

DATE SUBMITTED 10/29/25
 SUBMITTED BY PUBLIC SERVICES
 DATE ACTION REQUIRED 11/05/25

COUNCIL ACTION (X)
 PUBLIC HEARING REQUIRED ()
 RESOLUTION ()
 ORDINANCE 1ST READING ()
 ORDINANCE 2ND READING ()
 CITY CLERK'S INITIALS ()

**IMPERIAL CITY COUNCIL
 AGENDA ITEM**

SUBJECT: DISCUSSION/ACTION:
 Approve Advanced Water Treatment Specialists to provide Cross-Connection Control Program (CCCP) Coordination Services for the City of Imperial for a two month term.

BACKGROUND/SUMMARY:
 Advanced Water Treatment Specialists, led by Mr. Ricardo Arguellez, has submitted a proposal to provide Cross-Connection Control Program (CCCP) Coordination Services for the City of Imperial over a two-month term. These services are essential to maintaining compliance with the State Water Resources Control Board's Cross-Connection Control Policy Handbook and protecting the integrity of the City's public water system. Under the proposed scope, Advanced Water Treatment Specialists will:

- Oversee all aspects of the CCCP to ensure regulatory compliance
- Manage documentation, testing records, and inventory tracking
- Coordinate with certified testers, property owners, and contractors
- Respond to contamination emergencies
- Serve as the primary CCCP contact for staff and agencies

The proposed compensation includes a monthly fee of \$2,500 for up to 16 hours of onsite support, with additional onsite hours billed at \$50/hour. Remote support is also included.

With nearly a decade of experience in water and wastewater operations—including prior service to the City of Imperial—Mr. Arguellez brings expertise and familiarity with the City's infrastructure and regulatory requirements.

FISCAL IMPACT: \$5,000 (2 months) with additional onsite hours billed at \$50/hr. if needed. Funds will be expended from water and water distribution funds.	FINANCE INITIALS <u>JMS</u>
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STAFF RECOMMENDATION: Approve services	DEPT. INITIALS <u>JMS</u>
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MANAGER'S RECOMMENDATION: <u>approve</u>	CITY MANAGER'S INITIALS <u>JHM</u>
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MOTION:

SECONDED:	APPROVED ()	REJECTED ()
AYES:	DISAPPROVED ()	DEFERRED ()
NAYES:		
ABSENT:	REFERRED TO:	

Proposal: Cross-Connection Control Program Coordination Services

Submitted to: City of Imperial

Submitted by: Ricardo Arguellez

Term: Two (2) Months

Date: 10/9/25

Dear David,

Thank you for the continued opportunity to serve the City of Imperial. It has been a privilege to lead and administer the City's Cross-Connection Control Program (CCCP), and I am proud of the progress we have made in maintaining regulatory compliance and protecting the public water system.

Given the ongoing needs of the City and the regulatory requirements governing backflow prevention and cross-connection control, I am pleased to submit a formal proposal to serve as the Cross-Connection Control Program Coordinator, meeting the State Water Resources Control requirements stipulated in the new Cross-Connection Control Policy Handbook.

Scope of Services

In my role as the **Cross-Connection Control Program Coordinator**, I will provide the following services:

- Maintain and oversee all aspects of the **Cross-Connection Control Program** to ensure full compliance with state and local regulations.
 - Review, update, and manage all program documentation, including testing records, notices, and inventory tracking.
 - Coordinate with certified backflow testers, property owners, and contractors to ensure timely compliance and testing.
 - Respond to suspected cross-connection contamination emergencies swiftly and effectively.
 - Serve as the primary point of contact for all CCCP-related inquiries, providing guidance to City staff, customers, and regulatory agencies.
 - Participate in meetings and provide periodic updates to City management regarding program performance and compliance status.
 - Identify areas for improvement and recommend program enhancements as needed.
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Proposed Cost Structure

To support the City in managing a fully compliant and efficient CCCP, I propose the following compensation structure:

- **Monthly Fee:** \$2,500
This includes up to **16 hours of onsite support.**
- Remote support: work on reports, emails, meetings, and answer any questions from City staff and stakeholders.
- **Additional Onsite Hours** (as needed): \$50/hour.

This structure ensures the City receives high-quality service and expert oversight while maintaining flexibility for additional needs as they arise.

Qualifications

With nearly a decade of experience in water and wastewater operations—including my time serving both the Water and Wastewater Treatment Plants for the City of Imperial—I bring a strong foundation in regulatory compliance, system operations, and cross-connection control. My previous role as the CCCP Coordinator for the City of Imperial has equipped me with a deep understanding of the City’s infrastructure, program needs, and regulatory expectations.

Conclusion

I am committed to continuing my work with the City of Imperial and ensuring the CCCP remains compliant, efficient, and responsive to both regulatory demands and community needs. I look forward to the opportunity to continue supporting the City in this critical role.

Please feel free to contact me with any questions or to discuss this proposal further.

Advanced Water Treatment Specialists

Ricardo Arguellez, President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/09/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: Amber Barros	
SWAIN CAMPBELL INSURANCE		PHONE (A/C, No, Ext): (760) 352-6585	FAX (A/C, No): (760) 352-6742
447 West Aten Road		E-MAIL ADDRESS: info@swaininsuranceagency.com	
Suite #5		INSURER(S) AFFORDING COVERAGE	
Imperial CA 92251		INSURER A: ATAIN SPECIALTY INSURANCE COMPANY	NAIC # 17159
INSURED		INSURER B: WESTERN WORLD INSURANCE COMPANY	13196
ADVANCED WATER TREATMENT SPECIALISTS		INSURER C: OHIO SECURITY INSURANCE COMPANY	24082
894 S 1ST STREET		INSURER D: THE HARTFORD	29424
BRAWLEY CA 92227		INSURER E: UNDERWRITERS AT LLOYD'S LONDON	15792
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		X	CIP476937	07/03/2025	07/03/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAS (26) 69350155	06/15/2025	06/15/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			XGL8146032	07/03/2025	07/03/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/> N/A	72WECBT9MWG	07/01/2025	07/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	PROFESSIONAL LIABILITY			ATRPL281911	07/01/2025	07/01/2026	EACH CLAIM 1,000,000 AGGREGATE LIMIT 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 CERTIFICATE HOLDER IS LISTED AS AN ADDITIONAL INSURED AS PER WRITTEN CONTRACT.

CERTIFICATE HOLDER	CANCELLATION
City of Imperial 420 South Imperial Avenue Imperial, CA 92251	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 

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