



**PLUMAS COUNTY PUBLIC HEALTH AGENCY
ENVIRONMENTAL HEALTH DIVISION**

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**ANNUAL REPORT TO THE LOCAL PRIMACY AGENCY FOR THE
CALENDAR YEAR 2007**

Water System Name:	System #:
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1. SYSTEM OPERATION & POPULATION SERVED (all systems):

<u>Year Round Operation:</u>	<u>Seasonal Operation:</u> Opens _____ / Closes _____
Estimate of population served: _____	Estimate of daily maximum population served: _____

2. SERVICE CONNECTIONS AND TYPE (all systems):

Type / Category:	Year Round:	Seasonal:	Inactive:	Totals:
General and Residential:				
Commercial / Industrial:				
Campground / Recreation:				
Agricultural (Irrigation):				
Other Water Systems:				
TOTALS:				

3. WATER SOURCES (all systems):

Water Sources in System:		Primary Sources:			Stand-by Sources:		
		Used:	Added:	Inactive:	Used:	Added:	Inactive:
Ground Water*:	Well:						
	Spring:						
	Purchased (list dates used):						
Surface Water**:	Stream/River/ Canal/Ditch:						
	Spring (GWUDI):						
	Well (GWUDI):						
	Purchased (list dates used):						

* Groundwater not under the direct influence of surface water.

** Surface water or groundwater under the direct influence of surface water (GWUDI).

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4. BACKFLOW PREVENTION DEVICES (BFPDs) (all systems):

	Count of BFPDs in System:	Count of BFPDs Installed last year:	Count of BFPDs tested last year:
BFPDs at service connections or at use locations:			
Air gap connections at points of use:			
TOTALS:			

5. BACTERIOLOGICAL SAMPLE SITING PLAN (BSSP) (all systems):

Per Title 22 Section 64422 the total coliform monitoring regulations require a BSSP update at a minimum interval of ten (10) years, or anytime changes are made to the system. If your plan is ten (10) years old or older, or changes have been made to your system, please submit an updated BSSP and updated system map.

Date of current BSSP: _____

A BSSP template can be obtained from the Environmental Health website:

http://www.countyofplumas.com/publichealth/envhealth/public_water_systems_program.htm

6. FINISHED WATER PRODUCED, PURCHASED, OR SOLD (all systems):

Estimate values if they are not known (indicate estimates with an *).

	Water Produced:		Water Purchased (gallons):	Water Sold:	
	Ground Water (gallons):	Surface Water (gallons):		To other Public Water Systems (gallons):	Agriculture (gallons):
Maximum Day:					
Maximum Month (list month):					
ANNUAL TOTAL:					

List the name(s) of water systems your system sold water to or purchased water from in the past year:

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7. DIRECT ADDITIVES (all systems):

Section 64700 of Title 22 of the California Codes of Regulations states that all chemicals or products, including chlorine added directly to the drinking water as part of a water treatment process must meet ANSI/ANSF Standard 60. Please complete the following chart for each chemical used by the water system. If you are not sure if a chemical meets the ANSI/ANSF 60 standard, please contact the manufacturer of the chemical. If you are using an off the shelf bleach product for disinfection please list the product name and strength.

Note: Household chlorine bleach used for occasional disinfection after maintenance or repairs need not be listed. Check here if no chemicals are routinely added to the drinking water

Chemicals Used:	Manufacturer:	Purpose of Chemical:	Meets ANSI / NSF standard:
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>

8. SYSTEM PROBLEMS / REPAIRS (all systems):

Type of Problem:	Count of Problems:	Investigated:	Problem Reported to Plumas County EH:
Service line breaks / leaks			
Main line breaks / leaks			
Water outages			
Boil Water Advisory (precautionary)			
Boil Water Orders (required)			
Low water pressure			
Other (specify)			
TOTALS:			

9. WATER SYSTEM IMPROVEMENTS (all systems):

Water systems must report any changes or modifications of the system. Any addition or modification to treatments or sources requires an amended permit. Report proposed changes to Environmental Health before beginning work.

Improvements completed in past year	Improvements planned for this year

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10. COMPLAINTS (all systems):

Type of Complaint	Count of Complaints	Count of Complaints Investigated	Count of Complaints Reported to Plumas County EH
Taste & odor			
Color			
Visible contaminants			
Pressure (high or low)			
Illnesses (water borne)			
TOTALS:			

11. OPERATOR CERTIFICATION (required for water systems providing treatment, and all Community and Nontransient-Noncommunity systems):

Operator Name:	Certification Type & Grade:	Certification Number:	Certification Expiration Date:

12. OPERATIONS PLAN (required for water systems providing treatment, and all Community and Nontransient-Noncommunity systems):

Date of the current operations plan: _____

Does the current operations plan accurately reflect the current operation of the plant? Yes No

13. CONSUMER CONFIDENCE REPORT (CCR) (required only for Community and Nontransient-Noncommunity systems): The CCR for last year must be distributed to each water customer and to Environmental Health by July 1st of this year.

In addition, send a certification that the CCR was received by all water customers to Environmental Health by October 1st of this year.

CCR guidance including the 2007 CCR template and a copy of the certification form can be obtained from the Environmental Health website:

http://www.countyofplumas.com/publichealth/envhealth/public_water_systems_program.htm

ANNUAL REPORT SUBMITTED BY:

To my knowledge and belief the information contained in this report is complete and accurate:

Signed: _____ Date: _____

Print Name: _____ Title: _____