October 2024 – Director Siegfried questions

p. 60: How were $2800 collected in fees without any permits being issued?

Buikema - Unable to explain. There most certainly were permits issued. It is reflected on the paper copy which is what we use to proof. Perhaps the electronic version cut the margins? The electronic version has been corrected now.

p. 62: Has Collections developed a battery check protocol?

Lauer - The units check in daily with battery levels via remote monitoring equipment. The batteries are scheduled by the manufacturer to be replaced annually. Depending on the tree cover to the sky from the manhole, some batteries expire faster trying to connect to the satellite than the annual schedule suggests.

p. 65: Emergency preparedness: How is "safe to do so" defined? Do we need an agreement with the employees' union on a definition?

Foley- Safe to do so definition per International SOS.

- Infrastructure is safe to travel, bridges, roads.
- Employees have access to water, food.
- No travel restrictions from public safety.
- Family is safe and healthy.

Natural Disasters are each unique so discussion with GM, Management and Staff is required to determine plan for staffing utility. Union is in agreement with job descriptions which includes Disaster Service Worker which is defined by CA Government code Section 3100-3109.

p. 74: The anodyne report of the On-site Assessment of the Lab and the Corrective Action report is a classic example of not reporting anything, and therefore unacceptable. Please provide details about both reports so the Board is informed and able to discuss.

Treanor – Requested information attached.

Buikema – in 2016 the TNI (The Nelac Institute) approved new laboratory regulations that were to become effective on 01-01-21. The TNI standard required compliance date is 01-01-24. CAWD passed the 2022 ELAP audit which was under the "old" regulations. However, in 10-24 we did not pass the audit under "new" TNI standards.

There were 29 "findings" from the 10-24 audit that were classified as "need to do" type items to receive accreditation to continue. The findings ranged from "did not contain the signed and data concurrence of all responsible parties" to "the laboratory had not established and maintained procedures to control all documents forming part of its management system." In short – a wide range of findings. TNI places considerable focus on document management (e.g. what do you document, how do you document, and where do you keep it.) The District has created a Corrective Action Plan to respond to all findings. Currently we are waiting for a response to our Corrective Action Plan from the TNI auditors. Our accreditation will expire on 12-27-24.

We have included on p. 218 of your package a detailed road map of how we plan to address each finding from the 10-24 audit. Keeping in mind that we need to provide for daily lab operations, we intend to keep to the schedule. We will continue to perform process testing in house. But all permit testing will be sent out to a lab that has a current accreditation.

p. 103: Sewage pump replacement: Pumps wear and their capacity decreases throughout their life. How is their replacement determined?

Foley- Pump Station Daily and Monthly runtimes are tracked and analyzed. Pumps are annually pulled and inspected. If runtime variance is greater than 10% then pump is targeted for replacement or recondition. The inspection includes pump down test and compared against expected pump capacity in case both pumps are worn. Pumps cost greater than $10K and PG&E average monthly cost is $250-$500 so replacing pumps early is not recommended since the savings would be minimal.

p. 110: The recitals characterize the need for replacement of the effluent pumps as "immediate". Immediacy is not indicated in the discussion. Why does it appear in the recitals?

Foley- Immediacy to order should have been included in the discussion since the pump is a critical asset and has long lead time of 32 weeks.

Are unbudgeted additional funds from capital reserves being tracked for adjustment in the next budget?

Buikema - Yes, we track all budget adjustments. When approved by the Board a list is kept as part of the monthly financial statement.

p. 123: It is asserted that economies of scale will be realized, but there is no explanation in the discussion about how these economies will come about.

There is an inverse relation between the price and the length of the sewer replacements, suggesting that length is a metric that has little bearing on price.

So, we are asked to spend an additional $263,992 now that will "automatically" be contributed in future by some, but not all, ratepayers because this is a capital project. This is worth examining in depth. We will deplete our reserves now by this amount to realize some unspecified savings. When is it proposed to raise the money to reimburse the reserve account? FY 27/28? How is the accounting to track this?

Treanor - Regarding the request to provide more explanation as to how economies of scale would come about, there are a numerous specific examples. In general, two separate smaller construction projects will incur duplication in costs in multiple areas as compared to a single combined construction project. Some specific examples:

1) An engineering firm will charge for developing specifications for a project once for a larger combined project, or twice for two smaller projects. Specifications for construction projects are customized for each specific project and undergo multiple review cycles. It is cheaper to only do one set of specifications.
2) During construction a multitude of submittals are prepared by the contractor and are reviewed by the engineer and construction management team. There is considerable effort spent on submittal development and review cycles during a construction project. For two projects this work has to be done twice. For one project it is done only once. This example alone would easily save $200,000 as a result of economies of scale.
3) Contractor mobilization is another example of a substantial cost that is duplicated under two separate projects. A $1,000,000 project may have a mobilization cost of $100,000 whereas a $5,000,000 project may also have a mobilization cost of $100,000. Mobilization is not directly proportional to size of project.
4) Contractors will often accept a lower overhead and profit margin (as a percentage) for a larger project than a smaller project. This is due to the effort involved in becoming the lowest responsible bidder in competitive bidding environments. A year long project is guaranteed work for a year, whereas a 6-month project only guarantees work for 6-months.

Regarding the question of how CAWD will pay for accelerating this work, we have more than sufficient funds that have already been collected from ratepayers that are available in the capital reserve fund. Project expenses are accounted for on a detailed basis for the project. If approved, combining Carmel Woods and Pescadero projects will be reflected in next year's 15-year Capital budget outlay. Combining these projects into one would not impact the rate model as the Capital portion of the rates is based on long term projections (not year by year).

Might there be some other project between now and FY 27/28, inclusive, that can combine with the Carmel Woods project? The Carmel Woods project apparently is not urgent since it is scheduled for FY 27/28.

Treanor - The other projects that are adjacent to this project in the long-term capital plan do not have a particular quality that make them a higher priority. Each are a similar priority as the Carmel Woods project.

p. 160: "The level of reporting requirements required by regulatory agencies has increased so it is critical to invest more time in managing data which also provides more insight into processes." Examples please.

Foley – CARB- Advanced Fleet ZEV Milestone- Fleet Report annual update
CARB- Clean Fleet- Fleet Report annual update and each heavy duty vehicle requires biannual testing and reporting
Reclamation Permit- Transition from email submission to digital report upload through Geotracker.
NPDES Permit- Increased QA/QC submission requirements which requires LIMS upgrade and configuration changes on instrument software to individually track all analysts. The LIMS export file for report parsing must be updated to reflect changes.

"This matter was submitted to the Salary & Benefits Committee on October 10, 2024 and received their approval to place before the full board." That the approval of the Salary & Benefits Committee is necessary for staff to bring an issue to the Board should not be the case. It is appropriate for the Salary & Benefits Committee (and all other committees) to be consultative. To be otherwise is to legislate by committee, and so to usurp the functions of the Board. The roles of the committees requires clarification. We should discuss.

Buikema – the Salary & Benefits was used on a consulting basis. The Board has discussed this matter previously and it is understood by staff that Salary & Benefits (or any committee) is not necessary for approval. However, in previous discussions I did not understand that to mean that the committee should not be called upon. Had the committee not approved we would still bring it to the full board but with a comment that the committee declined to approve.

p. 172: Correct the formula per previous communication. It looks like the text description also may be wrong this time.

Treanor - Yes, you are correct the parenthesis needs to be moved. With the correct equation (shown below) the text description appears OK.

$$PBCSD\ Cost = C_t(\frac{V_{PB}}{V_T} + 0.075)$$

International Accreditation Service, Inc.
3060 Saturn Street, Suite 100
Brea, CA 92821 USA
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September 4, 2024

Carla James
Carmel Area Wastewater District
26900 State Highway 1
Carmel, CA 93922

ELP-236

Dear Carla,

RE: IAS Assessment of Carmel Area Wastewater District

Attached is a copy of the Assessment Report performed at your laboratory on July 29, 2024.

The purpose of this assessment was to perform an evaluation of the laboratory's quality system, capabilities, and personnel' qualifications to determine the extent of conformance to the 2016 TNI Standard (minus 2) for accreditation of environmental laboratories.

The scope of the assessment included California Health and Safety Code – HSC § 100829 and 100830, the 2016 TNI-2 requirements, published methods, and the laboratory's Quality Management System including administrative and technical operating procedures.

Please respond in writing to this office within 30 days of the assessment report and describe (a) the specific corrective actions taken or planned to address the deficiencies in the assessment report, (b) root cause analysis to prevent recurrence, (c) whether clients were notified if deficiencies cast doubt on the validity of results, and (d) the means to be used to verify the effectiveness of corrective actions and actions to prevent recurrence. All correspondence, including your response to the findings in this report, should be sent via email to the IAS Lead Assessor listed below.

I appreciate the time and hospitality extended by your staff during the assessment and their cooperation given to the IAS assessors during the assessment. Please note that final closed-out reports will only be issued to the laboratory until all assessment findings, fees and payments are made.

Note: International Accreditation Service (IAS) is a signatory to the Mutual Recognition Arrangements under the International Laboratory Accreditation Cooperation (ILAC) for testing, calibration, and inspection worldwide.

Sincerely,
Heather Tohinaka
Lead Assessor
International Accreditation Service, Inc. (IAS)
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E: htohinaka@sawenviro.com

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ASSESSMENT REPORT

Laboratory:	Carmel Area Wastewater District
Address:	26900 State Highway 1 Carmel, CA 93922
CA ELAP certificate #:	1804
IAS Number:	ELP-236
Dates of Assessment:	July 29, 2024
Type of Assessment:	Renewal
Categories Assessed:	Non-Potable Water Sewage Sludge Ambient Water
Submitted by:	Tony Francis, PhD Heather Tohinaka
Reviewed by:	Mohan Sabaratnam

I. Introduction:

This laboratory was assessed to verify compliance with California ELAP HSC § 100829 and 100830, which incorporates by reference the 2016 Environmental Laboratory standards adopted at The NELAC Institute (National Environmental Laboratory Accreditation Conference) with some exceptions.

The assessment included a review of the laboratory's quality system, technical processes, instrumentation operations, data review and reporting, and associated laboratory records. Laboratory operations were reviewed only as they applied to the analytes, matrices, and testing included in the scope of accreditation.

II. Scope:

The assessment involved laboratory areas producing data that pertain to ELAP's programs. The assessment was based on the pertinent requirements appearing in California ELAP HSC § 100829 and 100830, 2016 TNI Standard (minus 2), the laboratory's quality assurance documentation including its quality manual, standard operating procedures (SOPs), and related documents, methods published by Environmental Protection Agency (EPA), Title 40, Code of Federal Regulations, Part 141 (40 CFR 141), and other documents applicable to EPA and ELAP programs.

III. Materials Selected for Review

This report and the attached tables represent the conditions observed in the facility at the time of the assessment and during review of laboratory documents and records. Table 1 represents the quality system documents reviewed as part of this assessment. A list of the records reviewed during the assessment is shown in Table 2. Conditions identified in the course of the assessment failing to satisfy the requirements of the CCR, Title 22, Division 4, Chapter 19 are described in the attached List of Findings.

IV. Observations

The laboratory serves the Carmel Area Wastewater District. Carla James serves as the current Technical Manager and Quality Manager. The Technical Manager oversees all aspects of laboratory operations. The laboratory has sufficient office and laboratory space.

The laboratory is making numerous changes to the Fields of Testing. The list of methods assessed is attached.

Table 1 Materials Selected for Review		
Parameter	**Reference Method**	**Document Identification**
Quality Systems	N/A	Effective 11/01/2023
Alkalinity	SM 2320 B	Rev. 20240722
Ammonia (as N)	SM 4500-NH3 C	Rev. 20240722
Biochemical Oxygen Demand (BOD) and Carbonaceous BOD (cBOD)	SM 5210 B	Rev. 20240722
Chlorine, total residual	SM 4500-Cl G	Rev. 20240723
Conductivity	SM 2510 B	Rev. 20240722
pH	SM 4500-H+ B	Rev. 20240722
Settleable solids	SM 2540 F	Rev. 20240723
Total Dissolved Solids (TDS)	SM 2540 C	Rev. 20240723
Temperature	SM 2550 B	Rev. 20240724
Total Organic Carbon (TOC)	SM 5310 C	Rev. 20240723
Total residue	SM 2540 B	Rev. 20240723
Total Suspended Solids (TSS)	SM 2540 D	Rev. 20240723
Turbidity	SM 2130 B	Rev. 20240723
Enterococcus	SM 9230 D Enterolert	Rev. 20200330
Total coliform	SM 9223 B Colilert	Rev. 20240723
Fecal coliform, *E. coli*	SM 9223 B	Rev. 20240724

Table 2 Review of Data Packages and Other Materials	
Parameter	**Data Package Identifier**
Proficiency Testing	WP-353; WS-335;
Subcontracting	Report 240710_056
Support Equipment	LABSHEET_MONTHLY_R05312024; Certificate of Calibration for Digital Thermometer, SN 192420762, 08/23/2019; Calibration Report, Ohaus Balance, SN 1123500640
Sample Receipt	Chain of Custody and Sample Conditions; CAWD Chain of Custody / Analysis Request
Turbidity	Turbidimeter Logbook, 2024
pH	pH Accumet Logbook, 2024
Alkalinity	Standardization Log, 2024
Alkalinity	Alkalinity (Comp), 2024
Ammonia	Ammonia-Nitrogen Analysis, 2024
BOD	BOD Analyst Pro
TDS data	Batch #072224
Reagents	Reagent Prep Log, 2023 to 2024
Settleable Solids	Settleable Solids, 2024
Settleable Solids data	Batch #071124
Total solids	Sludge Analysis, 2024
Total solids data	Batch #072324
Chloride data	Batch #070324
Nitrite (as N) data	Batch #072224
Nitrate-nitrite (as N) data	Batch #071024
Orthophosphate data	Batch #071724
Sulfate data	Batch #072424
Turbidity	(Grab) Turbidity, 2024
Anions	CCLEAN Worksheet, 2024

Table 2 Review of Data Packages and Other Materials	
Parameter	**Data Package Identifier**
Alkalinity data	Batch #071924
Conductivity data	Batch #071524
Chlorine data	Batch #071424
pH data	Batch #060498
Temperature	Daily Temperature Logs, 2023 to 2024
BOD data	Batch #071924
TOC data	Batch #070524
Ammonia data	Batch #070524
Turbidity data	Batch #070124
Microbiology Water Quality	SimPlate for HPC Lab Prepared Water, 2024
Incubators	Temperature (Deg C), 2023 to 2024
Autoclave	Autoclave Log, 2023 to 2024
Glassware	Bromothymol Blue Check, 2023 to 204
Sample Bottles	Container Sterility and Volume Check, 2024
Sealer	Quanti-Tray QA, 2023 to 2024
Media	IDEXX Media QA, 2023 to 2024
Fecal coliforms/E. coli (Colilert-18) data	Batch #070324
E. coli (Colilert) data	Batch #071724
Fecal Coliforms/E. coli	Reject Fecal Colilert-18, 2024
E. coli	Final Colilert, 2024
E. coli	Reject Colilert-18, 2024
Enterococci	Reject Enterolert, 2024
Enterococci data	Batch #072424
Total Coliform, Fecal Coliform, and E. coli (MTF) data	Batch #072324
Total Coliform, Fecal Coliform, and E. coli (MTF)	Final Colilert MTF, 2024

Table 2 Review of Data Packages and Other Materials	
Parameter	**Data Package Identifier**
TSS/VSS	Total and Volatile Suspended Solids, 2024
TSS/VSS data	Batch #072624
TDS	Total Dissolved Solids (TDS) Worksheet

Attachments

The report contains electronic copies of the attachments listed below.

Attachment 1. Scope (including sign-off of Methods/Analytes/Matrices/Technologies Reviewed and any footnotes as required to identify changes and additions)

Attachment 2. Assessment Checklist(s)

Attachment 3. Facility Organizational Chart

Attachment 4. Attendance at Initial and Closing Briefings

Attachment 5. Technical Assessment Interviewee Form

Instructions to the ELAP Laboratory Regarding Findings

Findings noted below require a mandatory response to IAS **within 30 days of submission of the assessment report** on actions taken by the laboratory to resolve findings, including objective evidence substantiating the action taken. The response must include **root cause analysis** to support closures where appropriate.

Resolution of findings requiring revisions to the laboratory's management and technical system must be documented and submitted to IAS. Objective evidence may be in the form of revisions to procedures, additional training, mentoring and monitoring given to personnel accompanied by appropriate records, and/or other data.

If more than 30 days are needed to resolve findings, the laboratory must request, **in writing**, an extension from IAS. Requests for an extension should be accompanied by a reasonable estimate of when the responses will be submitted for review to IAS.

For currently accredited laboratories, failure to respond to an IAS assessment report within the stipulated period will result in suspension of accreditation and possible removal of the laboratory's accreditation certificate from ELAP.

IAS reserves the right to conduct follow-up assessments to determine if findings have been satisfactorily resolved and implemented.

Please include your IAS laboratory number (available on the enclosed cover letter) in all correspondence, which should be addressed to the IAS Lead Assessor.

LIST OF FINDINGS

Included in this report is a list of the findings identified during the assessment and the review of the laboratory's documents and records. Each numbered item identifies an individual finding and references the applicable standard or method clause and/or section that establishes the requirement.

The laboratory must submit a corrective action plan addressing each of the cited findings. **The laboratory response must be concrete, detailed, and specific, and must describe how the corrective action will be implemented. Where changes to procedures are appropriate, the submitted response shall include the location and summary of the change and provisions for training and follow-up to ensure effectiveness of the change. The response must include a proposed date of completion for each finding and the name of the person responsible for completing the corrective action.**

FINDINGS

FINDING 1	
2016 TNI Standard	V1M1 4.2.2
Requirement	Proficiency Testing (PT) samples shall be analyzed in accordance with the laboratory's routine standard operating procedures (SOPs) using the same quality control (QC) acceptance criteria and staff as used for the analysis of routine environmental samples.
Finding	Records showed the laboratory had analyzed additional vendor-provided QC samples which had not been analyzed with routine environmental samples. Additionally, the laboratory purchased the PT for SM 9221 in duplicate.
Laboratory Response including Root cause analysis	
IAS <1st>Response (Response Date)	
Laboratory 2nd Response including Root cause analysis	

IAS <2nd>Response (Response Date)	

FINDING 2	
2016 TNI Standard	V1M2 4.2.8.3.f
Requirement	The quality manual shall contain the signed and dated concurrence (with appropriate names and titles) of all responsible parties including the quality manager(s), technical manager(s), and the agent in charge of all laboratory activities, such as the laboratory director or laboratory manager.
Finding	The quality manual did not contain the signed and data concurrence of all responsible parties.
Laboratory Response including Root cause analysis	
IAS <1st>Response (Response Date)	
Laboratory 2nd Response including Root cause analysis	
IAS <2nd>Response (Response Date)	

FINDING 3	
2016 TNI Standard	V1M2 4.2.8.4.r
Requirement	The quality manual shall contain or reference a policy addressing the use of unique electronic signatures, where applicable.
Finding	The quality manual did not contain or reference a policy addressing the use of unique electronic signatures.

Laboratory Response including Root cause analysis	
IAS <1st>Response (Response Date)	
Laboratory 2nd Response including Root cause analysis	
IAS <2nd>Response (Response Date)	

FINDING 4	
2016 TNI Standard	V1M2 4.2.8.5.c
Requirement	Each SOP shall clearly indicate the effective date of the document, the revision number, and the signature(s) of the approving authority.
Finding	The quality manual and SOPs did not include the effective date and signature(s) of the approving authority.
Laboratory Response including Root cause analysis	
IAS <1st>Response (Response Date)	
Laboratory 2nd Response including Root cause analysis	
IAS <2nd>Response (Response Date)	

FINDING 5	
2016 TNI Standard	V1M2 4.3.1
Requirement	The laboratory shall establish and maintain procedures to control all documents forming part of its management system (internally generated or from external sources), such as regulations, standards, other normative documents, test methods, as well as drawings, software, specifications, instructions, and manuals.
Finding	The laboratory had not established and maintained procedures to control all documents forming part of its management system.
Laboratory Response including Root cause analysis	
IAS <1st>Response (Response Date)	
Laboratory 2nd Response including Root cause analysis	
IAS <2nd>Response (Response Date)	

FINDING 6	
2016 TNI Standard	V1M2 4.3.2.1
Requirement	All documents issued to personnel in the laboratory as part of the management system shall be reviewed and approved for use by authorized personnel prior to issue. A master list or an equivalent document control procedure identifying the current revision status and distribution of documents in the management system shall be established and shall be readily available to preclude the use of invalid and/or obsolete documents.
Finding	The laboratory had not ensured all documents were approved for used by authorized personnel prior to issue. The laboratory had

	not established and maintained a master list or equivalent document control procedure.
Laboratory Response including Root cause analysis	
IAS <1st>Response (Response Date)	
Laboratory 2nd Response including Root cause analysis	
IAS <2nd>Response (Response Date)	

FINDING 7	
2016 TNI Standard	V1M2 4.4.1
Requirement	The laboratory shall establish and maintain procedures for the review of requests, tenders, and contracts. The policies and procedures shall ensure the requirements, including the methods to be used, are adequately defined, documented and understood; the laboratory had the capability and resources to meet the requirements; the appropriate test method is selected and is capable of meeting the customer's requirements; and any differences between the request or tender and the contract shall be resolved before any work commences. Each contract shall be acceptable both to the laboratory and the customer.
Finding	The laboratory had not established and maintained procedures for the review of requests, tenders, and contracts.
Laboratory Response including Root cause analysis	
IAS <1st>Response (Response Date)	

Laboratory 2nd Response including Root cause analysis	
IAS <2nd>Response (Response Date)	

FINDING 8	
2016 TNI Standard	V1M2 4.5.4
Requirement	The laboratory shall maintain a register of all subcontractors it uses for tests and a record of the evidence of compliance with this International Standard for the work in question.
Finding	The laboratory did not maintain records of the evidence of compliance with this International Standard for all subcontract laboratories.
Laboratory Response including Root cause analysis	
IAS <1st>Response (Response Date)	
Laboratory 2nd Response including Root cause analysis	
IAS <2nd>Response (Response Date)	

FINDING 9	
2016 TNI Standard	V1M2 4.5.5
Requirement	When a laboratory subcontracts work, this work shall be placed with a laboratory accredited to this Standard for the tests to be performed or with a laboratory meeting applicable statutory and

	regulatory requirements for performing the tests and submitting the results of tests performed. The laboratory performing the subcontracted work shall be indicated in the final report.
Finding	The laboratory had not indicated all subcontract laboratories in final reports.
Laboratory Response including Root cause analysis	
IAS <1st>Response (Response Date)	
Laboratory 2nd Response including Root cause analysis	
IAS <2nd>Response (Response Date)	

FINDING 10	
2016 TNI Standard	V1M2 4.6.1
Requirement	The laboratory shall have a policy and procedure for the selection and purchasing of services and supplies it uses affecting the quality of the tests. Procedures shall exist for the purchase, reception, and storage of reagents and laboratory consumable materials relevant for the tests.
Finding	The laboratory had not established and maintained a policy and procedure for the selection and purchasing or services and supplies.
Laboratory Response including Root cause analysis	
IAS <1st>Response (Response Date)	

Laboratory 2nd Response including Root cause analysis	
IAS <2nd>Response (Response Date)	

FINDING 11	
2016 TNI Standard	V1M2 4.6.4
Requirement	The laboratory shall evaluate suppliers of critical consumables, supplies, and services which affect the quality of testing. The laboratory shall maintain records of the evaluations of suppliers of critical consumables, supplies, and services and list those approved.
Finding	The laboratory had not evaluated suppliers of critical consumables, supplies, and services, nor listed those approved.
Laboratory Response including Root cause analysis	
IAS <1st>Response (Response Date)	
Laboratory 2nd Response including Root cause analysis	
IAS <2nd>Response (Response Date)	

FINDING 12	
2016 TNI Standard	V1M2 4.7.2
Requirement	The laboratory shall seek feedback, both positive and negative, from its customers. The feedback shall be used and analyzed to

	improve the management system, testing activities, and customer service.
Finding	The laboratory did not seek feedback, both positive and negative, from its customers.
Laboratory Response including Root cause analysis	
IAS <1st>Response (Response Date)	
Laboratory 2nd Response including Root cause analysis	
IAS <2nd>Response (Response Date)	

FINDING 13	
2016 TNI Standard	V1M2 4.8
Requirement	The laboratory shall have a policy and procedure for the resolution of complaints received from customers or other parties. Records shall be maintained of all complaints and of the investigations and corrective actions taken by the laboratory.
Finding	The laboratory had not established and maintained a policy and procedure for the resolution of complaints.
Laboratory Response including Root cause analysis	
IAS <1st>Response (Response Date)	
Laboratory 2nd Response including Root cause analysis	

IAS <2nd>Response (Response Date)	

FINDING 14	
2016 TNI Standard	V2M2 4.11.1
Requirement	The laboratory shall establish a policy and procedure for implementing corrective action when nonconforming work or departures from the policies and procedures in the management system or technical operations have been identified. The laboratory shall designate appropriate authorities for implementing corrective action when nonconforming work or departures from the policies and procedures in the management system or technical operations have been identified.
Finding	The laboratory had not established and maintained a policy and procedure for implementing corrective action when nonconforming work or departures from the policies and procedures in the management system or technical operations have been identified.
Laboratory Response including Root cause analysis	
IAS <1st>Response (Response Date)	
Laboratory 2nd Response including Root cause analysis	
IAS <2nd>Response (Response Date)	

FINDING 15	
2016 TNI Standard	V1M2 4.14.1

Requirement	The laboratory shall periodically, and in accordance with a predetermined schedule and procedure, conduct internal audits of its activities to verify its operations continue to comply with the requirements of the management system and this International Standard, including all elements of the management system and testing activities.
Finding	The laboratory had not conducted annul internal audits.
Laboratory Response including Root cause analysis	
IAS <1st>Response (Response Date)	
Laboratory 2nd Response including Root cause analysis	
IAS <2nd>Response (Response Date)	

FINDING 16	
2016 TNI Standard	V1M2 4.15.1
Requirement	The laboratory shall periodically, and in accordance with a predetermined schedule and procedure, conduct a review of the laboratory's management system and testing activities to ensure their continuing suitability and effectiveness and to introduce necessary changes or improvements.
Finding	The laboratory had not established a predetermined schedule for annual management reviews.
Laboratory Response including Root cause analysis	
IAS <1st>Response (Response Date)	

Laboratory 2nd Response including Root cause analysis	
IAS <2nd>Response (Response Date)	

FINDING 17	
2016 TNI Standard	V1M2 5.2.7
Requirement	Data integrity training shall be provided as a formal part of new employee orientation and shall also be provided on an annual basis for all current employees.
Finding	The laboratory had not provided data integrity training as a formal part of new employee orientation or on an annual basis for all current employees.
Laboratory Response including Root cause analysis	
IAS <1st>Response (Response Date)	
Laboratory 2nd Response including Root cause analysis	
IAS <2nd>Response (Response Date)	

FINDING 18	
2016 TNI Standard	V1M2 5.4.1
Requirement	The laboratory shall use appropriate methods and procedures for all tests within its scope.

Finding	The laboratory did not use appropriate methods and procedures for all tests within it scope. Examples include, but are not limited to: 1. The laboratory did not monitor air quality at least monthly as required by Section 3.e. of SM 9020 B. Records of air monitoring could not be retrieved for 2023. 2. The laboratory did not calibrate the timer used to verify autoclave cycles annually as required by Section 4.h of SM 9020 B. 3. The laboratory did not check microbiology sample bottles for autofluorescence once per lot as required by Section 5.d of SM 9020 B. 4. The laboratory did not include a sample duplicate for TSS analysis as required by Table 2020:II of SM 2020 B. 5. The laboratory did not include a method blank for TDS analysis as required by Table 2020:II of SM 9020 B. 6. The laboratory did not repeat successive cycles of drying, cooling, desiccating, and weighing until the weight change is less than 0.5 mg as required by Section 3.c of SM 2540 C and SM 2540 D. 7. The laboratory did not report turbidity results as required by Section 5 of SM 2130 B. 8. The laboratory did not confirm inorganic carbon is sufficiently removed from the samples as required by Section 5.10 of SM 5310 A. 9. The laboratory did not bring sample temperature to 20 $\pm$ 3 °C before making dilutions as required by Section 5.a of SM 5210 B.
Laboratory Response including Root cause analysis	
IAS <1st>Response (Response Date)	
Laboratory 2nd Response including Root cause analysis	
IAS <2nd>Response (Response Date)	

FINDING 19	
2016 TNI Standard	V1M2 5.5.5
Requirement	Records shall be maintained of each item of equipment and its software significant to the tests performed.
Finding	The laboratory did not maintain records of each item of equipment.
Laboratory Response including Root cause analysis	
IAS <1st>Response (Response Date)	
Laboratory 2nd Response including Root cause analysis	
IAS <2nd>Response (Response Date)	

FINDING 20	
2016 TNI Standard	V1M2 5.5.13.1.d
Requirement	Temperature measuring devices shall be calibrated or verified at least annually. Calibration or verification shall be performed using a recognized National Metrology Institute traceable reference, such as NIST, when available.
Finding	The laboratory had not calibrated or verified the IR thermometer used in sample receiving at least annually.
Laboratory Response including Root cause analysis	
IAS <1st>Response (Response Date)	

Laboratory 2nd Response including Root cause analysis	
IAS <2nd>Response (Response Date)	

FINDING 21	
2016 TNI Standard	V1M2 5.5.13.1.e
Requirement	If quantitative results are dependent on their accuracy, such as in standard preparation or dispensing or dilution into a specified volume, the laboratory shall verify volumetric measuring devices as follows: iii. Mechanical devices shall be verified prior to first use and on a quarterly basis. Mechanical devices used at more than one volume shall be verified at volumes bracketing the range of use, and at the mid-point of the volumes used by the device. iv. All other volumetric support equipment shall be checked for accuracy prior to or in conjunction with its first use.
Finding	The laboratory had not verified mechanical volumetric devices quarterly. The laboratory had not verified the non-Class A graduated cylinder used for TSS analysis prior to or in conjunction with its first use.
Laboratory Response including Root cause analysis	
IAS <1st>Response (Response Date)	
Laboratory 2nd Response including Root cause analysis	
IAS <2nd>Response (Response Date)	

FINDING 22	
2016 TNI Standard	V1M2 5.513.1.f
Requirement	All other support equipment shall be calibrated or verified at least annually, using a recognized National Metrology Institute, such as NIST, traceable reference when available, bracketing the range of use.
Finding	The laboratory had not calibrated or verified all support equipment at least annually, using a recognized National Metrology Institute, such as NIST, traceable reference when available, bracketing the range of use. Examples include: 1. Records showed the working weight set in use at the time of the assessment had not been calibrated or verified since 2021. 2. Records showed annual balance calibration did not bracket the range of use. The balance was calibrated to 0.0050 g; however, the laboratory was using the balance to 0.0001g.
Laboratory Response including Root cause analysis	
IAS <1st>Response (Response Date)	
Laboratory 2nd Response including Root cause analysis	
IAS <2nd>Response (Response Date)	

FINDING 23	
2016 TNI Standard	V1M2 4.13.3.a
Requirement	The laboratory shall establish a record keeping system allowing the history of the sample and associated data to be readily

	understood through the documentation. This system shall produce unequivocal, accurate records documenting all laboratory activities such as laboratory facilities, equipment, analytical methods, and related laboratory activities, such as sample receipt, sample preparation, or data verification.
Finding	The laboratory had not established a record keeping system allowing the history of the sample and associated data to be readily understood through the documentation. Examples include, but are not limited to: 1. Records for annual thermometer calibrations did not include a unique identifier for the NIST-traceable reference thermometer. 2. Records for sample receipt did not include a unique identifier for the thermometer used to measure sample temperature. 3. Records for microbiology air monitoring did not include a unique identifier for the HPC agar or incubator. Records did not include analyst initials or incubation date and time. 4. Records for microbiology autoclave checks did not include a unique identifier for the timer. 5. Records for microbiology sample bottle sterility checks did not include a unique identifier for the TSB and incubator and did not include incubation date and time. 6. Records for SM 9221 B, E, F analysis did not include sample incubation date and time. 7. Records for TDS analysis did not include a unique identifier for the ovens used. 8. Records for ammonia analysis did not include a unique identifier for the LCS standard used.
Laboratory Response including Root cause analysis	
IAS <1st>Response (Response Date)	
Laboratory 2nd Response including Root cause analysis	

IAS <2nd>Response (Response Date)	

FINDING 24	
2016 TNI Standard	V1M2 5.5.2
Requirement	Before being placed into service, equipment (including for sampling) shall be calibrated or checked to establish it meets the laboratory's specification requirements and complies with the relevant standard specifications.
Finding	The laboratory had not calibrated or checked incubators, refrigerators, freezers, and ovens for uniform temperature distribution prior to being placed into service.
Laboratory Response including Root cause analysis	
IAS <1st>Response (Response Date)	
Laboratory 2nd Response including Root cause analysis	
IAS <2nd>Response (Response Date)	

FINDING 25	
2016 TNI Standard	V1M4 1.5.2.1
Requirement	If a mandated test method or applicable regulation includes protocols for determining detection limits, they shall be followed. The laboratory shall document the procedure used for determining the DL. If the method or regulation does not contain specific directions for determination of the detection limit, the following requirements shall apply. DL determinations are not required for methods/analytes for which a detection limit is not

	applicable such as pH, color, odor, temperature, or dissolved oxygen. DL determinations based on spikes are not required for analytes for which no spiking solutions are available. If results are not reported below the limit of quantitation (LOQ), an initial DL determination is required, but ongoing verification is not.
Finding	The laboratory had not determined detection limits for test methods within its scope.
Laboratory Response including Root cause analysis	
IAS <1st>Response (Response Date)	
Laboratory 2nd Response including Root cause analysis	
IAS <2nd>Response (Response Date)	

FINDING 26	
2016 TNI Standard	V1M4 1.6.2
Requirement	An individual must successfully perform an initial DOC prior to using any method, and any time there is a change in instrument type, method, or any time a method has not been performed by the analyst in a twelve (12) month period.
Finding	The laboratory had not ensured analysts had successfully performed an initial DOC prior to using any method.
Laboratory Response including Root cause analysis	
IAS <1st>Response (Response Date)	

Laboratory 2nd Response including Root cause analysis	
IAS <2nd>Response (Response Date)	

FINDING 27	
2016 TNI Standard	V1M4 1.6.3.1
Requirement	The laboratory shall have a documented procedure describing ongoing DOC including procedures for how the laboratory will identify data associated with ongoing DOCs. The analyst(s) shall demonstrate ongoing capability by routinely meeting the QC requirements of the method, laboratory SOP, client specifications, and/or this Standard.
Finding	The laboratory had not ensured analysts had successfully performed ongoing DOC annually for each method performed.
Laboratory Response including Root cause analysis	
IAS <1st>Response (Response Date)	
Laboratory 2nd Response including Root cause analysis	
IAS <2nd>Response (Response Date)	

FINDING 28	
2016 TNI Standard	V1M5 1.7.3.1.d.ii
Requirement	The laboratory shall monitor the quality of the water for disinfectant residual, specific conductance, total organic carbon,

	and heterotrophic bacteria plate count monthly (when in use), when maintenance is performed on the water treatment system, or at startup after a period of disuse longer than one month. Analysis may be performed by another certified laboratory.
Finding	The laboratory had not consistently monitored microbiology reagent water for HPC and TOC monthly.
Laboratory Response including Root cause analysis	
IAS <1st>Response (Response Date)	
Laboratory 2nd Response including Root cause analysis	
IAS <2nd>Response (Response Date)	

FINDING 29	
2016 TNI Standard	V1M5 1.7.3.3
Requirement	For methods specifying counts (i.e. cfu/100mL or MPN/100mL) such as membrane filter, plated media, or other methods which specify a quantitative result, duplicate counts shall be performed monthly on one (1) positive sample for each month the test is performed.
Finding	The laboratory had not consistently performed duplicate counts monthly.
Laboratory Response including Root cause analysis	
IAS <1st>Response (Response Date)	

Laboratory 2nd Response including Root cause analysis	
IAS <2nd>Response (Response Date)	

***** END OF REPORT*****

Carmel Area Wastewater District

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October 4, 2024

Heather Tohinaka
Lead Assessor, International Accreditation Service, Inc.
3060 Saturn Street, Suite 100
Brea, California 92821-1732 U.S.A.

Dear Ms. Tohinaka,

The responses to the findings by International Accreditation Service, Inc. (IAS) as documented in the Carmel Area Wastewater District (District) On-Site Assessment (OSA), performed on July 29th, 2024, and summarized in IAS' OSA dated September 4th, 2024, constitute the District's Corrective Action Plan (CAP). This CAP provides concrete, detailed, and specific steps describing how the corrective action will be implemented, including the location and summary of the change and provisions for training and follow-up to ensure effectiveness of the change where appropriate. These responses include a proposed date of completion for each finding and the name of the person responsible for completing the corrective action as appropriate.

The District will be applying for accreditation for the fifteen (15) Fields of Accreditation shown in the attached tables. We look forward to receiving your responses to this CAP.

Sincerely,

Carla James
Laboratory Supervisor
james@cawd.org | (831) 257-0429

Attachments:

- Attachment 1: Requested Fields of Accreditation
- Attachment 2: Corrective Action Plan

ATTACHMENT 1: REQUESTED FIELDS OF ACCREDITATION

Table 1: Requested Fields of Accreditation from Table 101: Microbiology in Drinking Water

Subgroup Code	Analyte Code	Analyte	Method	Technology
101.050	003	SM 9223 B Colilert	Total Coliform, Enumeration	Enzyme Substrate
101.050	007	SM 9223 B Colilert 18	Total Coliform, Enumeration	Enzyme Substrate

Table 2: Requested Fields of Accreditation from Table 107: Microbiological Methods for Non-Potable Water and Sewage Sludge

Subgroup Code	Analyte Code	Analyte	Method	Technology
107.050	001	SM 9221 B-2014	Total Coliform, Enumeration	MTF
107.066	001	SM 9230 D-2013 Enterolert	Enterococci	Enzyme Substrate
107.070	002	SM 9223 B-2016 Colilert 18	Fecal Coliform, Enumeration	Enzyme Substrate

Table 3: Requested Fields of Accreditation from Table 108: Inorganic Constituents in Non-Potable Water

Subgroup Code	Analyte Code	Analyte	Method	Technology
108.072	001	SM 2540 C-2015	Residue, Filterable (TDS)	Gravimetric
108.074	001	SM 2540 D-2015	Residue, Non-filterable (TSS)	Gravimetric
108.078	001	SM 2540 F-2015	Residue, Settleable	Volumetric
108.080	001	SM 2550 B-2010	Temperature	Thermometric
108.137	001	SM 4500-H+ B-2011	Hydrogen Ion (pH)	Electrometric
108.206	001	SM 5210 B-2016	Biochemical Oxygen Demand	DO Depletion
108.282	001	ASTM D1889-00	Turbidity	Nephelometric

Table 4: Requested Fields of Accreditation from Table 126: Microbiological Methods for Ambient Water

Subgroup Code	Analyte Code	Analyte	Method	Technology
126.102	001	SM 9221 B-2014	Total Coliform (Enumeration)	MTF
126.105	001	SM 9221 E-2014	Fecal Coliform (Enumeration)	MTF
126.118	001	SM 9230 D-2013 Enterolert	Enterococci	Enzyme substrate

ATTACHMENT 2: CORRECTIVE ACTION PLAN

FINDING 1	
2016 TNI Standard	V1M1 4.2.2
Requirement	Proficiency Testing (PT) samples shall be analyzed in accordance with the laboratory's routine standard operating procedures (SOPs) using the same quality control (QC) acceptance criteria and staff as used for the analysis of routine environmental samples.
Finding	Records showed the laboratory had analyzed additional vendor-provided QC samples which had not been analyzed with routine environmental samples. Additionally, the laboratory purchased the PT for SM 9221 in duplicate.
Laboratory Response including Root cause analysis	• **Corrective Action**: Future PT samples will be analyzed using the same procedure as normal analyses and will not include any vendor-provided QC samples. Analyzing the PT samples in a manner that varied from normal laboratory methods may have resulted in aberrant results. Future PT testing will be analyzed in accordance with the laboratory's routine standard operating procedure using the same quality control, acceptance criteria, and staff as used for the analysis of routine environmental samples per CCR Title 22 § 64802.15 • **Root Cause**: The laboratory staff were not aware of the unintended complications to the PT process caused by running additional vendor-provided QC samples. • **Date of Completion**: Next round of proficiency tests, estimated Spring 2025. • **Responsible Person**: Carla James, Laboratory Supervisor (Technical Manager/Quality Manager)

FINDING 2	
2016 TNI Standard	V1M2 4.2.8.3.f
Requirement	The quality manual shall contain the signed and dated concurrence (with appropriate names and titles) of all responsible parties including the quality manager(s), technical manager(s), and the agent in charge of all laboratory activities, such as the laboratory director or laboratory manager.
Finding	The quality manual did not contain the signed and data concurrence of all responsible parties.
Laboratory Response including Root cause analysis	• **Corrective Action**: This omission was an oversight and will be included in the revised quality manual. • **Root Cause**: The Quality Manual has not been completed to the 2016 TNI Standards. • **Date of Completion**: The updated Quality Manual will be completed in preparation for the District's application for accreditation, which is planned for July 2025. • **Responsible Person**: Carla James, Laboratory Supervisor (Technical Manager/Quality Manager)

FINDING 3	
2016 TNI Standard	V1M2 4.2.8.4.r
Requirement	The quality manual shall contain or reference a policy addressing the use of unique electronic signatures, where applicable.
Finding	The quality manual did not contain or reference a policy addressing the use of unique electronic signatures.
Laboratory Response including Root cause analysis	• **Corrective Action**: This omission was an oversight and will be included in the revised quality manual. • **Root Cause**: The Quality Manual has not been completed to the 2016 TNI Standards. • **Date of Completion**: The updated Quality Manual will be completed in preparation for the District's application for accreditation, which is planned for July 2025. • **Responsible Person**: Carla James, Laboratory Supervisor (Technical Manager/Quality Manager)

FINDING 4	
2016 TNI Standard	V1M2 4.2.8.5.c
Requirement	Each SOP shall clearly indicate the effective date of the document, the revision number, and the signature(s) of the approving authority.
Finding	The quality manual and SOPs did not include the effective date and signature(s) of the approving authority.
Laboratory Response including Root cause analysis	• **Corrective Action**: These omissions were an oversight and will be included in the revised SOPs. • **Root Cause**: The SOPs are in the process of being revised to meet the 2016 TNI Standards. • **Date of Completion**: The updated SOPs will be completed in preparation for the District's application for accreditation, which is planned for July 2025. • **Responsible Person**: Carla James, Laboratory Supervisor (Technical Manager/Quality Manager)

FINDING 5	
2016 TNI Standard	V1M2 4.3.1
Requirement	The laboratory shall establish and maintain procedures to control all documents forming part of its management system (internally generated or from external sources), such as regulations, standards, other normative documents, test methods, as well as drawings, software, specifications, instructions, and manuals.
Finding	The laboratory had not established and maintained procedures to control all documents forming part of its management system.
Laboratory Response including Root cause analysis	• **Corrective Action**: The District's document management system is in the process of being updated. • **Root Cause**: The District's document management system is being revised due to our recent adoption of Microsoft SharePoint and OneDrive platforms. • **Date of Completion**: The updated document management system will be complete prior to the District's application for accreditation, which is planned for July 2025. • **Responsible Person**: Carla James, Laboratory Supervisor (Technical Manager/Quality Manager)

FINDING 6	
2016 TNI Standard	V1M2 4.3.2.1
Requirement	All documents issued to personnel in the laboratory as part of the management system shall be reviewed and approved for use by authorized personnel prior to issue. A master list or an equivalent document control procedure identifying the current revision status and distribution of documents in the management system shall be established and shall be readily available to preclude the use of invalid and/or obsolete documents.
Finding	The laboratory had not ensured all documents were approved for use by authorized personnel prior to issue. The laboratory had not established and maintained a master list or equivalent document control procedure.
Laboratory Response including Root cause analysis	• **Corrective Action**: The District's document management system is in the process of being updated and will include a master list to ensure completeness and version control of all relevant documents. • **Root Cause**: The District's document management system is being revised due to our recent adoption of Microsoft SharePoint. • **Date of Completion**: The updated document management system will be complete prior to the District's application for accreditation, which is planned for July 2025. • **Responsible Person**: Carla James, Laboratory Supervisor (Technical Manager/Quality Manager)

FINDING 7	
2016 TNI Standard	V1M2 4.4.1
Requirement	The laboratory shall establish and maintain procedures for the review of requests, tenders, and contracts. The policies and procedures shall ensure the requirements, including the methods to be used, are adequately defined, documented and understood; the laboratory had the capability and resources to meet the requirements; the appropriate test method is selected and is capable of meeting the customer's requirements; and any differences between the request or tender and the contract shall be resolved before any work commences. Each contract shall be acceptable both to the laboratory and the customer.
Finding	The laboratory had not established and maintained procedures for the review of requests, tenders, and contracts.
Laboratory Response including Root cause analysis	• **Corrective Action**: The District will develop and implement a formal process for reviewing contracts prior to execution to ensure that contract laboratory possesses the necessary physical, personnel and information resources, and that the laboratory's personnel have the skills and expertise necessary for the performance of the tests and/or calibrations in question. • **Root Cause**: The District's current approach to hiring contract calibration and laboratory testing services is to evaluate proposals on an individual basis and provide internal justification before contracting out these services. • **Date of Completion**: A formalized procedure for reviewing requests, tenders and contracts will be included in the District's Quality Manual as part of its application for accreditation, which is planned for July 2025. • **Responsible Person**: Carla James, Laboratory Supervisor (Technical Manager/Quality Manager)

FINDING 8	
2016 TNI Standard	V1M2 4.5.4
Requirement	The laboratory shall maintain a register of all subcontractors it uses for tests and a record of the evidence of compliance with this International Standard for the work in question.
Finding	The laboratory did not maintain records of the evidence of compliance with this International Standard for all subcontract laboratories.
Laboratory Response including Root cause analysis	• **Corrective Action**: The District will maintain a register of all its subcontractors and will ensure that each contract laboratory that provides services for the District, including calibration and laboratory analysis services, will provide documentation of compliance with TNI standards. • **Root Cause**: The District has not yet confirmed that each of its contract laboratories and/or calibration firms is currently in compliance with TNI standards. • **Date of Completion**: Contractors' proof of compliance with the 2016 TNI standards will be included in the District's application for accreditation, which is planned for July 2025. In cases where companies currently under contract with the District cannot provide the necessary documentation, compliant companies will be hired for the same services prior to the District's application for accreditation. • **Responsible Person**: Carla James, Laboratory Supervisor (Technical Manager/Quality Manager)

FINDING 9	
2016 TNI Standard	V1M2 4.5.5
Requirement	When a laboratory subcontracts work, this work shall be placed with a laboratory accredited to this Standard for the tests to be performed or with a laboratory meeting applicable statutory and regulatory requirements for performing the tests and submitting the results of tests performed. The laboratory performing the subcontracted work shall be indicated in the final report.
Finding	The laboratory had not indicated all subcontract laboratories in final reports.
Laboratory Response including Root cause analysis	• **Corrective Action**: The District will ensure that each company that provides services for the District, including calibration and laboratory analysis services, will provide documentation of compliance with TNI standards. The District will provide documentation of subcontract lab accreditation and will identify which results were produced by these labs in the cover letters accompanying the self-monitoring reports in CIWIQS and Geotracker. • **Root Cause**: The District has not yet confirmed that each of its contract laboratories and/or calibration firms is currently in compliance with TNI standards. • **Date of Completion**: Contractors' proof of compliance with the 2016 TNI standards will be included in the District's application for accreditation, which is planned for July 2025. In cases where companies currently under contract with the District cannot provide the necessary documentation, compliant companies will be hired for the same services prior to the District's application for accreditation. • **Responsible Person**: Carla James, Laboratory Supervisor (Technical Manager/Quality Manager)

FINDING 10	
2016 TNI Standard	V1M2 4.6.1
Requirement	The laboratory shall have a policy and procedure for the selection and purchasing of services and supplies it uses affecting the quality of the tests. Procedures shall exist for the purchase, reception, and storage of reagents and laboratory consumable materials relevant for the tests.
Finding	The laboratory had not established and maintained a policy and procedure for the selection and purchasing or services and supplies.
Laboratory Response including Root cause analysis	• **Corrective Action**: The District will establish and maintain a policy and procedure for selecting and purchasing services and supplies. • **Root Cause**: The District has not yet developed formal policies and procedures for selecting and purchasing services and supplies and has instead evaluated these services on a case-by-case basis. • **Date of Completion**: Policies and procedures for selecting and purchasing services and supplies will be incorporated into the District's revised Quality Manual to be included the District's application for accreditation, which is planned for July 2025. • **Responsible Person**: Carla James, Laboratory Supervisor (Technical Manager/Quality Manager)

FINDING 11	
2016 TNI Standard	V1M2 4.6.4
Requirement	The laboratory shall evaluate suppliers of critical consumables, supplies, and services which affect the quality of testing. The laboratory shall maintain records of the evaluations of suppliers of critical consumables, supplies, and services and list those approved.
Finding	The laboratory had not evaluated suppliers of critical consumables, supplies, and services, nor listed those approved.
Laboratory Response including Root cause analysis	• **Corrective Action**: The District will evaluate suppliers of critical consumables, supplies and services and maintain a list of approved suppliers. • **Root Cause**: The District does not currently maintain records of evaluations and selections of potential suppliers of critical consumables, supplies and services related to the quality of testing and has instead evaluated these suppliers on a case-by-case basis. • **Date of Completion**: Evaluations and selections of suppliers of critical consumables, supplies and services related to the quality of testing will be incorporated into the District's revised Quality Manual to be included the District's application for accreditation, which is planned for July 2025. • **Responsible Person**: Carla James, Laboratory Supervisor (Technical Manager/Quality Manager)

FINDING 12	
2016 TNI Standard	V1M2 4.7.2
Requirement	The laboratory shall seek feedback, both positive and negative, from its customers. The feedback shall be used and analyzed to improve the management system, testing activities, and customer service.
Finding	The laboratory did not seek feedback, both positive and negative, from its customers.
Laboratory Response including Root cause analysis	• **Corrective Action**: The District is interpreting this Finding as a request to solicit feedback from the RWQCB, which is the only recipient of reportable, permit-related data produced by the District's laboratory. • **Root Cause**: The District does not currently solicit feedback from any outside agencies, since the RWQCB is the only recipient of reportable data per the District's Title 22 reclamation permit NPDES permit for secondary treated wastewater and RO reject. The lab will request feedback from the RWQCB regarding the performance of the District's lab. • **Date of Completion**: The District will issue a customer satisfaction survey to the RWQCB and will keep records of these surveys. The first survey will be completed in advance of the District's application for accreditation, which is planned for July 2025. • **Responsible Person**: Carla James, Laboratory Supervisor (Technical Manager/Quality Manager)

FINDING 13	
2016 TNI Standard	V1M2 4.8
Requirement	The laboratory shall have a policy and procedure for the resolution of complaints received from customers or other parties. Records shall be maintained of all complaints and of the investigations and corrective actions taken by the laboratory.
Finding	The laboratory had not established and maintained a policy and procedure for the resolution of complaints.
Laboratory Response including Root cause analysis	• **Corrective Action**: The District is interpreting this Finding as a request to solicit feedback from the RWQCB, which is the only recipient of reportable, permit-related data produced by the District's laboratory. • **Root Cause**: The District does not currently solicit feedback from any outside agencies, since the RWQCB is the only recipient of reportable data per the District's Title 22 reclamation permit NPDES permit for secondary treated wastewater and RO reject. The lab will request feedback from the RWQCB regarding the performance of the District's lab. • **Date of Completion**: The District will issue a customer satisfaction survey to the RWQCB and will keep records of these surveys. The first survey will be completed in advance of the District's application for accreditation, which is planned for July 2025. • **Responsible Person**: Carla James, Laboratory Supervisor (Technical Manager/Quality Manager)

FINDING 14	
2016 TNI Standard	V2M2 4.11.1
Requirement	The laboratory shall establish a policy and procedure for implementing corrective action when nonconforming work or departures from the policies and procedures in the management system or technical operations have been identified. The laboratory shall designate appropriate authorities for implementing corrective action when nonconforming work or departures from the policies and procedures in the management system or technical operations have been identified.
Finding	The laboratory had not established and maintained a policy and procedure for implementing corrective action when nonconforming work or departures from the policies and procedures in the management system or technical operations have been identified.
Laboratory Response including Root cause analysis	• **Corrective Action**: The District will develop policies and procedures for implementing corrective actions when nonconforming work or departures from the policies and procedures in the management system or technical operations have been identified. • **Root Cause**: The District does not currently have a policy or procedure for implementing corrective actions and has instead resolved nonconforming work or any departures from existing policies and procedures on a case-by-case basis. • **Date of Completion**: The District will develop policies and procedures for implementing corrective actions and will include them in its revised Quality Manual to be included the District's application for accreditation, which is planned for July 2025. • **Responsible Person**: Carla James, Laboratory Supervisor (Technical Manager/Quality Manager)

FINDING 15	
2016 TNI Standard	V1M2 4.14.1
Requirement	The laboratory shall periodically, and in accordance with a predetermined schedule and procedure, conduct internal audits of its activities to verify its operations continue to comply with the requirements of the management system and this International Standard, including all elements of the management system and testing activities.
Finding	The laboratory had not conducted annul internal audits.

Laboratory Response including Root cause analysis	• **Corrective Action**: The District will complete annual internal audits of all elements of its management system in order to ensure continued compliance with the 2016 TNI Standards. • **Root Cause**: The District has not performed annual internal audits as part of its continued quality control program and instead has implemented continual improvements to its management program. • **Date of Completion**: The District will complete its first annual internal audit within one year following successful accreditation by TNI. The District plans to apply for accreditation in July 2025. • **Responsible Person**: Carla James, Laboratory Supervisor (Technical Manager/Quality Manager)

FINDING 16	
2016 TNI Standard	V1M2 4.15.1
Requirement	The laboratory shall periodically, and in accordance with a predetermined schedule and procedure, conduct a review of the laboratory's management system and testing activities to ensure their continuing suitability and effectiveness and to introduce necessary changes or improvements.
Finding	The laboratory had not established a predetermined schedule for annual management reviews.
Laboratory Response including Root cause analysis	• **Corrective Action**: The District will develop a procedure for review of its laboratory management system and testing activities to ensure continual improvement. Reviews will be performed on an annual basis. • **Root Cause**: The District has not developed procedures for review of its laboratory management system and testing activities or performed regular reviews of these activities and instead has adopted improvements to these areas on an as-needed basis. • **Date of Completion**: The District will complete its first annual review of its laboratory management system and testing activities to ensure continual improvement within one year following successful accreditation by TNI. The District plans to apply for accreditation in July 2025. • **Responsible Person**: Carla James, Laboratory Supervisor (Technical Manager/Quality Manager)

FINDING 17	
2016 TNI Standard	V1M2 5.2.7
Requirement	Data integrity training shall be provided as a formal part of new employee orientation and shall also be provided on an annual basis for all current employees.
Finding	The laboratory had not provided data integrity training as a formal part of new employee orientation or on an annual basis for all current employees.
Laboratory Response including Root cause analysis	• **Corrective Action**: The District will complete initial and annual refresher training for current hires, and train new hires on data integrity, through attendance in CWEA or other comparable training seminars. Training materials and attendance logs will be recorded per the District's laboratory document management plan. • **Root Cause**: The District has not developed data integrity training materials. • **Date of Completion**: The District will develop these training materials to be included in its revised Quality Manual and will complete its first training event prior to applying for accreditation, which is planned for July 2025. • **Responsible Person**: Carla James, Laboratory Supervisor (Technical Manager/Quality Manager)

FINDING 18	
2016 TNI Standard	V1M2 5.4.1
Requirement	The laboratory shall use appropriate methods and procedures for all tests within its scope.
Finding	The laboratory did not use appropriate methods and procedures for all tests within it scope. Examples include, but are not limited to: 1. The laboratory did not monitor air quality at least monthly as required by Section 3.e. of SM 9020 B. Records of air monitoring could not be retrieved for 2023. 2. The laboratory did not calibrate the timer used to verify autoclave cycles annually as required by Section 4.h of SM 9020 B. 3. The laboratory did not check microbiology sample bottles for autofluorescence once per lot as required by Section 5.d of SM 9020 B. 4. The laboratory did not include a sample duplicate for TSS analysis as required by Table 2020:II of SM 2020 B. 5. The laboratory did not include a method blank for TDS analysis as required by Table 2020:II of SM 9020 B. 6. The laboratory did not repeat successive cycles of drying, cooling, desiccating, and weighing until the weight change is less than 0.5 mg as required by Section 3.c of SM 2540 C and SM 2540 D. 7. The laboratory did not report turbidity results as required by Section 5 of SM 2130 B. 8. The laboratory did not confirm inorganic carbon is sufficiently removed from the samples as required by Section 5.10 of SM 5310 A. 9. The laboratory did not bring sample temperature to 20 ± 3 °C before making dilutions as required by Section 5.a of SM 5210 B.
Laboratory Response including Root cause analysis	• **Corrective Action**: See revised list of FOAs at the top of this CAP. Monthly air quality monitoring was performed but was not being tracked in our LIMS system, but these tests will be recorded in LIMS going forward. The autoclave timer will be calibrated annually. One microbiology sample bottle from each lot will be tested for autofluorescence. TSS analyses will be performed with sample duplicates. TDS analyses will include a method blank, and TDS and TSS samples will undergo successive cycles of drying, cooling, desiccating, and weighing until the weight change is less than 0.5 mg (maximum weight change). Turbidity measurement results will be reported following SM 2130 B. TOC samples will be prepared so that inorganic carbon is sufficiently removed, and BOD samples will be warmed appropriately. • **Root Cause**: Laboratory staff did not fully comply with each step in the methods and procedures for the tests within its scope and

	must make improvements to its SOPs to ensure that each method is performed in full. • **Date of Completion**: The District will update its SOPs to ensure that each method is performed in full prior to applying for accreditation, which is planned for July 2025. • **Responsible Person**: Carla James, Laboratory Supervisor (Technical Manager/Quality Manager)

FINDING 19	
2016 TNI Standard	V1M2 5.5.5
Requirement	Records shall be maintained of each item of equipment and its software significant to the tests performed.
Finding	The laboratory did not maintain records of each item of equipment.
Laboratory Response including Root cause analysis	• **Corrective Action**: The District's laboratory will prepare and maintain records in LIMS and Sharepoint for all of the hardware and software related to the analytical instrumentation used for the methods included in our FOA. • **Root Cause**: The District does not currently maintain a master list of the analytical instrumentation and associated software platforms it uses and instead maintains and replaces equipment and software on an as-needed basis. • **Date of Completion**: The District will develop a catalog of the hardware and software systems associated with the analytical methods performed in the laboratory and will include it in the revised Quality Manual as part of the District's application for accreditation, which is planned for July 2025. • **Responsible Person**: Carla James, Laboratory Supervisor (Technical Manager/Quality Manager)

FINDING 20	
2016 TNI Standard	V1M2 5.5.13.1.d
Requirement	Temperature measuring devices shall be calibrated or verified at least annually. Calibration or verification shall be performed using a recognized National Metrology Institute traceable reference, such as NIST, when available.
Finding	The laboratory had not calibrated or verified the IR thermometer used in sample receiving at least annually.
Laboratory Response including Root cause analysis	• **Corrective Action**: The District will calibrate or verify the IR thermometer against a NIST standard used in sample receiving at least annually and will maintain records of calibration or verification events. • **Root Cause**: The District has not been calibrating or verifying the accuracy of its IR thermometer that is used for verification of sample temperature when the samples are received in the lab. • **Date of Completion**: The District will either calibrate its IR thermometer, purchase a new calibrated IR thermometer, or verify the calibration of the IR thermometer if necessary, and will record the calibration or verification event, to be included in the revised Quality Manual as part of the District's application for accreditation, which is planned for July 2025. • **Responsible Person**: Carla James, Laboratory Supervisor (Technical Manager/Quality Manager)

FINDING 21	
2016 TNI Standard	V1M2 5.5.13.1.e
Requirement	If quantitative results are dependent on their accuracy, such as in standard preparation or dispensing or dilution into a specified volume, the laboratory shall verify volumetric measuring devices as follows: iii. Mechanical devices shall be verified prior to first use and on a quarterly basis. Mechanical devices used at more than one volume shall be verified at volumes bracketing the range of use, and at the mid-point of the volumes used by the device. iv. All other volumetric support equipment shall be checked for accuracy prior to or in conjunction with its first use.
Finding	The laboratory had not verified mechanical volumetric devices quarterly. The laboratory had not verified the non-Class A graduated cylinder used for TSS analysis prior to or in conjunction with its first use.
Laboratory Response including Root cause analysis	• **Corrective Action**: The District will either verify its non-Class A mechanical volumetric devices quarterly or replace all of its non-Class A mechanical volumetric devices with Class A devices. • **Root Cause**: The laboratory has a small number of non-Class A graduated cylinders that would require verification to continue to be used for TSS analysis. • **Date of Completion**: The District will replace all of its non-Class A mechanical volumetric devices prior to its application for accreditation, which is planned for July 2025. • **Responsible Person**: Carla James, Laboratory Supervisor (Technical Manager/Quality Manager)

FINDING 22	
2016 TNI Standard	V1M2 5.513.1.f
Requirement	All other support equipment shall be calibrated or verified at least annually, using a recognized National Metrology Institute, such as NIST, traceable reference when available, bracketing the range of use.
Finding	The laboratory had not calibrated or verified all support equipment at least annually, using a recognized National Metrology Institute, such as NIST, traceable reference when available, bracketing the range of use. Examples include: 1. Records showed the working weight set in use at the time of the assessment had not been calibrated or verified since 2021. 2. Records showed annual balance calibration did not bracket the range of use. The balance was calibrated to 0.0050 g; however, the laboratory was using the balance to 0.0001g.
Laboratory Response including Root cause analysis	• **Corrective Action**: The laboratory will calibrate or verify its working weight set and balance and will confirm that the calibration range includes the range of measurement for laboratory methods. • **Root Cause**: The laboratory has been using a set of working weights that is past its annual verification requirement, and the most recent calibration of its balance did not go low enough to cover the range of precision for the relevant methods. • **Date of Completion**: The District will calibrate or verify the working weight set and balance to the necessary level of precision prior to its application for accreditation, which is planned for July 2025. • **Responsible Person**: Carla James, Laboratory Supervisor (Technical Manager/Quality Manager)

FINDING 23	
2016 TNI Standard	V1M2 4.13.3.a
Requirement	The laboratory shall establish a record keeping system allowing the history of the sample and associated data to be readily understood through the documentation. This system shall produce unequivocal, accurate records documenting all laboratory activities such as laboratory facilities, equipment, analytical methods, and related laboratory activities, such as sample receipt, sample preparation, or data verification.
Finding	The laboratory had not established a record keeping system allowing the history of the sample and associated data to be readily understood through the documentation. Examples include, but are not limited to: 1. Records for annual thermometer calibrations did not include a unique identifier for the NIST-traceable reference thermometer. 2. Records for sample receipt did not include a unique identifier for the thermometer used to measure sample temperature. 3. Records for microbiology air monitoring did not include a unique identifier for the HPC agar or incubator. Records did not include analyst initials or incubation date and time. 4. Records for microbiology autoclave checks did not include a unique identifier for the timer. 5. Records for microbiology sample bottle sterility checks did not include a unique identifier for the TSB and incubator and did not include incubation date and time. 6. Records for SM 9221 B, E, F analysis did not include sample incubation date and time. 7. Records for TDS analysis did not include a unique identifier for the ovens used. 8. Records for ammonia analysis did not include a unique identifier for the LCS standard used.
Laboratory Response including Root cause analysis	• **Corrective Action**: The laboratory will improve its record-keeping system for all its sampling data, including but not limited to thermometer calibrations, microbiology air monitoring, autoclave checks, sample bottle sterility checks, and analytical equipment include ovens and LCS standards. These will be recorded on the laboratory's bench sheets and equipment logs as necessary.

	• **Root Cause**: The laboratory's bench sheets were missing some of the necessary information for these methods. Revised bench sheets will be prepared and utilized going forward. • **Date of Completion**: The District will develop its record keeping system to be included in the updated Quality Manual to be included in its application for accreditation, which is planned for July 2025. • **Responsible Person**: Carla James, Laboratory Supervisor (Technical Manager/Quality Manager)

FINDING 24	
2016 TNI Standard	V1M2 5.5.2
Requirement	Before being placed into service, equipment (including for sampling) shall be calibrated or checked to establish it meets the laboratory's specification requirements and complies with the relevant standard specifications.
Finding	The laboratory had not calibrated or checked incubators, refrigerators, freezers, and ovens for uniform temperature distribution prior to being placed into service.
Laboratory Response including Root cause analysis	• **Corrective Action**: The laboratory will check its temperature control devices, including incubators, refrigerators, freezers, and ovens, for uniformity prior to placing them into service. These Equipment Records will be documented and recorded in Sharepoint. • **Root Cause**: The laboratory has not been routinely recording subsidiary measurements as part of the environmental conditions of sample preparation. • **Date of Completion**: The laboratory will perform checks and calibration as necessary to confirm the accuracy of equipment per its specification requirements and will include the results in its application for accreditation, which is planned for July 2025. • **Responsible Person**: Carla James, Laboratory Supervisor (Technical Manager/Quality Manager)

FINDING 25	
2016 TNI Standard	V1M4 1.5.2.1
Requirement	If a mandated test method or applicable regulation includes protocols for determining detection limits, they shall be followed. The laboratory shall document the procedure used for determining the DL. If the method or regulation does not contain specific directions for determination of the detection limit, the following requirements shall apply. DL determinations are not required for methods/analytes for which a detection limit is not applicable such as pH, color, odor, temperature, or dissolved oxygen. DL determinations based on spikes are not required for analytes for which no spiking solutions are available. If results are not reported below the limit of quantitation (LOQ), an initial DL determination is required, but ongoing verification is not.
Finding	The laboratory had not determined detection limits for test methods within its scope.
Laboratory Response including Root cause analysis	• **Corrective Action**: The laboratory will determine the detection limit for each of the analyses for which the laboratory will be requesting accreditation. • **Root Cause**: The detection limits for the methods performed by the lab have been assumed to be the same as the detection limits included in the relevant Standard Method or EPA Method; however per the 2016 TNI Standards the laboratory must determine its own method-specific detection limits in order to become accredited for these methods. • **Date of Completion**: The laboratory will determine the detection limits for each of the methods listed in the FOA and will include the results in its application for accreditation, which is planned for July 2025. • **Responsible Person**: Carla James, Laboratory Supervisor (Technical Manager/Quality Manager)

FINDING 26	
2016 TNI Standard	V1M4 1.6.2
Requirement	An individual must successfully perform an initial DOC prior to using any method, and any time there is a change in instrument type, method, or any time a method has not been performed by the analyst in a twelve (12) month period.
Finding	The laboratory had not ensured analysts had successfully performed an initial DOC prior to using any method.
Laboratory Response including Root cause analysis	• **Corrective Action**: Each individual lab analyst will complete a Demonstration of Capability before being permitted to performing any accredited methods in the lab or as needed following a change in instrument, method or a 12 month lapse in performing a method. • **Root Cause**: Laboratory analysts have completed training as necessary to competently perform methods but have not completed initial DOCs per the 2016 TNI Standards. • **Date of Completion**: The procedures for DOCs and records of successful completion of the DOCs per these procedures will be included in the District's application for accreditation, which is planned for July 2025. • **Responsible Person**: Carla James, Laboratory Supervisor (Technical Manager/Quality Manager)

FINDING 27	
2016 TNI Standard	V1M4 1.6.3.1
Requirement	The laboratory shall have a documented procedure describing ongoing DOC including procedures for how the laboratory will identify data associated with ongoing DOCs. The analyst(s) shall demonstrate ongoing capability by routinely meeting the QC requirements of the method, laboratory SOP, client specifications, and/or this Standard.
Finding	The laboratory had not ensured analysts had successfully performed ongoing DOC annually for each method performed.
Laboratory Response including Root cause analysis	• **Corrective Action**: The laboratory will develop procedures for Demonstrations of Capability for each method in our FOA, and each lab analyst will complete a DOC before being permitted to performing any accredited methods in the lab. Ongoing capability of lab analysts to meet the QC requirements of each method will be monitored routinely. • **Root Cause**: Laboratory analysts have completed training as necessary to competently perform methods but have not completed initial DOCs per the 2016 TNI Standards. • **Date of Completion**: The procedures for DOCs and records of successful completion of the DOCs per these procedures will be included in the District's Quality Manual as part of its application for accreditation, which is planned for July 2025. • **Responsible Person**: Carla James, Laboratory Supervisor (Technical Manager/Quality Manager)

FINDING 28	
2016 TNI Standard	V1M5 1.7.3.1.d.ii
Requirement	The laboratory shall monitor the quality of the water for disinfectant residual, specific conductance, total organic carbon, and heterotrophic bacteria plate count monthly (when in use), when maintenance is performed on the water treatment system, or at startup after a period of disuse longer than one month. Analysis may be performed by another certified laboratory.
Finding	The laboratory had not consistently monitored microbiology reagent water for HPC and TOC monthly.
Laboratory Response including Root cause analysis	• **Corrective Action**: The laboratory will test makeup/reagent water for HPC and TOC monthly or as needed when the water treatment system undergoes maintenance or is out of service for longer than one month and record the results in LIMS. • **Root Cause**: The laboratory has been performing routine preventative maintenance on its water treatment system but has not measured its reagent water for HPC and TOC at the frequency required by the 2016 TNI Standards. • **Date of Completion**: The results of the monthly reagent water quality testing will be included in the District's application for accreditation, which is planned for July 2025. • **Responsible Person**: Carla James, Laboratory Supervisor (Technical Manager/Quality Manager)

FINDING 29	
2016 TNI Standard	V1M5 1.7.3.3
Requirement	For methods specifying counts (i.e. cfu/100mL or MPN/100mL) such as membrane filter, plated media, or other methods which specify a quantitative result, duplicate counts shall be performed monthly on one (1) positive sample for each month the test is performed.
Finding	The laboratory had not consistently performed duplicate counts monthly.
Laboratory Response including Root cause analysis	• **Corrective Action**: The laboratory will perform duplicate tests on at least one sample per month for methods that require quantitative counts for reporting. These tests will be recorded on the laboratory's bench sheets. • **Root Cause**: The laboratory has not been routinely performing duplicate tests for plate counting methods as required by the 2016 TNI Standards. • **Date of Completion**: The results of the monthly duplicate plate count results will be included in the District's application for accreditation, which is planned for July 2025. • **Responsible Person**: Carla James, Laboratory Supervisor (Technical Manager/Quality Manager)

October 2024 – Director Cole Questions

Item 20: Reclamation Pump Replacement: The contract mentions a 4% fee if a credit card is used. Are we using a credit card for these large purchases? The 4% fee would add up.

Buikema - No, we do not use the credit card for large purchases.

I think that pump is about 3x their allowed limit so the fee would indeed add up!

They are supposed to use the credit card only if the vendor wants immediate payment and says credit card

Otherwise we pay everything with a check

Item 18: Source Control: At page 105, in the table category "Fixtures Not Connected to Grease Trap requires "double-negative" thinking. (Like I said, you should have been a lawyer like your grandfather.) Does this mean Pacific Meadows, Woody's and Hacienda's fixtures are connected, but Sur Restaurant is not? Or the opposite?

Treanor - “Yes” denotes that there was a violation of the CAWD ordinance. The double negative was added to make the categories consistent such that “Yes” equals a violation for all categories. I can add a note to the table to make that more clear in future reports.

Item 22: Carmel Woods Rehabilitation: Are all streets in the Woods being rehabilitated? If so, did not see Castro Lane on page 125.

Treanor - Castro Lane is not currently included. The dividing line is roughly the East West segment of Camino del Monte. Unfortunately, we have to make dividing lines somewhere. We do plan on adding contingency money in the construction scope for additional pipe sections to be added during construction to allow for flexibility.

Item 34: Lab Accreditation: Would this be accreditation only under our permit (10), or accreditation of all Lab processes (2)?

Treanor - Lab accreditation only pertains to regulatory compliance sampling for EPA/Regional Board. Internal project and process sampling can be done without accreditation. Therefore, to maintain compliance with regulatory permits we have to send permit analyses to an accredited contract lab, but we can continue to do internal process sampling in house (which is about 75% of daily sampling).

Page 60: Are the mention of the two Smart Cover repairs (processor and battery) in your report to the Board on recently ordered Smart Covers? Is the Manufacturer covering the cost of repairs/replacement of the processor and battery?

Lauer - The Battery problem was on a unit we have had in our system for almost a year. The processor was a newly installed unit. The battery are replace annually so we were real close to the scheduled replacement. The location was in Pescadero canyon and if there is not a clear view of the sky (satellite-based communication) then the unit tries over and over trying to communicate. We have since moved the unit to more open location in Pescadero. The other processor was just a bad unit. The processor was covered by warranty. With the annual service fee, Smart cover includes one battery replacement into that cost.

Can we expect this frequency of issues in the future on the Smart Covers?

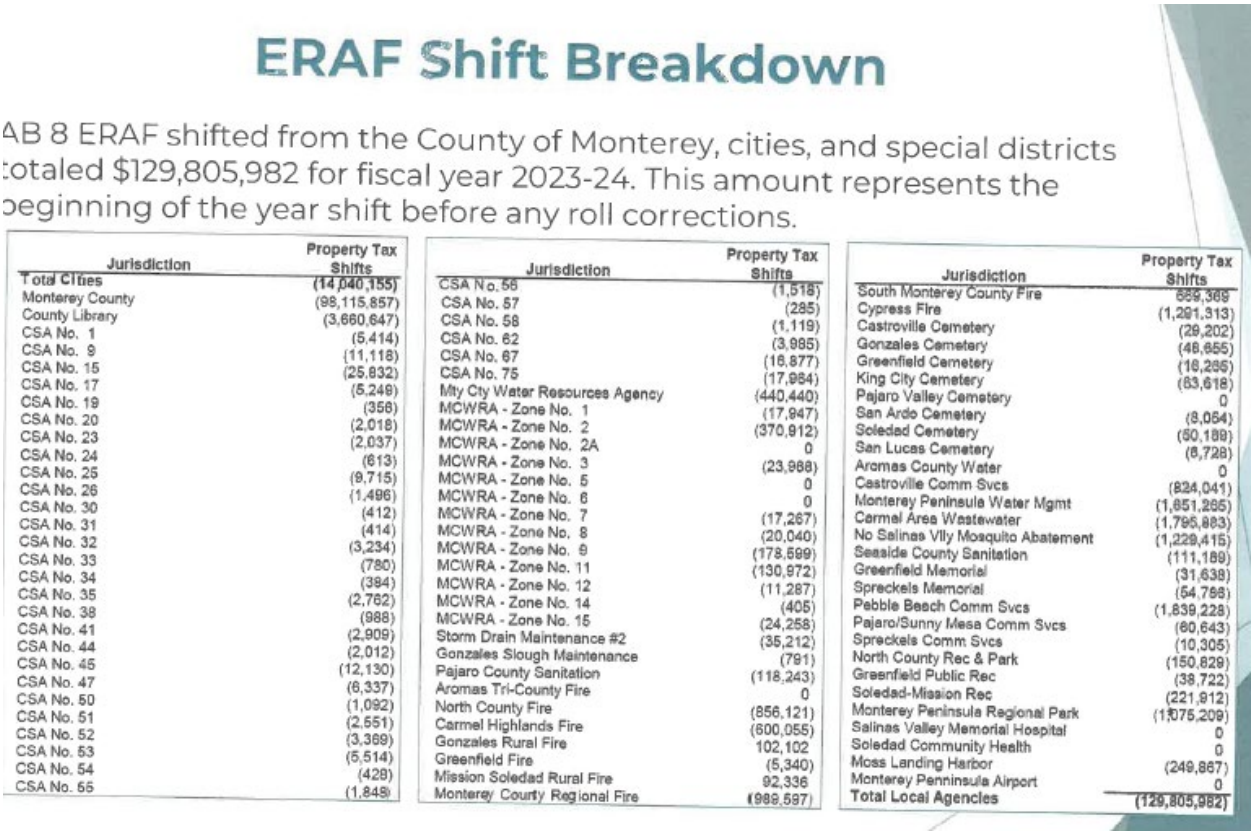
Lauer - Battery's yes replacement around one year, cost covered in annual service fee. Processor was I one time failure , however the more unit that go in the ground the more likelihood of something going wrong.

Please refresh my recollection about the warranty on these Smart Covers, i.e. what is covered and for how long?

Lauer - Processor and unit minus the battery is two-year warranty. Battery gets replace annually. Smart covers service has been fantastic so far and no cost even shipping is paid by them.

October 2024 – Urquhart Questions

I can't remember the acronym but at Fridays, Pebble Beach community service district meeting, their GM put up a table showing how much was being pulled by the state out of the Base property taxes from each district that we never see. 1.8 million for us if I remember correctly, I would like to see this included in the board packet, so I can mention it to other directors when I give my report.



ERAF Shift Breakdown

AB 8 ERAF shifted from the County of Monterey, cities, and special districts totaled $129,805,982 for fiscal year 2023-24. This amount represents the beginning of the year shift before any roll corrections.

Jurisdiction	Property Tax Shifts
Total Cities	(14,040,155)
Monterey County	(98,115,857)
County Library	(3,660,647)
CSA No. 1	(5,414)
CSA No. 9	(11,118)
CSA No. 15	(25,832)
CSA No. 17	(5,249)
CSA No. 19	(358)
CSA No. 20	(2,018)
CSA No. 23	(2,037)
CSA No. 24	(613)
CSA No. 25	(9,715)
CSA No. 26	(1,496)
CSA No. 30	(412)
CSA No. 31	(414)
CSA No. 32	(3,234)
CSA No. 33	(780)
CSA No. 34	(394)
CSA No. 35	(2,762)
CSA No. 38	(988)
CSA No. 41	(2,909)
CSA No. 44	(2,012)
CSA No. 45	(12,130)
CSA No. 47	(6,337)
CSA No. 50	(1,092)
CSA No. 51	(2,551)
CSA No. 52	(3,369)
CSA No. 53	(5,514)
CSA No. 54	(428)
CSA No. 55	(1,849)

Jurisdiction	Property Tax Shifts
CSA No. 56	(1,518)
CSA No. 57	(285)
CSA No. 58	(1,119)
CSA No. 62	(3,985)
CSA No. 67	(16,877)
CSA No. 75	(17,964)
Mty Cty Water Resources Agency	(440,440)
MCWRA - Zone No. 1	(17,947)
MCWRA - Zone No. 2	(370,912)
MCWRA - Zone No. 2A	0
MCWRA - Zone No. 3	(23,968)
MCWRA - Zone No. 5	0
MCWRA - Zone No. 6	0
MCWRA - Zone No. 7	(17,267)
MCWRA - Zone No. 8	(20,040)
MCWRA - Zone No. 9	(178,599)
MCWRA - Zone No. 11	(130,972)
MCWRA - Zone No. 12	(11,287)
MCWRA - Zone No. 14	(405)
MCWRA - Zone No. 15	(24,258)
Storm Drain Maintenance #2	(35,212)
Gonzales Slough Maintenance	(791)
Pajaro County Sanitation	(118,243)
Aromas Tri-County Fire	0
North County Fire	(856,121)
Carmel Highlands Fire	(600,055)
Gonzales Rural Fire	102,102
Greenfield Fire	(5,340)
Mission Soledad Rural Fire	92,336
Monterey County Regional Fire	(989,597)

Jurisdiction	Property Tax Shifts
South Monterey County Fire	689,369
Cypress Fire	(1,291,313)
Castroville Cemetery	(29,202)
Gonzales Cemetery	(48,655)
Greenfield Cemetery	(19,266)
King City Cemetery	(83,618)
Pajaro Valley Cemetery	0
San Ardo Cemetery	(8,054)
Soledad Cemetery	(50,189)
San Lucas Cemetery	(6,728)
Aromas County Water	0
Castroville Comm Svcs	(824,041)
Monterey Peninsula Water Mgmt	(1,851,265)
Carmel Area Wastewater	(1,795,883)
No Salinas Vlly Mosquito Abatement	(1,229,415)
Seaside County Sanitation	(111,189)
Greenfield Memorial	(31,638)
Spreckels Memorial	(54,798)
Pebble Beach Comm Svcs	(1,839,228)
Pajaro/Sunny Mesa Comm Svcs	(60,643)
Spreckels Comm Svcs	(10,305)
North County Rec & Park	(150,829)
Greenfield Public Rec	(38,722)
Soledad-Mission Rec	(221,912)
Monterey Peninsula Regional Park	(1,075,209)
Salinas Valley Memorial Hospital	0
Soledad Community Health	0
Moss Landing Harbor	(249,867)
Monterey Penninsula Airport	0
Total Local Agencies	(129,805,982)

October 2024 – Director Rachel

1. What is the deal with Dan Kieg?
   Note: The District received this letter too late to add to the agenda. I spoke with Steve Wilson and said we could slip it into Public Comments and agendize in November. He said that was fine with him. We cannot discuss any item that is not on the agenda.

   The Kieg's are requesting to connect to the District sewer infrastructure in a way that is not allowed by District ordinance. Staff have been working with their engineer Steve Wilson on a connection design that would be acceptable to the District Engineer as a variance under Section 1.01 of the District's Standard Plans and Specifications. There seems to be disagreement between Steve Wilson and the CAWD District Engineer regarding special conditions for this connection.

   a. What is the cost of pumping annually? It depends on sewer usage. A septic tank pump out costs about $1,000 every 5 years for an average size family home.
   b. What is the average tank capacity? The Keig's septic tank is 1,000 gallons.
   c. How close is Kieg to our line? Kieg owns the gas station (241-073-001) off Hwy 1 at Corona Rd. Our line is on the opposite side of Hwy 1. APN 241-072-002, 241-072-003, 241-073-001 (shown below) are all parcels owned by Kieg. The Kiegs have expressed interest in connecting all of their parcels to CAWD now that the Corona Rd Assessment District failed.

2. p.60 Both the unit processor and battery failed. Is this to be expected? Are they robust enough?

   The processor was covered under warranty and promptly replaced by the vendor. The battery should be replaced annually and we are notified via remote monitoring.

3. p. 100 What is Enersponse?

   Demand response programs are implemented by utility companies and wholesale energy markets to encourage customers to reduce their electricity consumption temporarily during high-demand periods to maintain reliability in response to changes in the supply demand dynamics of the grid.

   The District does not have many of these shut down requests, because we operate 24/7; but in FY 23-24 we received $5,886.80 in rebates, and $8,029.02 in the year prior.