LARGE WATER SYSTEM
2013 ANNUAL REPORT TO THE DRINKING WATER PROGRAM
FOR YEAR ENDING DECEMBER 31, 2013
[Section 116530 Health & Safety Code]

WATER SYSTEM INFORMATION	
Water System No.:	
Water System Name:	
Water System Ownership (See descriptions below):	--Pick one--
Physical location: *(address line 1, address line 2, city, zip)* *Note: **NO** P.O. Box*	
General Office Phone: *(with area code)*	
Web site address:	

Water System Ownership Descriptions:

- Local Government: e.g., city, county, or special district, local school district, junior colleges, county or community parks, etc.
- State or Federal Government: e.g., state or national park, BLM, USFS and COE campgrounds and recreation facilities,
  state hospitals, State universities and colleges, California Veterans Home, County or District Fairs and Expositions, Caltrans rest stop, military base, other state or federal facility
- Privately owned, non-PUC-regulated (Community Water System): e.g., mobile home park, apartment or condominium
- Privately owned business (non-community): e.g., church, private school, restaurant, amusement park, RV park/campground,
  motel, ranch/farm, factory, other business establishment

REPORT SUBMITTED BY:	
Name:	
Title:	
Business phone:	
Cell phone:	
Email address:	

COMMENTS:

1. Public Water System Contacts

Click here to learn how to Modify, Add and Delete Contacts in the table below.

NAME, TITLE & ADDRESS	PHONE TYPE	PHONE NO.	EMAIL	CONTA (pick all t
	Business			**** Delete Contact **** Administrative
	Facsimile			Financial
	Mobile			Designated Operator In Charge
	Emergency			Owner
	Business			**** Delete Contact **** Administrative
	Facsimile			Financial
	Mobile			Designated Operator In Charge
	Emergency			Owner
	Business			**** Delete Contact **** Administrative
	Facsimile			Financial
	Mobile			Designated Operator In Charge
	Emergency			Owner
	Business			**** Delete Contact **** Administrative
	Facsimile			Financial
	Mobile			Designated Operator In Charge
	Emergency			Owner
	Business			**** Delete Contact **** Administrative

	Facsimile			☐ Financial
	Mobile			☐ Designated Operator In Charge
	Emergency			☐ Owner
	Business			☐ **** Delete Contact **** ☐ Administrative
	Facsimile			☐ Financial
	Mobile			☐ Designated Operator In Charge
	Emergency			☐ Owner
	Business			☐ **** Delete Contact **** ☐ Administrative
	Facsimile			☐ Financial
	Mobile			☐ Designated Operator In Charge
	Emergency			☐ Owner
	Business			☐ **** Delete Contact **** ☐ Administrative
	Facsimile			☐ Financial
	Mobile			☐ Designated Operator In Charge
	Emergency			☐ Owner
Add Additional Contact				(pick all
	Business			☐ Administrative
	Facsimile			☐ Financial
	Mobile			☐ Designated Operator In Charge
	Emergency			☐ Owner
Add Additional Contact				(pick all
	Business			☐ Administrative
	Facsimile			☐ Financial
	Mobile			☐ Designated Operator In Charge
	Emergency			☐ Owner

COMMENTS:

2. POPULATION SERVED

Permanent population (from latest US Census or finance data) or number of long-term residents*:	

**Long-term resident* means someone who resides within the water system service area for more than half of the year.

If permanent population is not based on latest US Census or finance data, identify the methods or sources of how it was estimated::

Seasonal Maximum Population (If applicable):	

Provide season :

Begin Date		**End Date**	
MM	DD	MM	DD

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

COMMENTS:

3. NUMBER OF SERVICE CONNECTIONS*(as of December 31, 2013)*

A. Active Service Connections:

Total Active Potable Water Connections currently in CDPH database:	

The total number of Service Connections as of December 31, 2013 must be reported as either Unmetered or Metered for each Service Connection Type as appropriate.

	Potable Water			Recycled Water		
TYPE **Do NOT report fire sprinkler connections. These connections are not counted toward "service connections" for compliance purposes.**	**Unmetered**	**Metered**	**Total***	**Unmetered**	**Metered**	**Total***
Single-family Residential: single family detached dwellings						
Multi-family Residential: duplexes, town homes, condominiums, apartments, and trailer parks						
Commercial/Institutional: hotels, schools, prisons, hospitals, nursing homes, dormitories, laundries, retail establishments (malls, shopping centers, retail stores, service shops, restaurants), office buildings, gas stations						
Industrial: industrial parks, manufacturing, warehouses, utilities, assemblers						
Landscape Irrigation: Play fields, golf courses, roadways, median strips, cemeteries, parks and other dedicated landscape connections						
Agricultural Irrigation: irrigation of commercially-grown crops and other dedicated agricultural connections						
Other *(services that do not meet any of the above definitions)*: This service connection type is intended to be used by noncommunity systems such as churches, businesses, county, state and national parks, schools and other public institutions that operate as an individual public water system and do not specifically have connections for which water rates are charged.						
Total Active Connections*						

*Calculated field

To update totals click here

B. Number of Inactive Connections (all types)	

COMMENTS:

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

Type	Total No. Approved *(by permit)*	Total No. New/ Added in 2013	Total No. Inactivated in 2013	Total No. Abandoned/ Destroyed in 2013
Active Groundwater Intakes (Wells)				
Active Surface Water Intakes (Raw)				
Active Purchased Water (GW) Connections				
Active Purchased Water (SW) Connections				
Standby Sources[1]				
Emergency Interconnections				
Inactive Wells[2]				

[1]**If a standby source was used in 2013**, provide the following information.

Name of the Standby Source used in 2013:	No. of days the Standby Source was in operation:	Were customers notified? (Y/N)	Was CDPH notified? (Y/N)	Describe the reason the Standby Source was used:

[2]**Inactive sources** are not approved as sources of supply and must be physically disconnected or otherwise isolated so that only an intentional act
by an operator can place the source in service.

COMMENTS:

5. WATER PRODUCED, PURCHASED AND SOLD

The **Maximum Day** is the day during 2013 with the highest total water usage. Provide the *date* for that day in Column B, then complete Columns C, D and E, indicating how much of the water on that day was from each source.

The **Maximum Month** is the month during 2013 with the highest total water usage. Provide the *month* in Column B, then complete Columns C, D and E, indicating how much of the water during that month was from each source.

Units of Measure for this table: --Pick one--

Volumes are based on: --Pick one--

A	B	C	D	E	F	G	H	I
	Potable Water							
	Date/ Month	Water Produced from Groundwater (Wells)	Water Produced from Surface Water[2]	Finished Water Purchased or Received from another PWS[5]	Total Amount of Potable Water[3*]	Water Sold to Another PWS[5]	Non-potable (exclude recycled)	Recycled
Maximum Day[1]								
Maximum Month								
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								
Annual Total*								
Percent Treated[4]								

PWS = Public Water System

*Calculated field

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

[1]Only report Maximum Day if it is actually measured or determined from production records. It should not be the average day demand during
the maximum month of production.

[2]Do not include raw water purchased; report only volume of water that was treated.

[3](F) Total Amount of Potable Water = Sum of Columns (C), (D) and (E), automatically calculated. To update, click below

To update totals click here

[4]This is the percentage of the total annual volume for Groundwater produced that was provided treatment to meet drinking water standards other than precautionary disinfection.

[5]If water was *Purchased* from or *Sold* to another PWS, complete the table below:

Specify whether water was *Purchased* or *Sold*	**Name of PWS**

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**

COMMENTS:

6a. WATER RATES

Indicate the type of water rate structure used by your water system:
--Pick one--

What is your billing frequency --Pick one--

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

Connection Type	FLAT BASE RATE	UNIFORM USAGE RATE	VARIABLE BASE RATE (provide range)		VARIABLE USAGE RATE (provide range)	
	$ (Base)	$ per hcf	$ Low	$ High	$ per hcf Low	$ per hcf High
RESIDENTIAL						
Single-family Residential						
Multi-family Residential						
Do you provide lifeline/low income subsidies?			--Pick one--			
If Yes, provide rates:						
NON-RESIDENTIAL						
Commercial/Institutional						
Industrial						
Landscape Irrigation						
Agricultural Irrigation						
Other						
Do you have fire suppression surcharges?			--Pick one--			
If Yes, provide rates:						
Do you have other surcharges?						
If Yes, provide rates:						

AVERAGE MONTHLY RESIDENTIAL WATER COST: $/mo.

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

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

6b. WATER DELIVERIES

Units of Measure for this table: --Pick one--

Provide monthly **metered** water deliveries in the table below.

A	B	C	D	E	F	G	H	I	
	Single-family Residential	**Multi-family Residential**	**Commercial/ Institutional**	**Industrial**	**Landscape Irrigation**	**Other**	**Total Urban Retail[1]***	**Agricultural**	**O P**
Check if Recycled Water is included:	☐	☐	☐	☐	☐	☐		☐	☐
January									
February									
March									
April									
May									
June									
July									
August									
September									
October									
November									
December									
Total*									

PWS = Public Water System

*Calculated field

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

To update totals click here

COMMENTS:

7. WATER QUALITY

ANNUAL NITRATE SAMPLING

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

Did your system conduct monitoring for nitrate during 2013 from each source?	--Pick one--

NOTE: If there were any sources that were not monitored because they were offline during 2013, you must contact your local regulatory agency to avoid an enforcement action for failure to monitor.

BACTERIOLOGICAL SAMPLE SITING PLAN

The coliform monitoring regulations require that an updated sample-siting plan be submitted at least every 10 years, and at any time the plan no longer ensures representative monitoring of the system (Section 64422 of Title 22).

Date of current bacteriological sample siting plan:	

DIRECT ADDITIVES

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 ANSI/NSF Standard 60. 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.

Name of Chemical	Name of Manufacturer	Purpose of using chemical	Chemical is ANSI/NSF Standard 60 certified (Y/N)	Use initiated in 2013 (Y/N)

INDIRECT ADDITIVES

As of March 9, 2008, a water system shall not use any chemical, material, lubricant, or product in the production, treatment or distribution
of drinking water that comes in contact with the drinking water that does not have certification of meeting NSF/ANSI standard 61.

Does your water system have procedures to ensure all future equipment and materials meet this standard?	--Pick one--

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

COMMENTS:

8. CROSS-CONNECTION CONTROL

	Total Number in System	**Number Installed in 2013**	**Number Tested in 2013**	**Number Failed in 2013**	**Number Repaired/ Replaced**
Backflow Assemblies on the Service Connections or Meter					
Backflow Assemblies On-site but not on the Service Connections or Meter					
Air-gap Separation					

No. of *Inactive* Backflow Prevention Assemblies in water system in 2013:			
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 2013:

COMMENTS:

9. CONSUMER CONFIDENCE REPORT *(does not apply to Transient Noncommunity water systems)*

THE 2013 CCR MUST BE DISTRIBUTED TO YOUR CUSTOMERS AND A COPY SUBMITTED TO YOUR

LOCAL REGULATORY AGENCY BY JULY 1, 2014.

CERTIFICATION MUST BE SUBMITTED TO YOUR LOCAL REGULATORY AGENCY BY OCTOBER 1, 2014, STATING THAT THE 2013 CCR HAS BEEN DISTRIBUTED TO CUSTOMERS AND THAT THE INFORMATION IS CORRECT.

The CCR guidance, CCR template, and the certification form can be obtained from the CDPH web site at:http://www.cdph.ca.gov/certlic/drinkingwater/Pages/CCR.aspx

Indicate the date your 2013 CCR was distributed or will be distributed to your customers:	mm/dd/yyyy

PUBLIC WATER SYSTEMS THAT SERVE 100,000 OR MORE PERSONS ARE REQUIRED TO POST THEIR CCR ON THE INTERNET.

If your water system serves 100,000 or more persons, indicate the date the CCR was or will be posted to the Internet:	

If applicable, please provide the URL link to the CCR posted on the Internet:

COMMENTS:

10. OPERATOR CERTIFICATION

A. Please list the State certified Water **Treatment Plant Operators** employed by your water system that supervise and direct the operation
of your water treatment plants, beginning with the chief operator(s).

Your Highest Treatment System Classification is:

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

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

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

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

Your Distribution System Classification is:

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

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

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

COMMENTS:

11. WATER SYSTEM IMPROVEMENTS

The California Waterworks Standards (Section 64556) require an amended permit for any of the following improvements or modifications:

- Addition of a new distribution reservoir with a capacity of 100,000 gallons or more
- Modification or extension of the existing distribution system using an alternative to the requirements of the California Waterworks Standards (see Sections 64570 through 64578)
- Modification of the water supply by:
  - Adding a new source
  - Changing the status of an existing source (for example, active to standby) or
  - Changing or altering a source, such that the quality or quantity of water supply could be affected
- Any addition or change in treatment, including
  - Design capacity
  - Process
- Expansion of the existing service area by 20 percent or more of the number of service connections specified in your current permit.

If your water system made any improvements or modifications during 2013 for which a permit was not obtained, please describe
the improvements or modifications below.

Indicate any planned improvements or modifications for 2014.

COMMENTS:

12. COMPLAINTS REPORTED (WRITTEN OR VERBAL)

Type of Complaint	No. of Complaints Reported by Customers	No. of Complaints Investigated	No. of Complaints reported to CDPH	Brief Description of Cause and Corrective Action taken
Taste and Odor				
Color				
Turbidity				
Visible Organisms				
Pressure (High or Low)				
Water Outages				
Illnesses (Waterborne)				
Other (Specify)				
Total No. of Complaints*				

*Calculated field

To update totals click here

COMMENTS:

13. RECYCLED WATER USE

Recycled Water (RW) Use Sites	Total No. of Approved Sites as of Dec. 31, 2013	No. of New Sites Approved in 2013	No. of Sites Proposed for 2014
Irrigation, Agriculture			
Irrigation, Landscape			
Industrial			
Dual-plumbed (In-building)			

Dual-plumbed (Single-family lot)			
Cooling Towers			
Other			
Total*			

To update totals click here

Name of the recycled water coordinator:	
Business Phone:	
Email address:	
How many inspections of recycled water use sites were conducted in 2013?	
How many pressure/shutdown tests were performed in 2013?	
Do all of your recycled water uses sites have an on-site supervisor?	--Pick one--
How many recycled water uses sites do not have an on-site supervisor?	

COMMENTS:

14. SYSTEM OPERATION - TREATMENT

A. GROUNDWATER TREATMENT *(respond only if groundwater treatment is provided)*

Groundwater Treatment Plant Name	Treatment Plant Classification	Capacity (MGD)	Type of Treatment	Date of Operations Plan	Is Operations Plan Current? (Y/N)

Describe any plant problems, process failures, major shutdowns, etc., that occurred in 2013 and substantially affected the plant performance AND/OR
any significant modifications or maintenance provided to the plant(s):

B. SURFACE WATER TREATMENT *(respond only if surface water treatment is provided)*

Surface water Treatment Plant Name	Treatment Plant Classification	Capacity (MGD)	Type of Treatment	Date of Operations Plan	Is Operations Plan Current? (Y/N)

Describe any plant problems, process failures, major shutdowns, etc., that occurred in 2013 and substantially affected the plant performance AND/OR
any significant modifications or maintenance provided to the plant(s):

Date of current Emergency Disinfection Plan (EDP)*:	
**As required under Section 64660(c)(2). The EDP may be included in your water system's Emergency Response Plan or Operations Plan. If so, provide the Name and Date of those plans below:.*	
Name of Document that includes the Emergency Disinfection Plan:	
Date of document that includes the Emergency Disinfection Plan:	
Date of last watershed sanitary survey report:	
Date planned to complete next watershed sanitary survey report*:	
**As required under Section 64665, each watershed sanitary survey shall be updated at least every 5 years.*	

COMMENTS:

15. SYSTEM OPERATION – DISTRIBUTION

A. DEAD-END FLUSHING PROGRAM

Total No. in System	No. with Blowoffs	No. Flushed in 2013	Frequency of Flushing

B. VALVE EXERCISE PROGRAM

Size Range of Valves	Total No. in System	No. Exercised in 2013	Frequency of Valve Exercising

C. STORAGE TANK/RESERVOIR INSPECTION/CLEANING PROGRAM

(Do not include pressure tanks)

Tank name	Capacity (in million gallons, MG)	Year installed	Date of last inspection	Date of last cleaning	Date re-lined or coated

D. SYSTEM PROBLEMS

Type of Problem	No. of Problems	No. of Problems Investigated	No. of Problems Reported to CDPH	Brief Description of Cause and Corrective Action Taken
Service Connection Breaks/ Leaks				
Main Breaks/Leaks				
Water Outages				
Boil Water Orders				
Total*				

To update totals click here

COMMENTS:

16. EMERGENCY PREPAREDNESS AND RESPONSE

A. EMERGENCY RESPONSE PLANS

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

Do you have an Emergency Response Plan (ERP) that addresses the procedures for the restoration of water service for your water system?	--Pick one--
Date of your current Emergency Response Plan:	
Date ERP was last exercised with a tabletop or other activity:	

B. AUXILIARY POWER SUPPLY

Does your water system have backup power for:	
1. Sources:	--Pick one--
2. Pumping Stations:	--Pick one--
3. Water Treatment Plants:	--Pick one--
If your system has backup power, how many times per year is it exercised?	
Can your system maintain system pressure either by backup power or by storage during power outages of 2 hours or less?	--Pick one--
Is your backup power system automatic or manual start?:	--Pick one--

COMMENTS:

17. WATER CONSERVATION AND DROUGHT PREPAREDNESS

Date of your revised Drought Preparedness Plan, if any:	
If you experienced water shortages in 2013, please estimate the amount of shortfall in millions of gallons:	
Did drought conditions cause you to activate emergency standby wells in 2013?	--Pick one--

Do you project water shortages in the current calendar year?	--Pick one--
Did you implement NEW water conservation measures in 2013?	--Pick one--
If you implemented NEW water conservation measures in 2013, please estimate how much water was conserved in millions of gallons: (MG) % reduction in demand	
Do you anticipate having to go to mandatory rationing in the upcoming year?	--Pick one--
Are your water sources metered?	--Pick one--
Do you routinely monitor the *static* water levels in your wells?	--Pick one--
Do you routinely monitor the *pumping* water levels in your wells?	--Pick one--
Are these levels recovering, declining or steady?:	--Pick one--

Please list any other long term actions you are considering or planning:

COMMENTS:

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

DRAFT SMALL SYSTEM Drought Management Plan Flowchart

STEP 1 Public Involvement and Input

- Customer task force or committee
- Neighbor water systems
- Public agencies

STEP 2 Goals and Objectives

- Which users can and should be restricted
- General or targeted restrictions
- Legal requirements
- Minimum flow requirements
- Priorities

STEP 3 Assess Supply and Demand

- See DWP Drought Assessment Tool
- Water Supply Sources
- Maximum Yields
- Total Demands
- Local Conditions
- Compare Demands with Yields
- Forecast Deficits

STEP 4 Define Your Own Drought Indicators

- What in your water system indicates drought conditions?

STEP 5 Mitigation Measures

- Water loss reduction (audit)
- Additional/alternative supply
- Additional storage (large scale)
- Public Information/ Education
- Restrictions/ Bans on Nonessential Use
- Pricing
- Rationing (limit available supply)
- Local Regulations/ Ordinances

STEP 6 Assess Mitigation Measures

- Anticipated water-use reduction
- Consumer acceptance
- Equity
- Cost
- Sustainability
- Legal/contractual issues
- History
- Ease of implementation

STEP 7 Develop Drought Contingency Plan

- Adapt drought index and management strategy template that works best for you.
- Use data and materials collected during assessment stages

Small Water System

Drought Management Planning Checklist and Assessment Tool

(NOTE: WHERE NECESSARY, ATTACH ADDITIONAL SHEETS REFERENCED BY ITEM NUMBER)

This is a Drought Management Planning Checklist and Assessment Tool for Public Water Systems serving less than 200 service connections to gather key information to assess their situation and to help plan a drought contingency plan.

Public Water System Number: _____

Public Water System Name:_____

Name and Title: _____

Address: _____

Telephone No: Fax: _____

E-mail Address: _____

STEP 1 Public Involvement and Input

- **Have you involved your customers and community?**
- **Do you have a customer education and outreach program?**

STEP 2 Goals and Objectives

- **What are your goals and objectives for drought impacts?**

_____

_____

_____

_____

STEP 3 Assess Supply and Demand

1. **Sources** *(A description, including locations and yields, of the ground and surface water*

sources used by the facility; also list service connections with public water supply agencies.)

Surface Water: (Stream, pond, etc.)

Name	Location	Safe Yield (gpd)	Current Yield (gpd)

Ground Water: (well, quarry, spring, etc.)

Name	Location	Safe Yield (gpd)	Current Yield (gpd)

Purchased Water Connections:

Name	Location	Safe Yield (gpd)	Current Yield (gpd)

2. *Identification of alternative sources of water if source safe yields drop below system demands. Describe effects on existing permit conditions (if any).*

Alternative Source:

Permit Conditions:

Alternative Source:

Permit Conditions:

Alternative Source:

Permit Conditions:

3. Previous Monthly Average System Demands and Production

Month	Demands (gpd)	Production (gpd)	Surplus/(Deficit)
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

4. Projected Monthly Average System Demands and Production

Month	Demands (gpd)	Production (gpd)	Surplus/(Deficit)
January			
February			
March			

April			
May			
June			
July			
August			
September			
October			
November			
December			

5. Previous Peak Day Demands and Production

Month	Demands (gpd)	Production (gpd)	Surplus/(Deficit)
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

6. Projected Peak Day Demands and Production

Month	Demands (gpd)	Production (gpd)	Surplus/(Deficit)
January			
February			
March			
April			
May			
June			

July			
August			
September			
October			
November			
December			

STEP 4 Description of what indicates drought conditions for your system.

_____

_____

_____

STEP 5 Mitigation Measures

1. A description of recycling and conservation measures previously undertaken to conserve water and other potential recycling and conservation measures that the facility has the ability to implement under emergency conditions.

2. Does the water system have rules and ordinances in place to implement and enforce mandatory conservation or rationing if needed? Please list:

3. Are all sources metered? _____ If not which source need meters?

4. Is your Emergency Response Plan updated with a plan of action for a drought emergency? ____

5. On separate sheets of paper, describe your plan of action which can be undertaken by the water system in response to drought or water shortage conditions (in addition to presently employed conservation measures) to achieve a phased reduction of total withdrawal and use by amounts of 5%, 15%, 25%, 35%, and 50% of the monthly rates of water withdrawal and use existing during non-drought periods.

STEP 6 Assess Mitigation Measures

For all the mitigation measures developed, what are the most likely to be successful?

_____

_____

_____

STEP 7 Develop Drought Contingency Plan

Use RCAC Drought Management Templates that fits situation.