

State Waterboard 2023 EAR

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CA2702121 ROSEHART INDUSTRIAL PARK WS

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

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California State Water Resource Control Board
2023 electronic Annual Report (eAR) to the Division of Drinking Water
for the year ending December 31, 2023
[Section 116530 Health & Safety Code]

A. WATER SYSTEM INFORMATION

Water System Number: CA2702121

Water System Name: ROSEHART INDUSTRIAL PARK WS

Water System Classification: Non-transient Noncommunity

Related Regulating Agency: LPA57 - MONTEREY 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: Rosehart Industrial Park; Rosehart Way off Potter Road off Highway 101N, approximately 5 miles South of Salinas, CA

Address 1: South of Salinas, CA

Address 2:

City: SALINAS

Zip Code: 93908

General Office Phone: (with area code) 831-424-0441

Web site address: N/A

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: Andrea Schmitz

Title: Executive Assistant

Work phone: (831) 424-0441

Cell phone:

Email address: andrea@alcowater.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:

CA2702121 ROSEHART INDUSTRIAL PARK WS

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,		(831) 424-0441	☐ Remove Contact 1 ☐ Edit Contact 1

Middle Initial ANDREW	Business	<input type="text"/>		
Last Name CLARKE	Home	<input type="text"/>	☐ Administrative	☒ Operator
Title ASSISTANT CONTROLLER	Facsimile	(831) 424-0611 <input type="text"/>	☐ Financial	☐ Emergency
Address 1 249 Williams Road	Mobile	<input type="text"/>	☐ Designated Operator In Charge	☐ Sampler / Water Quality
Address 2				
City SALINAS	Emergency	<input type="text"/>	☐ Contract Operator	☐ Legal
State CA				
Zip Code 93905				
Email 1 andy@alcowater.com			☐ Owner	☐ Funding
Email 2 <input type="text"/>			☐ Carbon Copy	
Contact 2 First Name, Middle Initial TOM	Business	(831) 424-0441 <input type="text"/>	☐ Remove Contact 2	☒ Edit Contact 2
Last Name ADCOCK	Home	<input type="text"/>	☒ Administrative	☐ Operator
Title President	Facsimile	(831) 424-0611 <input type="text"/>	☐ Financial	☒ Emergency
Address 1 249 WILLIAMS ROAD	Mobile	<input type="text"/>	☒ Designated Operator In Charge	☐ Sampler / Water Quality
Address 2				
City SALINAS	Emergency	<input type="text"/>	☐ Contract Operator	☒ Legal
State CA				
Zip Code 93905				
Email 1 tom@alcowater.com			☒ Owner	☐ Funding
Email 2 <input type="text"/>			☐ Carbon Copy	
Contact 3 First Name, Middle Initial ADNEN	Business	(831) 424-0441 <input type="text"/>	☐ Remove Contact 3	☐ Edit Contact 3
Last Name CHAABANE	Home	<input type="text"/>	☐ Administrative	☐ Operator
Title OPERATIONS ENGINEER	Facsimile	(831) 424-0611 <input type="text"/>	☐ Financial	☒ Emergency
Address 1	Mobile	(831) 262-9071 <input type="text"/>	☒ Designated Operator In Charge	☐ Sampler / Water Quality
Address 2 249 Williams Road				
City SALINAS	Emergency	<input type="text"/>	☐ Contract Operator	☐ Legal
State CA				
Zip Code 93905				
Email 1 adnen@alcowater.com			☐ Owner	☐ Funding
Email 2 <input type="text"/>			☐ Carbon Copy	
Contact 4 First Name, Middle Initial ANDREA	Business	(831) 424-0441 <input type="text"/>	☐ Remove Contact 4	☐ Edit Contact 4
Last Name SCHMITZ	Home	<input type="text"/>	☐ Administrative	☒ Operator
Title	Facsimile	(831) 424-0611 <input type="text"/>	☐ Financial	☒ Emergency

WATER QUALITY Address 1 Address 2 249 Williams Road	Mobile	<input type="text"/> (831) 206-0394 <input type="text"/>	☐ Designated Operator In Charge	☐ Sampler / Water Quality
City SALINAS State CA Zip Code 93905	Emergency	<input type="text"/> (831) 206-0394 <input type="text"/>	☐ Contract Operator	☐ Legal
Email 1 andrea@alcowater.com			☐ Owner	☐ Funding
Email 2 <input type="text"/>			☐ Carbon Copy	
Contact 5 First Name, Middle Initial REBECCA Last Name MONIGHETTI	Business Home	<input type="text"/> (831) 424-0441 <input type="text"/> <input type="text"/>	☐ Remove Contact 5	☐ Edit Contact 5
			☐ Administrative	☐ Operator
Title ACCOUNTS PAYABLE	Facsimile	<input type="text"/> (831) 424-0611 <input type="text"/>	☒ Financial	☐ Emergency
Address 1 ACCOUNTS PAYABLE Address 2 249 WILLIAMS RD	Mobile	<input type="text"/> <input type="text"/>	☐ Designated Operator In Charge	☐ Sampler / Water Quality
City SALINAS State CA Zip Code 93905	Emergency	<input type="text"/> <input type="text"/>	☐ Contract Operator	☐ Legal
Email 1 becky@alcowater.com			☐ Owner	☐ Funding
Email 2 <input type="text"/>			☐ Carbon Copy	
Contact 6 First Name, Middle Initial OCTAVIO Last Name CASTILLO	Business Home	<input type="text"/> (831) 424-0441 <input type="text"/> <input type="text"/>	☒ Remove Contact 6	☐ Edit Contact 6
			☐ Administrative	☒ Operator
Title WATER PROD. SPEC.	Facsimile	<input type="text"/> (831) 424-0611 <input type="text"/>	☐ Financial	☒ Emergency
Address 1 Address 2	Mobile	<input type="text"/> (831) 262-9066 <input type="text"/>	☐ Designated Operator In Charge	☐ Sampler / Water Quality
City State Zip Code <input type="text"/>	Emergency	<input type="text"/> (831) 262-9066 <input type="text"/>	☐ Contract Operator	☐ Legal
Email 1 cctavio@att.net			☐ Owner	☐ Funding
Email 2 <input type="text"/>			☐ Carbon Copy	
Contact 7 First Name, Middle Initial MOHSEN BEN Last Name KAHIA	Business Home	<input type="text"/> (831) 424-0441 <input type="text"/> <input type="text"/>	☒ Remove Contact 7	☐ Edit Contact 7
			☐ Administrative	☒ Operator
Title IT ENGINEER	Facsimile	<input type="text"/> <input type="text"/>	☐ Financial	☒ Emergency
Address 1 249 WILLIAMS RD Address 2	Mobile	<input type="text"/> (831) 596-3909 <input type="text"/>	☐ Designated Operator In Charge	☐ Sampler / Water Quality
City SALINAS State	Emergency	<input type="text"/>	☐ Contract Operator	☐ Legal

CA Zip Code 93905 Email 1 <input type="text"/>		<input type="text"/>		
Email 2 <input type="text"/>			☐ Owner	☐ Funding
			☐ Carbon Copy	
Contact 8 First Name, Middle Initial <input type="text"/>	Business	<input type="text"/>	☐ Remove Contact 8	☐ Edit Contact 8
Last Name <input type="text"/>	Home	<input type="text"/>	☐ Administrative	☐ Operator
Title <input type="text"/>	Facsimile	<input type="text"/>	☐ Financial	☐ Emergency
Address 1 <input type="text"/>	Mobile	<input type="text"/>	☐ Designated Operator In Charge	☐ Sampler / Water Quality
Address 2 <input type="text"/>		<input type="text"/>		
City <input type="text"/>	Emergency	<input type="text"/>	☐ Contract Operator	☐ Legal
State <input type="text"/>		<input type="text"/>		
Zip Code <input type="text"/>				
Email 1 <input type="text"/>			☐ Owner	☐ Funding
Email 2 <input type="text"/>			☐ 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"/>	Business	<input type="text"/>	☐ Administrative	☐ Operator
Last Name <input type="text"/>		<input type="text"/>		
Title <input type="text"/>	Home	<input type="text"/>	☐ Financial	☐ Emergency
Address 1 <input type="text"/>	Facsimile	<input type="text"/>	☐ Operator In Charge	☐ Sampler / Water Quality
Address 2 <input type="text"/>	Mobile	<input type="text"/>		
City <input type="text"/>	Emergency	<input type="text"/>	☐ Contract Operator	☐ Legal
State <input type="text"/>		<input type="text"/>		
Zip Code <input type="text"/>				
Email 1 <input type="text"/>			☐ Owner	☐ Funding
Email 2 <input type="text"/>			☐ Carbon Copy	
Add Additional Contact			(pick all that apply)	
New 2 First Name, Middle Initial <input type="text"/>	Business	<input type="text"/>	☐ Administrative	☐ Operator
Last Name <input type="text"/>		<input type="text"/>		
Title <input type="text"/>	Home	<input type="text"/>	☐ Financial	☐ Emergency
Address 1 <input type="text"/>	Facsimile	<input type="text"/>	☐ Operator In Charge	☐ Sampler / Water Quality
Address 2 <input type="text"/>	Mobile	<input type="text"/>		
City <input type="text"/>	Emergency	<input type="text"/>	☐ Contract Operator	☐ Legal
State <input type="text"/>		<input type="text"/>		
Zip Code <input type="text"/>				

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

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

CA2702121 ROSEHART INDUSTRIAL PARK WS

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

3. Population Served

Total Population in DDW Records:

28

2/21/2019

Annual Operating Period

Population Type

Population Count

Begin Date

MM

DD

End Date

MM

DD

Residential

0



Transient

0



Non-Transient

28

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:

There are only 13 service connections in the water system with no residential dwellings. The population of 28 is an estimate of the number of persons who are at the water system for over 6 months per year (excluding residential units and transient populations).

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

Rosehart Industrial Park.

COMMENTS (Note: Comments will be made publicly available): This is an industrial park and there are no residential units or residents.

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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: 13The total number of Service Connections as of December 31, 2023 must be reported as either Unmetered or Metered for each Service Connection Type as appropriate.

TYPE	Potable Water		2023	2022
	Unmetered	Metered	Total*	Total*
<u>Single-family Residential:</u> single family detached dwellings	<input type="text"/> 0	<input type="text"/> 0	<input type="text"/>	<input type="text"/> 0
<u>Multi-family Residential:</u> Apartments, condominiums, town houses, duplexes and trailer parks	<input type="text"/> 0	<input type="text"/> 0	<input type="text"/>	<input type="text"/> 0
<u>Commercial/Institutional:</u> Retail establishments, office buildings, laundries, schools, prisons, hospitals, dormitories, nursing homes, hotels, churches, campgrounds <u>If you are a wholesaler:</u> Enter the number of service connections, you have for downstream public water systems.	<input type="text"/> 0	<input type="text"/> 9	<input type="text"/> 9	<input type="text"/> 9
<u>Industrial:</u> All manufacturing	<input type="text"/> 0	<input type="text"/> 4	<input type="text"/> 4	<input type="text"/> 4
<u>Landscape Irrigation:</u> Parks, play fields, cemeteries, median strips, golf courses	<input type="text"/> 0	<input type="text"/> 0	<input type="text"/>	<input type="text"/> 0
<u>Agricultural Irrigation:</u> Irrigation of commercially-grown crops	<input type="text"/> 0	<input type="text"/> 0	<input type="text"/>	<input type="text"/> 0

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

Total Active Connections* 13 13 13

* 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):

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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	WELL 01	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?	<div>☐ --Pick one--</div> <div>☒ Yes</div> <div>☐ No</div>
2. Do you have equipment on hand to monitor groundwater levels at all your wells?	<div>☐ --Pick one--</div> <div>☒ Yes</div> <div>☐ No</div> <div>☐ Not Applicable (no wells)</div>
3. Do you routinely monitor the <i>static</i> water levels in your wells?	<div>☐ --Pick one--</div> <div>☒ Yes</div> <div>☐ No</div> <div>☐ Not Applicable (no wells)</div>
4. Do you routinely monitor the <i>pumping</i> water levels in your wells?	<div>☐ --Pick one--</div> <div>☒ Yes</div> <div>☐ No</div> <div>☐ Not Applicable (no wells)</div>
5. Are these levels recovering, declining or steady?:	<div>☐ --Pick one--</div> <div>☐ Recovering</div> <div>☐ Declining</div> <div>☒ Steady</div>

- ☐ Not Applicable (no wells)
☐ Don't Know

Section C. Standby Source Use

If a standby source was used in 2023, 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 2023:	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):

CA2702121 ROSEHART INDUSTRIAL PARK WS

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.

CA2702121 ROSEHART INDUSTRIAL PARK WS

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

CA2702121 ROSEHART INDUSTRIAL PARK WS

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

8. Customer Charges

This page is intentionally blank.

Section questions only for Community Water Systems

CA2702121 ROSEHART INDUSTRIAL PARK WS

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

8(B) Income

This page is intentionally blank.

Section questions only for Community Water Systems

CA2702121 ROSEHART INDUSTRIAL PARK WS

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

8(C) Affordability

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CA2702121 ROSEHART INDUSTRIAL PARK WS

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

Date of current Emergency Disinfection Plan (EDP)* :

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):

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

10. Backflow-Cross Connection Control

A. Backflow Assemblies and Air Gaps

	Total Number Reported in 2022	Total Number in System in 2023	Number Installed in 2023	Number Tested in 2023	Number Failed in 2023	Number Repaired/ Replaced
Backflow Assemblies on the Service Connections or Meter (Reduced Pressure Principle and Double Check Valve assemblies)	<input type="text" value="7"/>	<input type="text" value="7"/>	<input type="text" value="0"/>	<input type="text" value="7"/>	<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 2023:

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:	5/16/2016
Cross Connection Control Program Coordinator	
Name:	Phu Nguyen
Business Phone:	(831) 424-0441
Email Address:	cross.conn.management@gmail.com
List the name of trainings or certifications received:	Backflow tester's and certification renewal courses.
Certification Number (if applicable):	BMI-12-0083

Describe any cross-connection incidents that occurred during 2023:

None.

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

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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):	Thomas R. Adcock
Grade of Chief Distribution Operator (1, 2, 3, 4 or 5):	☐ --Pick one-- ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5
Distribution Operator Number (3, 4 or 5 digits):	22462
Distribution Certification Expiration Date (MM/DD/YYYY):	05/01/2024

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 (1, 2, 3, 4, or 5)	Chief, Shift or Neither ¹ (C, S or X)	Distribution Operator Number (3, 4 or 5 digits)	Distribution Certification Expiration Date (MM/DD/YYYY)
Thomas R. Adcock	4	C	22462	05/01/2024
Adnen Chaabane	4	S	35212	10/01/2025
Lotfi Boukraa	4	S	39196	09/01/2024
Andrew Clarke	4	X	30053	03/01/2025
Matt B. Best	2	S	29577	11/01/2025
Azusena Carracho	2	X	48218	05/01/2024
David M Carriedo	2	X	56191	10/01/2025
Adam Chaabane	2	X	55464	12/01/2025
Dror Manor	2	X	56348	11/01/2025
Andrea M. Schmitz	2	X	19083	05/01/2024
Eddie O. Takashima	2	S	49925	04/01/2025

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 Or D1 required**

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): Thomas R. Adcock

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

☐ --Pick one--
☐ 1
☐ 2
☐ 3
☒ 4
☐ 5

Treatment Operator Number (3, 4 or 5 digits): 17011

Treatment Certification Expiration Date (MM/DD/YYYY): 11/01/2026

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 (1, 2, 3, 4, or 5)	Chief, Shift or Neither ¹ (C, S or X)	Treatment Operator Number (3, 4 or 5 digits)	Treatment Certification Expiration Date (MM/DD/YYYY)
Thomas R. Adcock	4	C	17011	11/01/2026
Adnen Chaabane	4	S	29685	08/01/2024
Lotfi Boukraa	2	S	33877	07/01/2024
Azusena Camacho	2	X	41808	06/01/2024
Adam Chaabane	2	X	45013	12/01/2025
Andrew Clarke	2	X	28759	07/01/2025
Eddie Takashima	2	S	49925	06/01/2024
Matt B. Best	1	S	26798	07/01/2026
Dror Manor	1	X	45431	07/01/2025

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):

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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 2023 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	N/A
Color	0	0	0	N/A

Turbidity	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="N/A"/>
Visible Organisms	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="N/A"/>
Pressure (High or Low)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="N/A"/>
Water Outages	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="N/A"/>
Illnesses (Waterborne)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="N/A"/>
Other (Specify)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="N/A"/>
Total No. of Complaints*	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	

*Calculated field

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

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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 a row, select the blue pencil sign at the end of each row. To remove a row, 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)
--------	----------------------------------	-------------------------	-----------------------------------

Nothing Reported

Did the water system have any incidents in 2023 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 a row, select the blue pencil sign at the end of each row. To remove a row, 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 2023 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

☒ 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. 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 using chemical	Chemical is ANSI/NSF Standard 60 certified (Y/N)	Use initiated in 2023 (Y/N)
Calcium hypochlorite tablets	Accu-Tab	disinfection	Y	N

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	0	0	N/A
Main Breaks/Leaks	0	0	0	N/A
Water Outages	0	0	0	N/A
Boil Water Orders	0	0	0	N/A
Total*	0	0	0	

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)
☐ Plastic (Including Poly Vinyl Chloride and HDPE)		
☐ Steel		
☐ Cast Iron		
☐ Galvanized Iron		
☐ Ductile Iron		
☐ Cement Concrete		
☒ Asbestos Cement	100	45
☐ Other		

Please describe other pipeline materials in your distribution system:

All service lines in the system are copper or HDPE.

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 2023	Frequency of Flushing
2	2	2	semiannual

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:

0.152700

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 2023	Frequency of Valve Exercising
7	4-in to 8-in	7	annual

Comments on VALVE EXERCISE PROGRAM (publicly available):

E. STORAGE TANK/RESERVOIR INSPECTION/CLEANING PROGRAM

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

If you checked the above box, please list each storage tank and/or reservoir with the inventory details available for each column.

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
Tank	60000	Gallons	1985	11/04/2020	2019-05-07T07:00:00.000Z	2016-05-18T07:00:00.000Z	Passive	steel

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

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:

4/18/2023

B.3. What is the date your water quality emergency notification plan (WQENP) was last exercised with a tabletop or other activity? If the WQENP has not been exercised in the last year, please leave the field blank.:

1/12/2024

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

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

17. Water Conservation

This page is intentionally blank.

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

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

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.

Name:
Title:
Work phone:
Cell phone:
Email address: