West Valley County Water District

Exhibit 7
Public Water System 2009 Annual Report

Instructions on using this form:

Read these questions that are given to your water system and identify yourself as the person completing the report.

When you have answered all the questions, save your completed report to your local hard drive.

Start by indicating the following:

1. Enter the name of the 2009 Annual Report for your public water system number.
2. Indicate your city/county.
3. Input your water system number.
4. Indicate the name of your annual report the year you served to the email.

Additional information that was requested to be noted in the report:

1. The following are requested:
   a. Detailed Site Sampling Plan, if changes have been made in 2009.
   b. Certification of Sampling Test. Schedule for testing bacterial parameters.
   c. Details on sampling or cross-connection incidents if they have not been submitted to the Board of Health Water Program.
   d. A new Control Water Treatment Plant Operators Plan, if changes were made in 2009.
   e. A new Surface Water Treatment Plant Operators Plan, if changes were made in 2009.
   f. A new Wastewater Treatment Plant Operators Plan, if changes were made in 2009.
2. The project leader, or the plant manager, working at your water system.

If any reason you are unable to complete and email this report, please print out and mail this completed form and attachments to.
### Water System Detail Information

<table>
<thead>
<tr>
<th>Public Water System (PWS) Name</th>
<th>WEST VALLEY COUNTY WATER DISTRICT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS Number</td>
<td>1909006</td>
</tr>
<tr>
<td>Principal City Served</td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td>25315 WEST IDEAL AVENUE, LANCASTER, CA 93536</td>
</tr>
<tr>
<td>Physical Location</td>
<td>THREE POINT ROAD TO AVE B AND 250TH TO THREE POINTS ROAD</td>
</tr>
<tr>
<td>Web Site Address</td>
<td></td>
</tr>
<tr>
<td>Name of the person completing the report</td>
<td>MARK L. CROSBY</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>661-724-1860</td>
</tr>
<tr>
<td>Email address</td>
<td><a href="mailto:wvcwd@verizon.net">wvcwd@verizon.net</a></td>
</tr>
</tbody>
</table>

### Public Water System Contacts

**Manager / Superintendent / Public Works Director** (person who is legally responsible for ensuring that the PWS maintains compliance with the Safe Drinking Water Act and any person to which inquiries, comments, letters and correspondence would be addressed such as Board of Directors, General Manager, or EEO)  
Title: **GENERAL MANAGER**  
Name: **MARK L. CROSBY**  
Business Phone: 661-724-1860  
Cell Phone: 661-305-7705  
Fax Number: 661-724-1402  
Email Address: wvcwd@verizon.net  
Primary Contact (Designated Operator in charge)  
Title: **SYSTEM OPERATOR D-2**
<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Phone</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Operator D-2</td>
<td>MARK L. CROSBY</td>
<td>661-724-1860</td>
<td><a href="mailto:wvcwd@verizon.net">wvcwd@verizon.net</a></td>
</tr>
<tr>
<td>Cell Phone</td>
<td>661-305-7705</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fax Number</td>
<td>661-724-1402</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Billing Contact</td>
<td>BOOKKEEPER</td>
<td>661-724-1860</td>
<td><a href="mailto:amywvcwd@verizon.net">amywvcwd@verizon.net</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water Quality Contact</td>
<td>AMY MORGAN</td>
<td>661-724-1860</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><a href="mailto:amywvcwd@verizon.net">amywvcwd@verizon.net</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumer Data</td>
<td>GENERAL MANAGER</td>
<td>661-724-1860</td>
<td><a href="mailto:wvcwd@verizon.net">wvcwd@verizon.net</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Number of Service Connections as of December 31, 2009

Residential
Number of metered residential service connections: 278

Commercial
Number of metered commercial service connections: 
Number of flat rate commercial service connections: 
Total number of commercial service connections: 

Industrial

Total number of commercial service connections: 

WV-7 - 004
<table>
<thead>
<tr>
<th>Source Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of approved active groundwater (GW) wells:</td>
</tr>
<tr>
<td>Number of approved active raw surface water (SW) sources:</td>
</tr>
<tr>
<td>Number of purchased groundwater connections:</td>
</tr>
</tbody>
</table>

These 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.
Number of purchased groundwater connections inactivated in 2009:

Number of purchased groundwater connections abandoned or destroyed in 2009:

**Surface Water Connections**

Number of approved active purchased surface water connections:

Number of purchased surface water connections added in 2009:

Number of purchased surface water connections inactivated in 2009:

Number of purchased surface water connections abandoned or destroyed in 2009:

**Standby Wells**

Number of approved standby wells: 1

Number of standby wells added in 2009:

Number of standby wells inactivated in 2009:

Number of standby wells abandoned or destroyed in 2009:

**Emergency Interconnections**

Number of approved emergency interconnections (intake)

Number of emergency interconnections added in 2009:

Number of emergency interconnections inactivated in 2009:

Number of emergency interconnections abandoned or destroyed in 2009:

*For each standby source used in 2009, list (fill out sheet if necessary):*

<table>
<thead>
<tr>
<th>Name of Source</th>
<th>Number in operation</th>
<th>Reason for use</th>
<th>Was public notified?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** Finished Water Produced, Purchased, or Sold **
The **Maximum Day** is the day during 2009 with the highest daily water use. This day has been identified. Complete the section below indicating how much of the water on that day was from each source. 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 in production.

The **Maximum Month** is the month during 2009 with the highest total water use. Indicate the month in the section below for each source and the amount that was supplied.

For questions below asking for amounts of water produced, purchased, or sold, please select units of measure.

- Gallons
- Million Gallons
- Acre-feet (AF)
- 100 cubic feet

### Groundwater
- Date in 2009 maximum amount of groundwater was produced: 7-28-09
- Amount of groundwater produced in the Maximum Day: 315200
- Month in 2009 maximum groundwater was produced: WELL # 3 JULY
- Amount of groundwater produced in the Maximum Month: 7623500
- Total amount of groundwater produced in 2009: 51160000

### Surface Water
- Date in 2009 maximum amount of surface water was produced: 
- Amount of surface water produced in the Maximum Day: 
- Month in 2009 maximum surface water was produced: 
- Amount of surface water produced in the Maximum Month: 
- Total amount of surface water produced in 2009: 

### Purchased Water
- Date in 2009 maximum amount of water was purchased: 
- Amount of water purchased in the Maximum Day: 
- Month in 2009 maximum amount of water was purchased: 
- Amount of water purchased in the Maximum Month: 
- Total amount of water purchased in 2009: 

WV-7 - 007
Water Quality

Did your system conducted monitoring for nitrate during 2009 from each source:

☑ Yes ☐ No

Regulations require a minimum annual sampling for nitrate. If any nitrate results are higher than equal to 0.7 the MCL of 45 mg/L (LC) or a result of at least 75 mg/L nitrate, quarterly monitoring must be initiated. If there were any sources that were not monitored because they were offline during 2008, you must contact the CDPR Drinking Water Program to avoid an enforcement action.

What was your bacteriological site sampling plan last updated? 8/7/09

The California monitoring regulations require that an updated sample sitting plan be submitted if it is every 10 years, and at any time the plan no longer ensures representative monitoring of the system (Section 1422 of Title 22, California Code of Regulations). Please attach a copy of this sitting plan if this is an electronic format (e.g., PDF) and was changed in 2009.

Please note that if there is a system pressure loss to less than 30 psi, special bacteriological samples are required from the affected area. Also, you must notify the CDPR Drinking Water Program immediately.

Is your 2009 Consumer Confidence Report (CCR) on the Internet?

☑ Yes ☐ No ☐ N/A
Date 2009 CCR was or will be posted on the Internet: 7/1/10

A 2009 Consumer Confidence Report (CCR) must be distributed to your customers by July 3, 2010, reporting the quality of water delivered during the 2008 (Section 116370 of the Health and Safety Code). A copy of the 2009 CCR must be submitted to the CDPH Drinking Water Program by October 1, 2010 (Section 64483(c) of Title 22 California Code of Regulations).

Chemical Additives

Consult Section 64360, Title 22 of the California Code of Regulations, all chemicals or products, including chemicals, added directly to the drinking water as part of a treatment process must meet the ANSI/NSF Standard 60. If you are not sure whether a chemical or the kind meets this standard, contact the manufacturer or distributor of the chemical.

Please enter information about each chemical used by your water system. Include the following information (fill out sheet E if necessary):

<table>
<thead>
<tr>
<th>Chemical Name</th>
<th>Manufacturer's Name</th>
<th>Purpose for Use of Chemical</th>
<th>If Chemical Meets ANSI/NSF Standard 60</th>
</tr>
</thead>
<tbody>
<tr>
<td>SODIUM HYPOCHLORITE</td>
<td>TOR ALKAI PRODTS</td>
<td>DISENFECTION</td>
<td>YES</td>
</tr>
</tbody>
</table>

Cross-connection Control Program

All backflow prevention devices must be tested annually. If any were not tested in 2009, please attach a time schedule stating when the devices will be tested in 2010.

Backflow prevention assemblies on service connections at the meter:

Total number of backflow prevention assemblies on service connections at the meter: 

Number of backflow prevention assemblies on service connections at the meter installed in 2009: 

Number of backflow prevention assemblies on service connections at the meter tested in 2009: 

Number of backflow prevention assemblies on service connections at the meter failed in 2009: 

WV-7 - 009
<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of backflow prevention assemblies on service connections at the meter repaired or replaced in 2009</td>
<td>2</td>
</tr>
<tr>
<td>Number of backflow devices on-site in lieu of at the meter in 2009</td>
<td>2</td>
</tr>
<tr>
<td>Number of backflow devices on-site in lieu of at the meter installed in 2009</td>
<td></td>
</tr>
<tr>
<td>Number of backflow devices on-site in lieu of at the meter tested in 2009</td>
<td></td>
</tr>
<tr>
<td>Number of backflow devices on-site in lieu of at the meter failed in 2009</td>
<td></td>
</tr>
<tr>
<td>Number of backflow devices on-site in lieu of at the meter repaired or replaced in 2009</td>
<td></td>
</tr>
</tbody>
</table>

**Air gap backflow assemblies**

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of air gap backflow assemblies</td>
<td></td>
</tr>
<tr>
<td>Number of air gap backflow assemblies installed in 2009</td>
<td></td>
</tr>
<tr>
<td>Number of air gap backflow assemblies tested in 2009</td>
<td></td>
</tr>
<tr>
<td>Number of air gap backflow assemblies failed in 2009</td>
<td></td>
</tr>
<tr>
<td>Number of air gap backflow assemblies repaired or replaced in 2009</td>
<td></td>
</tr>
</tbody>
</table>

**Names of designated Cross-connection Control Program Coordinator**

<table>
<thead>
<tr>
<th>Name</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark L. Crosby</td>
<td>20406</td>
</tr>
</tbody>
</table>

**Business Phone**

| Phone | 661-724-1860 |

**Email Address**

| Email | wwcwd@verizon.net |

**Description of training received**

| Description | D-2 |

**Date of last cross-connection control survey completed on the water system**

| Date       | April 2009 |

Please list any incidents of cross-connection including the following information (fill out sheets if necessary).
Recycled Water

This next section is for Large Water Systems Only, which are those systems with 1000 active connections or greater.

Agicultural Sites

Total number of approved agricultural irrigation sites:

Number of agricultural irrigation sites approved in 2009:

Number of agricultural irrigation sites proposed for 2010:

Landscape Irrigation Sites

Total number of approved landscape irrigation sites:

Number of landscape irrigation sites approved in 2009:

Number of landscape irrigation sites proposed for 2010:

Industrial Sites

Total number of approved industrial sites:

Number of industrial sites approved in 2009:

Number of industrial sites proposed for 2010:

Dual-plumbed (in-building) Sites

Total number of approved dual-plumbed (in-building) sites:

Number of dual-plumbed (in-building) sites approved in 2009:

Number of dual-plumbed (in-building) sites proposed for 2010:

Dual-plumbed (single-family lot) Sites

Total number of approved dual-plumbed (single-family lot) sites:

Was the report submitted to the CDPH Drinking Water Program? YES/NO
Number of dual plumbed (single-family lot) sites approved in 2009:

Number of dual plumbed (single-family lot) sites proposed for 2010:

Cooling Towers:
Total number of approved cooling tower sites:

Number of cooling tower sites approved in 2009:

Number of cooling tower sites proposed for 2010:

Other:
Total number of any other approved sites:

Number of any other sites approved in 2009:

Number of any other sites proposed for 2010:

Please list specific recycled water use sites within your system:

Name of Recycled Water Coordinator:

Title:

Business Phone:

Email Address:

How many inspections of recycled water use sites were conducted in 2009:

How many pressure/flowdown tests were performed in 2009:

Do all of your recycled water use sites have an on-site supervisor:

[ ] Yes  [ ] No

How many recycled water use sites do not have an on-site supervisor:

System Operation - Treatment
Please attach any new Groundwater Treatment Plant Operation Plan.
Date of current Groundwater Treatment Plant Operations Plan: 11/10/09

Does your Operations Plan accurately reflect your current operations?

[ ] Yes  [ ] No

Please attach a copy of your current SW Treatment Plant Operations Plan if changes were made to the plan in 2009.

Please describe any plant problems, process failures, major shutdowns, etc., which were experienced in 2009 and substantially affected the plant performance.

Please attach any new Surface Water Treatment Operations Plan:

Date of current Surface Water Treatment Plant Operations Plan:

Preserve SW Treatment Operations Plan accurately reflect your current operations?

[ ] Yes  [ ] No

Please upload a copy of your current SW operations Plan if changes were made to the plan in 2009.

Please describe any plant problems, process failures, major shutdowns, etc., which were experienced in 2009 and substantially affected the plant performance.

This section is for Small Water Systems Only which are systems with less than 100 active connections.

Is any water treatment provided?

[ ] Yes  [ ] No

If your water system uses chlorination treatment, list the name of each treated water source:

WELL#3 J.G. GAGLIONE
If any other water treatment is provided, list the water source name and the type of treatment.

If your water system uses any type of filtration treatment, list the water source and the type of filters used.

If your water system uses any other type of water treatment, list the water source and the type of treatment.

<table>
<thead>
<tr>
<th>Watershed Sanitary Survey (Surface Water System only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of last watershed sanitary survey:</td>
</tr>
<tr>
<td>Date planned to complete next watershed sanitary survey:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Preparation and Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of current emergency disinfection plan (EDP):</td>
</tr>
<tr>
<td>11/10/2009</td>
</tr>
</tbody>
</table>

Please attach a copy of your current Emergency Disinfection Plan if changes were made to the plan in 2009.

Do you have an Emergency Response Plan (ERP) that addresses the procedures for the restoration of water service for your Water System?

- [ ] Yes
- [ ] No

<table>
<thead>
<tr>
<th>Date of Your current Emergency Response Plan:</th>
</tr>
</thead>
</table>

For Large Water Systems Only (30,000 connections)

Date of last review / revision of your Emergency Response Plan:

Public water systems serving at least 30,000 or more persons are required to review and revise their ERP to ensure that the plan is sufficient to address possible disaster scenarios.

For Large Water Systems Only, date ERP was last exercised with a tabletop or activity:

WV-7 - 014
Please submit an updated Emergency Notification Plan (Section 14 of the Health and Safety Code). Make sure it includes the emergency notification procedures as directed in the form.

**Operations**

Please attach a list of State certified operators and include the following information:

- Type of certification
- Number of days
- Indicate if Treatment Plant or Distribution Operator
- Certification renewal or expiration date
- Indicate if Emergency Shift operator

**System Planning**

**Water System Improvements.** Identify any major changes, additions, or improvements in the water facilities and/or operation that were completed during 2009 or that are planned for 2010. Water systems are required to submit an amended permit application for any addition or modification to water sources or treatment facilities pursuant to Section 14.3 of the Health and Safety Code.

Completed in 2009:

Planned for 2010:

**System Operations - Distribution**

Total number of dead ends in the system: 7
<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of active sites in system</td>
<td>8</td>
</tr>
<tr>
<td>Number of active sites activated in 2009</td>
<td>7</td>
</tr>
<tr>
<td>Frequency of demand limiting</td>
<td>3 to 4 months</td>
</tr>
<tr>
<td>Total number of valves in the system</td>
<td>201</td>
</tr>
<tr>
<td>Size range of valves</td>
<td>12&quot;-8&quot;-6&quot;-2&quot;</td>
</tr>
<tr>
<td>Number of valves exercised in 2009</td>
<td>34</td>
</tr>
<tr>
<td>Frequency of valve exercise</td>
<td>Anually Fall and Winter</td>
</tr>
</tbody>
</table>

**System Operations - Storage**

Storage Tank / Reservoir / Inspection / Cleaning Program Please attach a list with the following information for each storage tank:

- Tank Name
- Capacity in gal
- Year installed
- Date last inspected
- Date last cleaned
- Date repaired (if applicable)

**System Operations - Problems**

Number of service breaks / leaks problems experienced in 2009:

Number of service breaks / leak problems investigated in 2009:

Number of service breaks / leak problems reported to the CDPH Drinking Water Program in 2009:

Number of main breaks / leaks experienced in 2009:

Number of main breaks / leaks investigated in 2009:

Number of main breaks / leaks reported to the CDPH Drinking Water Program in 2009:

Number of water outages experienced in 2009:

Number of water outages investigated in 2009:

Number of water outages reported to the CDPH Drinking Water Program in 2009:

1
Please provide a brief description of the cause and the corrective action taken for each problem identified during 2009. Attach separate sheets if necessary.

**REMOVED AND REPLACED 8" LINE VALUE CUSTOMER NOTIFIED AND LINE TREATED BY AWWA STANDARDS BAC-T TAKEN ON AREA INVOLVED IN OUTAGE.**

**System Complaints**

<table>
<thead>
<tr>
<th>Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of water color complaints received in 2009</td>
<td></td>
</tr>
<tr>
<td>Number of water color complaints investigated in 2009</td>
<td></td>
</tr>
<tr>
<td>Number of water color complaints reported to the CDPh Drinking Water Program in 2009</td>
<td></td>
</tr>
<tr>
<td>Number of water turbidity complaints received in 2009</td>
<td></td>
</tr>
<tr>
<td>Number of water turbidity complaints investigated in 2009</td>
<td></td>
</tr>
<tr>
<td>Number of water turbidity complaints reported to the CDPh Drinking Water Program in 2009</td>
<td></td>
</tr>
<tr>
<td>Number of worm &amp; other organism complaints received in 2009</td>
<td></td>
</tr>
<tr>
<td>Number of worm &amp; other organism complaints investigated in 2009</td>
<td></td>
</tr>
<tr>
<td>Number of worm &amp; other organism complaints reported to the CDPh Drinking Water Program in 2009</td>
<td></td>
</tr>
<tr>
<td>Number of pressure (too high/low) complaints received in 2009</td>
<td></td>
</tr>
<tr>
<td>Number of pressure complaints investigated in 2009</td>
<td></td>
</tr>
<tr>
<td>Number of pressure complaints reported to the CDPh Drinking Water Program in 2009</td>
<td></td>
</tr>
<tr>
<td>Number of waterborne illness complaints received in 2009</td>
<td></td>
</tr>
<tr>
<td>Number of waterborne illness complaints investigated in 2009</td>
<td></td>
</tr>
<tr>
<td>Number of waterborne illness complaints reported to the CDPh Drinking Water Program in 2009</td>
<td></td>
</tr>
<tr>
<td>Number of all other complaints received in 2009</td>
<td></td>
</tr>
</tbody>
</table>
Drought Response and Water Conservation

Do you have a drought action plan?

- Yes
- No

If Yes, where was it last located?

Did you experience water shortages in the past calendar year?

- Yes
- No

If Yes, how much was your shortfall? Please express units in million gallons (MG) or acre feet (AF).

Did drought conditions cause you to activate emergency stand-by wells in the past year?

- Yes
- No

Do you project water shortages in the upcoming calendar year?

- Yes
- No

If Yes, how much of a shortfall do you anticipate? Please express units in million gallons (MG) or acre feet (AF).

Did you implement any water conservation activities in 2009?

- Yes
- No

If Yes, what was the savings in MG?

What was the percent water reduction in demand?

Do you anticipate having to go to mandatory rationing in the upcoming year?
Do you routinely monitor the static and pumping water levels in your wells?

☐ Yes  ☐ No

Are the levels recovering or is there a steady decline in these levels?

☐ Declining  ☐ Recovering  ☐ No Change

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

Again, thank you for your cooperation in completing this reporting form.
<table>
<thead>
<tr>
<th><strong>OPERATIONS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>TYPE OF CERTIFICATION</td>
</tr>
<tr>
<td>NUMBER AND GRADE</td>
</tr>
<tr>
<td>INDICATE IF TREATMENT PLANT OR DISTRIBUTION OPERATOR</td>
</tr>
<tr>
<td>CERTIFICATION RENEWAL OR EXPIRATION DATE</td>
</tr>
<tr>
<td>INDICATE IF LEAD OR SHIFT OPERATOR</td>
</tr>
</tbody>
</table>
## SYSTEM OPERATION-STORAGE

<table>
<thead>
<tr>
<th>TANK NAME</th>
<th>CAPACITY IN MG</th>
<th>YEAR INSTALLED</th>
<th>DATE LAST INSPECTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANK#1</td>
<td>0.286</td>
<td>1981</td>
<td>8/17/2007</td>
</tr>
<tr>
<td>TANK#2</td>
<td>0.289</td>
<td>1989</td>
<td>8/17/2007</td>
</tr>
<tr>
<td>TANK#3</td>
<td>0.286</td>
<td>2008 NEW</td>
<td></td>
</tr>
</tbody>
</table>