

# INTERIM EMERGENCY DRINKING WATER AND DROUGHT RELATED DRINKING WATER FUNDING APPLICATION



EDMUND G. BROWN JR  
Governor

## A. CONTACT INFORMATION / GRANT ADMINISTRATOR

Identify the person who will be responsible for administering the funding agreement.

Name: Patrick J. Minturn

Title: Public Works Director

Email Address: [pminturn@co.shasta.ca.us](mailto:pminturn@co.shasta.ca.us)

Phone No.: ( 530 ) 225-5661

Applicant's Agency/Organization Name (Legal Entity Name): County of Shasta

Mailing Address: 1855 Placer Street

City: Redding

State: CA

Zip+4 Code: 96001-1759

Federal Tax Identification number: 94-6000535

## B. WATER SYSTEM INFORMATION

1. Water System Name: County Service Area No. 2 - Sugarloaf

2. Water System Classification:



Community



Non-transient Non-community



Transient Non-community

3. Water System Number: 4500006

4. Number of Service Connections: 62

5. Population Served: 80

6. Indicate type of applicant applying on behalf of the Water System (check all that apply):



Community Water System



Not-For-Profit Organization (Federal Tax ID No. \_\_\_\_\_)



Tribal Government



Public Agency (Specify type of Agency: \_\_\_\_\_)

**Please Note: All applicants must serve a Disadvantaged Community in order to be eligible for funding.**

7. Indicate if the Water System is regulated by the Division of Drinking Water (DDW) or a Local Primacy Agency:



Division of Drinking Water



Local Primacy Agency

- a. Identify the DDW District Office or Local Primacy Agency below and the contact person and contact information at that agency: Lassen District, Mey Bunte; (530) 224-3265, [mey.bunte@waterboards.ca.gov](mailto:mey.bunte@waterboards.ca.gov)

### State Use Only

Project #	
Project Manager	
Date Received	

### C. PROJECT TYPE

1. Indicate Project Type: ☐ Bottled Water ☐ Vending Machines ☐ Point of Use Devices (e.g., Filtration)  
☐ Hauled Water ☐ Treatment Systems ☐ Emergency Interties  
☐ Well Repair / Well Rehabilitation ☐ Well Replacement  
☐ Other (Explain: \_\_\_\_\_)

2. Will the project serve an economically disadvantaged community? ☒ YES ☐ NO

Note: "Disadvantaged community" means a community with an annual median household income that is less than 80 percent of the statewide annual median household income (MHI). MHI data is available through the U.S Census Website at:

<http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>.

For further assistance, please contact your DDW District Office, or call (916) 319-9066 or send an email to:

[DFA-CAA-DW-Droughtfund@waterboards.ca.gov](mailto:DFA-CAA-DW-Droughtfund@waterboards.ca.gov).

3. Provide the annual Median Household Income (MHI) of the community/water system that the project will serve.  
\$ 42,708

4. Describe how the MHI was determined and attach supporting documentation:  
American Fact Finder information for zip code 96059

### D. DROUGHT EMERGENCY DESCRIPTION ☐ Emergency ☐ Threatened ☒ Not Applicable

1. Describe the emergency and explain how this is a **drought related drinking water emergency or threatened emergency**. Indicate if community is out of water or estimated timeframe for expected water outage. Please attach any supporting documentation/calculations.

2. What conservation measures (indicate if mandatory or voluntary) has the water system(s) instituted? Please indicate other possible conservation measures that the water system(s) plans to implement, or has implemented.

3. Has the water system's Local Health Officer, Local Director of Environmental Health, County Office of Emergency Services (OES) or any other entity taken any drinking water drought response actions?

### E. WATER QUALITY IMPAIRMENT ☐ Not Applicable

1. Is the water system impacted by a water quality problem? ☒ YES ☐ NO

If YES, please describe the water quality problem impacting the water system including contaminants and MCL exceedances:

Surface water supply unusable due to unapproved technology. Groundwater supply has had two e. coli detections prior to chlorine addition (November 2016 and February 2017). DDW believes chlorine contact time is insufficient for full deactivation. Water system under boil notice.

2. If there is a water quality problem impacting the water system, please indicate the source(s) of contamination:

☐ Anthropogenic (i.e., man-made) Source    ☐ Naturally Occurring Source    ☒ Not Sure

a. Describe the source of contamination and indicate if a Responsible Party for the contamination has been Identified:

E. coli appears to enter well during heavy rains, possibly due to wellhead construction and placement.

3. Is the water system under any compliance order? ☒ YES    ☐ NO

If YES, describe the compliance order:

Boil notice (attached).

## F. PROJECT DESCRIPTION

1. Describe the project proposed to address the **drought related drinking water emergency** or **water quality impairment**:

2. How will the project achieve the most immediate and reliable supply of domestic water for the duration of the **drought related drinking water emergency** or **water quality impairment**?

3. Describe the existing water system infrastructure and customers: Water system serves 62 active connections; most full-time residents retired. Surface and groundwater supplies available. Surface water supply unusable due to unapproved technology. Groundwater supply has had two e. coli detections in well prior to chlorine addition (November 2016 and February 2017). DDW believes chlorine contact time is insufficient for full deactivation. Water system under boil notice.

4. Is the project for an interim or permanent solution, or both?

☐ Interim    ☐ Permanent    ☐ Both

Please explain:

5. If the proposed project is not a permanent solution, do you have any plans for a permanent solution?

☐ YES    ☐ NO

6. When must project commence or, if construction has already begun, when did the project commence (interim and permanent solution)?

7. How long (days/months) will it take to complete the project? Include time to complete major project milestones. If the project is an interim solution, provide the timeframe for a permanent solution.

8. Identify and briefly describe any alternative solutions that were evaluated to address the emergency.

9. Is the proposed project the least costly option to address the "drought" emergency or "water quality impairment" emergency?

☐ YES ☐ NO

10. Approximate number of people that will be served by the project: 80

11. Approximate amount of drinking water that will be provided by the project:

12. For projects located on school property, Division of State Architect (DSA) review and approval may be required prior to commencing work on the site.

Have you contacted DSA to determine if their review is required? ☐ YES ☐ NO

**G. ESTIMATED TOTAL PROJECT COST (Note: Costs incurred prior to funding approval are not eligible)**

1. Estimated total project cost: \$

2. Amount of emergency funds requested: \$

3. Amount of project funds secured from other sources: \$

**H. OTHER FUNDING SOURCES**

1. Has the applicant submitted an application to the State Water Resources Control Board's Safe Drinking Water Funding Program for a permanent solution?

☒ YES ☐ NO

If YES, describe the solution, estimated cost and schedule to implement the permanent solution:

\$500,000 Planning Grant application uploaded to FFAST on 02/24/2017. Scope includes planning for; existing wellhead isolation; improved chlorine contact time for well water; and treatment of secondary contaminants (iron and manganese). A test well for secondary source, and designs to accommodate a new well and/or treat surface water are planned.

2. Has the applicant applied for emergency/interim funding from any other sources? ☐ YES ☒ NO

If YES, list the source(s) below and the funding amount for the corresponding source(s):

a. \_\_\_\_\_ \$ \_\_\_\_\_

b. \_\_\_\_\_ \$ \_\_\_\_\_

3. Does the **water system(s)** have any available emergency reserves and/or other unrestricted reserves to fund the project in part or in whole?

☐ YES      ☒ NO

If YES, how much reserves are available and what is the source of the reserves?

If NO, why? Reserves spent on Preliminary Engineer Report to pursue Proposition 50 grant funding in 2012. Funding not received. Reduced water use during the drought has not allowed monetary reserves replenish.

4. Provide the average monthly water rate in the project area as well as the water system service area.

- a. Project area monthly water rate: \$ 39.78
- b. Water System service area monthly water rate: \$ 37.50 plus use charges
- c. Provide the date of the last water rate increase: 01/01/2017

## I. PUBLIC OUTREACH

1. Describe any public outreach conducted regarding the project and how the water system customers will be notified of the availability of alternate water supplies and the method for customers to access those supplies if applicable:

Boil notice issued on 03/17/2017. Bottled water availability and renewed boil notice issued on 03/31/2017.

## J. ATTACHMENTS TO THE APPLICATION

**In order to process this application in a timely manner, the applicant must provide the following documents to support the information stated above:**

### Prior to approval of funding:

- ☐ Project Plan/Scope of Work
- ☐ Cost breakdown/Budget for the proposed project
- ☒ MHI determination documents and if applicable, the basis used to determine the water system's Annual MHI. The Annual MHI must be for the service area served by the water system. Attach all supporting documents (e.g., information provided in an existing DWSRF application, census data, income survey, the most recent tax form, or other verifiable document) to this application.
- ☒ Water System's most recent Audited Financial Statements (include a summary of restricted and unrestricted reserve and investment funds)
- ☐ Email confirmation from Division of State Architect on whether an approval is required for the proposed project. (For projects on school property only)

### Prior to execution of a funding agreement:

- ☐ Quarterly Expenditure Plan (to indicate expenditure of grant funds during project period)
- ☐ Detailed Project Schedule
- ☒ A service area map for the water system (If available)
- ☒ A copy of the domestic water supply permit issued by the local DDW District Office or County showing the Water System Name and Water System Number.
- ☒ Authorizing Resolution

### Prior to start of any construction activity:

- ☐ CEQA documentation (If applicable)

## K. APPLICATION CERTIFICATION

I hereby certify that I am duly authorized by the applicant's governing body to apply for funding from the State Water Resources Control Board for the project described in this application. I further attest that the information provided in this application is accurate to the best of my knowledge.

I understand that the information provided in this application may be referred to other State and/or Federal Agencies for funding.

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Authorized Representative's Signature

Date

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Authorized Representative's Name (print)

Title