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**State Water Resources Control Board  
Division of Drinking Water**

December 16, 2024

Andrew Strader, Director  
Santa Cruz County Department of Environmental Health  
701 Ocean Street, Room 312  
Santa Cruz, CA 95060

**Subject: Fiscal Year 2023/2024 Local Primacy Agency Annual Evaluation**

Dear Mr. Strader:

The State Water Resources Control Board-Division of Drinking Water (Division) finds the Local Primacy Agency (LPA) - Santa Cruz County **is in compliance** with all requirements of the current Local Primacy Delegation Agreement (LPDA). In addition, the LPA has met the program activities approved in the fiscal year (FY) 2023/2024 workplan.

On 19 November 2024, the Division conducted an annual evaluation<sup>1</sup> of the LPA program for Santa Cruz County of FY 2023/2024. The Division representatives conducting the evaluation were Anna Snyder-Water Resource Control Engineer, Kyle Graff- Water Resource Control Engineer, Jonathan Weininger- Senior Water Resource Control Engineer, Lisa Jensen-Environmental Scientist and the LPA representatives were Sean Abbey-Water Quality Specialist III, Nathan Salazar-Environmental Health Specialist III, Sierra Ryan-Water Resources Manager, and Andrew Strader-Director Environmental Health. The purpose of the evaluation was to determine the LPA program's compliance status with respect to the activities set forth in the LPA workplan for FY 2023/2024, LPA Delegation Agreement and California Code of Regulations (CCR) Title 22, sections 64253 through 64260.

The findings of this evaluation are detailed in Attachments A and B. Upon completion of the evaluation, Division representatives find the items listed below are required to be addressed or considered by Santa Cruz County LPA program. Please submit a written response demonstrating willingness to comply with the items below by January 15, 2025.

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<sup>1</sup> California Health & Safety (HSC), section 116330(d) requires the Board to evaluate the drinking water program of each local primacy agency at least annually.

**DIRECTIVES**

1. By April 1, 2025, the LPA will receive, review, and issue water supply permits in compliance with the requirements of HSC §116525 through §116550 and CCR Title 22 sections.
2. By March 1, 2025, the LPA will provide written notice to the water system identifying the deficiencies found during the sanitary survey and outline a corrective action plan within 60 days of the sanitary survey.
3. By March 1, 2025, the LPA will provide water systems with a complete sanitary survey report within 90 days of the sanitary survey. (LPDA, section 2.03 (e)).
4. By June 1, 2025, the LPA will update emergency notification plans ensuring all information is accurate and include a description of the notification plan.
5. By March 1, 2025, the LPA will issue appropriate enforcement (i.e. NOVs and citations) (i.e. nitrate, arsenic, DBP, radiological, etc.) for water systems found to be in violation of monitoring and reporting water quality sampling requirements.
6. By June 1, 2025, the LPA will review all water systems' Bacteriological Sample Siting Plans (BSSPs), identify BSSPs that are greater than 10 years old and/or do not meet the GWR requirements, and ensure a plan is in place to bring all outdated BSSPs into compliance.

**RECOMMENDATIONS**

1. The Division recommends the LPA ensure all components of a permit, such as permit application, technical report or sanitary survey, design and specifications, technical, managerial, and financial assessment, and well completion report, etc are located with the permit.
2. The Division recommends the LPA ensure cross-connection control program information is included with each sanitary survey.
3. The Division recommends the LPA ensure the District approval of the sanitary survey report template remain on file.
4. The Division recommends the LPA ensure sampling locations are clearly identified and described to ensure consistency and accuracy of sampling.
5. The Division recommends the LPA ensure each PWS has current consumer confidence reports with PWS records and uploaded to required electronic data storage.
6. The Division recommends the LPA ensure all violations are identified and corrective action taken.

7. The Division recommends the LPA inform all PWS it is the PWS' responsibility to maintain the unique monitoring schedule for their specific system and ensure all PWS create monitoring schedule for their system.
8. The Division recommends the LPA include verification of operator certification as part of sanitary survey.
9. The Division recommends the LPA consistently identify the 50' well site control zone for new sources where feasible. Where not feasible include water works standards alternatives as recommended for security, etc.

The Division would like to acknowledge the following accomplishments Santa Cruz County did above the minimum requirements of the LPA Delegation Agreement and workplan during the FY:

1. The LPA conducted an educational forum for small water systems with training provided. The forum included information from the LAFCo officer, process for chain-of-custody, and was recorded and posted on the LPAs website for any PWS either unable to attend or wishing review.
2. The LPA assisted their regulated water systems with completing the Electronic Annual Report to the Division and achieved 100% reporting compliance.
3. Santa Cruz County LPA staff work collaboratively with State and local partners, small public water system operators, and owners to ensure compliance by promoting and maintaining communication that protects and enhances public health.

The Division looks forward to our continued partnership in the oversight of small public water systems in Santa Cruz County.

If you have any questions regarding this letter, please contact Chad Fischer-DDW SAFER Section at 559-447-3307 or [chad.fischer@waterboards.ca.gov](mailto:chad.fischer@waterboards.ca.gov).

Sincerely,



Chad Fischer, P.E.  
DDW SAFER Section Supervising Engineer

Cc: Santa Cruz County Board of Supervisors, via email at  
[boardofsupervisors@santacruzcounty.us](mailto:boardofsupervisors@santacruzcounty.us)

Jonathan Weininger, P.E., Monterey District Engineer, via email at  
[Jonathan.Weininger@waterboards.ca.gov](mailto:Jonathan.Weininger@waterboards.ca.gov)

Attachment A - Local Primacy Agency Annual Evaluation Form

Attachment B – Summary of Data Reporting to the SWRCB - Division of Drinking Water

Attachment C – File Review Documents

## Attachment A-Evaluation Checklist

County: Santa Cruz  
 Conducted By: Lisa Jensen  
 Date: 19 November 2024

| LPA/DE Staff in Attendance                         |                                                    |                                                        |
|----------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|
| <input checked="" type="checkbox"/> Nathan Salazar | <input checked="" type="checkbox"/> Sean Abbey     | <input checked="" type="checkbox"/> Sierra Ryan        |
| <input checked="" type="checkbox"/> Anna Synder    | <input checked="" type="checkbox"/> Kyle Graff     | <input checked="" type="checkbox"/> Jonathan Weininger |
| <input checked="" type="checkbox"/> Lisa Jensen    | <input checked="" type="checkbox"/> Andrew Strader | <input type="checkbox"/>                               |
| <input type="checkbox"/>                           | <input type="checkbox"/>                           | <input type="checkbox"/>                               |

| Compliance Level to Address | Timeline Guidance |
|-----------------------------|-------------------|
| High                        | 30-60 days        |
| Medium                      | 60-90 days        |
| Low                         | 90-180 days       |

| Permitting (LPDA 2.01) <sup>1</sup>                                                                                 | Y                                   | N                                   | N/A                      | Directive                | Recommendation                      | Based on File Review     |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| A. Did the LPA meet the workplan goal for permit activities?                                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                          |
| B. Does the LPA require TMF assessments for new and change of ownership water supply permits?                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                                     | <input type="checkbox"/> |
| C. LPA receives, reviews and issues water supply permits applicable per HSC and CCR Title 22 sections listed below? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |                          |                                     |                          |
| i. Preliminary technical report for proposed new PWS submitted                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                                     | <input type="checkbox"/> |
| ii. Applications submitted by PWS                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                                     | <input type="checkbox"/> |
| iii. DE has reviewed and concurred with the issuance of each permit for a proposed new PWS                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                                     | <input type="checkbox"/> |
| iv. CEQA completed for new sources, storage, and treatment                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                                     | <input type="checkbox"/> |
| v. Detailed sanitary survey or Tech Report included                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                                     | <input type="checkbox"/> |
| vi. Design & specs included                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                                     | <input type="checkbox"/> |
| vii. Well completion report for new sources                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                                     | <input type="checkbox"/> |

<sup>1</sup> Refer to Attachment B-Table 1  
 Last Updated: 8/21/2024-AL

## Attachment A-Evaluation Checklist

|                                                                                                                                                                                                      |                                     |                                     |                                     |                                     |                          |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| viii. 50' well site control zone source identified ( <i>New Sources</i> )                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                          | <input type="checkbox"/>            |
| D. Does the LPA reference the permit guide?                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                     | <input type="checkbox"/> |                                     |
| E. Does the LPA track water supply permits that are accessible to all applicable staff?                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                     | <input type="checkbox"/> |                                     |
| F. Did the LPA receive any petitions for reconsideration (i.e. appeals) from public water system?                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |                          | <input type="checkbox"/>            |
| G. If yes, did the LPA report the petition to the DDW within 5 days?                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |                                     |
| H. Does the LPA include the appeal language in all cover letters for full water supply permits issued (applies only to new permits)?                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |                                     |
| <b>Annual Workplan (LPDA 2.02)</b>                                                                                                                                                                   | <b>Y</b>                            | <b>N</b>                            | <b>N/A</b>                          | <b>Directive</b>                    | <b>Recommendation</b>    | <b>Based on File Review</b>         |
| A. Did the LPA submit a completed workplan for approval by the established or extended deadline? <b>9/18/2023</b>                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |                                     |
| <b>Sanitary Surveys (LPDA 2.03)<sup>2</sup></b>                                                                                                                                                      | <b>Y</b>                            | <b>N</b>                            | <b>N/A</b>                          | <b>Directive</b>                    | <b>Recommendation</b>    | <b>Based on File Review</b>         |
| A. Did the LPA meet the workplan goal of sanitary surveys to be completed?                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                                     |
| B. Does the LPA conduct a file review prior to each sanitary survey?                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                     | <input type="checkbox"/> |                                     |
| C. Does each sanitary survey include the required eight (8) elements and for CWS only the resiliency and preparedness element?                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                          | <input type="checkbox"/>            |
| D. Does the LPA provide written notice to the water system identifying the deficiencies found during the sanitary survey and outline a corrective action plan within 60 days of the sanitary survey? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          | <input checked="" type="checkbox"/> |
| E. Does the LPA provide the water systems with a complete sanitary                                                                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          | <input checked="" type="checkbox"/> |

<sup>2</sup> Refer to Attachment B-Table 2  
Last Updated: 8/21/2024-AL

## Attachment A-Evaluation Checklist

|                                                                                                                                                                                                               |                                     |                                     |                                     |                                     |                          |                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| survey report within 90 days of the sanitary survey?                                                                                                                                                          |                                     |                                     |                                     |                                     |                          |                                     |
| F. If significant deficiencies were not within 30 days, did the LPA issue an enforcement action to the water system?                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                          | <input type="checkbox"/>            |
| <b>Sampling and Monitoring (LPDA 2.04)</b>                                                                                                                                                                    | <b>Y</b>                            | <b>N</b>                            | <b>N/A</b>                          | <b>Directive</b>                    | <b>Recommendation</b>    | <b>Based on File Review</b>         |
| A. Does the LPA provide the water quality monitoring and reporting requirements to their water systems in writing?                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                          | <input type="checkbox"/>            |
| B. Does the LPA confirm that the water quality results were successfully submitted to the State's water quality (WQM) database and is water quality data reviewed at a minimum of annually (except for RTCR)? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                     | <input type="checkbox"/> |                                     |
| C. Does the LPA receive, review, and track monthly SWTR reports?                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          | <input type="checkbox"/>            |
| D. For groundwater treated systems, including precautionary and mandatory disinfection, does the LPA receive, review and track compliance of monthly operation reports?                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          | <input type="checkbox"/>            |
| E. Does each public water system have a current (<10 yrs.) and complete Bacteriological Sample Siting Plan (BSSP) on file?                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          | <input checked="" type="checkbox"/> |
| F. Does the BSSP comply with the Ground Water Rule and RTCR?                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                          | <input type="checkbox"/>            |
| G. Is the LPA reviewing and monitoring CCR submissions by CWS and NTNC water systems?                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                          | <input type="checkbox"/>            |
| H. Is the LPA monitoring submission of the CCR verification forms?                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                          | <input type="checkbox"/>            |
| I. Has the LPA issued any water quality monitoring waivers, exemptions, or variances that <u>differ</u> from what is allowed in the CCR-Title 22 during applicable the fiscal year? (i.e. Sec. 64445(d))      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                          | <input type="checkbox"/>            |
| J. Do the applicable LPA staff have an mDWW account and refer to it?                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                     | <input type="checkbox"/> |                                     |

## Attachment A-Evaluation Checklist

|                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                     |                          |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-----------------------------|
| K. If a water system was found to be in violation of a monitoring and reporting water quality sampling requirement, would the LPA issue appropriate enforcement (i.e. NOVs and citations) (i.e. nitrate, arsenic, DBP, radiological, etc.)? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          |                             |
| L. Does the LPA reference the Analysis Reports in WQIR?                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |                             |
| <b>Data Management and Reporting (LPDA 2.05)<sup>3</sup></b>                                                                                                                                                                                | <b>Y</b>                            | <b>N</b>                            | <b>N/A</b>                          | <b>Directive</b>                    | <b>Recommendation</b>    | <b>Based on File Review</b> |
| A. Is the LPA entering unsafe water notices into the Unsafe Water Notice Toolbox? (Applicable for FY2023/2024 evaluation)                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                     |                          |                             |
| B. Is the LPA using SDWIS to maintain and report all required data elements (i-viii)?                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |                                     |                          |                             |
| i. Water System Inventory                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |                             |
| ii. Water System Contact Information                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |                             |
| iii. Violations                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |                             |
| iv. Enforcement Actions                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |                             |
| v. Lead and Copper Rule                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |                             |
| vi. Sanitary Surveys                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |                             |
| vii. Permits Issued (no current intake system)                                                                                                                                                                                              |                                     |                                     | <input checked="" type="checkbox"/> |                                     |                          |                             |
| viii. Source Class Codes                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |                             |
| ix. Facility Lat/Long Coordinates                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |                             |
| C. Did the LPA address errors identified in the SDWIS clean-up reports posted on WQI?                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                             |
| D. Is the LPA reporting data into SDWIS on or before 30 days after the last day of quarter?                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |                             |
| E. Does the LPA submit a PDF formatted copy of each citation or compliance order to the CEU General Inbox                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |                             |
| F. Does the LPA comply with the Board's guidance regarding issuance of unsafe water notifications (4/2020)?                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>    |

<sup>3</sup> Refer to Attachment B-Tables 2-6  
Last Updated: 8/21/2024-AL



## Attachment A-Evaluation Checklist

| <b>Additional Reporting Requirements (LPDA 2.06)<sup>4</sup></b>                                                                                        | <b>Y</b>                            | <b>N</b>                            | <b>N/A</b>                          | <b>Directive</b>         | <b>Recommendation</b>    | <b>Based on File Review</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-----------------------------|
| A. Did the LPA meet the task deadlines for the Electronic Annual Report (EAR)?                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |                          |                          |                             |
| i. Written notice to water system                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                          | <input type="checkbox"/>    |
| ii. Review and accept EARs                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                          |                             |
| iii. Issue reminders to delinquent water systems                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                          |                             |
| iv. Issue enforcement against delinquent water systems                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                          |                             |
| B. Is the LPA reporting RTCR Level 1/2 Assessment activities?                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                          |                             |
| <b>Enforcement (LPDA 2.07)<sup>5</sup></b>                                                                                                              | <b>Y</b>                            | <b>N</b>                            | <b>N/A</b>                          | <b>Directive</b>         | <b>Recommendation</b>    | <b>Based on File Review</b> |
| A. Does the LPA issue enforcement actions that meet the formal action criteria?                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                          | <input type="checkbox"/>    |
| B. Is the LPA using the template website for issuing enforcement actions?                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                          | <input type="checkbox"/> | <input type="checkbox"/>    |
| C. Is the LPA following up with directives listed in the enforcement actions?                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                          | <input type="checkbox"/> | <input type="checkbox"/>    |
| D. Does the LPA review, approve, and track the receipt of public notifications issued by the water systems?                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                             |
| E. Are enforcement actions issued in a timely manner?                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                          | <input type="checkbox"/>    |
| F. Does the LPA include the appeal language in all cover letters for enforcement actions issued?                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |                          | <input type="checkbox"/>    |
| G. Does the LPA have a process in place to issue administrative or civil penalties to a water system when necessary to achieve compliance?              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                          |                             |
| H. If yes, did the LPA report to the DDW within 30 days of the date of the filing of the pleading or the date of receipt by the County of the pleading. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |                             |
| I. Did the LPA issue administrative or civil penalties to a water                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                          |                             |

<sup>4</sup> Refer to Attachment B-Tables 7-8

<sup>5</sup> Refer to Attachment B-Tables 5

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## Attachment A-Evaluation Checklist

|                                                                                                                                                 |                                     |                                     |                                     |                          |                          |                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-----------------------------|
| system when necessary to achieve compliance?                                                                                                    |                                     |                                     |                                     |                          |                          |                             |
| J. Did the LPA receive any petitions for reconsideration (i.e. appeals) from public water system?                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                          |                             |
| K. If yes, did the LPA report the petition to the DDW within 5 days?                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |                             |
| <b>Program Management (LPDA 3.01-3.09)<sup>6</sup></b>                                                                                          | <b>Y</b>                            | <b>N</b>                            | <b>N/A</b>                          | <b>Directive</b>         | <b>Recommendation</b>    | <b>Based on File Review</b> |
| A. Based on the level of adequate staff stated in the workplan, was the LPA able to maintain an adequate staffing level during the fiscal year? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                             |
| B. Does the LPA have a time accounting system in place as required in CCR section 64259 (b)?                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                          |                             |
| C. Does the LPA have a file management system that meets CCR section 64259 (b)?                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                          | <input type="checkbox"/>    |
| D. Does the LPA refer to the Division's Tech Hub for information and guidance documents relating to SDWIS and Program requirements?             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                          | <input type="checkbox"/> |                             |
| <b>Other Items</b>                                                                                                                              | <b>Y</b>                            | <b>N</b>                            | <b>N/A</b>                          | <b>Directive</b>         | <b>Recommendation</b>    | <b>Based on File Review</b> |
| A. Has the LPA addressed all past fiscal year evaluations directives?                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                          |                             |
| B. Does the LPA attend the DDW trainings and/or read the monthly news?                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                          | <input type="checkbox"/> |                             |
| C. Does the LPA have any 2013 grant funding available? If yes, amount: <b>\$0</b>                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          | <input type="checkbox"/> |                             |

<sup>6</sup> Refer to Attachment B-Tables 9-10  
Last Updated: 8/21/2024-AL

## Attachment B – Summary of Data Reporting to the SWRCB Division of Drinking Water

**County Name:** Santa Cruz

**Date:** 19 November 2024

**Table 1: Summary of Permit Issuance**

| Type of Permit Issued                                    | Number of Permits Issued Listed in Workplan | Number of Permits Issued <u>Not</u> Listed in Workplan | Number of Pending Permits Listed in Workplan | Workplan Goal Number* |
|----------------------------------------------------------|---------------------------------------------|--------------------------------------------------------|----------------------------------------------|-----------------------|
| New Permit (Unpermitted, SB1263, or Change of Ownership) | 0                                           | 0                                                      | 1                                            | 1                     |
| Amended Permit (Treatment or Other)                      | 0                                           | 0                                                      | 2                                            | 2                     |
| Full or Amended Permit <sup>1</sup><br>10-Year Review    | 0                                           | 0                                                      | 6                                            | 6                     |
| <b>TOTAL NUMBER PERMITS ISSUED</b>                       | <b>0</b>                                    | <b>0</b>                                               |                                              |                       |

<sup>1</sup> - if necessary

\* Any "not permitted" were not ready for completion of permitting process [Note: Due to Division approved situations including, but not limited to: system not active, permitting process not completed, system consolidation, previously issued permit remains valid. LPA to include brief note with system identification and why not permitted.]

\* Not moving forward treatment not approved yet (amended, PFAS, Nitrate). 10 yr reviews need additional information on permits to update.

|                                                                                      |          |
|--------------------------------------------------------------------------------------|----------|
| <b>NUMBER OF PUBLIC WATER SYSTEMS CURRENTLY <u>WITHOUT</u> A WATER SUPPLY PERMIT</b> | <b>0</b> |
|--------------------------------------------------------------------------------------|----------|

## Attachment B – Summary of Data Reporting to the SWRCB Division of Drinking Water

**Table 2: Summary of Sanitary Surveys Conducted**

| Type of Water System                        | Number of Sanitary Surveys Conducted Listed in Workplan | Number of Sanitary Surveys Conducted <u>Not</u> Listed in Workplan | Workplan Goal Number* |
|---------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------|-----------------------|
| Community Water System                      | 23                                                      | 0                                                                  | 26                    |
| Non-transient Non-community Water System    | 10                                                      | 0                                                                  | 11                    |
| Non-community Water System                  | 17                                                      | 0                                                                  | 18                    |
| <b>TOTAL NUMBER SANITARY SURVEYS ISSUED</b> | <b>19</b>                                               | <b>0</b>                                                           | <b>55</b>             |

1-Sanitary survey required frequency is every 3 years

2-Sanitary survey required frequency is every 5 years

\* Any “not completed” were not required during fiscal year [Note: Due to Division approved situations including, but not limited to: system not active, not due for SNSV, completed in prior fiscal year, system consolidation. LPA to include brief explanation with system identification and why not inspected.]

## Attachment B – Summary of Data Reporting to the SWRCB Division of Drinking Water

**Table 3: Summary of Water System Inventory**

| <b>Water System Source Type</b>                                                     | <b>Community Water Systems</b> | <b>Non-Transient Non-Community Water Systems</b> | <b>Transient Non-Community Water Systems</b> |
|-------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------|----------------------------------------------|
| <b>Groundwater (Untreated/Treated)</b>                                              | 29                             | 12                                               | 22                                           |
| <b>Groundwater-Purchased</b>                                                        | 0                              | 0                                                | 0                                            |
| <b>Surface Water (includes Groundwater Under Direct Influence of Surface Water)</b> | 0                              | 0                                                | 0                                            |
| <b>Surface Water-Purchased</b>                                                      | 4                              | 0                                                | 1                                            |
| <b>TOTAL</b>                                                                        | <b>33</b>                      | <b>12</b>                                        | <b>23</b>                                    |

| <b>Water System Type</b> | <b>Number of Water Systems</b> |
|--------------------------|--------------------------------|
| <b>State Small *</b>     | <b>38</b>                      |

\* For Informational Use Only, Not Evaluated

## Attachment B – Summary of Data Reporting to the SWRCB Division of Drinking Water

**Table 4: Summary of Violations**

| <b>Violation Category Type</b>         | <b>Number of Violations</b> |
|----------------------------------------|-----------------------------|
| <b>Monitoring (MON)</b>                | 5                           |
| <b>Reporting (RPT)</b>                 | 0                           |
| <b>Maximum Contaminant Level (MCL)</b> | 1                           |
| <b>Treatment Technique (TT)</b>        | 0                           |
| <b>Public Notification (PN)</b>        | 0                           |
| <b>Variance/Exemption (V/E)</b>        | 0                           |
| <b>Sanitary Survey (SS)</b>            | 0                           |
| <b>Operator Certification (SSRS)</b>   | 0                           |
| <b>Permit Condition (PC)</b>           | 0                           |
| <b>Other</b>                           | 0                           |
| <b>TOTAL NUMBER OF VIOLATIONS</b>      | 6                           |

|                                                                                  |   |
|----------------------------------------------------------------------------------|---|
| <b>TOTAL NUMBER OF VIOLATIONS<br/>THAT NEED AN ENFORCMENT<br/>ACTION ISSUED?</b> | 0 |
|----------------------------------------------------------------------------------|---|

## Attachment B – Summary of Data Reporting to the SWRCB Division of Drinking Water

**Table 5: Summary of Enforcement Actions Issued**

| <b>Enforcement Action Type**</b>                                                | <b>Number of Enforcement Actions Issued</b> |
|---------------------------------------------------------------------------------|---------------------------------------------|
| <b>Formal Enforcement Actions (Compliance Order and Citations)</b>              | <b>7</b>                                    |
| <b>Informal Enforcement Actions (Notice of Violation or Enforcement Letter)</b> | <b>0</b>                                    |
| <b>Other Enforcement Actions</b>                                                | <b>0</b>                                    |
| <b>Return to Compliance Actions</b>                                             | <b>26</b>                                   |
| <b>TOTAL NUMBER OF ENFORCEMENT ACTIONS ISSUED</b>                               | <b>33</b>                                   |

\*\*Formal: SFO, SFL, SFQ, SFN, SF9, SFV, SO0, SO6; Informal: SFJ, SIA, SIE, SO7, SFG, SFM, CVD; SOX- In Compliance

## Attachment B – Summary of Data Reporting to the SWRCB Division of Drinking Water

**Table 6: Lead and Copper (LCR) 90% Percentile Sampling Water System Summary**

| <b>Sampling Period</b>               | <b>Total Number of Water Systems</b> |
|--------------------------------------|--------------------------------------|
| <b>3Q2023</b><br><b>(7/1-9/30)</b>   | <b>7</b>                             |
| <b>4Q2023</b><br><b>(10/1-12/31)</b> | <b>0</b>                             |
| <b>1Q2024</b><br><b>(1/1-3/31)</b>   | <b>0</b>                             |
| <b>2Q2024</b><br><b>(4/1-6/30)</b>   | <b>0</b>                             |

**Table 7: rTCR ASSESSMENTS**

|                                                   | <b>Level 1 Assessment</b> | <b>Level 2 Assessment</b> |
|---------------------------------------------------|---------------------------|---------------------------|
| <b>TOTAL NUMBER OF RTCR ASSESSMENTS CONDUCTED</b> | <b>8</b>                  | <b>1</b>                  |



## Attachment B – Summary of Data Reporting to the SWRCB Division of Drinking Water

**Table 8: Summary of Electronic Annual Report Submission & Acceptance**

| <b>Water System Type</b>                        | <b>Not Started (%)</b> | <b>Need Revision (%)</b> | <b>In Process (%)</b> | <b>Submitted (%)</b> | <b>Completed (%)</b> |
|-------------------------------------------------|------------------------|--------------------------|-----------------------|----------------------|----------------------|
| <b>Community Water System</b>                   | <b>0%</b>              | <b>0%</b>                | <b>0%</b>             | <b>0%</b>            | <b>100%</b>          |
| <b>Non-community Non-transient Water System</b> | <b>0%</b>              | <b>0%</b>                | <b>0%</b>             | <b>0%</b>            | <b>100%</b>          |
| <b>Transient Non-community Water System</b>     | <b>0%</b>              | <b>0%</b>                | <b>4%</b>             | <b>0%</b>            | <b>96%</b>           |

## Attachment B – Summary of Data Reporting to the SWRCB Division of Drinking Water

**Table 9: Fiscal Year Staff Time Allocation to LPA Program**

| <b>Position Title</b>                      | <b>Time allocated to program (direct cost hours only*)</b> |
|--------------------------------------------|------------------------------------------------------------|
| <b>Water Resources Program Manager</b>     | <b>60</b>                                                  |
| <b>Environmental Health Specialist III</b> | <b>1570</b>                                                |
| <b>Water Quality Specialist II</b>         | <b>376</b>                                                 |
| <b>Administration</b>                      | <b>112</b>                                                 |
| <b>TOTAL HOURS</b>                         | <b>2118</b>                                                |

\*Direct cost hours=time spent on core activities listed in the LPDA (i.e. sanitary surveys, inspections, permitting, compliance, enforcement activities, and reporting activities). Does not include vacation, sick leave, holiday hours.

**Table 10: LPA Water System Annual Operating Permit Fees**

| <b>Fee Description</b>                           | <b>Current Fee</b>     |
|--------------------------------------------------|------------------------|
| <b>Community Water Systems</b>                   | <b>\$1,076-\$3,311</b> |
| <b>Non-Transient Non-Community Water Systems</b> | <b>\$2,615</b>         |
| <b>Transient Non-Community Water Systems</b>     | <b>\$1,702</b>         |
| <b>Enforcement (Hourly Rate)</b>                 | <b>\$241</b>           |

# Attachment B – Summary of Data Reporting to the SWRCB Division of Drinking Water

## **ADDITIONAL QUESTIONS:**

### **Attachment A- Permitting Section E:**

**What is the process for LPA staff to track water supply permits? How are permits and tracking made accessible to LPA staff?**

**LPA Response:** Excel spreadsheet used to track water supply permits. File is maintained in shared network folder accessible to LPA staff and updated as needed. Tracking sheet includes system information, date of last permit renewal, and status update notes.

### **Attachment A-Sampling and Monitoring Section C:**

**Walk us through the process for receiving/reviewing/ and tracking monthly SWTR reports?**

**LPA Response:** N/A (do not regulate surface water systems)

### **Attachment A-Sampling and Monitoring Section E:**

**What is the established approval process for a BSSP that is greater than 10 years old?**

## Attachment B – Summary of Data Reporting to the SWRCB Division of Drinking Water

**LPA Response:** Email request with deadline sent to water system to update BSSP, with updated template including RTCR changes. Once updated BSSP is received, it is reviewed for completeness and compliance with applicable sampling requirements including site selection, frequency, and rotation of sites across pressure zones if more than one is present. If plan is complete and acceptable, approval is granted by LPA staff through dated signature in section at end of BSSP template. BSSP is saved in final draft to file and emailed back to water system.

**State Water Resource Control Board-County Engagement Unit  
LPA File Review Form**

**County Name: SANTA CRUZ**

**Water System Name: SUMMIT WEST MUTUAL WATER COMPANY**

**Water System Number: CA4400617**

**Water System Classification:** ☒ Community ☐ NTNC ☐ Transient ☐ Other:

**System Physical Location Address: 28237 Pierce Road, Los Gatos, CA 95030**

**Minimum Required Operator Level** ☒ D1 ☐ D2 ☐ D3 ☐ D4 ☐ D5 ☒ N/A ☐ T1 ☐ T2 ☐ T3 ☐ T4 ☐ T5

**File Review Conducted By: Kyle Graff**

**File Review Date: 11/19/2024**

| <b>Permit Information</b>                                                                | <b>Y</b>                            | <b>N</b>                            | <b>N/A</b>                          | <b>Directive</b>         | <b>Recommendation</b>               | <b>Notes</b>                                                                                                               |
|------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| A. Is Permit formatted using the templates on provided in the Water Supply Permit Guide? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                                            |
| B. Is Permit > 10 years old & reflect current PWS                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | Permit is more than 10 years old, bit it still reflects the current water system. What was the reason for the 2009 permit? |
| C. Application                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | No application provided                                                                                                    |
| D. Tech. Report/Sanitary Survey                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | Provided upon review. Originally: No tech report included with permit                                                      |
| E. New PWS only – Prelim. Tech. Report                                                   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                                            |
| F. New PWS only – DE concurrence                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                                            |
| G. TMF Assessment (new and change of ownership only)                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                                            |
| H. Design & specs                                                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                                                                            |
| I. New sources – Well completion report                                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | N/A - No new sources                                                                                                       |
| J. New sources – 50' well site control zone source identified                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                                            |
| <b>Sanitary Survey</b>                                                                   | <b>Y</b>                            | <b>N</b>                            | <b>N/A</b>                          | <b>Directive</b>         | <b>Recommendation</b>               | <b>Notes</b>                                                                                                               |
| A. Most recent sanitary survey includes detailed information on:                         |                                     |                                     |                                     |                          |                                     | Inspection: 6/2/2022<br>Report: 6/30/2023 according to Nathan                                                              |

**State Water Resource Control Board-County Engagement Unit  
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|                                                                                              |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| i. Source(s)                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                                                         |
| ii. Distribution                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                                                         |
| iii. Treatment                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | I would recommend adding a little more information                                                                                                                      |
| iv. Storage                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                                                         |
| v. Pump Facilities                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | The information on some of the pumps is included in the Distribution System section. I recommend creating a new section in the report specifically for pump facilities. |
| vi. Monitoring/Reporting/<br>Data Verification                                               | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | There is no monitoring data because they purchase all of their water.                                                                                                   |
| vii. Management/Operation                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                                                         |
| viii. Operator Certification                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Recommend adding minimum operator certification requirements.                                                                                                           |
| B. Cross-connection control<br>program information                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | No info                                                                                                                                                                 |
| C. For community PWSs only-<br>evaluates resiliency and<br>preparedness                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                                                         |
| D. Did the DE approve the sanitary<br>survey report template?                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Unsure if approved by DE – it should clearly have sections for all 8 sections of the sanitary survey                                                                    |
| E. Past due based on PWS<br>classification (3 or-5-years)                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                                                         |
| F. Deficiencies and corrective plan<br>provided to PWS w/in 60 days                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Report was issued 6/30/2023 = more than 60 days after inspection                                                                                                        |
| G. Written report provided to PWS<br>w/in 90 days                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Report was issued 6/30/2023                                                                                                                                             |
| H. Sanitary survey in SDWIS                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                                                         |
| <b>Source Information</b>                                                                    | <b>Y</b>                            | <b>N</b>                            | <b>N/A</b>                          | <b>Directive</b>                    | <b>Recommendation</b>               | <b>Notes</b>                                                                                                                                                            |
| A. Source information is clearly<br>defined, including source type<br>and number of sources. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Only source is a purchased water source – Montevina Pipeline                                                                                                            |

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|                                                                    |                                     |                                     |                                     |                          |                                     |                                                     |
|--------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-----------------------------------------------------|
| B. Has treated sources (i.e. Cl <sub>2</sub> , GAC, POU/POE, etc.) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                     |
| C. Cl <sub>2</sub> Required or Optional (Precautionary)            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                                     |
| D. Bottle water provided                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                     |
| E. Active sources in SDWIS                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                     |
| <b>Operations Plans</b>                                            | <b>Y</b>                            | <b>N</b>                            | <b>N/A</b>                          | <b>Directive</b>         | <b>Recommendation</b>               | <b>Notes</b>                                        |
| A. Current Bacteriological Sample Siting Plan (BSSP)               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                     |
| B. Is BSSP >10 years old?                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                     |
| C. BSSP includes:                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                     |
| i. PWS Information                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                     |
| ii. Sample Collection Information                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                     |
| iii. Distribution Sampling Frequency                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                     |
| iv. Raw Sampling Triggered / Compliance                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                     |
| v. Consecutive PWS Info. (if applicable)                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                     |
| vi. Wholesale PWS Info. (if applicable)                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                     |
| vii. PWS Map                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | Map is a bit confusing – there's 15 pages of maps.  |
| viii. GWR compliant                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                     |
| ix. Sampling Location/Frequency/Descriptions                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sampling locations should be a bit more descriptive |
| x. Preparer Information, Date, and Signature                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                     |
| D. BSSP approved by LPA                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                     |
| E. BSSP needs to be updated and submitted to LPA?                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                     |

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|                                                        |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                             |
|--------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| F. Current Emergency Notification Plan (ENP)           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                             |
| G. ENP template approved by DE                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                             |
| H. ENP needs to be updated and submitted to LPA?       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                             |
| I. Treatment operations plan(s)                        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No treatment – no operations plan provided                                                                                                                                                  |
| <b>Water Quality Monitoring</b>                        | <b>Y</b>                            | <b>N</b>                            | <b>N/A</b>                          | <b>Directive</b>         | <b>Recommendation</b>    | <b>Notes</b>                                                                                                                                                                                |
| A. Bacteriological MCL/TT and/or M&R issues            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Summary report shows frequency is 1/month but BSSP says 2/month<br><br>Note to water system: Bacteriological reports don't need PS Code (CA4400617_DST_801) added to every sample location. |
| i. 3 or more MCL w/in 12 month period                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                             |
| ii. L1 assessment after L1 trtmt trigger -             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                             |
| iii. L2 assessment after L2 trtmt trigger              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                             |
| B. In compliance with source/distribution WQ Sampling: |                                     |                                     |                                     |                          |                          | They purchased all water so there are less WQ monitoring requirements                                                                                                                       |
| i. Inorganic Chemicals (IOC)                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                             |
| ii. Volatile Organic Chemicals (VOC)                   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                             |
| iii. Synthetic Organic Chemicals (SOC)                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                             |
| iv. Radiological Chemicals                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                             |
| v. Nitrate/Nitrite Chemicals :                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                             |
| vi. Lead and Copper Rule                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                             |
| vii. DBPR Chemicals                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | No DBPR plan provided                                                                                                                                                                       |



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LPA File Review Form**

|                                                                                                           |                                     |                                     |                                     |                          |                                     |                                                                                                              |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------|
| C. Unaddressed MCL and/or M&R issues                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                              |
| D. Samples EDT to the State WQ database (CLIP)                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                              |
| <b>Consumer Confidence Reports (CWS and NTNC only)</b>                                                    | <b>Y</b>                            | <b>N</b>                            | <b>N/A</b>                          | <b>Directive</b>         | <b>Recommendation</b>               | <b>Notes</b>                                                                                                 |
| A. Copy of previous year CCR                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2023 CCR not in SDWIS. The 2021 CCR is uploaded in place of the 2022 CCR, so we are missing the last 2 CCRs. |
| B. CCR meets the reporting requirements                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | The 2021 CCR looks OK.                                                                                       |
| C. Is LPA using templates from DDW website?                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                              |
| D. If no, has LPA addressed the deficiencies with PWS?                                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Unsure – no emails or enforcement provided                                                                   |
| E. Verification form                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | 2023 and 2022 certification form is not provided or uploaded to SDWIS                                        |
| <b>Enforcement Actions</b>                                                                                | <b>Y</b>                            | <b>N</b>                            | <b>N/A</b>                          | <b>Directive</b>         | <b>Recommendation</b>               | <b>Notes</b>                                                                                                 |
| A. Enforcement actions issued are appropriate for the type of violation(s) (i.e., informal vs. formal EA) | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                              |
| B. Tier 1/Tier 2 PN only – copy of public notification notices included                                   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                              |
| C. Public notification notices have deficiencies/mistakes                                                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                              |
| <b>Operational Reports</b>                                                                                | <b>Y</b>                            | <b>N</b>                            | <b>N/A</b>                          | <b>Directive</b>         | <b>Recommendation</b>               | <b>Notes</b>                                                                                                 |
| A. Monthly SWTR monitoring reports                                                                        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                              |
| B. SWTR reports use the State template                                                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                              |
| C. Quarterly TOC monitoring reports (conventional treatment only)                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                              |

**State Water Resource Control Board-County Engagement Unit  
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|                                                         |                          |                                     |                                     |                          |                          |                            |
|---------------------------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|----------------------------|
| D. TOC reports use the State template                   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |
| E. DBPR monitoring plan (Chlorinated CWS and NTNC only) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | DBPR plan was not provided |

**State Water Resource Control Board-County Engagement Unit  
LPA File Review Form**

**County Name: SANTA CRUZ**

**Water System Name: MYSTERY SPOT**

**Water System Number: 4400906**

**Water System Classification:** ☐ Community ☐ NTNC ☒ Transient ☐ Other:

**System Physical Location Address:**

**Minimum Required Operator Level** ☐ D1 ☐ D2 ☐ D3 ☐ D4 ☐ D5 ☒ T1 ☐ T2 ☐ T3 ☐ T4 ☐ T5

**File Review Conducted By: Jonathan Weininger**

**File Review Date: 11/19/2024**

| <b>Permit Information</b>                                                                | <b>Y</b>                            | <b>N</b>                            | <b>N/A</b>                          | <b>Directive</b>         | <b>Recommendation</b>               | <b>Notes</b>                                                               |
|------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|----------------------------------------------------------------------------|
| A. Is Permit formatted using the templates on provided in the Water Supply Permit Guide? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Reason for permit issuance not described, may impact necessary information |
| B. Is Permit > 10 years old & reflect current PWS                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | 6/1/2015                                                                   |
| C. Application                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                            |
| D. Tech. Report/Sanitary Survey                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | An accompanying technical report was not included.                         |
| E. New PWS only – Prelim. Tech. Report                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                            |
| F. New PWS only – DE concurrence                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                            |
| G. TMF Assessment (new and change of ownership only)                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Not described in report.                                                   |
| H. Design & specs                                                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                            |
| I. New sources – Well completion report                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Not described in report.                                                   |
| J. New sources – 50' well site control zone source identified                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Not described in report.                                                   |
| <b>Sanitary Survey</b>                                                                   | <b>Y</b>                            | <b>N</b>                            | <b>N/A</b>                          | <b>Directive</b>         | <b>Recommendation</b>               | <b>Notes</b>                                                               |
| A. Most recent sanitary survey includes detailed information on:                         |                                     |                                     |                                     |                          |                                     | <date>                                                                     |
| i. Source(s)                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                            |

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|                                                                                        |                                     |                                     |                                     |                                     |                                     |                                                                                                                                   |
|----------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| ii. Distribution                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                   |
| iii. Treatment                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                   |
| iv. Storage                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                   |
| v. Pump Facilities                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                   |
| vi. Monitoring/Reporting/<br>Data Verification                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | No mention of chemical monitoring – nitrate and nitrite or treatment plant monitoring. No mention of BSSP approval date.          |
| vii. Management/Operation                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Limited information. Keeping necessary records, capital mgmt. plan, TMF, etc                                                      |
| viii. Operator Certification                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | No mention of treatment operator oversight over the RO plant. Incl req't of min certification.                                    |
| B. Cross-connection control program information                                        |                                     |                                     |                                     |                                     |                                     | Some info about backflow prevention assemblies, but not much detail                                                               |
| C. For community PWSs only- evaluates resiliency and preparedness                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                   |
| D. Did the DE approve the sanitary survey report template?                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | The report template is missing key information. Please expand on the areas identified above and include the report issuance date. |
| E. Past due based on PWS classification (3 or-5-years)                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                   |
| F. Deficiencies and corrective plan provided to PWS w/in 60 days                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | None identified. But report is missing key information.                                                                           |
| G. Written report provided to PWS w/in 90 days                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | SDWIS says report issued nearly two years after inspection date. Please add the report issuance date to all reports.              |
| H. Sanitary survey in SDWIS                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                   |
| <b>Source Information</b>                                                              | <b>Y</b>                            | <b>N</b>                            | <b>N/A</b>                          | <b>Directive</b>                    | <b>Recommendation</b>               | <b>Notes</b>                                                                                                                      |
| A. Source information is clearly defined, including source type and number of sources. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                   |

**State Water Resource Control Board-County Engagement Unit  
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|                                                                    |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B. Has treated sources (i.e. Cl <sub>2</sub> , GAC, POU/POE, etc.) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                                                                                                                                                                                                                                                                                        |
| C. Cl <sub>2</sub> Required or Optional (Precautionary)            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                                                                                                                                                                                                                                                                                        |
| D. Bottle water provided                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                                                                                                                                                                                                                                                                                        |
| E. Active sources in SDWIS                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Operation Plans</b>                                             | <b>Y</b>                            | <b>N</b>                            | <b>N/A</b>                          | <b>Directive</b>                    | <b>Recommendation</b>               | <b>Notes</b>                                                                                                                                                                                                                                                                                                                                                                                           |
| A. Current Bacteriological Sample Siting Plan (BSSP)               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | From 2015                                                                                                                                                                                                                                                                                                                                                                                              |
| B. Is BSSP >10 years old?                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | It's not 10 years old, but the BSSP is outdated and does not comply with the 2021 TCR regulation update.                                                                                                                                                                                                                                                                                               |
| C. BSSP includes:                                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                                                                                                                                                                                                                                                                                        |
| i. PWS Information                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                                                                                                                                                                                                                                                                                        |
| ii. Sample Collection Information                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Outdated information.                                                                                                                                                                                                                                                                                                                                                                                  |
| iii. Distribution Sampling Frequency                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | This system was approved for quarterly monitoring; however, this is no longer be allowable after the 2021 TCR regulation update. If the water system serves a total of greater than 1000 people per month, then routine monitoring must be done at least monthly. <a href="#">Cal. Code Regs. Tit. 22, § 64423 - Routine Sampling   State Regulations   US Law   LII / Legal Information Institute</a> |
| iv. Raw Sampling Triggered / Compliance                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                                                                                                                                                                                                                                                                                        |
| v. Consecutive PWS Info. (if applicable)                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                                                                                                                                                                                                                                                                                        |
| vi. Wholesale PWS Info. (if applicable)                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                                                                                                                                                                                                                                                                                        |
| vii. PWS Map                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Rough sketch included. A more detailed map must be sent with the next BSSP.                                                                                                                                                                                                                                                                                                                            |
| viii. GWR compliant                                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Looks like dual purpose sampling was approved. Will need to re-evaluate during                                                                                                                                                                                                                                                                                                                         |

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|                                                        |                                     |                                     |                                     |                                     |                          |                                                                                                                                                                                                                          |
|--------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                        |                                     |                                     |                                     |                                     |                          | next BSSP to determine if this is allowable based on population.                                                                                                                                                         |
| ix. Sampling Location/Frequency/Descriptions           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Site descriptions are vague must be improved. One repeat is listed as "Bathroom or Tank", which is not acceptable and must be a defined sample location. If someone new comes in they will understand specific location. |
| x. Preparer Information, Date, and Signature           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Missing preparer information. Only a Word document was provided.                                                                                                                                                         |
| D. BSSP approved by LPA                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Signed, approved LPA copy was not provided.                                                                                                                                                                              |
| E. BSSP needs to be updated and submitted to LPA?      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                                                          |
| F. Current Emergency Notification Plan (ENP)           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Not completed and not finalized plan provided.                                                                                                                                                                           |
| G. ENP template approved by DE                         |                                     |                                     |                                     |                                     |                          |                                                                                                                                                                                                                          |
| H. ENP needs to be updated and submitted to LPA?       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                                                          |
| I. Treatment operations plan(s)                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Operations Plan for RO and carbon Point of Entry treatment not provided.                                                                                                                                                 |
| <b>Water Quality Monitoring</b>                        | <b>Y</b>                            | <b>N</b>                            | <b>N/A</b>                          | <b>Directive</b>                    | <b>Recommendation</b>    | <b>Notes</b>                                                                                                                                                                                                             |
| A. Bacteriological MCL/TT and/or M&R issues            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                                                                                                                                                                                                                          |
| i. 3 or more MCL w/in 12 month period                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                                                                                                                                                                                                                          |
| ii. L1 assessment after L1 trtmt trigger               |                                     | No                                  |                                     |                                     |                          |                                                                                                                                                                                                                          |
| iii. L2 assessment after L2 trtmt trigger              |                                     | No                                  |                                     |                                     |                          |                                                                                                                                                                                                                          |
| B. In compliance with source/distribution WQ Sampling: |                                     |                                     |                                     |                                     |                          |                                                                                                                                                                                                                          |
| i. Inorganic Chemicals (IOC)                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                                                                                                                                                                                                          |

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|                                                                                                           |                                     |                          |                                     |                          |                          |              |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------|
| ii. Volatile Organic Chemicals (VOC)                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| iii. Synthetic Organic Chemicals (SOC)                                                                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| iv. Radiological Chemicals                                                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| v. Nitrate/Nitrite Chemicals :                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |              |
| vi. Lead and Copper Rule                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| vii. DBPR Chemicals                                                                                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| C. Unaddressed MCL and/or M&R issues                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| D. Samples EDT to the State WQ database (CLIP)                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |              |
| <b>Consumer Confidence Reports (CWS and NTNC only)</b>                                                    | <b>Y</b>                            | <b>N</b>                 | <b>N/A</b>                          | <b>Directive</b>         | <b>Recommendation</b>    | <b>Notes</b> |
| A. Copy of previous year CCR                                                                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| B. CCR meets the reporting requirements                                                                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| C. Is LPA using templates from DDW website?                                                               | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| D. If no, has LPA addressed the deficiencies with PWS?                                                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| E. Verification form                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| <b>Enforcement Actions</b>                                                                                | <b>Y</b>                            | <b>N</b>                 | <b>N/A</b>                          | <b>Directive</b>         | <b>Recommendation</b>    | <b>Notes</b> |
| A. Enforcement actions issued are appropriate for the type of violation(s) (i.e., informal vs. formal EA) | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| B. Tier 1/Tier 2 PN only – copy of public notification notices included                                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| C. Public notification notices have deficiencies/mistakes                                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| <b>Operational Reports</b>                                                                                | <b>Y</b>                            | <b>N</b>                 | <b>N/A</b>                          | <b>Directive</b>         | <b>Recommendation</b>    | <b>Notes</b> |

**State Water Resource Control Board-County Engagement Unit  
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|                                                                   |                          |                          |                                     |                          |                          |  |
|-------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--|
| A. Monthly SWTR monitoring reports                                | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| B. SWTR reports use the State template                            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| C. Quarterly TOC monitoring reports (conventional treatment only) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| D. TOC reports use the State template                             | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| E. DBPR monitoring plan (Chlorinated CWS and NTNC only)           | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |



**State Water Resource Control Board-County Engagement Unit  
LPA File Review Form**

**County Name: SANTA CRUZ COUNTY**

**Water System Name: BIG CREEK LUMBER COMPANY**

**Water System Number: 4400800**

**Water System Classification:** ☐ Community ☒ NTNC ☐ Transient ☐ Other:

**System Physical Location Address: 3564 HIGHWAY 1 DAVENPORT CA 95017**

**Minimum Required Operator Level** ☒ D1 ☐ D2 ☐ D3 ☐ D4 ☐ D5 ☒ T1 ☐ T2 ☐ T3 ☐ T4 ☐ T5

**File Review Conducted By: Anna Snyder**

**File Review Date: 11/19/2024**

| <b>Permit Information</b>                                                                | <b>Y</b>                            | <b>N</b>                            | <b>N/A</b>                          | <b>Directive</b>                    | <b>Recommendation</b>               | <b>Notes</b>                                         |
|------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------------|
| A. Is Permit formatted using the templates on provided in the Water Supply Permit Guide? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                      |
| B. Is Permit > 10 years old & reflect current PWS                                        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Permit is not complete. Still in draft mode.         |
| C. Application                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                      |
| D. Tech. Report/Sanitary Survey                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Last one completed in 2021. Not connected to permit. |
| E. New PWS only – Prelim. Tech. Report                                                   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                      |
| F. New PWS only – DE concurrence                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                      |
| G. TMF Assessment (new and change of ownership only)                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                      |
| H. Design & specs                                                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Not provided                                         |
| I. New sources – Well completion report                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Not provided                                         |
| J. New sources – 50' well site control zone source identified                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Information not provided                             |
| <b>Sanitary Survey</b>                                                                   | <b>Y</b>                            | <b>N</b>                            | <b>N/A</b>                          | <b>Directive</b>                    | <b>Recommendation</b>               | <b>Notes</b>                                         |
| A. Most recent sanitary survey includes detailed information on:                         |                                     |                                     |                                     |                                     |                                     |                                                      |
| i. Source(s)                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                      |

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|-------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ii. Distribution                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Some distribution pipes are undersized (less than 4 inches) and it is not mentioned that they should fix that.                                                                                                                                                                                                                                                                                                                      |
| iii. Treatment                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Does not mentioned if meeting NSF requirements. Does not provide much detail on filter.                                                                                                                                                                                                                                                                                                                                             |
| iv. Storage                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | Were issued enforcement action in the past for tank issue. Should be fixed now.                                                                                                                                                                                                                                                                                                                                                     |
| v. Pump Facilities                                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| vi. Monitoring/Reporting/<br>Data Verification                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>They do not evaluate the current state of their monitoring. Does not mention if they are in compliance with current monitoring requirements.</p> <p>Recommend adding note on link to monitoring schedules that systems are responsible for maintaining their own monitoring schedules and our database should not be used for monitoring schedules because it cannot incorporate all of the complexities of the regulations.</p> |
| vii. Management/Operation                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Does not assess current state of water system management and if adequate.                                                                                                                                                                                                                                                                                                                                                           |
| viii. Operator Certification                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Recommend including operator certification requirement.                                                                                                                                                                                                                                                                                                                                                                             |
| B. Cross-connection control program information                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Not included                                                                                                                                                                                                                                                                                                                                                                                                                        |
| C. For community PWSs only- evaluates resiliency and preparedness | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| D. Did the DE approve the sanitary survey report template?        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| E. Past due based on PWS classification (3 or-5-years)            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | Due by the end of 2024                                                                                                                                                                                                                                                                                                                                                                                                              |

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|                                                                                        |                                     |                                     |                                     |                          |                                     |                                                                        |
|----------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|------------------------------------------------------------------------|
| F. Deficiencies and corrective plan provided to PWS w/in 60 days                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | No deficiencies were provided. May be missing information.             |
| G. Written report provided to PWS w/in 90 days                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | 2 years later according to SDWIS                                       |
| H. Sanitary survey in SDWIS                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                        |
| <b>Source Information</b>                                                              | <b>Y</b>                            | <b>N</b>                            | <b>N/A</b>                          | <b>Directive</b>         | <b>Recommendation</b>               | <b>Notes</b>                                                           |
| A. Source information is clearly defined, including source type and number of sources. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                        |
| B. Has treated sources (i.e. Cl <sub>2</sub> , GAC, POU/POE, etc.)                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | Treats for iron and manganese                                          |
| C. Cl <sub>2</sub> Required or Optional (Precautionary)                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | Chlorination to oxidize iron and manganese but not for disinfection.   |
| D. Bottle water provided                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                        |
| E. Active sources in SDWIS                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | One well                                                               |
| <b>Operation Plans</b>                                                                 | <b>Y</b>                            | <b>N</b>                            | <b>N/A</b>                          | <b>Directive</b>         | <b>Recommendation</b>               | <b>Notes</b>                                                           |
| A. Current Bacteriological Sample Siting Plan (BSSP)                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                        |
| B. Is BSSP >10 years old?                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | 2021                                                                   |
| C. BSSP includes:                                                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | BSSP says system does not have multiple pressure zones but permit does |
| i. PWS Information                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                        |
| ii. Sample Collection Information                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Lab information not included                                           |
| iii. Distribution Sampling Frequency                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                        |
| iv. Raw Sampling Triggered / Compliance                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                        |
| v. Consecutive PWS Info. (if applicable)                                               | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                        |
| vi. Wholesale PWS Info. (if applicable)                                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                        |
| vii. PWS Map                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Rough drawing. Request a more detailed drawing                         |

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|---------------------------------|-----------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| viii.                           | GWR compliant                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                                                                   |
| ix.                             | Sampling Location/Frequency/Descriptions            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Site description is vague. Could be more specific on the specific tap and staying consistent with name. Current template from 2021 updates has a section to describe site.        |
| x.                              | Preparer Information, Date, and Signature           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                                                                   |
| D.                              | BSSP approved by LPA                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                                                                   |
| E.                              | BSSP needs to be updated and submitted to LPA?      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                                                                   |
| F.                              | Current Emergency Notification Plan (ENP)           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | ENP needs updating, contacts out of date and description of notification plan is not included                                                                                     |
| G.                              | ENP template approved by DE                         |                                     |                                     |                          |                                     |                                     |                                                                                                                                                                                   |
| H.                              | ENP needs to be updated and submitted to LPA?       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | ENP needs updating, contacts out of date and description of notification plan is not included                                                                                     |
| I.                              | Treatment operations plan(s)                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Side note: I'm curious about this water systems treatment. It looks like they have a section of their water bypass the treatment plant. This is not captured in the draft permit. |
| <b>Water Quality Monitoring</b> |                                                     | <b>Y</b>                            | <b>N</b>                            | <b>N/A</b>               | <b>Directive</b>                    | <b>Recommendation</b>               | <b>Notes</b>                                                                                                                                                                      |
| A.                              | Bacteriological MCL/TT and/or M&R issues            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                                                                   |
| i.                              | 3 or more MCL w/in 12 month period                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | If yes, continuous Cl <sub>2</sub> is advised.                                                                                                                                    |
| ii.                             | L1 assessment after L1 trtmnt trigger               |                                     |                                     |                          |                                     |                                     |                                                                                                                                                                                   |
| iii.                            | L2 assessment after L2 trtmnt trigger               |                                     |                                     |                          |                                     |                                     |                                                                                                                                                                                   |
| B.                              | In compliance with source/distribution WQ Sampling: |                                     |                                     |                          |                                     |                                     | Appears to be some issues with information in WQI. Due now showing up when shouldn't.                                                                                             |

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|--------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| i. Inorganic Chemicals (IOC)                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                                                                                                                                                                                                              |
| ii. Volatile Organic Chemicals (VOC)                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Says hasn't been taken since 2006 but monitoring schedule says every 6 years. Doesn't say due now. Seems to be something wrong. If they are waiving it, a waiver was not provided. Groundwater systems should be sampling at least every 6 years. (Have a lab report from it but was not properly EDT'd. Last taken in 2020) |
| iii. Synthetic Organic Chemicals (SOC)                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                                                                                                                                                                                                              |
| iv. Radiological Chemicals                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | No records of total radium for NTNC                                                                                                                                                                                                                                                                                          |
| v. Nitrate/Nitrite Chemicals :                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                                                                                                                                                                                                              |
| vi. Lead and Copper Rule                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                                                                                                                                                                                                              |
| vii. DBPR Chemicals                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Some DBPs were taken in a different month. Is the system following their plan? TTHM results have been really high. Might exceed MCL soon                                                                                                                                                                                     |
| C. Unaddressed MCL and/or M&R issues                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | VOCs are overdue.                                                                                                                                                                                                                                                                                                            |
| D. Samples EDT to the State WQ database (CLIP)         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | No samples for post treatment. Recommend creating a PS code for post treatment and having samples EDT'd                                                                                                                                                                                                                      |
| <b>Consumer Confidence Reports (CWS and NTNC only)</b> | <b>Y</b>                            | <b>N</b>                            | <b>N/A</b>                          | <b>Directive</b>                    | <b>Recommendation</b>               | <b>Notes</b>                                                                                                                                                                                                                                                                                                                 |
| A. Copy of previous year CCR                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                                                                                                                                                                                                              |
| B. CCR meets the reporting requirements                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                                                                                                                                                                                                              |
| C. Is LPA using templates from DDW website?            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                                                                                                                                                                                                              |
| D. If no, has LPA addressed the deficiencies with PWS? | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                                                                                                                                                                                                                                              |
| E. Verification form                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | CCR not directly delivered. Only posted in locations                                                                                                                                                                                                                                                                         |

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| <b>Enforcement Actions</b>                                                                                | <b>Y</b>                 | <b>N</b>                            | <b>N/A</b>                          | <b>Directive</b>         | <b>Recommendation</b>    | <b>Notes</b> |
|-----------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------|
| A. Enforcement actions issued are appropriate for the type of violation(s) (i.e., informal vs. formal EA) | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| B. Tier 1/Tier 2 PN only – copy of public notification notices included                                   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| C. Public notification notices have deficiencies/mistakes                                                 | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| <b>Operational Reports</b>                                                                                | <b>Y</b>                 | <b>N</b>                            | <b>N/A</b>                          | <b>Directive</b>         | <b>Recommendation</b>    | <b>Notes</b> |
| A. Monthly SWTR monitoring reports                                                                        | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| B. SWTR reports use the State template                                                                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| C. Quarterly TOC monitoring reports (conventional treatment only)                                         | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| D. TOC reports use the State template                                                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| E. DBPR monitoring plan (Chlorinated CWS and NTNC only)                                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Not provided |