

**SMALL WATER SYSTEM
2013 ANNUAL REPORT TO THE DRINKING WATER PROGRAM
FOR YEAR ENDING DECEMBER 31, 2013
[Section 116530 Health & Safety Code]**

WATER SYSTEM INFORMATION	
Water System No.:	CA4901343
Water System Name:	STUHMULLER VINEYARDS
Water System Classification:?	Transient Noncommunity Water System
Water System Ownership (See descriptions below):	Privately owned business (non-community) ▼
Physical location: (address line 1, address line 2, city, zip)	4951 West Soda Rock Lane HEALDSBURG 95448
General Office Phone:? (with area code)	(707) 431-7099
Web site address:	www.stuhlmullervineyards.com

Water System Ownership Descriptions:

- Local Government: e.g., city, county, or special district, local school district, junior colleges, county or community parks, etc.
- State or Federal Government: e.g., state or national park, BLM, USFS and COE campgrounds and recreation facilities, state hospitals, State universities and colleges, California Veterans Home, County or District Fairs and Expositions, Caltrans rest stop, military base, other state or federal facility
- Privately owned, non-PUC-regulated (Community Water System): e.g., mobile home park, apartment or condominium
- Privately owned business (non-community): e.g., church, private school, restaurant, amusement park, RV park/campground, motel, ranch/farm, factory, other business establishment

REPORT SUBMITTED BY:?	
Name:	Christine Judson
Title:	Administrative Assistant
Business phone:	707 823-3184
Cell phone:	
Email address:	christine@weeksdriilling.com

COMMENTS:?

1. Public Water System Contacts ?

[Click here](#) to learn how to Modify, Add and Delete Contacts in the table below.

NAME, TITLE & ADDRESS	PHONE TYPE	PHONE NO.	EMAIL	CONTACT TYPE (pick all that apply)?
EHLERT, TIM	Business	707-542-3272		<input type="checkbox"/> ** Delete Contact **

			tim@weeksdriilling.com	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
	Facsimile	707-823-4258		<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
P.O. Box 176	Mobile	707-322-9016		<input checked="" type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
SEBASTOPOL CA 95473	Emergency			<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
STUHMULLER, FRITZ	Business		fritz@stuhlmullervineyards.com	<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Operator
PROPRIETOR	Facsimile	415-546-9433		<input type="checkbox"/> Administrative	<input type="checkbox"/> Emergency
36 STILLMAN STREET - #205	Mobile	415-850-1099		<input type="checkbox"/> Financial	<input type="checkbox"/> Water Quality
SAN FRANCISCO CA 94107	Emergency			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Legal
STUHMULLER, ROGER	Business	415-546-9463	admin@stuhlmullervineyards.com	<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Operator
GENERAL PARTNER	Facsimile	415-546-9433		<input checked="" type="checkbox"/> Administrative	<input type="checkbox"/> Emergency
35 Stillman Street - Suite 205	Mobile			<input type="checkbox"/> Financial	<input type="checkbox"/> Water Quality
SAN FRANCISCO CA 94107	Emergency			<input type="checkbox"/> Designated Operator In Charge	<input checked="" type="checkbox"/> Legal
GORMAN, JOHN	Business		jagster436@gmail.com	<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Operator
VINEYARD MANAGER	Facsimile			<input type="checkbox"/> Administrative	<input type="checkbox"/> Emergency
4951 West Soda Rock Lane	Mobile	707-889-8579		<input type="checkbox"/> Financial	<input checked="" type="checkbox"/> Water Quality
HEALDSBURG CA 95448	Emergency			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Legal
	Business			<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Operator
	Facsimile			<input type="checkbox"/> Administrative	<input type="checkbox"/> Emergency
	Mobile			<input type="checkbox"/> Financial	<input type="checkbox"/> Water Quality
	Emergency			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Legal
	Business			<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Operator
	Facsimile			<input type="checkbox"/> Administrative	<input type="checkbox"/> Emergency
	Mobile			<input type="checkbox"/> Financial	<input type="checkbox"/> Water Quality
	Emergency			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Legal
	Business			<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Operator
	Facsimile			<input type="checkbox"/> Administrative	<input type="checkbox"/> Emergency
	Mobile			<input type="checkbox"/> Financial	<input type="checkbox"/> Water Quality
	Emergency			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Legal

	Business			<input type="checkbox"/> ** Delete Contact **	<input type="checkbox"/> Operator
	Facsimile			<input type="checkbox"/> Administrative	<input type="checkbox"/> Emergency
	Mobile			<input type="checkbox"/> Financial	<input type="checkbox"/> Designated Operator In Charge
	Emergency			<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
Add Additional Contact				(pick all that apply)	
--Contact Name--	Business	--Bus. #--	--Email Addr--	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
--Title--	Facsimile	--Fax No--		<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
--Address Line 1-- --Address Line 2--	Mobile	--Mob. #--	--2nd Email Addr--	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
--City-- --ST-- --Zip--	Emergency	--Emer. #--		<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
Add Additional Contact				(pick all that apply)	
--Contact Name--	Business	--Bus. #--	--Email Addr--	<input type="checkbox"/> Administrative	<input type="checkbox"/> Operator
--Title--	Facsimile	--Fax No--		<input type="checkbox"/> Financial	<input type="checkbox"/> Emergency
--Address Line 1-- --Address Line 2--	Mobile	--Mob. #--	--2nd Email Addr--	<input type="checkbox"/> Designated Operator In Charge	<input type="checkbox"/> Water Quality
--City-- --ST-- --Zip--	Emergency	--Emer. #--		<input type="checkbox"/> Owner	<input type="checkbox"/> Legal
COMMENTS:					

2. POPULATION SERVED

Population Type	Population	Annual Operating Period			
		Begin Date		End Date	
		MM	DD	MM	DD
Residential ¹		Method Used to Determine Population: <input type="text" value="Other"/>			
Transient ²	50	1	1	12	31
Nontransient ³					

MM = month, in 2-digit format DD = day, in 2-digit format

Descriptions:

¹Residential – report the number of persons who reside within the water system service area for more than half of the year (excludes transient and nontransient populations). If year-round, the *Begin Date* would be 01/01 and the *End Date* would be 12/31.

²Transient – report the number of persons who are at the water system on the 60th busiest day of the year (excludes residential and nontransient populations). Report the *Begin Date* and *End Date* if the Transient use is seasonal.

³Nontransient – report the number of the persons who are at the water system for over 6 months per year (excludes residential and transient populations). Report the *Begin Date* and *End Date* if the Nontransient use is seasonal.

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

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COMMENTS:?

3. NUMBER OF SERVICE CONNECTIONS *(as of December 31, 2013)*

A. Active Service Connections:

Total Active Potable Water Connections currently in CDPH database:	3
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The total number of Service Connections as of December 31, 2013 must be reported as either Unmetered or Metered for each Service Connection Type as appropriate.

TYPE	Potable Water			Recycled Water		
	Unmetered	Metered	Total*	Unmetered	Metered	Total*
Do NOT report fire sprinkler connections. These connections are not counted toward "service connections" for compliance purposes.						
<u>Single-family Residential:</u> single family detached dwellings	2		2			0
<u>Multi-family Residential:</u> duplexes, town homes, condominiums, apartments, and trailer parks			0			0
<u>Commercial/Institutional:</u> hotels, schools, prisons, hospitals, nursing homes, dormitories, laundries, retail establishments (malls, shopping centers, retail stores, service shops, restaurants), office buildings, gas stations			0			0
<u>Industrial:</u> industrial parks, manufacturing, warehouses, utilities, assemblers			0			0
<u>Landscape Irrigation:</u> Play fields, golf courses, roadways, median strips, cemeteries, parks and other dedicated landscape connections			0			0
<u>Agricultural Irrigation:</u> irrigation of commercially-grown crops and other dedicated agricultural connections			0			0
<u>Other (services that do not meet any of the above definitions):</u> This service connection type is intended to be used by <u>noncommunity systems</u> such as churches, businesses, county, state and national parks, schools and other public institutions that operate as an individual public water system and do not specifically have connections for which water rates are charged.	1		1			0
Total Active Connections*	3	0	3	0	0	0

*Calculated field

To update totals click here

B. Number of Inactive Connections (all types)	
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COMMENTS:?

4. GROUNDWATER (GW) AND SURFACE WATER (SW) SOURCES?

GROUNDWATER SOURCES (INCLUDING STANDBY SOURCES)

PSCode ?	Name	Activity ?
001	WELL 01 - RESIDENCE WELL- INACTIVE	I
002	WELL 02 - WINERY WELL	A

SURFACE WATER INTAKES

PSCode ?	Name	Activity ?

DISCUSS CHANGES TO ABOVE SOURCES?

If a STANDBY SOURCE was used in 2013, provide the following information.

Name of the Standby Source used in 2013:	No. of days the Standby Source was in operation:	Were customers notified? (Y/N)	Was CDPH or Local County Staff notified? (Y/N)	Describe the reason the Standby Source was used:

COMMENTS:?

5. WATER PRODUCED, PURCHASED AND SOLD

The **Maximum Day** is the day during 2013 with the highest total water usage. Provide the *date* for that day in Column B, then complete Columns C, D and E, indicating how much of the water on that day was from each source.

The **Maximum Month** is the month during 2013 with the highest total water usage. Provide the *month* in Column B, then complete Columns C, D and E, indicating how much of the water during that month was from each source.

Units of Measure for this table: ▼

Volumes are based on: ▼

A	B	C	D	E	F	G	H	I
	Potable Water						Non-potable (exclude recycled)	Recycled
	Date/ Month	Water Produced from Groundwater (Wells)	Water Produced from Surface Water²	Finished Water Purchased or Received from another PWS⁵	Total Amount of Potable Water^{3*}	Water Sold to Another PWS⁵		
Maximum Day ¹					0			
Maximum Month	September	125709			125709			
January		34172			34172			
February		28744			28744			
March		14787			14787			
April		19236			19236			
May		47219			47219			
June		5623			5623			
July		66987			66987			
August		86434			86434			
September		125709			125709			
October		66401			66401			
November		29985			29985			
December		10085			10085			
Annual Total*		535382	0	0	535382	0	0	0
Percent Treated ⁴		100						

PWS = Public Water System

*Calculated field

Non-potable = water supplies that do not enter the drinking water distribution system and are for non-potable uses only such as irrigation or toilet flushing

¹Only report Maximum Day if it is actually measured or determined from production records. It should not be the average day demand during

the maximum month of production.

²Do not include raw water purchased; report only volume of water that was treated.

³(F) Total Amount of Potable Water = Sum of Columns (C), (D) and (E), automatically calculated. To update, click below

To update totals click here

⁴This is the percentage of the total annual volume for Groundwater produced that was provided treatment to meet drinking water standards other than precautionary disinfection.

⁵If water was Purchased from or Sold to another PWS, complete the table below:

Specify whether water was <i>Purchased</i> or <i>Sold</i>	Name of PWS

If recycled water was *supplied* to your customers, complete the table below:

Specify the level of treatment (e.g., tertiary, disinfected secondary)	Name of Recycled Water supplier

COMMENTS: ?

6a. WATER RATES

Indicate the type of water rate structure ? used by your water system: --Pick one--

What is your billing frequency ? --Pick one--

Complete the table below providing specific water rates applied to your customers:

Connection Type	FLAT BASE RATE	UNIFORM USAGE RATE	VARIABLE BASE RATE (provide range)		VARIABLE USAGE RATE (provide range)	
	\$ (Base)	\$ per hcf ?	\$ Low	\$ High	\$ per hcf Low	\$ per hcf High
RESIDENTIAL ?						
Single-family Residential						
Multi-family Residential						
Do you provide lifeline/low income subsidies? --Pick one--						
If Yes, provide rates:						
NON-RESIDENTIAL ?						

Commercial/Institutional						
Industrial						
Landscape Irrigation						
Agricultural Irrigation						
Other						
Do you have fire suppression surcharges? --Pick one-- ▼						
If Yes, provide rates:						
Do you have other surcharges? --Pick one-- ▼						
If Yes, provide rates:						

AVERAGE MONTHLY RESIDENTIAL WATER COST: \$/mo.

This value can be calculated by dividing your total annual revenues from residential customers by 12 and then dividing a second time by the number of residential service connections. If you are unable to differentiate revenues by type of customer {residential, industrial, agricultural}; then take your total annual revenues from all water rate payments and divide by 12 and then divide by your total number of service connections.

NOTE: If this is not a "Community" Water System; enter N/A. If individual customers do not pay a separate bill for water enter "0".

6b. WATER DELIVERIES

Units of Measure for this table: --Pick one-- ▼

Provide monthly **metered** water deliveries in the table below.

A	B	C	D	E	F	G	H	I	J
	Single-family Residential	Multi-family Residential	Commercial/Institutional	Industrial	Landscape Irrigation	Other	Total Urban Retail*	Agricultural	Other PWS
Check if Recycled Water is included:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
January							0		
February							0		
March							0		
April							0		
May							0		
June							0		
July							0		
August							0		
September							0		
October							0		
November							0		
December							0		

Total*	0	0	0	0	0	0	0	0	0
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PWS = Public Water System

*Calculated field

¹Total Urban Retail = Sum of Columns (B) thru (G), automatically calculated. To update, click below

To update totals click here

COMMENTS: ?

7. WATER QUALITY

ANNUAL NITRATE SAMPLING

Regulations require a minimum of **annual** sampling for nitrate. If any nitrate result is $\geq 1/2$ the MCL of 45 mg/l (i.e., a result of ≥ 23 mg/l nitrate) then quarterly monitoring must be initiated.

Did your system conduct monitoring for nitrate during 2013 from each source?	Yes
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NOTE: If there were any sources that were not monitored because they were offline during 2013, you must contact your local regulatory agency to avoid an enforcement action for failure to monitor.

BACTERIOLOGICAL SAMPLE SITING PLAN

The coliform monitoring regulations require that an updated sample-siting plan be submitted at least every 10 years, and at any time the plan no longer ensures representative monitoring of the system (Section 64422 of Title 22).

Date of current bacteriological sample siting plan:	7/30/13
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COMMENTS: ?

8. WATER TREATMENT

Treatment Plant Name "NONE" if no plants in SDWIS	Treatment Plant Classification
None	

If treatment was added or changed in any way in 2013, provide a brief description and identify the water source

DIRECT ADDITIVES

Are all chemicals used NSF/ANSI Standard 60 certified?	Yes ▾
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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.

Does your water system have procedures to ensure all future equipment and materials meet this standard?	Yes ▾
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If you have any questions on the requirements related to indirect additives, you may contact your local regulatory agency.

COMMENTS: ?

9. CROSS-CONNECTION CONTROL ?

	Total Number in System	Number Installed in 2013	Number Tested in 2013	Number Failed in 2013	Number Repaired/ Replaced
Backflow Assemblies ? on the Service Connections or Meter	1				
Backflow Assemblies On-site but not on the Service Connections or Meter	2				
Air-gap Separation ?	1				

No. of <i>Inactive</i> Backflow Prevention Assemblies ? in water system in 2013 :	
Date of last cross-connection control survey done on the system:	
Name of designated Cross Connection Control Program Coordinator:	

Describe any cross-connection incidents ? that occurred during 2013:

COMMENTS: ?

10. CONSUMER CONFIDENCE REPORT ? (does not apply to Transient Noncommunity water systems)

THE 2013 CCR MUST BE DISTRIBUTED TO YOUR CUSTOMERS AND A COPY SUBMITTED TO YOUR LOCAL REGULATORY AGENCY BY JULY 1, 2014.

CERTIFICATION MUST BE SUBMITTED TO YOUR LOCAL REGULATORY AGENCY BY OCTOBER 1, 2014, STATING THAT THE 2013 CCR HAS BEEN DISTRIBUTED TO CUSTOMERS AND THAT THE INFORMATION IS CORRECT.

The CCR guidance, CCR template, and the certification form can be obtained from the CDPH web site at: <http://www.cdph.ca.gov/certlic/drinkingwater/Pages/CCR.aspx>

Indicate the date your 2013 CCR was distributed or will be distributed to your customers:	TNC mm/dd/yyyy
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COMMENTS:?

11. OPERATOR CERTIFICATION

A. Please list the State certified Water **Treatment Plant Operators** employed by your water system that supervise and direct the operation of your water treatment plants, beginning with the chief operator(s) ?

Your Highest Treatment System Classification is:

Name	Grade of Operator	Chief or Shift ¹ (C/S)	Operator Number	Expiration Date
Tim Ehlert	T3	C	24745	9/1/2015
Tyler Judson	T2	S	31865	6/1/2016

¹Use "C" for Chief Operator and "S" for Shift Operator. If neither, leave blank.

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

B. Please list the State certified Water **Distribution Operators** employed by your water system that supervise and direct the operation of your distribution systems, beginning with the chief operator(s) ?

Your Distribution System Classification is:

Name	Grade of Operator	Chief or Shift ¹ (C/S)	Operator Number	Expiration Date
Tim Ehlert	D2	C	18452	7/1/2015
Tyler Judson	D2	S	35297	3/1/2017

¹Use "C" for Chief Operator and "S" for Shift Operator. If neither, leave blank.

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

COMMENTS:?

12. WATER SYSTEM IMPROVEMENTS

The California Waterworks Standards (Section 64556) require an amended permit for any of the following improvements or modifications:

- Addition of a new distribution reservoir with a capacity of 100,000 gallons or more
- Modification or extension of the existing distribution system using an alternative to the requirements of the California Waterworks Standards (see Sections 64570 through 64578)
- Modification of the water supply by:
 - Adding a new source
 - Changing the status of an existing source (for example, active to standby) or
 - Changing or altering a source, such that the quality or quantity of water supply could be affected
- Any addition or change in treatment, including
 - Design capacity
 - Process
- Expansion of the existing service area by 20 percent or more of the number of service connections specified in your current permit.

If your water system made any improvements or modifications during 2013 for which a permit was not obtained, please describe the improvements or modifications below.

Indicate any planned improvements or modifications for 2014.

COMMENTS:?

13. COMPLAINTS REPORTED (WRITTEN OR VERBAL)

Type of Complaint	No. of Complaints Reported by Customers	No. of Complaints Investigated	No. of Complaints reported to CDPH	Brief Description of Cause and Corrective Action taken
Taste and Odor				
Color				
Turbidity				
Visible Organisms				
Pressure (High or Low)				
Water Outages				
Illnesses (Waterborne)				
Other (Specify)				
Total No. of Complaints*	0	0	0	

*Calculated field

To update totals click here

COMMENTS:?

14. SYSTEM PROBLEMS

Type of Problem	No. of Problems	No. of Problems Investigated	No. of Problems Reported to CDPH	Brief Description of Cause and Corrective Action Taken
Service Connection Breaks/ Leaks				
Main Breaks/Leaks				

Water Outages?				
Boil Water Orders				
Total*	0	0	0	

To update totals click here

COMMENTS:



15. ONGOING WATER SYSTEM VIOLATIONS

Is your water system operating under a continuous violation?	No
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If yes, respond to the following:

Type of violation (for example, specify "Nitrate MCL" violation if your wells exceeds the nitrate MCL of 45 mg/L	
Dates in 2013 that public notification was provided to users	
Corrective action taken in 2013	
Was bottled water provided to users?	--Pick one--
If yes, how was bottled water provided, for example, direct delivery?	
Describe anticipated schedule to return to compliance	

COMMENTS:

16. WATER CONSERVATION AND DROUGHT PREPAREDNESS

Date of your revised Drought Preparedness Plan, if any:	
If you experienced water shortages in 2013, please estimate the amount of shortfall in millions of gallons:	

Did drought conditions cause you to activate emergency standby wells in 2013?	No ▾
Do you project water shortages in the current calendar year?	No ▾
Did you implement NEW water conservation measures in 2013?	No ▾
If you implemented NEW water conservation measures in 2013, please estimate how much water was conserved in millions of gallons: (MG) % reduction in demand	
Do you anticipate having to go to mandatory rationing in the upcoming year?	No ▾
Are your water sources metered?	Yes ▾
Do you routinely monitor the <i>static</i> water levels in your wells?	No ▾
Do you routinely monitor the <i>pumping</i> water levels in your wells?	No ▾
Are these levels recovering, declining or steady?:	--Pick one-- ▾

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

COMMENTS: ?

Disclosure: Be advised that Section 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 purpose of compliance may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for each separate violations 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 violation, or be imprisoned in county jail not to exceed one year, or both the fine and imprisonment.