

August 5, 2016

Kenneth Petruzzelli
Attorney III
Office Enforcement
State Water Resources Board
P.O. Box 100
Sacramento, CA 95812-0100

RECEIVED

AUG 15 2016

Office of Enforcement

Dear Mr. Petruzzelli,

Please find enclosed your request for our Individual Ability to Pay Form along with our most recently filed tax returns for the years 2011, 2012 and 2013.

Feel free to contact us with any additional questions. Thank you in advance for your assistance with this matter.

Sincerely,



Nancy K. Donovan

Enclosures (4)

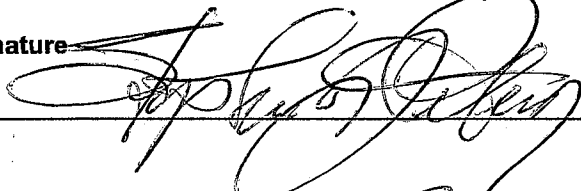
INDIVIDUAL ABILITY TO PAY CLAIM
Financial Data Request Form

This form requests information regarding your financial status. The data will be used to evaluate your ability to pay for environmental clean-up or penalties. If there is not enough space for your answers, please use additional sheets of paper. Note that we may request further documentation of any of your responses. We welcome any other information you wish to provide supporting your case, particularly, if you feel your situation is not adequately described through the information requested here. **Failure to answer all the questions clearly and completely may result in denial of your claim of inability to pay.**

Certification

Under penalties of perjury, I declare that this statement of assets, liabilities, and other information is true, correct, and complete to the best of my knowledge and belief. I further understand that I will be subject to prosecution by the United States Government to the fullest extent possible under the law should I provide any information that is not true, correct, and complete to the best of my knowledge.

Signature



Date

8-1-2016

Name: STEPHEN J. PETERS

Spouse's Name: NANCY K. DOLOVAN

Address: 21451 HIGHWAY 128
YORKVILLE, CA 95994

County of Residence: MENDOCINO

PART I. BACKGROUND INFORMATION

1. MEMBERS OF HOUSEHOLD (List the head of the household and all persons living with you)

Name	Age	Relationship to Head of Household	Currently Employed?
1. STEPHEN J. PETERS	66	HEAD OF HOUSEHOLD	
2. NANCY K. DONOVAN	64	SPOUSE	No
3.			
4.			
5.			
6.			
7.			

2. Employment (List all jobs held by persons in the household)

Name	Employer	Length of Employment	Annual Salary
1.			
2.			
3.			
4.			
5.			
6.			
7.			

2a. If you have other employment, state the name and address of your employer, the position held by you, the date(s) you began this employment, period of payment and salary.

N/A \$

2b. Are you self-employed or do you own all or any part of a business as sole owner, partner, or stockholder?

SELF-EMPLOYED

2c. If your answer to the previous question is in the affirmative, state the name and address of the business, the type of business conducted, the form of business organization, (e.g. corporation, partnership, sole proprietorship), the date you acquired your interest in the business, the nature of your ownership interest, the present value of your interest, how and when you draw from it, your office or position in the business, the name and address of each officer, director, or partner of the business, and the name and address of each location at which the business is conducted.

LOST CREEK VINEYARDS 21451 HIGHWAY 128 YORKVILLE, CA

WINEGRAPE GROWER

SOLE PROPRIETORSHIP - STEPHEN J. PETERS

100% OWNER

ACQUIRED 10/04/2001

2d. Were any articles of incorporation, partnership or certificates of doing business under a fictitious name filed with any governmental agency by the enterprises mentioned in the preceding question?

YES

2e. If so, for each such filing, state: (i) the nature of the document filed, (ii) the location where filed; and (iii) the date of filing.

DBA LOST CREEK VINEYARDS

MENDOCINO COUNTY CLERK-RECORDER

10/04/2001

3. **INCOME** (List all income earned by persons in the household. If members of the household other than the applicant and spouse earn income, please itemize on a separate page.)

Source	Gross (Pre-Tax)		Period of Payment (Check One)			
	Applicant	Spouse	Weekly	Monthly	Quarterly	Yearly
Wages/Salaries	34,308	N/A ∅				✓
Sales Commissions						
Investment Income (interest, dividends, capital gains, etc.)	71					✓
Net business Income	10,509					✓
Rental income						
Retirement income (Pension, Social Security, etc.)	806			✓		
Child Support						
Alimony						
Other income. (please itemize)	N/A ∅	↓				

3a. If your spouse or any dependent claimed by you is self-employed or owns all or any part of a business, state the name and address of the business, the nature of his or her ownership interest therein, and the amount of the income derived there from.

N/A ∅

3b. Give an accurate account of the financial condition of this business for the last three years, including a statement of assets, inventories, liabilities, gross and net income, and the amount of any undistributed profits in the business.

(PLEASE ATTACH) N/A ∅

3c. State the source and amount of any income received by (1) you, (2) your spouse, and (3) your dependents, other than that stated above.

N/A ∅

3d. What accounts receivable, notes receivable, checks for \$1000 or more, mortgages, liens, leases, royalties, or pledges of personality do (1) you, (2) your spouse, or (3) your dependents, own or hold, whether in your name or the name of another, what is their value, and where are the evidences of ownership located?

N/A \emptyset

3e. When and where did you last file a Federal income tax return, and what was the amount of the gross income reported therein? Please attach **SIGNED** copies of Federal income tax returns for the last three (3) years, including all schedules and attachments.

4.18.2016 * - 26,727 2013 FORM 1040
2013 FORM CA 540

PART II. CURRENT LIVING EXPENSES

In the table below, please list personal living expenses which were typical during the last year and indicate if any of these values is likely to change significantly in the current year. Please do not include business expenses. If you are the owner of an operating business, please attach any available financial statements.

Provide the Current Living Expenses in the timeframe most convenient to you. Thus, you may use Amount per week, or Amount per month, or Amount per quarter, or Amount per year.

Expense	Amount per week	Amount per month	Amount per quarter	Amount per year	For Agency Use ONLY
A. Living Expense					
1. Rent or Mortgage Payment					
2. Home Maintenance				\$ 1,077.-	
3. Auto fuel maintenance / other transportation					
4. Utilities					
a. Fuel (gas, oil, propane)				\$ 199.-	
b. Electric				\$ 537.-	
c. Water/sewer					
d. Telephone					
5. Food		\$ 900.-			
6. Clothing, personal care				\$ 797.-	
7. Medical costs				\$ 2,713.-	
B. Debt Payments					
1. Car payments					
2. Credit card payments				\$ 46,596	
3. Other loan payments					
4. Other loan payments					
C. Insurance					
1. Household Insurance				\$ 2,370	
2. Life Insurance					
3. Automobile Insurance				\$ 848.-	
4. Medical Insurance				\$ 4,011.-	
D. Taxes					
1. Property Taxes				\$ 5,460.-	
2. Federal income taxes				\$ 399.-	
3. State income taxes				0	

Expense	Amount per week	Amount per month	Amount per quarter	Amount per year	For Agency Use ONLY
4. FICA					
E. Other Expenses					
1. Childcare					
2. Current School tuition					
3. Legal or Prof Services				\$ 2,000.-	
4. Other (itemize on separate sheet)					
Total Current Expenses		900.-		\$161,001.-	

PART III. NET WORTH

Please provide the following information to the best of your ability. Data should be as current as possible. Estimates are acceptable; please note all estimates with an "estimated."

If you are the sole proprietor of a business, please list business assets and liabilities in addition to personal assets and liabilities. Please list the business assets and liabilities on a separate form.

1. BANK ACCOUNTS (Checking, NOW, Savings, Money Market, CDs etc.)

Describe and state ownership and value of any account or shares held by (1) you, (2) your spouse, (3) your dependents, or (4) anyone on your behalf in any bank, building and loan association, saving institution, cooperative, or credit union.

Name and Address of Bank or Institution	Type of Account	Current Balance
1. WESTAMERICA 511 HEALDSBURG AVE. HEALDSBURG, CA 95148	CHECKING	\$ 5,200.-
2. SAVINGS BANK 1100 AIRPORT PARK BLVD. UCIHAH, CA 95182	CHECKING	-- \$27.00
3.		
4.		
5.		
6.		
For Agency Use only- Total Current Balance in Bank Accounts		

2. INVESTMENTS (Stock, Bonds, Mutual Funds, Options, Futures, Real Estate Investment trusts, etc.)

Name and Address of Bank or Institution	Number of Shares or Units	Current Market Value
1. TD AMERITRADE 50 MADERA Blvd. CORTE MADERA, CA 94925	25	\$316. -
2.		
3.		
4.		
5.		
6.		
For Agency Use Only- Total Estimated Market Value of Investments		

3. RETIREMENT FUNDS AND ACCOUNTS (IRA, 401K, Keogh, vested interest in company retirement.)

Description of Account	Estimated Market Value
1. N/A ∅	
2.	
3.	
4.	

4. LIFE INSURANCE POLICIES (Whole Life, Universal Life, etc.)

State the names and address of all insurers with whom you have policies of life or accident insurance; give the date, face value, and cash surrender value of each policy, and specify which policies are payable to your estate.

Policy Holder	Issuing Company	Policy Value	Cash Value
1. N/A ∅			
2.			
3.			
4.			
5.			
For Agency Use Only- Total Value of Life Insurance Policies			

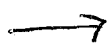
5. VEHICLES

5a. VEHICLES USED FOR COMMUTING PURPOSES ONLY

Brand and Model	Year	Estimated Market Value
1. N/A ∅		
2.		
3.		
For Agency Use Only- Total Estimated Market Value of Vehicles		

5b. OTHER VEHICLES (Cars, Trucks, Motorcycles, Motor Homes, Travel Trailers, Boats, Airplanes, etc.)

Brand and Model	Year	Estimated Market Value
1. LINCOLN AVIATOR	2004	\$4,800.-
2. FORD F-350 PICKUP TRUCK	1996	\$9,900.-
3. CHEVROLET TRUCK	1982	\$1,750.-
For Agency Use Only- Total Estimated Market Value of Vehicles		



6. Personal Property

Describe the Household Goods and Furniture, Jewelry, Art, Antiques, Collections, Precious Metals, etc. valued at \$1000 or more per item or \$5000 or more in the aggregate owned by (1) you, (2) your spouse, or (3) your dependents.

Type of Property	Estimated Market Value
1. HOUSEHOLD GOODS & FURNITURE	NO INDIVIDUAL ITEM IN HOUSEHOLD OVER \$1,000.-
2.	
3.	
4.	
5.	
6.	
For Agency Use Only - Total Estimated Market Value of Personal Property	

7. REAL ESTATE

7a. PRIMARY RESIDENCE (Home - List only one such residence)

Location	Legal Description of Property	Estimated Market Value
21451 HIGHWAY 128	RESIDENCE	\$507,000.-

Description	Quantity	Unit Price	Total
KUBOTA TRACTOR	1986	\$2,000.-	

7b. OTHER REAL ESTATE (Land, Buildings, Land with Buildings, Mineral Rights)

Location	Legal Description of Property	Estimated Market Value
1. N/A ∅		
2.		
3.		
For Agency Use Only- Total Estimated Market Value of Real Estate		

8. OTHER ASSETS

8a. Have you made or do you hold or own, or have a lien upon, any claim by suit or otherwise against the United States or any other party?

N/A ∅

8b. Vested or contingent future interests

i. Do you have any vested or contingent future interest in any property, or to the payment of any money, for any reason whatsoever?

N/A ∅

ii. If so, state the nature and source of such interest, the location of the property, the identity and address of any person or institution that may be involved, the circumstances that will cause the property or money to inure to your benefit, and the probable value or amount thereof.

N/A ∅

8c. Property held in trust

i. Is any money or property held in trust for (1) you, (2) your spouse, or (3) your dependents?

N/A ∅

ii. If so, state the name and address of the trustee or other fiduciary, identify the trust, state what monies or property are held in trust, the value thereof, and the date upon which the trust is to terminate.

N/A Ø

8d. If any monies or property are held in trust for (1) you, (2) your spouse, or (3) your dependents, state the amount of income which is or may be received therefrom, the timing of such payments, give the value of the corpus of trust which may be distributed to (1) you, (2) your spouse, or (3) your dependents, and the expected date of distribution.

N/A Ø

8e. What other sources of income or property, actual or potential do (1) you, (2) your spouse, or (3) your dependents have which you have not disclosed in answer to previous questions and what is the value thereof?

	Type of Asset	Estimated Market Value
1.	N/A Ø	
2.		
3.		
4.		
5.		
For Agency Use Only- Total Other Assets		

9. CREDIT CARDS AND LINES OF CREDIT

Credit Card/Line of Credit (Type)	Owed To	Balance Due
1. \$ 22,000.-	BANK OF AMERICA	Ø
2. \$ 15,400.-	CAPITAL ONE	\$ 11,780.-
3. \$ 20,000.-	CAPITAL ONE	\$ 10,200.-
4. \$ 40,000.-	CHASE	Ø
5. \$ 3,000.-	CITICARD	Ø
6. \$ 9,758.-	GM CARD	Ø
For Agency Use Only - Total Balance Due on Credit cards and Lines of Credit		

10. VEHICLE LOANS (Cars, Trucks, Motorcycles, Motor Homes, Travel Trailers, Airplanes, etc)

Vehicle (Model and Year)	Owed To	Balance Due	Start Date	End Date
1. N/A Ø				
2.				
3.				
4.				
For Agency Use Only - Total Balance Due on Vehicle Loans				

11. FURNITURE AND HOUSEHOLD GOODS LOANS:

Type of Loan	Owed To	Balance Due	Start Date	End Date
1. N/A Ø				
2.				
3.				
4.				
For Agency Use Only- Total Balance Due- Furniture & HHG Loans				

Type of Debt	Owed To	Balance Due	Start Date	End Date
1. N/A Ø				
2.				
3.				
4.				
5.				
For Agency use only- Total Balance Due on Other Debt				

PART IV. ADDITIONAL INFORMATION

Please respond to the following questions. For any question that you answer "Yes" please provide additional information on separate pages or at the bottom of this page.

QUESTION	YES	NO
1. Do you have any reason to believe that your financial situation will change during the next year?		✓
2. Are you currently selling or purchasing any real estate?		✓
3. Is anyone (or any entity) holding any real or personal property on your behalf, (trust)?		✓
4. Are you the party in any pending lawsuit?		✓
5. Have any of your belongings been repossessed in the last three years?		✓
6. Are you a Trustee, Executor, or Administrator?		✓
7. Are you a participant or beneficiary of an estate or profit sharing plan?		✓
8. Have you declared bankruptcy in the last seven years?		✓
9. Do you receive any type of federal aid or public assistance?		✓