

State Waterboard 2021 EAR

You were approved for application 442113 on 05/10/2022 20:22:10

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(https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/ear_assistance.html).

CA4000620 USASA-POM ENCLAVE - CAMP ROBERTS

To view last year's report, click here ([../TakeSurvey/PreviousSummary?surveysTakenId=442113](#)).

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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](#).

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) Please note: correct email is unimarksystem@charter.net. Unable to change email in profile.

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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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/PDWWW/> (<https://sdwis.waterboards.ca.gov/PDWWW/>)

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 ? (../Content/2021EARHelp.htm#2.1)	PHONE NO. & EXTENSION	CONTACT TYPE ? (../Content/2021EARHelp.htm#2.2) (Modify with checkbox)	
Contact 1	First Name, Middle <input type="text" value="CRAIG"/> Initial	Business	<input type="text" value="(805) 423-3090"/> <input type="text" value="YY"/>	<input type="checkbox"/> Remove Contact 1	<input checked="" type="checkbox"/> Edit Contact 1
	Last Name <input type="text" value="TAYLOR"/>	Home	<input type="text" value="YY"/> <input type="text" value="YY"/>	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
	Title <input type="text" value="OPERATOR"/>	Facsimile	<input type="text" value="YY"/> <input type="text" value="YY"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
	Address 1 <input type="text" value="PO Box 2382"/> Address 2 <input type="text"/>	Mobile	<input type="text" value="YY"/> <input type="text" value="YY"/>	<input checked="" type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Sampler / Water Quality
	City <input type="text" value="PASO ROBLES"/> State <input type="text" value="CA"/> Zip Code <input type="text" value="93447"/>	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="unimarksystem@charter.net"/>	Email 2 <input type="text" value="YY"/>		<input type="checkbox"/> Owner	<input type="checkbox"/> Funding
				<input type="checkbox"/> Carbon Copy	
Contact 2	First Name, Middle <input type="text" value="JON"/> Initial	Business	<input type="text" value="(831) 646-5677"/> <input type="text" value="YY"/>	<input checked="" type="checkbox"/> Remove Contact 2	<input type="checkbox"/> Edit Contact 2
	Last Name <input type="text" value="ANDERSON"/>	Home	<input type="text" value="YY"/> <input type="text" value="YY"/>	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator

Title		Facsimile	<input type="checkbox"/> YY	<input type="checkbox"/> YY	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
Address 1	580 Pacific Street	Mobile	<input type="checkbox"/> YY	<input type="checkbox"/> YY	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Sampler / Water Quality
Address 2						
City	MONTEREY	Emergency	<input type="checkbox"/> YY	<input type="checkbox"/> YY	<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
State	CA					
Zip Code	93940					
Email 1	janderso@ci.monterey.ca	Email 2	<input type="checkbox"/> YY		<input type="checkbox"/> Owner	<input type="checkbox"/> Funding
					<input type="checkbox"/> Carbon Copy	
Contact 3						
First Name, Middle Initial	DOYLE	Business	(831) 760-2072	<input type="checkbox"/> YY	<input checked="" type="checkbox"/> Remove Contact 3	<input type="checkbox"/> Edit Contact 3
Last Name	SCRIVNER	Home		<input type="checkbox"/> YY	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
Title		Facsimile	<input type="checkbox"/> YY	<input type="checkbox"/> YY	<input type="checkbox"/> Financial	<input checked="" type="checkbox"/> Emergency
Address 1	580 Pacific Street	Mobile	<input type="checkbox"/> YY	<input type="checkbox"/> YY	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Sampler / Water Quality
Address 2						
City	MONTEREY	Emergency	<input type="checkbox"/> YY	<input type="checkbox"/> YY	<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
State	CA					
Zip Code	93940					
Email 1	scrivner@ci.monterey.ca	Email 2	<input type="checkbox"/> YY		<input type="checkbox"/> Owner	<input type="checkbox"/> Funding
					<input type="checkbox"/> Carbon Copy	
Contact 4						
First Name, Middle Initial	CAITLIN E.	Business	(805) 595-1080	<input type="checkbox"/> YY	<input type="checkbox"/> Remove Contact 4	<input type="checkbox"/> Edit Contact 4
Last Name	GALLOWAY	Home		<input type="checkbox"/> YY	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
Title		Facsimile	<input type="checkbox"/> YY	<input type="checkbox"/> YY	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
Address 1	141 Suburban Road	Mobile	<input type="checkbox"/> YY	<input type="checkbox"/> YY	<input type="checkbox"/> Designated Operator In Charge	<input checked="" type="checkbox"/> Sampler / Water Quality
Address 2						
City	SAN LUIS OBISPO	Emergency	<input type="checkbox"/> YY	<input type="checkbox"/> YY	<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
State	CA					
Zip Code	93447					
Email 1	caitlin.galloway@abalonecoastal.org	Email 2	<input type="checkbox"/> YY		<input type="checkbox"/> Owner	<input type="checkbox"/> Funding
					<input type="checkbox"/> Carbon Copy	
Contact 5						
First Name, Middle Initial	ERIKA	Business	(831) 242-7925	<input type="checkbox"/> YY	<input type="checkbox"/> Remove Contact 5	<input checked="" type="checkbox"/> Edit Contact 5
Last Name	MARX	Home		<input type="checkbox"/> YY	<input checked="" type="checkbox"/> Administrative	<input type="checkbox"/> Operator
Title		Facsimile	<input type="checkbox"/> YY	<input type="checkbox"/> YY	<input checked="" type="checkbox"/> Financial	<input checked="" type="checkbox"/> Emergency
Address 1	4463 Gigling Road	Mobile	(831) 887-8883	<input type="checkbox"/> YY	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Sampler / Water Quality
Address 2						
City	SEASIDE	Emergency	(831) 887-8883	<input type="checkbox"/> YY	<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
State	CA					
Zip Code	93955					
Email 1	erika.r.marx.civ@army.mil	Email 2	<input type="checkbox"/> YY		<input type="checkbox"/> Owner	<input type="checkbox"/> Funding
					<input type="checkbox"/> Carbon Copy	

Contact 6 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 6 <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"/> Edit Contact 6 <input type="checkbox"/> Operator <input type="checkbox"/> Emergency <input type="checkbox"/> Sampler / Water Quality <input type="checkbox"/> Legal <input type="checkbox"/> Funding
		<input type="checkbox"/> Carbon Copy	

Contact 7 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 7 <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"/> Edit Contact 7 <input type="checkbox"/> Operator <input type="checkbox"/> Emergency <input type="checkbox"/> Sampler / Water Quality <input type="checkbox"/> Legal <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"/> 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
		<input type="checkbox"/> Carbon Copy	

ADD NEW CONTACTS HERE [?](#) (../Content/2021EARHelp.htm#2.2)

NEW CONTACT	CONTACT RECORD	PHONE TYPE ? (../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="Abraham"/> Last Name <input type="text" value="Anguiano"/> Title <input type="text" value="Lead Craftsperson"/> Address 1 <input type="text" value="580 Pacific Street"/> Address 2 <input type="text" value="YY"/>	Business Home Facsimile Mobile	<input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/>	<input type="text" value="(805) 260-4434"/> <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"/> Operator <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Sampler / Water Quality

City	Monterey	Emergency	(805) 260-4434	YY	<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
State	CA					
Zip Code	93940					
Email 1	anguiano@monterey.org	Email 2		YY	<input type="checkbox"/> Owner	<input type="checkbox"/> Funding
					<input type="checkbox"/> Carbon Copy	
Add Additional Contact (../Content/2021EARHelp.htm#2.3)					(pick all that apply)	
New 2						
First Name, Middle Initial	Gennaro	Business	(805) 227-7657	YY	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
Last Name	Messina					
Title	Facilities Operation Specialist	Home		YY YY	<input type="checkbox"/> Financial	<input checked="" type="checkbox"/> Emergency
Address 1	18000 E. PERIMETER ROAD, BLDG 18302	Facsimile		YY YY	<input type="checkbox"/> Operator In Charge	<input type="checkbox"/> Sampler / Water Quality
Address 2	YY	Mobile	(831) 887-8884	YY		
City	Camp Roberts	Emergency	(831) 887-8884	YY	<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
State	CA					
Zip Code	93451					
Email 1	gennaro.d.messina.civ@army.mil	Email 2		YY	<input type="checkbox"/> Owner	<input checked="" type="checkbox"/> Funding
					<input type="checkbox"/> Carbon Copy	
Add Additional Contact					(pick all that apply)	
New 3						
First Name, Middle Initial	Patricia	Business	(805) 227-7834	YY	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
Last Name	Goodman					
Title	Environmental Protection Specialist	Home		YY YY	<input type="checkbox"/> Financial	<input checked="" type="checkbox"/> Emergency
Address 1	18000 E. PERIMETER ROAD, BLDG 18302	Facsimile		YY YY	<input type="checkbox"/> Operator In Charge	<input type="checkbox"/> Sampler / Water Quality
Address 2	YY	Mobile	(831) 887-8939	YY		
City	Camp Roberts	Emergency	(831) 887-8939	YY	<input type="checkbox"/> Contract Operator	<input type="checkbox"/> Legal
State	CA					
Zip Code	93451					
Email 1	patricia.k.goodman2.civ@army.mil	Email 2		YY	<input type="checkbox"/> Owner	<input type="checkbox"/> Funding
					<input type="checkbox"/> Carbon Copy	
Add Additional Contact					(pick all that apply)	
New 4						
First Name, Middle Initial	YY	Business		YY YY	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
Last Name	YY					
Title	YY	Home		YY YY	<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
Address 1	YY	Facsimile		YY YY	<input type="checkbox"/> Operator In Charge	<input type="checkbox"/> Sampler / Water Quality
Address 2	YY	Mobile		YY 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	

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

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3. Population Served (../Content/2021EARHelp.htm#3)

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

Population Type (../Content/2021EARHelp.htm#3.2)	Population Count	Annual Operating Period (../Content/2021EARHelp.htm#3.3)				End Date
		MM	DD	MM	DD	
Residential	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	
Transient	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	
Non-Transient	<input type="text" value="100"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="12"/>	<input type="text" value="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:
[U.S. Army Garrison Presidio of Monterey data](#)

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

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

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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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:

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			
	Unmetered	Metered	2021	2020
	Total*Total*			
<u>Single-family Residential:</u> single family detached dwellings	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<u>Multi-family Residential:</u> Apartments, condominiums, town houses, duplexes and trailer parks	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

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

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).

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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 pre-filled 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
002	WELL 02	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
- 2. Do you have equipment on hand to monitor groundwater levels at all your wells?
 - Pick one--
 - 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)
 - Pick one--
 - Recovering
 - Declining
- 5. Are these levels recovering, declining or steady?:
 - 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).

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

A. WATER PRODUCED, PURCHASED, AND SOLD

Units of Measure for tables in Section 6A: --Pick one--
 Gallons
 Million Gallons
 Acre-feet (AF)
 100 cubic feet

Volumes are based on: --Pick one--
 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	Re
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"/>	
January	143580	0	0	143580	0	0	0	0
February	0	0	0	0	0	0	0	0
March	184841	0	0	184841	0	0	0	0
April	179800	0	0	179800	0	0	0	0
May	215903	0	0	215903	0	0	0	0
June	233230	0	0	233230	0	0	0	0
July	241573	0	0	241573	0	0	0	0
August	0	0	0	0	0	0	0	0
September	240197	0	0	240197	0	0	0	0
October	219804	0	0	219804	0	0	0	0
November	183745	0	0	183745	0	0	0	0
December	183745	0	0	183745	0	0	0	0
Annual Total*	2026418	0	0	2026418	0	0	0	0
Percent Treated	100							

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)	07/15/2021
Maximum Day - Groundwater (Volume)	7793
Maximum Day - Surface Water (Volume)	0

Maximum Day - Purchased or Received (Volume)	0
Maximum Day - Total Potable Water (Calculated)	7793
Maximum Day - Sold (Volume)	0

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): Water produced was not recorded for the months of February and August. The amount produced was captured the following month (i.e., March combined February and March totals, and September combined August and September totals). Maximum daily demand was not recorded as daily consumption rates were not recorded.

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 checked="" 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	0	0	0	0	0	0	0	0	0
February	0	0	0	0	0	0	0	0	0
March	0	0	0	0	0	0	0	0	0
April	0	0	0	0	0	0	0	0	0
May	0	0	0	0	0	0	0	0	0
June	0	0	0	0	0	0	0	0	0
July	0	0	0	0	0	0	0	0	0
August	0	0	0	0	0	0	0	0	0
September	0	0	0	0	0	0	0	0	0
October	0	0	0	0	0	0	0	0	0

November	<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"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
December	<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"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Annual*	<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"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Annual % recycled water	<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"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="YY"/>

PWS = Public Water System

*Calculated field

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

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

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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To view last year's report, click here (./TakeSurvey/PreviousSummary?surveysTakenId=442113).

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)

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Section questions only for Community Water Systems

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

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Section questions only for Community Water Systems

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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To view last year's report, click here ([../TakeSurvey/PreviousSummary?surveysTakenId=442113](#)).

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

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Section questions only for Community Water Systems

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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To view last year's report, click here ([../TakeSurvey/PreviousSummary?surveysTakenId=442113](#)).

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/rtcr.html (https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/rtcr.html).

- A.1. Is the Bacteriological Sample Siting Plan up to date?
- Pick one--
 Yes
 No

Select here ([../PwsUser/PWSBSSPList?PwsID=CA4000620](#)) 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: 04/07/2021

- 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=CA4000620](#)) 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.

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=442113&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	Multi-Chlor	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): 06/17/2021

E.2. Date of CCR Certification: 04/07/2022

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

--Pick one--
 Yes
 No

Select here ([../PwsUser/PWSCCRList?PwsID=CA4000620](#)) to upload a new water system CCR or Certification Form.

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

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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To view last year's report, click here ([../TakeSurvey/PreviousSummary?surveysTakenId=442113](#)).

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)	14	22	8	14	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: [?](#)

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)

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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To view last year's report, click here (../TakeSurvey/PreviousSummary?surveysTakenId=442113).

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=442113&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 ¹ (C, S or X)	Distribution Operator Number (3, 4 or 5 digits)	Distribution Certification Expiration Date (MM/DD/YYYY)
--	---	--	---	---

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** (../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=442113&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 ¹ (C, S or X)	Treatment Operator Number (3, 4 or 5 digits)	Treatment Certification Expiration Date (MM/DD/YYYY)
---	---	---	---	---

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): [?](#) ([../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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To view last year's report, click here ([../TakeSurvey/PreviousSummary?surveysTakenId=442113](#)).

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.

N/A

Indicate any planned improvements or modifications for 2022.

Expansion Under Construction

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).

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To view last year's report, click here ([../TakeSurvey/PreviousSummary?surveysTakenId=442113](#)).

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

*Calculated field

COMMENTS (Note: Comments will be made publicly available): [?](#) (../Content/2021EARHelp.htm#13.2)

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).

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To view last year's report, click here (../TakeSurvey/PreviousSummary?surveysTakenId=442113).

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*:

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

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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To view last year’s report, click here ([../TakeSurvey/PreviousSummary?surveysTakenId=442113](#)).

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	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
Main Breaks/Leaks	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	

Water Outages [?](#)
 (../Content/2021EARHelp.htm#15.1.a)
 Boil Water Orders
 Total*
 Comments on SYSTEM PROBLEMS (publicly available): YY

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 checked="" type="checkbox"/> Plastic (Including Poly Vinyl Chloride and HDPE)	<input type="text" value="100"/>	<input type="text" value="20"/>
<input type="checkbox"/> Steel	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="checkbox"/> Cast Iron	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="checkbox"/> Galvanized Iron	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="checkbox"/> Ductile Iron	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="checkbox"/> Cement Concrete	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="checkbox"/> Asbestos Cement	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="checkbox"/> Other	<input type="text" value="0"/>	<input type="text" value="0"/>

Please describe other pipeline materials in your distribution system:

Plastic service lines

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

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

Total No. in System	No. with Blowoffs	No. Flushed in 2021	Frequency of Flushing
<input type="text" value="5"/>	<input type="text" value="0"/>	<input type="text" value="5"/>	<input type="text" value="bi-monthly"/>

Comments on DEAD-END FLUSHING PROGRAM (publicly available): Staff routinely flushes all unmetered service connections monthly and checks chlorine residuals. Fire suppression system and fire hydrants are separate from the domestic supply and are flushed separately.

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): All flushing operations are unmetered.

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

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

Total No. in System	Size Range of Valves	No. Exercised in 2021	Frequency of Valve Exercising
<input type="text" value="85"/>	<input type="text" value="2-8"/>	<input type="text" value="15"/>	<input type="text" value="every 6 months"/>

Comments on VALVE EXERCISE PROGRAM (publicly available): Maintenance staff began an exercising valve program in 2020.

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=442113&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
Tank 1	100000	1	1997	2016-05-20T07:00:00.000Z	2016-05-20T07:00:00.000Z	2021-04-02T07:00:00.000Z

Tank name	Capacity	Capacity Units	Year installed	Date of last inspection	Date of last cleaning	Date re-lined or coated
Tank 2	50000	1	2018	2018-03-01T08:00:00.000Z	2018-03-01T08:00:00.000Z	2018-03-01T08:00:00.000Z

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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To view last year's report, click here (./TakeSurvey/PreviousSummary?surveysTakenId=442113).

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
- Pick one--

A.2.2. 48 hours

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

A.2.3. 72 hours

- 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

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)? 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

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)

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Section questions only for Community Water Systems

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)

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Section questions only for Community Water Systems

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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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

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

Name:

Title:

Work phone:

Cell phone:

Email address:

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