

# State Waterboard 2023 EAR

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CA5403113 SOUTH FORK ESTATES MUTUAL WATER CO

To view last year's report, click [here](#).

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**California State Water Resource Control Board**  
**2023 electronic Annual Report (eAR) to the Division of Drinking Water**  
**for the year ending December 31, 2023**  
*[Section 116530 Health & Safety Code]*

### A. WATER SYSTEM INFORMATION

Water System Number: CA5403113  
 Water System Name: SOUTH FORK ESTATES MUTUAL WATER CO  
 Water System Classification: Community  
 Related Regulating Agency: DISTRICT 24 - TULARE

Water System Ownership:

- Pick one--
- Local Government
- State or Federal Government
- Privately owned, PUC-regulated, for profit water company
- Privately owned, non-PUC-regulated (Community Water System)
- Privately owned Mutual Water Company or Association
- Privately owned business (non-community)

If the address recorded is a PO Box or similar, please update to a physical address that would most accurately describe the location of the water system.

Physical location:

Address 1: QUAIL RUN DR. NEAR BLACK OAK DR.  
 Address 2:  
 City: THREE RIVERS  
 Zip Code: 93271  
 General Office Phone:   
 (with area code)  
 Web site address:

Answer fields shaded yellow are **Mandatory Questions** and must be answered to complete this report. Based on previous answers, some answer fields are shaded salmon indicating **Conditionally Mandatory Questions**. Any missed responses to Mandatory and Conditionally Mandatory questions will be shown in the [Finalize Section](#).

### B. CERTIFICATION FOR REDUCTION OF ANNUAL FEES

Check this box if you are **requesting** a Disadvantaged Community (DAC) fee annual reduction. You must complete a [DAC Certification Form](#) and upload the form below. Once you have completed the form found in the link, save it to your desktop, and use the upload feature below beginning with "Choose Files."

Before receiving a fee reduction, State Water Resources Control Board must conduct review.

Choose File: No file selected  
 Upload

If you have questions about completing DAC Certification Form or about the DAC fee reduction, please contact our Customer Support team at [DDW-EAR@waterboards.ca.gov](mailto:DDW-EAR@waterboards.ca.gov).  
0%

### REPORT STARTED BY

Name: Thomas Ridenour  
 Title: Member  
 Work phone: 15593597172  
 Cell phone:  
 Email address: tridenour@wsstr.com

Please be aware that all comment boxes throughout this electronic annual report will be made publicly available WITH THE EXCEPTION of the comment box below. Only Waterboard staff and other people with your water system's login credentials will have access to this comment box. You are encouraged to provide any comments that you believe may help improve this annual report process.

PRIVATE COMMENTS:

CA5403113 SOUTH FORK ESTATES MUTUAL WATER CO

To view last year's report, click [here](#).

## 2. Public Water System Contacts

**IMPORTANT:** Each water system **must have one and only one Administrative Contact AND one and only one Financial Contact**. The same person may be both the Administrative and Financial Contacts.

The Division of Drinking Water will send important information to the Administrative Contact email address. The Administrative Contact's address, business phone number, and email will be publicly accessible at: <https://sdwis.waterboards.ca.gov/PDWW/>

EXISTING CONTACTS: To edit a contact, select the "Edit Contact" checkbox, this will allow for editing all fields except the contact name. To indicate an individual should no longer be associated with the water system, select the "Remove Contact" checkbox.

NEW CONTACTS: To add a new contact for the water system scroll down to subsection B, "ADD NEW CONTACT HERE" header and enter the contact information for the new contact. All contacts must have a form of communication provided and at least one role type selected.

| A. EXISTING CONTACTS<br>Contact Record  | Phone Type ▾         | Phone Number & Extension   | Contact Type:<br>(Modify with checkbox)                |  |
|---|----------------------|--|--|--|
| Contact 1<br>First Name,<br>Middle Initial<br>DONALD<br><br>Last Name<br>PETER  | Business<br><br>Home | (559) 561-7626<br><input type="text"/><br><input type="text"/>                   | <input type="checkbox"/> Remove Contact 1              | <input checked="" type="checkbox"/> Edit Contact 1 |
| Title<br>OPERATOR   | Facsimile            | (559) 561-7626<br><input type="text"/>   | <input type="checkbox"/> Financial                     | <input checked="" type="checkbox"/> Emergency      |
| Address 1<br>PO BOX 597<br>Address 2  | Mobile               | <input type="text"/><br><input type="text"/>                                     | <input type="checkbox"/> Designated Operator In Charge | <input type="checkbox"/> Sampler / Water Quality   |
| City<br>THREE RIVERS<br>State<br>CA<br>Zip Code<br>93271                        | Emergency            | <input type="text"/><br><input type="text"/>                                     | <input type="checkbox"/> Contract Operator             | <input type="checkbox"/> Legal                     |
| Email 1<br>PETERDALAN@ATT.NET   |                      | <input type="checkbox"/> Owner   | <input type="checkbox"/> Funding                       |  |
| Email 2<br><input type="text"/>   |                      | <input type="checkbox"/> Carbon Copy   |  |  |
|   |                      |  |  |  |
| Contact 2<br>First Name,<br>Middle Initial<br>TONY<br><br>Last Name<br>PARKS    | Business<br><br>Home | <input type="text"/><br><input type="text"/><br><input type="text"/>             | <input type="checkbox"/> Remove Contact 2              | <input checked="" type="checkbox"/> Edit Contact 2 |
| Title<br>DIRECTOR   | Facsimile            | <input type="text"/><br><input type="text"/>                                     | <input type="checkbox"/> Financial                     | <input checked="" type="checkbox"/> Emergency      |
| Address 1<br>P.O. BOX 597<br>Address 2  | Mobile               | <input type="text"/><br><input type="text"/>                                     | <input type="checkbox"/> Designated Operator In Charge | <input type="checkbox"/> Sampler / Water Quality   |
| City<br>THREE RIVERS<br>State<br>CA<br>Zip Code<br>93271                        | Emergency            | (714) 401-6870<br><input type="text"/>   | <input type="checkbox"/> Contract Operator             | <input type="checkbox"/> Legal                     |
| Email 1<br>tparks@earthlink.net   |                      | <input type="checkbox"/> Owner   | <input type="checkbox"/> Funding                       |  |
| Email 2<br><input type="text"/>   |                      | <input type="checkbox"/> Carbon Copy   |  |  |
|   |                      |  |  |  |
| Contact 3<br>First Name,<br>Middle Initial<br>MITCH<br><br>Last Name<br>PLISKIN | Business<br><br>Home | (559) 741-3367<br><input type="text"/><br>(559) 561-4709<br><input type="text"/> | <input type="checkbox"/> Remove Contact 3              | <input type="checkbox"/> Edit Contact 3            |
| Title   | Facsimile            | <input type="text"/><br><input type="text"/>                                     | <input type="checkbox"/> Financial                     | <input type="checkbox"/> Emergency                 |
| Address 1<br>PO Box 597<br>Address 2  | Mobile               | <input type="text"/><br><input type="text"/>                                     | <input type="checkbox"/> Designated Operator In Charge | <input type="checkbox"/> Sampler / Water Quality   |
| City<br>THREE RIVERS<br>State<br>CA<br>Zip Code<br>93271                        | Emergency            | <input type="text"/><br><input type="text"/>                                     | <input type="checkbox"/> Contract Operator             | <input type="checkbox"/> Legal                     |
| Email 1<br>pliskin.3tr@sbcglobal.net  |                      | <input type="checkbox"/> Owner   | <input type="checkbox"/> Funding                       |  |
| Email 2<br><input type="text"/>   |                      | <input type="checkbox"/> Carbon Copy   |  |  |
|   |                      |  |  |  |
| Contact 4   |                      |  |  |  |

|  |                  |  |  |  |
|--|------------------|--|--|--|
| First Name,<br>Middle Initial<br>ANDREA                                | Business<br>Home | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/> Remove Contact 4              | <input type="checkbox"/> Edit Contact 4          |
| Last Name<br>FITZPATRICK   | Facsimile        | <input type="checkbox"/>                             | <input type="checkbox"/> Administrative                | <input type="checkbox"/> Operator                |
| Title  | Mobile           | (559) 310-6723<br><input type="checkbox"/>           | <input checked="" type="checkbox"/> Financial          | <input type="checkbox"/> Emergency               |
| Address 1<br>PO BOX 597  | Emergency        | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/> Designated Operator In Charge | <input type="checkbox"/> Sampler / Water Quality |
| Address 2  |                  |  |  |  |
| City<br>THREE RIVERS   |                  |  | <input type="checkbox"/> Contract Operator             | <input type="checkbox"/> Legal                   |
| State<br>CA  |                  |  |  |  |
| Zip Code<br>93271  |                  |  |  |  |
| Email 1<br>mrsaj.fitz@att.net  |                  |  | <input type="checkbox"/> Owner                         | <input type="checkbox"/> Funding                 |
| Email 2<br><input type="checkbox"/>                                    |                  |  | <input type="checkbox"/> Carbon Copy                   |  |
|  |                  |  |  |  |
| Contact 5<br>First Name,<br>Middle Initial<br><input type="checkbox"/> | Business<br>Home | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/> Remove Contact 5              | <input type="checkbox"/> Edit Contact 5          |
| Last Name<br><input type="checkbox"/>                                  | Facsimile        | <input type="checkbox"/>                             | <input type="checkbox"/> Administrative                | <input type="checkbox"/> Operator                |
| Title<br><input type="checkbox"/>                                      | Mobile           | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/> Financial                     | <input type="checkbox"/> Emergency               |
| Address 1<br><input type="checkbox"/>                                  | Emergency        | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/> Designated Operator In Charge | <input type="checkbox"/> Sampler / Water Quality |
| Address 2<br><input type="checkbox"/>                                  |                  |  |  |  |
| City<br><input type="checkbox"/>                                       |                  |  | <input type="checkbox"/> Contract Operator             | <input type="checkbox"/> Legal                   |
| State<br><input type="checkbox"/>                                      |                  |  |  |  |
| Zip Code<br><input type="checkbox"/>                                   |                  |  |  |  |
| Email 1<br><input type="checkbox"/>                                    |                  |  | <input type="checkbox"/> Owner                         | <input type="checkbox"/> Funding                 |
| Email 2<br><input type="checkbox"/>                                    |                  |  | <input checked="" type="checkbox"/> Carbon Copy        |  |
|  |                  |  |  |  |
| Contact 6<br>First Name,<br>Middle Initial<br><input type="checkbox"/> | Business<br>Home | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/> Remove Contact 6              | <input type="checkbox"/> Edit Contact 6          |
| Last Name<br><input type="checkbox"/>                                  | Facsimile        | <input type="checkbox"/>                             | <input type="checkbox"/> Administrative                | <input type="checkbox"/> Operator                |
| Title<br><input type="checkbox"/>                                      | Mobile           | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/> Financial                     | <input type="checkbox"/> Emergency               |
| Address 1<br><input type="checkbox"/>                                  | Emergency        | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/> Designated Operator In Charge | <input type="checkbox"/> Sampler / Water Quality |
| Address 2<br><input type="checkbox"/>                                  |                  |  |  |  |
| City<br><input type="checkbox"/>                                       |                  |  | <input type="checkbox"/> Contract Operator             | <input type="checkbox"/> Legal                   |
| State<br><input type="checkbox"/>                                      |                  |  |  |  |
| Zip Code<br><input type="checkbox"/>                                   |                  |  |  |  |
| Email 1<br><input type="checkbox"/>                                    |                  |  | <input type="checkbox"/> Owner                         | <input type="checkbox"/> Funding                 |
| Email 2<br><input type="checkbox"/>                                    |                  |  | <input type="checkbox"/> Carbon Copy                   |  |
|  |                  |  |  |  |
| Contact 7<br>First Name,<br>Middle Initial<br><input type="checkbox"/> | Business<br>Home | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/> Remove Contact 7              | <input type="checkbox"/> Edit Contact 7          |
| Last Name<br><input type="checkbox"/>                                  | Facsimile        | <input type="checkbox"/>                             | <input type="checkbox"/> Administrative                | <input type="checkbox"/> Operator                |

|                                   |                                   |  |  |
|-----------------------------------|-----------------------------------|--|--|
| Title<br><input type="text"/>     | Facsimile<br><input type="text"/> | <input type="checkbox"/> Financial                     | <input type="checkbox"/> Emergency               |
| Address 1<br><input type="text"/> | Mobile<br><input type="text"/>    | <input type="checkbox"/> Designated Operator In Charge | <input type="checkbox"/> Sampler / Water Quality |
| Address 2<br><input type="text"/> |                                   |  |  |
| City<br><input type="text"/>      | Emergency<br><input type="text"/> | <input type="checkbox"/> Contract Operator             | <input type="checkbox"/> Legal                   |
| State<br><input type="text"/>     |                                   |  |  |
| Zip Code<br><input type="text"/>  |                                   |  |  |
| Email 1<br><input type="text"/>   |                                   | <input type="checkbox"/> Owner                         | <input type="checkbox"/> Funding                 |
| Email 2<br><input type="text"/>   |                                   | <input type="checkbox"/> Carbon Copy                   |  |

ADD NEW CONTACTS HERE

|  |  |  |  |
|--|--|--|--|
| Contact 8<br>First Name, Middle Initial<br><input type="text"/><br>Last Name<br><input type="text"/> | Business<br><input type="text"/><br>Home<br><input type="text"/> | <input type="checkbox"/> Remove Contact 8<br><input type="checkbox"/> Edit Contact 8 | <input type="checkbox"/> Administrative<br><input type="checkbox"/> Operator |
| Title<br><input type="text"/>  | Facsimile<br><input type="text"/>                                | <input type="checkbox"/> Financial   | <input type="checkbox"/> Emergency   |
| Address 1<br><input type="text"/>  | Mobile<br><input type="text"/>                                   | <input type="checkbox"/> Designated Operator In Charge                               | <input type="checkbox"/> Sampler / Water Quality                             |
| Address 2<br><input type="text"/>  |  |  |  |
| City<br><input type="text"/>   | Emergency<br><input type="text"/>                                | <input type="checkbox"/> Contract Operator   | <input type="checkbox"/> Legal   |
| State<br><input type="text"/>  |  |  |  |
| Zip Code<br><input type="text"/>   |  |  |  |
| Email 1<br><input type="text"/>  |  | <input type="checkbox"/> Owner   | <input type="checkbox"/> Funding   |
| Email 2<br><input type="text"/>  |  | <input type="checkbox"/> Carbon Copy   |  |

ADD NEW CONTACTS HERE

| B. NEW CONTACT<br>Contact Record   | Phone Type                        | Phone Number & Extension               | Contact Type<br>(Pick all that apply)                 |   |
|--|-----------------------------------|--|---|---|
| New 1<br>First Name, Middle Initial<br><input type="text"/> Thomas N<br>Last Name<br><input type="text"/> Ridenour | Business                          | (559) 359-7172<br><input type="text"/> | <input type="checkbox"/> Administrative               | <input type="checkbox"/> Operator                           |
| Title<br><input type="text"/> Contract Operator  | Home                              | <input type="text"/>                   | <input type="checkbox"/> Financial                    | <input type="checkbox"/> Emergency                          |
| Address 1<br><input type="text"/> 403 Scranton Avenue  | Facsimile<br><input type="text"/> |  | <input type="checkbox"/> Operator In Charge           | <input checked="" type="checkbox"/> Sampler / Water Quality |
| Address 2<br><input type="text"/>  | Mobile<br><input type="text"/>    |  |   |   |
| City<br><input type="text"/> Porterville   | Emergency<br><input type="text"/> |  | <input checked="" type="checkbox"/> Contract Operator | <input type="checkbox"/> Legal                              |
| State<br><input type="text"/> CA   |                                   |  |   |   |
| Zip Code<br><input type="text"/> 93257   |                                   |  |   |   |
| Email 1<br><input type="text"/> tridenour@wsstr.com  |                                   |  | <input type="checkbox"/> Owner                        | <input type="checkbox"/> Funding                            |
| Email 2<br><input type="text"/>  |                                   |  | <input type="checkbox"/> Carbon Copy                  |   |
| <b>Add Additional Contact:</b>   |                                   |  | (pick all that apply)                                 |   |
| New 2<br>First Name, Middle Initial<br><input type="text"/><br>Last Name<br><input type="text"/>                   | Business                          | <input type="text"/>                   | <input type="checkbox"/> Administrative               | <input type="checkbox"/> Operator                           |
| Title<br><input type="text"/>  | Home                              | <input type="text"/>                   | <input type="checkbox"/> Financial                    | <input type="checkbox"/> Emergency                          |

|  |                                   |                          |                              |                          |                          |
|--|-----------------------------------|--------------------------|------------------------------|--------------------------|--------------------------|
| Address 1<br><input type="text"/>                              | Facsimile<br><input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| Address 2<br><input type="text"/>                              | Mobile<br><input type="text"/>    | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| City<br><input type="text"/>                                   |                                   |                          |                              |                          |                          |
| State<br><input type="text"/>                                  | Emergency<br><input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| Zip Code<br><input type="text"/>                               |                                   |                          |                              |                          |                          |
| Email 1<br><input type="text"/>                                |                                   |                          | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| Email 2<br><input type="text"/>                                |                                   |                          | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Add Additional Contact</b>                                  |                                   |                          | <b>(pick all that apply)</b> |                          |                          |
| New 3<br>First Name,<br>Middle Initial<br><input type="text"/> | Business<br><input type="text"/>  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| Last Name<br><input type="text"/>                              |                                   |                          |                              |                          |                          |
| Title<br><input type="text"/>                                  | Home<br><input type="text"/>      | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| Address 1<br><input type="text"/>                              | Facsimile<br><input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| Address 2<br><input type="text"/>                              | Mobile<br><input type="text"/>    | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| City<br><input type="text"/>                                   |                                   |                          |                              |                          |                          |
| State<br><input type="text"/>                                  | Emergency<br><input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| Zip Code<br><input type="text"/>                               |                                   |                          |                              |                          |                          |
| Email 1<br><input type="text"/>                                |                                   |                          | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| Email 2<br><input type="text"/>                                |                                   |                          | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Add Additional Contact</b>                                  |                                   |                          | <b>(pick all that apply)</b> |                          |                          |
| New 4<br>First Name,<br>Middle Initial<br><input type="text"/> | Business<br><input type="text"/>  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| Last Name<br><input type="text"/>                              |                                   |                          |                              |                          |                          |
| Title<br><input type="text"/>                                  | Home<br><input type="text"/>      | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| Address 1<br><input type="text"/>                              | Facsimile<br><input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| Address 2<br><input type="text"/>                              | Mobile<br><input type="text"/>    | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| City<br><input type="text"/>                                   |                                   |                          |                              |                          |                          |
| State<br><input type="text"/>                                  | Emergency<br><input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| Zip Code<br><input type="text"/>                               |                                   |                          |                              |                          |                          |
| Email 1<br><input type="text"/>                                |                                   |                          | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| Email 2<br><input type="text"/>                                |                                   |                          | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS (Note: Comments will be made publicly available):

CA5403113 SOUTH FORK ESTATES MUTUAL WATER CO

To view last year's report, click [here](#).

### 3. Population Served

Total Population in DDW Records:

106  
9/7/2022

Annual Operating Period

Population Type  
Population Count  
Begin Date  
MM  
DD  
End Date  
MM  
DD

Residential

106

1

1

12

31

Transient

0

Non-Transient

0

Method Used to Determine Population:

- Pick one--
- Most recent United States census data
- Multiplied number of service connections by 3.3
- Determined total number of dwelling units and multiplied by 2.8
- Other

If population is based on "Other", identify the methods or sources of how it was estimated:

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

COMMENTS (Note: Comments will be made publicly available):

CA5403113 SOUTH FORK ESTATES MUTUAL WATER CO

To view last year's report, click [here](#).

## 4. Number of Service Connections

### A. Active Service Connections:

Total Active Potable Water Connections currently in Division of Drinking Water database: 39

The total number of Service Connections as of December 31, 2023 must be reported as either **Unmetered** or **Metered** for each Service Connection Type as appropriate.

| TYPE  | Potable Water |         | Total*Total* |      |
|---|---------------|---------|--------------|------|
|   | Unmetered     | Metered | 2023         | 2022 |
| <u>Single-family Residential:</u><br>single family detached dwellings   | 0             | 38      | 38           | 38   |
| <u>Multi-family Residential:</u><br>Apartments, condominiums, town houses, duplexes and trailer parks   | 0             | 0       |              | 0    |
| <u>Commercial/Institutional:</u><br>Retail establishments, office buildings, laundries, schools, prisons, hospitals, dormitories, nursing homes, hotels, churches, campgrounds<br>If you are a wholesaler, Enter the number of service connections, you have for downstream public water systems. | 0             | 0       |              | 0    |
| <u>Industrial:</u><br>All manufacturing   | 0             | 0       |              | 0    |
| <u>Landscape Irrigation:</u><br>Parks, play fields, cemeteries, median strips, golf courses   | 1             | 0       | 1            | 1    |
| <u>Agricultural Irrigation:</u>   |               |         |              |      |

Irrigation of commercially-grown crops

0 0 0 0

Do NOT report fire sprinkler connections and fire hydrants. These connections are not counted toward "service connections" for compliance purposes.

Total Active Connections\*

1 38 39 39

\* Calculated field

### B. Number of Inactive Connections (all types)

Include only service connections that have been physically disconnected (e.g. meter removed) from the water system. All other service connections should be considered as "Active."

0

COMMENTS (Note: Comments will be made publicly available):

CA5403113 SOUTH FORK ESTATES MUTUAL WATER CO

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## 5. Source Inventory

### Section A

#### (A) Small Water System Source Type

As a Small Water System, sources are listed in Section A tables by either groundwater or surface water. The existing inventory is prefilled for groundwater sources in table A1, and for surface water sources in table A3. You may view these sources at [Public Drinking Water Watch](#). You may suggest inventory updates for groundwater sources in table A2, and for surface water in table A4. For any source(s) not listed, please select "Email for Help on this page" at the bottom of this page to be connected with your Regulating Agency.

#### A1. Groundwater Source Inventory - Existing

| Source ID | Source Name | Source Activity | Source Type, Availability |
|-----------|-------------|-----------------|---------------------------|
| 001       | WELL 01     | A               | Well Permanent            |
| 002       | WELL 02     | A               | Well Permanent            |
| 003       | WELL 03     | A               | Well Permanent            |

#### A2. Groundwater Source Inventory - Updated

Add the Source listed from above and describe any changes. An example might be a change to activity or availability. Must include comment describing change listed.

**Note:** Please include Source ID and Source Name as displayed in table A1.

To add a new row, select the green plus sign in the upper right corner of the table. To remove a row, select the trash can at the end of a row. Save changes by selecting the green check mark at the end of the row.

Source ID Name Activity Comments

Nothing Reported

#### A3. Surface Water Source Inventory-Existing

Source ID Source Name Source Activity Source Type, Availability

Nothing Reported

#### A4. Surface Water Source Inventory - Updated

Add the Source listed from above and describe any changes. An example might be a change to activity or availability. Must include comment describing change listed.

**Note:** Please include Source ID and Source Name as displayed in table A3.

To add a new row, select the green plus sign in the upper right corner of the table. To remove a row, select the trash can at the end of a row. Save changes by selecting the green check mark at the end of the row.

Source ID Name Activity Comments

Nothing Reported

#### A5. Source Inventory Comment

### Section B. Source Metering and Well Monitoring

|   |   |
|---|---|
| 1. Are your water sources metered?  | <input type="radio"/> --Pick one--<br><input checked="" type="radio"/> Yes<br><input type="radio"/> No  |
| 2. Do you have equipment on hand to monitor groundwater levels at all your wells? | <input type="radio"/> --Pick one--<br><input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Not Applicable (no wells) |
| 3. Do you routinely monitor the <i>static</i> water levels in your wells?         | <input type="radio"/> --Pick one--<br><input checked="" type="radio"/> Yes<br><input type="radio"/> No  |

|  |  |
|--|--|
| 4. Do you routinely monitor the <i>pumping</i> water levels in your wells? | <input type="radio"/> Not Applicable (no wells)<br><input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Not Applicable (no wells)   |
| 5. Are these levels recovering, declining or steady?:                      | <input type="radio"/> --Pick one--<br><input type="radio"/> Recovering<br><input type="radio"/> Declining<br><input type="radio"/> Steady<br><input type="radio"/> Not Applicable (no wells)<br><input type="radio"/> Don't Know |

### Section C. Standby Source Use

If a standby source was used in 2023, provide the following information.

To add a new row, select the green plus sign in the upper right corner of the table. To remove a row, select the trash can at the end of a row. Save changes by selecting the green check mark at the end of the row.

| Name of the Standby Source used in 2023: | No. of days the Standby Source was in operation: | Were customers notified? (Y/N) | Was the Division of Drinking Water notified? (Y/N) | Describe the reason the Standby Source was used: |
|--|--|--------------------------------|--|--|
| Nothing Reported                         |  |                                |  |  |

COMMENTS (Note: Comments will be made publicly available):

### CA5403113 SOUTH FORK ESTATES MUTUAL WATER CO

To view last year's report, click [here](#).

## 6. Water Supply and Delivery

This section has been relocated to the SAFER Clearinghouse and is a required technical report submission. To complete this required report visit the SAFER Clearinghouse located at: <https://wbappsrv.waterboards.ca.gov>.

Note: If you do not have a SAFER Clearinghouse account, you will need to create one.

### CA5403113 SOUTH FORK ESTATES MUTUAL WATER CO

To view last year's report, click [here](#).

## 7. Recycled Water Use

|  |   |
|--|---|
| Does your water system have recycled water in its service area (provided by your water system or another utility)? | <input type="radio"/> --Pick one--<br><input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Don't Know |
|--|---|

### CA5403113 SOUTH FORK ESTATES MUTUAL WATER CO

To view last year's report, click [here](#).

## 8. Customer Charges

About water rates and financial data; Senate Bill 200 (2019) updated Section 116530 (a) of California's Health and Safety Code allowing for the State Water Board to request information regarding financial capacity. Technical, managerial and financial capacity of a water system are critical components of its sustainability and resiliency. California Health and Safety Code Section 116530 now states:

(a) A public water system shall submit a technical report to the state board as part of the permit application or when otherwise required by the state board. This report may include, but not be limited to, detailed plans and specifications, water quality information, physical descriptions of the existing or proposed system, information related to technical, managerial, and financial capacity and sustainability, and information related to achieving the goals of Section 106.3 of the Water Code, including affordability and accessibility.

### A. Water Rates and Charges

|  |   |
|--|---|
| A.1 Does your water system charge customers for water (residential, commercial, industrial, or institutional water customers)? | <input type="radio"/> --Pick one--<br><input type="radio"/> Yes<br><input type="radio"/> No   |
| A.2 Select applicable customer types:  | <input type="radio"/> --Pick one--<br><input checked="" type="radio"/> Residential<br><input type="radio"/> Non-Residential (typically includes commercial, industrial, institutional customers etc.)<br><input type="radio"/> Both |
| A.2.1 Is your billing frequency for your Residential and Non-Residential customers the same?:                                  | <input type="radio"/> --Pick one--<br><input type="radio"/> Yes   |



No

--Pick one--  
 Yes  
 No

A.2.2 Is your most common Residential water rates structure the same as your most common Non-Residential rate structure? (This does not include the number of tiers associated with the rate structures)

#### A1. Residential Water Rates and Charges

A1.1 Please select the most common rate structure used to charge Residential customers:

Single or Flat Rate – Average, static rate charged per billing cycle independent of water usage.

Base Rate – Base rates are the charges applied for receiving drinking water service regardless of the amount of water consumed. Base rates are usually fixed amounts and may include charges like sourcewater protection fees, service fees, etc.

Usage Rate – Rates that are charged based on the amount of volume or water consumed.

Fixed or Uniform - Rates that remain unchanged per billing cycle throughout the year.

Variable - Rates that are changed depending on water usage.

- Single or Flat Rate (Often Unmetered)
- Base Rate (Fixed) + Usage Rate (Uniform)
- Base Rate (Fixed) + Usage Rate (Variable)
- Base Rate (Variable) + Usage Rate (Uniform)
- Base Rate (Variable) + Usage Rate (Variable)
- Allocation Based (California Water Code Sections 370-374; Specifically, California Water Code Section 372)
- Other (text box)

A1.1a. Other Notes

A1.2 Comments on rate structure, explain allocation rate if applicable:

A1.3. Please select your billing frequency for Residential customers:

- Pick one--
- monthly
- bi-monthly
- quarterly
- annually
- Other: In text below, provide the average number of days between billing

A1.3a

A1.4. Please select the metric or unit of measure (UOM) used in Residential Water Rates:

- Pick one--
- Gallons (Gal)
- Hundred Cubic Feet
- Thousand Gallons
- Million Gallons
- Acre Feet

A1.5. Please select any variances or factors used to determine or adjust residential water rates or allocations:

- Agricultural use (non-commercial or commercial)
- Drought factor
- Elevation
- Evaporative Coolers
- Fire protection - water to irrigate vegetation
- Home-based business
- Livestock or large animals
- Lot size
- Medical needs
- Meter size
- Mitigation of high levels of total dissolved solids
- Occupancy (All-year)
- Occupancy (Seasonal)
- Pressure zone
- Soil compaction and dust control
- Supplement ponds and lakes to sustain wildlife
- Other :
- None of the above

A1.6. Does your water system have multi-family AND single family billing classes?

Single-Family- Single family detached dwellings (houses).

Multi-Family- Apartments, condominiums, town houses, duplexes and mobile homes.

- Pick one--
- Yes
- No

A1.7. What is the number of tiers or levels of charges?

- Pick one--
- 2
- 3
- 4
- 5
- 6
- 7

A1.7a Residential

#### A1.8. Residential Rates & Charges Table

Please complete the table below – taking into consideration the following:

- You have selected Billing Frequency, please submit your rate data based on this frequency.
- If your flat rate varies over the year, please use the average flat rate amount.

- Please report the most common rate for the majority of your residential customers.

Two or more tiers must be defined for the Base Rate Structure.  
 Two or more tiers must be defined for the Usage Rate Structure.  
 All selected tiers must be defined for the Base Rate Structure.  
 All selected tiers must be defined for the Cost per Unit of Measure (UOM).  
 All tiers must be defined for either the Base Rate Structure, Usage Rate Structure, or both.  
 Metrics for Base Rate Structure must be in ascending order.  
 One or more values for Base Rate are missing.  
 Metrics for Usage Rate Structure must be in ascending order.  
 One or more values for Cost per Unit of Measure are missing.

| Customer Class & Billing Tiers    | Flat Rate |   | Base Rate | Usage Rate: Maximum Volume of Water per Tier | Usage Rate: Cost per Unit of Measure (UOM) per Tier |
|-----------------------------------|-----------|---|-----------|--|---|
|                                   |           | Base Rate: Maximum Volume of Water per Tier |           |  |   |
| ResidentialSingle-family - Tier 1 |           |   | 195       | 40000  | 0.002   |
| Tier 2                            |           |   |           | 80000  | 0.004   |
| Tier 3                            |           |   |           |  | 0.006   |
| Tier 4                            |           |   |           |  |   |
| Tier 5                            |           |   |           |  |   |
| Tier 6                            |           |   |           |  |   |
| Tier 7                            |           |   |           |  |   |
| Multi-family - Tier 1             |           |   |           |  |   |
| Tier 2                            |           |   |           |  |   |
| Tier 3                            |           |   |           |  |   |
| Tier 4                            |           |   |           |  |   |
| Tier 5                            |           |   |           |  |   |
| Tier 6                            |           |   |           |  |   |
| Tier 7                            |           |   |           |  |   |

A1.9 Did your rates change in the reporting year?\*

No Change  
 Yes, inflation adjustment  
 Yes, increment of multi-year approved increase  
 Yes, imposition of new or increased fees  
 Yes, other:

A1.9a Other Notes

A1.10. Date of most recent update to the rate structure (this does not include regularly scheduled rate changes, rather actual changes to your rate structure): MM/DD/YYYY

A1.11. If you recently updated your rate structure, please briefly describe the changes that were made:

A1.12. Provide a direct link to a web page that explains water rates and fees, if available.

Not Available Online

A1.13. Upload rate structure documentation.

A1.13. Upload rate structure documentation

Choose File No file selected

Upload

(Uploaded files:)

Delete [2024 SFEMWC Water Bill Copy.jpg](#)

0%

A1.14 Comments on the allocation of ResidentialSingle-Family and Multi-Family rate.

A1.15 Does your residential customer bills include any non-drinking water charges (i.e. wastewater, stormwater, electricity, telecommunications, property tax etc.)?

- Pick one--  
 Yes  
 No

A2. RESIDENTIAL SERVICE CONNECTIONS

A2.1

What is the average charge\* for a brand-new ResidentialSingle-Family connection (based on the most common meter size)?

\* Also known as: Connection Fees; Advances in Construction, or Contributions in Aid for Construction.

0

No service charge for brand new connections

A3. Non-Residential Water Rates & Charges

A3.1. Please select the metric or unit of measure (UOM) used for Non-Residential Water Rates:

--Pick one--  
 Gallons (Gal)  
 Hundred Cubic Feet (HCF)  
 Thousand Gallons  
 Million Gallons  
 Acre Feet

A3.2. Please select your billing frequency for Non-Residential customers?

--Pick one--  
 monthly  
 bi-monthly  
 quarterly  
 annually  
 other

A3.2a

please provide average number of days between billing

A3.3. Please select the most common rate structure used for to charge Non-Residential customers:

Single or Flat Rate – Average, static rate charged per billing cycle independent of water usage.

Base Rate – Base rates are the charges applied for receiving drinking water service regardless of the amount of water consumed. Base rates are usually fixed amounts and may include charges like sourcewater protection fees, service fees, etc.

Usage Rate – Rates that are charged based on the amount of volume or water consumed.

Fixed or Uniform - Rates that remain unchanged per billing cycle throughout the year.

Variable - Rates that are changed depending on water usage.

- Single or Flat Rate (Often Unmetered)
- Base Rate (Fixed) + Usage Rate (Uniform)
- Base Rate (Fixed) + Usage Rate (Variable)
- Base Rate (Variable) + Usage Rate (Uniform)
- Base Rate (Variable) + Usage Rate (Variable)
- Allocation Based (California Water Code Sections 370-374; Specifically, California Water Code Section 372)
- Other (text box)

A3.3a. Other Notes

A3.4 Comments on Non-Residential rate structure:

A3.5. Select all applicable Non-Residential connection types:\*

- Commercial (Retail, Offices, Gas Stations, etc.)
- Institutional (Schools, Hospitals, Hotels, etc.)
- Industrial (Manufacturing, Chemical, etc.)
- Landscape Irrigation (Parks, Golf Courses, etc.)
- Agricultural Irrigation (Crops, Aquaculture, etc.)
- Other

A3.5a. Other Notes

A3.6. Do your rates change for different levels of water consumption?  --Pick one--  
 Yes  
 No Tiers or Levels

A3.6.1. What is the number of tiers or levels of charges?

A3.6.1a Commercial  --Pick one--  
 1  
 2  
 3  
 4  
 5  
 6  
 7

A3.6.1b Institutional  --Pick one--  
 1  
 2  
 3  
 4  
 5  
 6  
 7

A3.6.1c Industrial  --Pick one--  
 1  
 2  
 3  
 4  
 5  
 6  
 7

A3.6.1d Landscape Irrigation  --Pick one--  
 1  
 2  
 3  
 4  
 5  
 6  
 7

A3.6.1e Agriculture Irrigation  --Pick one--  
 1  
 2  
 3  
 4  
 5  
 6  
 7

A3.6.1f Other  --Pick one--  
 1  
 2  
 3  
 4  
 5  
 6  
 7

A3.7. Non-Residential Rates & Charges Table

Please complete the table below – taking into consideration the following:

- You have selected Billing Frequency, please submit your rate data based on this frequency.
- If your flat rate varies over the year, please use the average flat rate amount.
- Please report the most common rate for the majority of your residential customers.

| Customer Class & Billing Tiers   | Flat Rate | Base Rate Structure                             | Usage Rate Structure |                                   | Cost per Unit of Measure (UOM) |
|----------------------------------|-----------|---|----------------------|-----------------------------------|--------------------------------|
|                                  |           | Top Metric/ Unit of Measure (UOM) for Base Rate | Base Rate            | Top Metric/ Unit of Measure (UOM) |                                |
| Commercial - Tier 1              |           |   |                      |                                   |                                |
| Tier 2                           |           |   |                      |                                   |                                |
| Tier 3                           |           |   |                      |                                   |                                |
| Tier 4                           |           |   |                      |                                   |                                |
| Tier 5                           |           |   |                      |                                   |                                |
| Tier 6                           |           |   |                      |                                   |                                |
| Tier 7                           |           |   |                      |                                   |                                |
| Institutional - Tier 1           |           |   |                      |                                   |                                |
| Tier 2                           |           |   |                      |                                   |                                |
| Tier 3                           |           |   |                      |                                   |                                |
| Tier 4                           |           |   |                      |                                   |                                |
| Tier 5                           |           |   |                      |                                   |                                |
| Tier 6                           |           |   |                      |                                   |                                |
| Tier 7                           |           |   |                      |                                   |                                |
| Industrial - Tier 1              |           |   |                      |                                   |                                |
| Tier 2                           |           |   |                      |                                   |                                |
| Tier 3                           |           |   |                      |                                   |                                |
| Tier 4                           |           |   |                      |                                   |                                |
| Tier 5                           |           |   |                      |                                   |                                |
| Tier 6                           |           |   |                      |                                   |                                |
| Tier 7                           |           |   |                      |                                   |                                |
| Landscape Irrigation - Tier 1    |           |   |                      |                                   |                                |
| Tier 2                           |           |   |                      |                                   |                                |
| Tier 3                           |           |   |                      |                                   |                                |
| Tier 4                           |           |   |                      |                                   |                                |
| Tier 5                           |           |   |                      |                                   |                                |
| Tier 6                           |           |   |                      |                                   |                                |
| Tier 7                           |           |   |                      |                                   |                                |
| Agricultural Irrigation - Tier 1 |           |   |                      |                                   |                                |
| Tier 2                           |           |   |                      |                                   |                                |
| Tier 3                           |           |   |                      |                                   |                                |
| Tier 4                           |           |   |                      |                                   |                                |
| Tier 5                           |           |   |                      |                                   |                                |
| Tier 6                           |           |   |                      |                                   |                                |
| Tier 7                           |           |   |                      |                                   |                                |
| Other - Tier 1                   |           |   |                      |                                   |                                |
| Tier 2                           |           |   |                      |                                   |                                |
| Tier 3                           |           |   |                      |                                   |                                |
| Tier 4                           |           |   |                      |                                   |                                |
| Tier 5                           |           |   |                      |                                   |                                |
| Tier 6                           |           |   |                      |                                   |                                |
| Tier 7                           |           |   |                      |                                   |                                |

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To view last year's report, click [here](#).

*Please make sure to complete the Customer Charges section before completing this section.*

**8(B) Income**

**B0. Financial Reporting Period**

B0.1 For the Total Income section of the EAR, water systems may report their data by fiscal year or calendar year. Please indicate if the information provided in this section represents your water system's fiscal or calendar year financial data?\*

- Calendar Year
- Fiscal Year

B0.2 Please select fiscal year start-date (mm/dd/yyyy)

**B1. Total Revenue Generated from Different Sources\***

Instructions: Purpose of this section is to calculate total annual revenue generated. No revenue should be double counted.

\*Mobile homes, parks, and other types of community water systems that do not charge their customers directly for water should provide their total revenues received from rent, fees, operating contracts, and/or any other source of revenue used to support the operations and maintenance of the water system in question B1.7

B1.1 Total revenue collected from Residential (Single and multi-family) customers' rates and charges that cover water services, including usage fares, and basic rates for the reporting year.\* **52688.32**

\*Do not include any other charges (i.e. connection fees, service fees, etc.) associated with your water rates. Other charges for Residential customers will be recorded in B1.3.

You have reported \$0, please explain why:\*

\*Do not include any other charges (I.e. connection fees, service fees, etc.)

B1.3 Total revenue generated exclusively from other fees and charges\* from all Residential customer types during the reporting year (includes single-family and multi-family customers).\* **0.00**

\*Other fees and charges:

Include: Late fees, notice fees, penalties, shutoff fees, reconnection fees, and bounced check fees.

Do Not Include: Revenue generated by your water rates on your typical Non-Residential customer bill.

B1.5 Did you collect/receive revenue from interfund (from wastewater or stormwater utility) or governmental transfers (i.e. property taxes or fees, sales taxes or fees, etc. – typically from City/County General Fund)?\*  --Pick one--  Yes  No

B1.6 Total revenue lost from interfund or governmental transfers (if \$0, enter \$0)\* **0.00**

Total interfund or governmental Revenue Gained (-):

B1.7 Total revenue generated from non-customer sources that have not already been accounted for (i.e. cell towers, lawsuits and settlements, energy generation, land leases, rent, interest income, other service fees, etc.)\* **0.00**

Total Other Revenue Gained (+):

B1.7a Other Notes

B1.8 Total Annual Revenue for the Reporting Year\* **52688.32**

You have reported \$0, please explain why:\*

Drinking Water Charge: Water Bill ? 0

Please revisit and confirm your answers to questions in the Customer Charges section: A.1 through A.2.2a; and A1.1 through A1.8. This field is calculated by taking the rate data inputted from question A1.8 and converting it into dollars/month as well as converting the UOM into HCF. Depending on how you answered certain questions in the Customer Charges section, there may be some questions you do not see. If the information you provided is incorrect, please fix and the figures in this table will refresh.

Total Drinking Water Cost to Customer ? 0

Please revisit and confirm your answers to questions in the Customer Charges section: A.1 through A.2.2a; and A1.1 through A1.8. This section converts drinking water charges into dollars/month: The column auto-calculates by adding Drinking Water Charges to Other Charges from Interfund Transfer for each consumption volume (6, 9, 12, and 24 HCF). Depending on how you answered certain questions in the Customer Charges section, there may be some questions you do not see. If the information you provided is incorrect, please fix and the figures in this table will refresh.

B1.9 Approximation of Total Residential Charges

| Consumption   | Drinking Water Charge: Water Bill | Other Charges from Interfund Transfer: Fees | Taxes / Total Drinking Water Cost to Customer: dollars/month | Provide Alternative Amount | Alternative Amount | Comments |
|---------------|-----------------------------------|---|--|----------------------------|--------------------|----------|
| <b>6 HCF</b>  | 67.99                             | 0.00  | 67.99  | <input type="checkbox"/>   |                    |          |
| <b>9 HCF</b>  | 69.49                             | 0.00  | 69.49  | <input type="checkbox"/>   |                    |          |
| <b>12 HCF</b> | 70.98                             | 0.00  | 70.98  | <input type="checkbox"/>   |                    |          |
| <b>24 HCF</b> | 76.97                             | 0.00  | 76.97  | <input type="checkbox"/>   |                    |          |

B1.10 Days of cash-on-hand\* at the end of the reporting year.\*

\*How much cash your system has saved up, including reserve funds, that isn't earmarked for anything else (unrestricted cash) and estimates the number of days your system can pay its daily operation and maintenances costs before running out of this cash.

Number of Days **180**

B1.11

Comments on water system revenues:

Comment

**B2. Total Expenses**

Instructions: Purpose of this section is to calculate total annual expenses. No expense should be double counted.

B2.1 Total annual operations and maintenance expenses\*

\* Expenses incurred during the system's normal operation. This can include salaries, benefits for employees, utility bills, system repair and maintenance, supplies (e.g., treatment chemicals), insurance, and water purchased for resale.

Total Operations and Maintenance Expenses (-): **56901.27**

B2.2 Total annual expenses from investing or capital expenditures\*

\* Expenses incurred from purchase of property and equipment; construction of new assets (i.e. treatment, distribution etc.)

Total Investment Expenses (-): 0.00

B2.3 Total annual expenses from financing activities\*

\* Expenses incurred from retirement of long-term debt, purchase of securities, interest expenses etc.

Total Financing Activity Expenses (-): 0.00

B2.4 Total Other annual expenses\*

Total Other Expenses (-): 0.00

B2.4a Other Notes

B2.5 Total annual expenses\*

Total Annual Expenses (-): 56901.27

B2.6

Comments on Total Expenses:

Comment

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To view last year's report, click [here](#).

*Please make sure to complete the Customer Charges section before completing this section.*

## 8(C) Affordability

### C2. Residential Customer Assistance

C2.1 In the reporting year, did you offer any of the following types of bill assistance to customers?

- Low-income water rate assistance
- Flexible payment terms
- Alternative payment terms
- Temporary assistance
- Special medical need
- Other types of assistance
- None

C2.2 Please provide the following about each type of bill assistance offered:

|   | Number of accounts Utilized | Average Bill         |
|---|-----------------------------|----------------------|
| C2.2a Low-income water rate assistance* | <input type="text"/>        | <input type="text"/> |
| C2.2b Flexible payment terms            | <input type="text"/>        | <input type="text"/> |
| C2.2c Alternative payment terms         | <input type="text"/>        | <input type="text"/> |
| C2.2d Temporary assistance              | <input type="text"/>        | <input type="text"/> |
| C2.2e Special medical need              | <input type="text"/>        | <input type="text"/> |
| C2.2f Other types of assistance         | <input type="text"/>        | <input type="text"/> |

C2.3 How is low-income water rate assistance program funded?

C2.4 How much funding was allocated to your low-income water rate assistance program in the reporting year?

C2.7 Does your system partner with an outside entity (e.g. United Way) to provide assistance to low-income households?

C2.8 Do you offer bill forgiveness under certain circumstances?

Comment:

C2.9 Comments on Affordable Drinking Water Assistance (publicly available):

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To view last year's report, click [here](#).

## 9. Regulatory Reports/Plans (aka Water Quality)

### A. (NEW) BACTERIOLOGICAL SAMPLE SITING PLAN (BSSP)

On July 1, 2021, the California Revised Total Coliform Rule (RTCRR) became effective which requires a BSSP be submitted by October 1, 2022 and complies with RTCRR. Information on the RTCRR can be found at: [https://www.waterboards.ca.gov/drinking\\_water/certlic/drinkingwater/rtrcr.html](https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/rtrcr.html)

A.1. Date of Current Approved Bacteriological Sample Siting Plan on File: 5/2/2023

### B. EMERGENCY NOTIFICATION PLAN (ENP)

B.1. Date of Current Emergency Notification Plan on File:

Select [here](#) to upload a new water system ENP or view existing. To upload a revised WQENP, please email your District or County representative with attachment for review and overwrite.

**C. EMERGENCY DISINFECTION PLAN (EDP)**

Do you have current Emergency Disinfection Plan(s) for your water system?  --Pick one--  
 Yes  
 No  
 N/A

How many facilities do not have current EDPs?

**D. WATERSHED SANITARY SURVEY REPORT**

Provide your watershed sanitary survey report date if available, and the date of next planned. If you have a surface water source, you must provide answers.

Note: If you do not have surface water sources, answers are not required, and you may proceed to the next section.

Date of last watershed sanitary survey report :

Date planned to complete next watershed sanitary survey report\*:

**E. CONSUMER CONFIDENCE REPORT**

E.1. Upload Date of Consumer Confidence Report (CCR):

E.2. Upload Date of CCR Certification:

Select [here](#) to upload a new water system CCR or Certification Form

COMMENTS (Note: Comments will be made publicly available):

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To view last year's report, click [here](#).

**10. Backflow–Cross Connection Control**

**A. Backflow Assemblies and Air Gaps**

|  | Total Number Reported in 2022   | Total Number in System in 2023 | Number Installed in 2023       | Number Tested in 2023           | Number Failed in 2023          | Number Repaired/ Replaced      |
|--|---------------------------------|--------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|
| Backflow Assemblies on the Service Connections or Meter (Reduced Pressure Principle and Double Check Valve assemblies)                 | <input type="text" value="0"/>  | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/>  | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Backflow Assemblies On-site but not on the Service Connections or Meter (Reduced Pressure Principle and Double Check Valve assemblies) | <input type="text" value="13"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="13"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Air-gap Separation   | <input type="text"/>            | <input type="text" value="0"/> | <input type="text" value="0"/> |                                 |                                |                                |

No. of Inactive Backflow Prevention Assemblies in water system in 2023:

**B. Cross Connection Control Program**

Are cross-connection control surveys regularly conducted on the system?:  --Pick one--  
 Yes  
 No

Date of last cross-connection control survey done on the system:

**Cross Connection Control Program Coordinator**

Name:

Business Phone:  Email Address:

List the name of trainings or certifications received:

Certification Number (if applicable):

Describe any cross-connection incidents that occurred during 2023:

COMMENTS (Note: Comments will be made publicly available):

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To view last year's report, click [here](#).

## 11. Operator Certification

Please list the **State Certified Drinking Water Operators** employed by your water system that supervise and direct the operation of your distribution system and water treatment plants where applicable in the reporting year of this report.

### A. DISTRIBUTION SYSTEM CERTIFIED OPERATORS

Your Distribution System Classification is: **D1**

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

- Pick one--
- Yes
- No
- Not Applicable (transient non-community water system)

Check this box if your public water system does not have a designated Chief/Distribution Operator.

If your public water system has additional certified distribution system operators, enter the information in the table below.

\*[Click here](#) to download, update, and/or upload an Excel spreadsheet of your water system's certified distribution operators.\*

| Distribution Operator Name<br>(First name Last name) | Grade of Distribution<br>Operator<br>(1, 2, 3, 4, or 5) | Chief, Shift<br>Distribution Operator<br>or Neither <sup>1</sup><br>(C, S or X) | Distribution Operator<br>Number<br>(3, 4 or 5 digits) | Distribution Certification<br>Expiration Date<br>(MM/DD/YYYY) |
|--|---|---|---|---|
|--|---|---|---|---|

Nothing Reported

<sup>1</sup>Use "C" for Chief Operator and "S" for Shift Operator. If neither, put an "X". Do not leave blank.

### B. TREATMENT PLANT CERTIFIED OPERATORS

Your Highest Treatment System Classification is: **There are no facilities subject to the Certified Treatment Plant Operator requirements**

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

- Pick one--
- Yes
- No
- No treatment facility except precautionary disinfection

Check this box if your public water system does not have a designated Chief Treatment Operator.

If your public water system has additional certified treatment plant operators, enter their information in the table below.

\*[Click here](#) to download, update, and/or upload an Excel spreadsheet of your water system's certified water treatment operators.\*

| Treatment Operator Name<br>(First name Last name) | Grade of Treatment<br>Operator<br>(1, 2, 3, 4, or 5) | Chief, Shift<br>Treatment Operator<br>or Neither <sup>1</sup><br>(C, S or X) | Treatment Operator<br>Number<br>(3, 4 or 5 digits) | Treatment Certification<br>Expiration Date<br>(MM/DD/YYYY) |
|---|--|--|--|--|
|---|--|--|--|--|

Nothing Reported

<sup>1</sup>Use "C" for Chief Operator and "S" for Shift Operator. If neither, put an "X". Do not leave blank.

COMMENTS (Note: Comments will be made publicly available):

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## 12. Water System Improvements

The California Waterworks Standards (Section 64556) requires an amended permit for any of the following improvements or modifications. Check all boxes that apply for any improvements or modifications during 2023 or the future for which a permit was not obtained or amended.

- Addition of a new distribution reservoir
- Modification or extension of the existing distribution system
- Adding a new source
- Changing the status of an existing source (for example, active to standby)
- Changing or altering a source, such that the quality or quantity of water supply could be affected
- Addition or change in treatment, including design capacity and process
- Expansion of the existing service area by 20 percent or more of the number of service connections specified in your current permit
- Other



COMMENTS (Note: Comments will be made publicly available):



To view last year's report, click [here](#).

### 13. Complaints Reported (Written or Verbal) ▾

| Type of Complaint        | No. of Complaints Reported by Customers | No. of Complaints Investigated | No. of Complaints reported to the Division of Drinking Water or Local County Staff | Brief Description of Cause and Corrective Action taken |
|--------------------------|---|--------------------------------|--|--|
| Taste and Odor           | <input type="text" value="0"/>          | <input type="text" value="0"/> | <input type="text" value="0"/>   | <input type="checkbox"/>                               |
| Color                    | <input type="text" value="0"/>          | <input type="text" value="0"/> | <input type="text" value="0"/>   | <input type="checkbox"/>                               |
| Turbidity                | <input type="text" value="0"/>          | <input type="text" value="0"/> | <input type="text" value="0"/>   | <input type="checkbox"/>                               |
| Visible Organisms        | <input type="text" value="0"/>          | <input type="text" value="0"/> | <input type="text" value="0"/>   | <input type="checkbox"/>                               |
| Pressure (High or Low)   | <input type="text" value="0"/>          | <input type="text" value="0"/> | <input type="text" value="0"/>   | <input type="checkbox"/>                               |
| Water Outages            | <input type="text" value="0"/>          | <input type="text" value="0"/> | <input type="text" value="0"/>   | <input type="checkbox"/>                               |
| Illnesses (Waterborne)   | <input type="text" value="0"/>          | <input type="text" value="0"/> | <input type="text" value="0"/>   | <input type="checkbox"/>                               |
| Other (Specify)          | <input type="text" value="0"/>          | <input type="text" value="0"/> | <input type="text" value="0"/>   | <input type="checkbox"/>                               |
| Total No. of Complaints* | <input type="text"/>                    | <input type="text"/>           | <input type="text"/>   |  |

\*Calculated field

COMMENTS (Note: Comments will be made publicly available):

To view last year's report, click [here](#).

### Section 14. Treatment Plants ▾

Water system treatment plants are listed in Table A for Groundwater treatment (Chlorinator only treatment plants are not listed), and Table B for Surface Water treatment. You may also view your Water System Facilities (treatment plant inventory) at the [CA Drinking Water Watch](#) website.

#### A. GROUNDWATER TREATMENT ▾

To edit a row, select the blue pencil sign at the end of each row. To remove a row, select the red X at the end of a row. Save changes by selecting the green check mark at the end of the row.

If you have questions or concerns about your treatment facility inventory, you should contact your regulating agency representative or by clicking "Email for help on this page" at the bottom of this page.

| WSF ID           | Groundwater Treatment Plant Name | Date of Operations Plan | Is Operations Plan Current? (Y/N) |
|------------------|----------------------------------|-------------------------|-----------------------------------|
| Nothing Reported |                                  |                         |                                   |

Did the water system have any incidents in 2023 that substantially affected the ground water treatment plant(s) performance AND/OR had significant modifications or maintenance due to any of the following? Select all that apply.

- Degradation of source water quality
- Decrease in source availability
- Change in wells used/well operations
- Treatment plant process failure, including power outages
- Treatment plant unplanned shutdown lasting more than 5 days
- Treatment plant unplanned staffing shortages
- Shortage of treatment chemicals
- Change in treatment plant design capacity
- Change in one or multiple treatment processes
- Other: Please Describe

#### B. SURFACE WATER TREATMENT ▾

To edit a row, select the blue pencil sign at the end of each row. To remove a row, select the red X at the end of a row. Save changes by selecting the green check mark at the end of the row.

If you have questions or concerns about your treatment facility inventory, you should contact your regulating agency representative or by clicking "Email for help on this page" at the bottom of this page.

| WSF ID | Surface water Treatment Plant Name | Date of Operations Plan | Is Operations Plan Current? (Y/N) |
|--------|------------------------------------|-------------------------|-----------------------------------|
|        |                                    |                         |                                   |

| Nothing Reported | Surface water   | Date of         | Is Operations |
|------------------|-----------------|-----------------|---------------|
| WSPD             | Treatment Plant | Operations Plan | Plan Current? |
| Name             | Name            | 2023            | (Y/N)         |

any incidents in 2023 that affected the surface water treatment plant(s) performance AND/OR had significant modifications or maintenance due to any of the following? Select all that apply.

- Degradation of raw source water quality
- Decrease in raw source water availability
- Change in raw source water(s) used
- Treatment plant process failure, including power outages
- Treatment plant unplanned shutdown lasting more than 5 days
- Treatment plant unplanned staffing shortages
- Shortage of treatment chemicals
- Change in treatment plant design capacity
- Change in one or multiple treatment processes
- Other: Please Describe

### C. CHEMICAL ADDITIVES

Check this box if your public water system has chemicals or products, including chlorine, added directly to the drinking water as part of a treatment process.

Please complete the following table for each chemical used by this water system. Only include chemicals that your water system adds. If you are not sure whether a chemical you are using meets this standard, contact the manufacturer or distributor of the chemical.

The table below is prefilled with direct chemical additives reported on site from previous year eAR. To add a new row, select the green plus sign in the upper right corner of the table. To edit a row, select the pencil image to the right of the row. To remove a row, select the trash can image at the end of a row. Make sure to **save changes** by selecting the green check mark at the end of the row.

\*Click here to upload an Excel spreadsheet of your water systems direct chemical additives.\*

| Name of Chemical | Name of Manufacturer | Purpose of using chemical | Chemical is ANSI/NSF Standard 60 certified (Y/N) | Use initiated in 2023 (Y/N) |
|------------------|----------------------|---------------------------|--|-----------------------------|
| Nothing Reported |                      |                           |  |                             |

### D. INDIRECT ADDITIVES

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

D.1. Does your water system have procedures to ensure all future equipment and materials meet this standard?

- Pick one--
- Yes
- No
- N/A

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

COMMENTS (Note: Comments will be made publicly available):

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## 15. Distribution System and Storage Tanks

### A. SYSTEM PROBLEMS

| Type of Problem                  | No. of Problems | No. of Problems Investigated | No. of Problems Reported to the Division of Drinking Water or Local County Staff | Brief Description of Cause and Corrective Action Taken |
|----------------------------------|-----------------|------------------------------|--|--|
| Service Connection Breaks/ Leaks | 0               | 0                            | 0  |  |
| Main Breaks/Leaks                | 0               | 0                            | 0  |  |
| Water Outages                    | 0               | 0                            | 0  |  |
| Boil Water Orders                | 0               | 0                            | 0  |  |
| Total*                           | 0               | 0                            | 0  |  |

Comments on SYSTEM PROBLEMS (publicly available):

### B. INFRASTRUCTURE AND PIPELINE MATERIALS

#### Pipe Material in Distribution System

1. Which materials does your distribution system pipe consist of? Please check all that apply:

| Pipeline Material  | Percentage of distribution pipe system composed of the materials selected | Average Age (in years) |
|--|---|------------------------|
| <input checked="" type="checkbox"/> Plastic (Including Poly Vinyl Chloride and HDPE) | 82  | 31                     |
| <input checked="" type="checkbox"/> Steel  | 18  | 31                     |
| <input type="checkbox"/> Cast Iron   |   |                        |
| <input type="checkbox"/> Galvanized Iron   |   |                        |
| <input type="checkbox"/> Ductile Iron  |   |                        |
| <input type="checkbox"/> Cement Concrete   |   |                        |
| <input type="checkbox"/> Asbestos Cement   |   |                        |
| <input type="checkbox"/> Other   |   |                        |

Please describe other pipeline materials in your distribution system:

### C1. DEAD-END FLUSHING PROGRAM

If unknown, please enter 0 and explain why in the comments box

| Total No. in System | No. with Blowoffs | No. Flushed in 2023 | Frequency of Flushing |
|---------------------|-------------------|---------------------|-----------------------|
| 3                   | 2                 | 3                   | 1 per year            |

Comments on DEAD-END FLUSHING PROGRAM (publicly available):

## C2. ALL FLUSHING OPERATIONS

Units of Measure for total volume reported below:

- Pick one--
- Gallons
- Million Gallons
- Acre-feet (AF)
- 100 cubic feet
- No Flushing

Total Volume in units of measure selected above; include all types of flushing, not just dead-end flushing:

Comments on ALL FLUSHING OPERATIONS (publicly available):

## D. VALVE EXERCISE PROGRAM

If unknown, please enter 0 and explain why in the comments box

| Total No. in System | Size Range of Valves | No. Exercised in 2023 | Frequency of Valve Exercising |
|---------------------|----------------------|-----------------------|-------------------------------|
| 21                  | 1-8                  | 21                    | 1 time per year               |

Comments on VALVE EXERCISE PROGRAM (publicly available):

## E. STORAGE TANK/RESERVOIR INSPECTION/CLEANING PROGRAM

Check this box if your public water system has any storage tanks or reservoirs (Do not include pressure tanks).

If you checked the above box please list each storage tank and/or reservoir with the inventory details available for each column.

The table below is prefilled with storage tank and reservoir inventory submitted in last year's eAR. To edit a row, select the pencil image to the right of the row. To add a new row, select the green plus sign in the upper right corner of the table. To remove a row, select the trash can at the end of a row. Save changes by selecting the green check mark at the end of the row.

\*If you have many storage tanks and completing the table below will take too long, [click here](#) to use a template and upload.\*

| Tank name | Capacity | Capacity Units | Year installed | Date of last inspection | Date of last cleaning    | Date re-lined or coated  | Corrosion protection(*) | Material of construction |
|-----------|----------|----------------|----------------|-------------------------|--------------------------|--------------------------|-------------------------|--------------------------|
| Storage   | 100000   | Gallons        | 1991           | 06/23/2020              | 2020-06-23T07:00:00.000Z | 2022-07-14T07:00:00.000Z | None                    | Steel                    |

COMMENTS (Note: Comments will be made publicly available):

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## 16. Emergency Preparedness and Response

**NEW** No later than January 1, 2024, Community water systems serving less than 3,000 service connections and Non-Transient Non-Community Systems that are schools shall ensure continuous operations during power failures by providing adequate backup electrical supply.

A.3. During a power outage, with your current backup electrical power supply setup, can your system maintain continuous operations such that it meets current water quality requirements and is sufficient to meet average daily demand?

- Pick one--
- Yes
- No
- In progress

Check this box if you have funding available to achieve this.

A.3.2 What is the estimated funding gap<sup>1</sup> to install a backup power solution to maintain continuous operations?

A.3.3 Barriers to implementation?

- Funding
- Personnel Resources
- Infrastructure Limitations
- Legal Constraints
- Environmental Concerns

Other

A.3.4 Please send my water system information about backup power funding opportunities.

<sup>1</sup>Funding Gap: A funding gap is the amount of money needed to fund a future project; it is the difference between the amount required and the amount currently available.

A.4 Do you have at least one backup source of water supply, or a water system intertie, that can maintain continuous operations and meets current water quality requirements and is sufficient to meet average daily demand?

- Yes  
 No

A.5 Do you routinely monitor for water loss due to leakages?

- Yes  Check this box if you have funding available to achieve this.  
 No

A.6 Do you have the source, treatment, and distribution system capacity to meet fire flow requirements?:

- Yes  
 No

## B. EMERGENCY RESPONSE PLANS

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

B.1. Do you have an Emergency Response Plan (ERP) that addresses the procedures for the restoration of water service for your water system?

- Pick one--  
 Yes  
 No

B.2. Date of your current Emergency Response Plan:

B.3. What is the date your water quality emergency notification plan (WQENP) was last exercised with a tabletop or other activity? If the WQENP has not been exercised in the last year, please leave the field blank:

## C. WATER PARTNERSHIPS

C.2. Do you have an active membership in a mutual aid organization? \*

- Yes  
 No

COMMENTS (Note: Comments will be made publicly available):

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## 17. Water Conservation

This page is intentionally blank.

*Section questions are for one water system per Urban Water Supplier.*

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## 18. Climate Change Adaptation and Resiliency for Water Utilities

| A. CLIMATE THREATS, SENSITIVITY, AND MAGNITUDE OF IMPACTS : * A minimum of one climate thread must be identified by checking the corresponding box. |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Drought   | Groundwater depletion (decreasing well levels, overdrafted groundwater basins, reduced groundwater recharge, etc.) | Choose an item<br><input type="radio"/> --Pick one--<br><input type="radio"/> High or Already Experiencing<br><input checked="" type="radio"/> Medium Sensitivity<br><input type="radio"/> None to Low Sensitivity |
|   | Decreased surface water storage (decreasing lake, reservoir, and/or river levels)                                  | Choose an item<br><input type="radio"/> --Pick one--<br><input type="radio"/> High or Already Experiencing<br><input type="radio"/> Medium Sensitivity<br><input checked="" type="radio"/> None to Low Sensitivity |
|   | Reduction in surface water (decreases in seasonal runoff, and/or loss of snowmelt)                                 | Choose an item<br><input type="radio"/> --Pick one--<br><input type="radio"/> High or Already Experiencing<br><input checked="" type="radio"/> Medium Sensitivity<br><input type="radio"/> None to Low Sensitivity |
|   | Reliance on surface water diverted from the Delta, imported from Colorado River, or other climate-sensitive areas  | Choose an item<br><input type="radio"/> --Pick one--<br><input type="radio"/> High or Already Experiencing<br><input type="radio"/> Medium Sensitivity<br><input checked="" type="radio"/> None to Low Sensitivity |
| <input type="checkbox"/> Water Quality Degradation  | Salt-water intrusion into aquifers   | Choose an item<br><input checked="" type="radio"/> --Pick one--<br><input type="radio"/> High or Already Experiencing<br><input type="radio"/> Medium Sensitivity<br><input type="radio"/> None to Low Sensitivity |
|   | Altered water quality during storm events (turbidity shifts, debris flows)   | Choose an item<br><input checked="" type="radio"/> --Pick one--<br><input type="radio"/> High or Already Experiencing<br><input type="radio"/> Medium Sensitivity<br><input type="radio"/> None to Low Sensitivity |

|  |  |  |
|--|--|--|
|  | Surface water quality issues related to eutrophication, algal blooms, invasive species | Choose an item<br><input checked="" type="radio"/> --Pick one--<br><input type="radio"/> High or Already Experiencing<br><input type="radio"/> Medium Sensitivity<br><input type="radio"/> None to Low Sensitivity |
| <input type="checkbox"/> Flooding<br><input type="checkbox"/> Sea Level Rise                 | High flow events and flooding  | Choose an item<br><input checked="" type="radio"/> --Pick one--<br><input type="radio"/> High or Already Experiencing<br><input type="radio"/> Medium Sensitivity<br><input type="radio"/> None to Low Sensitivity |
|  | Inundation due to sea level rise, high tides, and/or coastal storm surges              | Choose an item<br><input checked="" type="radio"/> --Pick one--<br><input type="radio"/> High or Already Experiencing<br><input type="radio"/> Medium Sensitivity<br><input type="radio"/> None to Low Sensitivity |
|  | Aging flood protection infrastructure (levees), or insufficient impoundment capacity   | Choose an item<br><input checked="" type="radio"/> --Pick one--<br><input type="radio"/> High or Already Experiencing<br><input type="radio"/> Medium Sensitivity<br><input type="radio"/> None to Low Sensitivity |
| <input checked="" type="checkbox"/> Extreme Heat<br><input checked="" type="checkbox"/> Fire | Peak demand volume surges (due to extreme heat, temperature trends, etc.)              | Choose an item<br><input type="radio"/> --Pick one--<br><input type="radio"/> High or Already Experiencing<br><input checked="" type="radio"/> Medium Sensitivity<br><input type="radio"/> None to Low Sensitivity |
|  | Increases in agricultural water demand or energy sector needs                          | Choose an item<br><input type="radio"/> --Pick one--<br><input type="radio"/> High or Already Experiencing<br><input type="radio"/> Medium Sensitivity<br><input checked="" type="radio"/> None to Low Sensitivity |
|  | Increased fire risk and altered vegetation, e.g., wildfires                            | Choose an item<br><input type="radio"/> --Pick one--<br><input type="radio"/> High or Already Experiencing<br><input checked="" type="radio"/> Medium Sensitivity<br><input type="radio"/> None to Low Sensitivity |
|  | Disruption of power supply   | Choose an item<br><input type="radio"/> --Pick one--<br><input type="radio"/> High or Already Experiencing<br><input checked="" type="radio"/> Medium Sensitivity<br><input type="radio"/> None to Low Sensitivity |
| <input type="checkbox"/> Other   | Other <input type="checkbox"/>   | Choose an item<br><input checked="" type="radio"/> --Pick one--<br><input type="radio"/> High or Already Experiencing<br><input type="radio"/> Medium Sensitivity<br><input type="radio"/> None to Low Sensitivity |
| <input type="checkbox"/> None  | Active Water Resource Threat Monitoring  | Choose an item<br><input checked="" type="radio"/> --Pick one--<br><input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> I don't know   |

**B. ADAPTATION MEASURES**

|  |   |
|--|---|
| Install new and deeper drinking water wells, or modify existing wells to increase pumping capacity   | Choose an item<br><input type="radio"/> --Pick one--<br><input type="radio"/> Completed<br><input type="radio"/> In Progress<br><input checked="" type="radio"/> Plan to Implement<br><input type="radio"/> Will not Implement<br><input type="radio"/> N/A |
| Develop local supplemental water supply, enhanced treatment, or increased storage capacity (e.g. recycled water, storm runoff for groundwater recharge, desalination, new reservoir) | Choose an item<br><input type="radio"/> --Pick one--<br><input type="radio"/> Completed<br><input type="radio"/> In Progress<br><input checked="" type="radio"/> Plan to Implement<br><input type="radio"/> Will not Implement<br><input type="radio"/> N/A |
| Interconnection with other utilities (transfers, mutual aid agreements with neighboring utilities)   | Choose an item<br><input type="radio"/> --Pick one--<br><input type="radio"/> Completed<br><input type="radio"/> In Progress<br><input type="radio"/> Plan to Implement<br><input checked="" type="radio"/> Will not Implement<br><input type="radio"/> N/A |
| Relocate facilities, construct or install redundant facilities   | Choose an item<br><input type="radio"/> --Pick one--<br><input type="radio"/> Completed<br><input type="radio"/> In Progress<br><input type="radio"/> Plan to Implement<br><input checked="" type="radio"/> Will not Implement<br><input type="radio"/> N/A |
| Modify facilities (e.g., install barrier or levee, raise a wall, seal a door, elevate construction)  | Choose an item<br><input type="radio"/> --Pick one--<br><input type="radio"/> Completed<br><input type="radio"/> In Progress<br><input type="radio"/> Plan to Implement<br><input type="radio"/> Will not Implement<br><input checked="" type="radio"/> N/A |
| Conservation measures (demand management, enhanced communication and outreach)   | Choose an item<br><input type="radio"/> --Pick one--<br><input type="radio"/> Completed<br><input type="radio"/> In Progress<br><input checked="" type="radio"/> Plan to Implement  |

|  |   |
|--|---|
|  | <input type="radio"/> Will not Implement<br><input type="radio"/> N/A   |
| Fire prevention – brush management, partnerships                                   | Choose an item<br><input type="radio"/> –Pick one–<br><input type="radio"/> Completed<br><input checked="" type="radio"/> In Progress<br><input type="radio"/> Plan to Implement<br><input type="radio"/> Will not Implement<br><input type="radio"/> N/A |
| Alternative or backup energy supply  | Choose an item<br><input type="radio"/> –Pick one–<br><input type="radio"/> Completed<br><input type="radio"/> In Progress<br><input checked="" type="radio"/> Plan to Implement<br><input type="radio"/> Will not Implement<br><input type="radio"/> N/A |
| On-site energy generation  | Choose an item<br><input type="radio"/> –Pick one–<br><input type="radio"/> Completed<br><input type="radio"/> In Progress<br><input type="radio"/> Plan to Implement<br><input checked="" type="radio"/> Will not Implement<br><input type="radio"/> N/A |
| Enhance monitoring program, budget for additional testing and treatment, chemicals | Choose an item<br><input type="radio"/> –Pick one–<br><input type="radio"/> Completed<br><input type="radio"/> In Progress<br><input checked="" type="radio"/> Plan to Implement<br><input type="radio"/> Will not Implement<br><input type="radio"/> N/A |
| Other <input type="checkbox"/>   | Choose an item<br><input checked="" type="radio"/> –Pick one–<br><input type="radio"/> Completed<br><input type="radio"/> In Progress<br><input type="radio"/> Plan to Implement<br><input type="radio"/> Will not Implement<br><input type="radio"/> N/A |

COMMENTS (Note: Comments will be made publicly available):

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Finalize

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

Please indicate the total number of hours spent to complete this report. This information will be utilized to characterize the level of effort required to complete this report

By checking this box you acknowledge that any information submitted in this report is publicly accessible and may be used by the State of California to determine compliance with applicable laws and regulations. Knowingly submitting false information in this report is a misdemeanor, and by submitting this information you certify that the contents are, to the best of your knowledge, complete and correct. \*

REPORT SUBMITTED BY

The fields below are intentionally blank. Once you select "Submit", your eAR Reporter contact details are recorded below.

Name:   
Title:   
Work phone:   
Cell phone:   
Email address: