

Pleasant Valley Mutual Water Company

1863 Las Posas Road, Camarillo, CA 93010 • (805) 482-5061

Fax (805) 482-5771 • Website: pvmwc.com • Email: office@pvmwc.com

Dear Shareholder/Customer,

The Board would like to inform you of a change of program administration required by recent changes in the Health and Safety portion of the California Code of Regulations. Local water purveyors are now required to administer the State mandated Cross Connection Control Program, which was previously administered by the local Counties.

The first step involves a survey/inspection of the property served by every water meter in the service area. This will involve a technician inspecting every site to assess the level of risk it poses to the integrity of the public water supply and then determine the appropriate level of protection required.

The highest level of protection, where the greatest risk exists, will require a Reverse Pressure Principal Backflow Preventer. These will have to be inspected annually by a State Certified Inspector. Any required repairs will be made by the Inspector at that time and the Water Company will be billed; the expense will be passed on with a nominal service charge to the Shareholder. If the device cannot be repaired, the owner will have the option of replacing it themselves or having the Inspector replace it and be billed accordingly by the Water Company. Additional information will be available on the Company website.

Very truly yours

A handwritten signature in blue ink, appearing to read "James Graham", with a long horizontal flourish extending to the right.

The Directors of PVMWC, James Graham, President

Pleasant Valley Mutual Water Company C-4 Cross Connection Control

Water Use Questionnaire for Residential Customers

Date: _____

Customer Name: _____

Service Address: _____

Please indicate whether any of the listed below apply to your premises:

Yes	No	Plumbing or Activity Present on Customer's Premises*
		Underground irrigation sprinkler system
		Water treatment system (e.g., water softener)
		Solar heating system
		Residential fire sprinkler system
		Other water supply (whether or not connected to plumbing system)
		Sewage pumping system or grey water system (does not include individual sewer mechanical plant with irrigation spray)
		Portable dialysis machine or equipment
		Boat dock/moorage with water supply
		Hobby farm
		Livestock or animal watering troughs
		Swimming pool or hot tub
		Greenhouse
		Decorative pond
		Photo lab or dark room
		Home-based business. If yes, list the type or describe (e.g., beauty salon, machine shop, farmers etc.)

Completed by (print name): _____ Date: _____

Residents Signature: _____

Please call our office to update your personal information.
As a thank-you for returning this completed survey, you will receive
two free vacuum breaks, which are required by the State of California
Please call our office to update your personal information.
If you have any questions, feel free to contact us!

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