



CALIFORNIA RURAL WATER ASSOCIATION DEPARTMENT OF WATER RESOURCES SURVEY

PLEASE PRINT CLEARLY!

Name of Water System _____ Public Water System Number _____

Address _____

Mailing Address (if different than physical address) _____

Name of General Manager (or other contact person(s)) _____

Telephone _____ Fax _____

Email Address _____ Website Address _____

County _____ Type of Company (public, private) _____

Type of System (community, non-transient) _____

Population Served _____ Total Number of Connections _____

Description of Water Sources (ground, surface) _____ Number of Producing Wells _____

Annual Well Production (indicate units) _____ **Annual Surface Water Production** (indicate units) _____

1998 _____ 1998 _____

1999 _____ 1999 _____

2000 _____ 2000 _____

2001 _____ 2001 _____

2002 _____ 2002 _____

ANNUAL PERCENTAGE OF DELIVERIES BY CUSTOMER SECTOR:

Single-Family Residential _____ Multi-Family Residential _____

Commercial _____ Industrial _____

Institutional/Governmental _____ Agricultural _____ Other _____

Has your system been impacted by water quality concerns? Yes No

Has your system been impacted by dry conditions? Yes No

Do you have an emergency/disaster response plan? Yes No

Please make any additional comments that you may have on the back of the survey.

Thank you for your time in completing this survey! If you have any questions, please contact Laura Labanieh, Drought Preparedness Coordinator, at the CRWA office at 800.833.0322 ext 205. **Please fax back to 916.553.4904 or mail to CRWA, 1215 K Street, Suite 930, Sacramento, CA 95814.**