have a SAFER Clearinghouse account, you will need to create one.

CA2000619 COLD SPRING GRANITE CO RAYMOND

To view last year's report, click [here](#).

7. Recycled Water Use

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

☐ --Pick one--

☐ Yes

☒ No

☐ Don't Know

CA2000619 COLD SPRING GRANITE CO RAYMOND

To view last year's report, click [here](#).

8. Customer Charges

This page is intentionally blank.

Section questions only for Community Water Systems

CA2000619 COLD SPRING GRANITE CO RAYMOND

To view last year's report, click [here](#).

8(B) Income

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Section questions only for Community Water Systems

CA2000619 COLD SPRING GRANITE CO RAYMOND

To view last year's report, click [here](#).

8(C) Affordability

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Section questions only for Community Water Systems

CA2000619 COLD SPRING GRANITE CO RAYMOND

To view last year's report, click [here](#).

9. Regulatory Reports/Plans (aka Water Quality)

A. (NEW) BACTERIOLOGICAL SAMPLE SITING PLAN (BSSP) ▾

On July 1, 2021, the California Revised Total Coliform Rule (RTCRR) became effective which requires a BSSP be submitted by October 1, 2022 and complies with RTCRR. Information on the RTCRR can be found at: https://www.waterboards.ca.gov/drinking_water/certific/drinkingwater/rtcrr.html.

A.1. Date of Current Approved Bacteriological Sample Siting Plan on File:

B. EMERGENCY NOTIFICATION PLAN (ENP) ▾

B.1. Date of Current Emergency Notification Plan on File:

Select [here](#) 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.

C. EMERGENCY DISINFECTION PLAN (EDP) ▾

Do you have current Emergency Disinfection Plan(s) for your water system?

- ☒ --Pick one--
☐ Yes
☐ No
☐ N/A

D. WATERSHED SANITARY SURVEY REPORT ▾

Provide your watershed sanitary survey report date if available, and the date of next planned. If you have a surface water source, you must provide answers.

Note: If you do not have surface water sources, answers are not required, and you may proceed to the next section.

Date of last watershed sanitary survey report :

Date planned to complete next watershed sanitary survey report*:

E. CONSUMER CONFIDENCE REPORT ▾

E.1. Upload Date of Consumer Confidence Report (CCR):

E.2. Upload Date of CCR Certification:

Select [here](#) to upload a new water system CCR or Certification Form.

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

CA2000619 COLD SPRING GRANITE CO RAYMOND

To view last year's report, click [here](#).

10. Backflow--Cross Connection Control ▾

A. Backflow Assemblies and Air Gaps

	Total Number Reported in 2023	Total Number in System in 2024	Number Installed in 2024	Number Tested in 2024	Number Failed in 2024	Number Repaired/ Replaced
Backflow Assemblies on the Service Connections or Meter (Reduced Pressure Principle and Double Check Valve assemblies) ▾	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Backflow Assemblies On-site but not on the Service Connections or Meter (Reduced Pressure Principle and Double Check Valve assemblies) ▾	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Air-gap Separation ▾	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>			

No. of *Inactive* Backflow Prevention Assemblies in water system in 2024:

B. Cross Connection Control Program

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:

Business Phone:

Email Address:

List the name of trainings or certifications received:

Certification Number (if applicable):

Describe any cross-connection incidents that occurred during 2024:

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

CA2000619 COLD SPRING GRANITE CO RAYMOND

To view last year's report, click [here](#).

11. Operator Certification

Please list the **State Certified Drinking Water Operators** employed by your water system that supervise and direct the operation of your distribution system and water treatment plants where applicable in the reporting year of this report.

A. DISTRIBUTION SYSTEM CERTIFIED OPERATORS

Your Distribution System Classification is: **D1**

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

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

☐ Check this box if your public water system does not have a designated Chief Distribution Operator.

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

Grade of Chief Distribution Operator (D1, D2, D3, D4 or D5):

- ☐ --Pick one--
☐ D1
☒ D2
☐ D3
☐ D4
☐ D5

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

39677

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

06/01/2026

If your public water system has additional certified distribution system operators, enter the information in the table below.

[Click here](#) 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 (D1, D2, D3, D4, or D5)	Chief, Shift Distribution Operator or Neither ¹ (C, S or X)	Number (3, 4 or 5 digits)	Distribution Certification Expiration Date (MM/DD/YYYY)
Randy Johnson	D2	X	39677	06/01/2026

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

B. TREATMENT PLANT CERTIFIED OPERATORS

Your Highest Treatment System Classification is: **T1**

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 does not have a designated Chief Treatment Operator.

Name of Chief Treatment Operator (First name Last name): Randy Johnson

Grade of Chief Treatment Operator (T1, T2, T3, T4 or T5):

- ☐ --Pick one--
☐ T1
☐ T2
☒ T3
☐ T4
☐ T5

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

Treatment Certification Expiration Date (MM/DD/YYYY): 02/01/2026

If your public water system has additional certified treatment plant operators, enter their information in the table below.

[Click here](#) 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 (T1, T2, T3, T4, or T5)	Chief, Shift or Neither ¹ (C, S or X)	Treatment Operator Number (3, 4 or 5 digits)	Treatment Certification Expiration Date (MM/DD/YYYY)
Randy Johnson	T3	X	20929	02/01/2026

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

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

CA2000619 COLD SPRING GRANITE CO RAYMOND

To view last year's report, click [here](#).

12. Water System Improvements

The California Waterworks Standards (Section 64556) requires an amended permit for any of the following improvements or modifications. Check all boxes that apply for any improvements or modifications during 2024 or the future for which a permit was not obtained or amended.

- ☐ Addition of a new distribution reservoir
☐ Modification or extension of the existing distribution system
☐ Adding a new source
☐ Changing the status of an existing source (for example, active to standby)
☐ Changing or altering a source, such that the quality or quantity of water supply could be affected
☐ Addition or change in treatment, including design capacity and process
☐ Expansion of the existing service area by 20 percent or more of the number of service connections specified in your current permit
☐ Other

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

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To view last year's report, click [here](#).

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

*Calculated field

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

To view last year's report, click [here](#).

Section 14. Treatment Plants

Water system treatment plants are listed in Table A for Groundwater treatment (Chlorinator only treatment plants are not listed), and Table B for Surface Water treatment. You may also view your Water System Facilities (treatment plant inventory) at the [CA Drinking Water Watch](#) website.

A. GROUNDWATER TREATMENT

To edit the operations plan date or current status, select the blue pencil symbol at the end of each row. To cancel the edit, select the red X at the end of a row. Save changes by selecting the green check mark at the end of the row.

If you have questions or concerns about your treatment facility inventory, you should contact your regulating agency representative or by clicking "Email for help on this page" at the bottom of this page.

WSF ID	Groundwater Treatment Plant Name	Date of Operations Plan	Is Operations Plan Current? (Y/N)
011	POU-RO POST LORENZO'S HOUSE	05/06/2025	
012	POU-RO POST OFFICE SINK 1	05/06/2025	
013	POU-RO POST MAIN BUILDING SINK 2	05/06/2025	
014	POU-RO POST MAIN BUILDING SINK 3	05/06/2025	
015	POU-RO POST SHAWN'S HOUSE	05/06/2025	
016	POU-RO POST BRICK HOUSE	05/06/2025	
017	POU-RO POST WHITE HOUSE	05/06/2025	

Did the water system have any incidents in 2024 that substantially affected the ground water treatment plant(s) performance AND/OR had significant modifications or maintenance due to any of the following? Select all that apply.

- ☐ Degradation of source water quality
☐ Decrease in source availability
☐ Change in wells used/well operations
☐ Treatment plant process failure, including power outages
☐ Treatment plant unplanned shutdown lasting more than 5 days
☐ Treatment plant unplanned staffing shortages
☐ Shortage of treatment chemicals
☐ Change in treatment plant design capacity
☐ Change in one or multiple treatment processes
☐ Other: Please Describe

B. SURFACE WATER TREATMENT

To edit the operations plan date or current status, select the blue pencil symbol at the end of each row. To cancel the edit, select the red X at the end of a row. Save changes by selecting the green check mark at the end of the row.

If you have questions or concerns about your treatment facility inventory, you should contact your regulating agency representative or by clicking "Email for help on this page" at the bottom of this page.

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

Nothing Reported

Did the water system have any incidents in 2024 that substantially affected the surface water treatment plant(s) performance AND/OR had significant modifications or maintenance due to any of the following? Select all that apply.

- ☐ Degradation of raw source water quality
☐ Decrease in raw source water availability
☐ Change in raw source water(s) used
☐ Treatment plant process failure, including power outages
☐ Treatment plant unplanned shutdown lasting more than 5 days
☐ Treatment plant unplanned staffing shortages
☐ Shortage of treatment chemicals
☐ Change in treatment plant design capacity
☐ Change in one or multiple treatment processes
☐ Other: Please Describe

C. CHEMICAL ADDITIVES

Please complete the following table for each chemical used by this water system. Only include chemicals that your water system adds. If you are not sure whether a chemical you are using meets this standard, contact the manufacturer or distributor of the chemical.

The table below is prefilled with direct chemical additives reported on site from previous year eAR. To add a new row, select the green plus sign in the upper right corner of the table. To edit a row, select the pencil image to the right of the row. To remove a row, select the trash can image at the end of a row. Make sure to **save changes** by selecting the green check mark at the end of the row.

Click here to upload an Excel spreadsheet of your water system's direct chemical additives.

Name of Chemical	Name of Manufacturer	Purpose of chemical	Chemical is ANSI/NSF Standard 60 certified (Y/N)	Use initiated in 2024 (Y/N)
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Nothing Reported

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.

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

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To view last year's report, click [here](#).

15. Distribution System and Storage Tanks

A. SYSTEM PROBLEMS

Type of Problem	No. of Problems	No. of Problems Investigated	No. of Problems Reported to the Division of Drinking Water or Local County Staff	Brief Description of Cause and Corrective Action Taken
Service Connection Breaks/ Leaks	0			
Main Breaks/Leaks	0			
Water Outages	0			
Boil Water Orders	1	1	1	All required corrections were made.
Total*	1	1	1	

Comments on SYSTEM PROBLEMS (publicly available):

B. INFRASTRUCTURE AND PIPELINE MATERIALS

Pipe Material in Distribution System

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

Pipeline Material	Percentage of distribution pipe system composed of the materials selected	Average Age (in years)
<input checked="" type="checkbox"/> Plastic (Including Poly Vinyl Chloride and HDPE)	100	26
<input type="checkbox"/> Steel		
<input type="checkbox"/> Cast Iron		
<input type="checkbox"/> Galvanized Iron		
<input type="checkbox"/> Ductile Iron		
<input type="checkbox"/> Cement Concrete		
<input type="checkbox"/> Asbestos Cement		
<input type="checkbox"/> Other		

Please describe other pipeline materials in your distribution system:

C1. DEAD-END FLUSHING PROGRAM

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

Total No. in System	No. with Blowoffs	No. Flushed in 2024	Frequency of Flushing
1	0	0	As Needed

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:

Comments on ALL FLUSHING OPERATIONS (publicly available):

D. VALVE EXERCISE PROGRAM

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

Total No. in System	Size Range of Valves	No. Exercised in 2024	Frequency of Valve Exercising
15	4-6	0	As Needed

Comments on VALVE EXERCISE PROGRAM (publicly available):

E. STORAGE TANK/RESERVOIR INSPECTION/CLEANING PROGRAM

The table below is prefilled with storage tank and reservoir inventory submitted in last year's eAR. To edit a row, select the pencil image to the right of the row. To add a new row, select the green plus sign in the upper right corner of the table. To remove a row, select the trash can at the end of a row. Save changes by selecting the green check mark at the end of the row.

If you have many storage tanks and completing the table below will take too long, [click here](#) 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	Corrosion protection(*)	Material of construction
Nothing Reported								

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

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To view last year's report, click [here](#).

16. Emergency Preparedness and Response

Based on your water system's service connection count, previous questions are hidden.

A.4 Do you have at least one backup source of water supply, or a water system intertie, that can maintain continuous operations and meets current water quality requirements and is sufficient to meet average daily demand?

- ☒ Yes
☐ No

A.5 Do you routinely monitor for water loss due to leakages?

- ☐ Yes
☒ No
- ☐ Check this box if you have funding available to achieve this.

A.6 Do you have the source, treatment, and distribution system capacity to meet fire flow requirements?:

- ☒ Yes
☐ No

B. EMERGENCY RESPONSE PLANS

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

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. What is the date your emergency notification plan (ENP) was last exercised with a tabletop or other activity? If the ENP has not been exercised in the last year, please leave the field blank.:

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

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To view last year's report, click [here](#).

17. Water Conservation

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Section questions are for one water system per Urban Water Supplier.

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To view last year's report, click [here](#).

18. Climate Change Adaptation and Resiliency for Water Utilities

This page is intentionally blank.

Section questions only for Community Water Systems

A. CLIMATE THREATS, SENSITIVITY, AND MAGNITUDE OF IMPACTS * A minimum of one climate threat must be identified by checking the corresponding box.		
<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 type="radio"/> None to Low Sensitivity
	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 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 type="radio"/> None to Low Sensitivity Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input type="radio"/> None to Low Sensitivity
	Reliance on surface water diverted from the Delta, imported from Colorado River, or other climate-sensitive areas	<input type="radio"/> None to Low Sensitivity Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input type="radio"/> None to Low Sensitivity
<input type="checkbox"/> Water Quality Degradation	Salt-water intrusion into aquifers	<input type="radio"/> None to Low Sensitivity Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input type="radio"/> None to Low Sensitivity
	Altered water quality during storm events (turbidity shifts, debris flows)	<input type="radio"/> None to Low Sensitivity Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input type="radio"/> None to Low Sensitivity
	Surface water quality issues related to eutrophication, algal blooms, invasive species	<input type="radio"/> None to Low Sensitivity Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input type="radio"/> None to Low Sensitivity
<input type="checkbox"/> Flooding <input type="checkbox"/> Sea Level Rise	High flow events and flooding	<input type="radio"/> None to Low Sensitivity Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input type="radio"/> None to Low Sensitivity
	Inundation due to sea level rise, high tides, and/or coastal storm surges	<input type="radio"/> None to Low Sensitivity Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input type="radio"/> None to Low Sensitivity
	Aging flood protection infrastructure (levees), or insufficient impoundment capacity	<input type="radio"/> None to Low Sensitivity Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input type="radio"/> None to Low Sensitivity
<input type="checkbox"/> Extreme Heat <input type="checkbox"/> Fire	Peak demand volume surges (due to extreme heat, temperature trends, etc.)	<input type="radio"/> None to Low Sensitivity Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input type="radio"/> None to Low Sensitivity
	Increases in agricultural water demand or energy sector needs	<input type="radio"/> None to Low Sensitivity Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input type="radio"/> None to Low Sensitivity
	Increased fire risk and altered vegetation, e.g., wildfires	<input type="radio"/> None to Low Sensitivity Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input type="radio"/> None to Low Sensitivity
	Disruption of power supply	<input type="radio"/> None to Low Sensitivity Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input type="radio"/> None to Low Sensitivity
<input type="checkbox"/> Other	Other <input type="text"/>	<input type="radio"/> None to Low Sensitivity Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> High or Already Experiencing <input type="radio"/> Medium Sensitivity <input type="radio"/> None to Low Sensitivity
<input type="checkbox"/> None	Active Water Resource Threat Monitoring	<input type="radio"/> I don't know Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know

B. ADAPTATION MEASURES

Install new and deeper drinking water wells, or modify existing wells to increase pumping capacity	<input type="radio"/> N/A 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 type="radio"/> N/A
Develop local supplemental water supply, enhanced treatment, or increased storage capacity (e.g. recycled water, storm runoff for groundwater recharge, desalination, new reservoir)	<input type="radio"/> N/A 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 type="radio"/> N/A
Interconnection with other utilities (transfers, mutual aid agreements with neighboring utilities)	<input type="radio"/> N/A 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 type="radio"/> N/A
	<input type="radio"/> --Pick one-- Choose an item <input type="radio"/> --Pick one--

Relocate facilities, construct or install redundant facilities	<input type="radio"/> Completed <input type="radio"/> In Progress <input type="radio"/> Plan to Implement <input type="radio"/> Will not Implement <input type="radio"/> N/A
Modify facilities (e.g., install barrier or levee, raise a wall, seal a door, elevate construction)	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> Completed <input type="radio"/> In Progress <input type="radio"/> Plan to Implement <input type="radio"/> Will not Implement <input type="radio"/> N/A
Conservation measures (demand management, enhanced communication and outreach)	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> Completed <input type="radio"/> In Progress <input type="radio"/> Plan to Implement <input type="radio"/> Will not Implement <input type="radio"/> N/A
Fire prevention – brush management, partnerships	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> Completed <input type="radio"/> In Progress <input type="radio"/> Plan to Implement <input type="radio"/> Will not Implement <input type="radio"/> N/A
Alternative or backup energy supply	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 type="radio"/> N/A
On-site energy generation	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> Completed <input type="radio"/> In Progress <input type="radio"/> Plan to Implement <input type="radio"/> Will not Implement <input type="radio"/> N/A
Enhance monitoring program, budget for additional testing and treatment, chemicals	Choose an item <input type="radio"/> --Pick one-- <input type="radio"/> Completed <input type="radio"/> In Progress <input type="radio"/> Plan to Implement <input type="radio"/> Will not Implement <input type="radio"/> N/A
Other <input type="checkbox"/>	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 type="radio"/> N/A

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

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Finalize ☐

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

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

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

REPORT SUBMITTED BY ☐

The fields below are intentionally blank. Once you select "Submit", your eAR Reporter contact details are recorded below.

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