



---

**State Water Resources Control Board**

July 19, 2016

**CERTIFIED MAIL NO.  
7015 0920 0001 4893 8377****VIA ELECTRONIC MAIL AND CERTIFIED MAIL**

Nancy K. Donovan  
Stephen J. Peters  
21451 Hwy 128  
Yorkville, CA 95494  
[n.donovan@live.com](mailto:n.donovan@live.com)

**SUBJECT: NANCY K. DONOVAN & STEPHEN J. PETERS - ADMINISTRATIVE  
CIVIL LIABILITY (ACL) AND CEASE AND DESIST ORDER (CDO)  
HEARING - REQUEST FOR ABILITY TO PAY DATA**

Dear Mr. Peters and Ms. Donovan:

In a telephone conversation with Mr. Peters on July 13, 2016, he indicated that you would be unable to pay an administrative civil liability penalty. If you are claiming an inability to pay, complete and return the Individual Ability to Pay Form. Identify and provide and any all responsive documents relating to your inability to pay contention, whether they support or refute your inability to pay claim. Responsive documents may include, but are not be limited to, papers, books, records, and documents in your possession or under your control. If there is not enough space for your answers, please use additional sheets of paper. Note that we may request further documentation of any of your responses. Provide any other information you wish to support your case, particularly if you feel your situation is not adequately described through the information requested here.

Respond to this request **no later than August 19, 2016**. Documents must be sent to:

Kenneth Petruzzelli  
Attorney III  
Office of Enforcement  
State Water Resources Control Board  
P.O. Box 100  
Sacramento, CA 95812-0100

You may also email documents to [kenneth.petruzzelli@waterboards.ca.gov](mailto:kenneth.petruzzelli@waterboards.ca.gov).

Carefully consider your responses to this request. Please provide thorough and complete answers. The information you provide will be relevant for the State Water Board's considerations in imposing an administrative civil liability penalty at a hearing. If you fail to

Mr. Stephen Peters  
Ms. Nancy Donovan

- 2 -

respond or delay responding the Prosecution Team will object to any evidence of an inability to pay that you attempt to submit at the hearing.

Please contact me by phone at (916) 319-8577 or by e-mail at [kenneth.petruzzelli@waterboards.ca.gov](mailto:kenneth.petruzzelli@waterboards.ca.gov) with any questions about this form, submitting your response, or about discussing settlement.

Sincerely,



Kenneth Petruzzelli  
Attorney III  
State Water Resources Control Board  
Office of Enforcement

Enclosure

cc: (Via Email with Attachments)

Michael Buckman  
[Michael.Buckman@waterboards.ca.gov](mailto:Michael.Buckman@waterboards.ca.gov)

Ernie Mona  
[Ernie.Mona@waterboards.ca.gov](mailto:Ernie.Mona@waterboards.ca.gov)

Kyle Wooldridge  
[Kyle.Wooldridge@waterboards.ca.gov](mailto:Kyle.Wooldridge@waterboards.ca.gov)

**INDIVIDUAL ABILITY TO PAY CLAIM**  
Financial Data Request Form

This form requests information regarding your financial status. The data will be used to evaluate your ability to pay for environmental clean-up or penalties. If there is not enough space for your answers, please use additional sheets of paper. Note that we may request further documentation of any of your responses. We welcome any other information you wish to provide supporting your case, particularly, if you feel your situation is not adequately described through the information requested here. **Failure to answer all the questions clearly and completely may result in denial of your claim of inability to pay.**

**Certification**

Under penalties of perjury, I declare that this statement of assets, liabilities, and other information is true, correct, and complete to the best of my knowledge and belief. I further understand that I will be subject to prosecution by the United States Government to the fullest extent possible under the law should I provide any information that is not true, correct, and complete to the best of my knowledge.

**Signature**

**Date**

---

**Name:**

---

**Spouse's Name:**

---

**Address:**

---

---

**County of Residence:**

---

**PART I. BACKGROUND INFORMATION**

**1. MEMBERS OF HOUSEHOLD** (List the head of the household and all persons living with you)

Name	Age	Relationship to Head of Household	Currently Employed?
1.			
2.			
3.			
4.			
5.			
6.			
7.			

**2. Employment** (List all jobs held by persons in the household)

Name	Employer	Length of Employment	Annual Salary
1.			
2.			
3.			
4.			
5.			
6.			
7.			

2a. If you have other employment, state the name and address of your employer, the position held by you, the date(s) you began this employment, period of payment and salary.

---



---



---



---



---

2b. Are you self-employed or do you own all or any part of a business as sole owner, partner, or stockholder?

---

---

2c. If your answer to the previous question is in the affirmative, state the name and address of the business, the type of business conducted, the form of business organization, (e.g. corporation, partnership, sole proprietorship), the date you acquired your interest in the business, the nature of your ownership interest, the present value of your interest, how and when you draw from it, your office or position in the business, the name and address of each officer, director, or partner of the business, and the name and address of each location at which the business is conducted.

---

---

---

---

---

---

---

---

---

---

---

2d. Were any articles of incorporation, partnership or certificates of doing business under a fictitious name filed with any governmental agency by the enterprises mentioned in the preceding question?

---

2e. If so, for each such filing, state: (i) the nature of the document filed, (ii) the location where filed; and (iii) the date of filing.

---

---

---

3. **INCOME** (List all income earned by persons in the household. If members of the household other than the applicant and spouse earn income, please itemize on a separate page.

Source	Gross (Pre-Tax)		Period of Payment (Check One)			
	Applicant	Spouse	Weekly	Monthly	Quarterly	Yearly
Wages/Salaries						
Sales Commissions						
Investment Income (interest, dividends, capital gains, etc.)						
Net business Income						
Rental income						
Retirement income (Pension, Social Security, etc.)						
Child Support						
Alimony						
Other income. (please itemize)						

3a. If your spouse or any dependent claimed by you is self-employed or owns all or any part of a business, state the name and address of the business, the nature of his or her ownership interest therein, and the amount of the income derived there from.

---



---



---



---



---

3b. Give an accurate account of the financial condition of this business for the last three years, including a statement of assets, inventories, liabilities, gross and net income, and the amount of any undistributed profits in the business.

(PLEASE ATTACH)

3c. State the source and amount of any income received by (1) you, (2) your spouse, and (3) your dependents, other than that stated above.

---



---



---



---



**PART II. CURRENT LIVING EXPENSES**

In the table below, please list personal living expenses which were typical during the last year and indicate if any of these values is likely to change significantly in the current year. Please do not include business expenses. If you are the owner of an operating business, please attach any available financial statements.

Provide the Current Living Expenses in the timeframe most convenient to you. Thus, you may use Amount per week, or Amount per month, or Amount per quarter, or Amount per year.

<b>Expense</b>	<b>Amount per week</b>	<b>Amount per month</b>	<b>Amount per quarter</b>	<b>Amount per year</b>	<b>For Agency Use ONLY</b>
A. Living Expense					
1. Rent or Mortgage Payment					
2. Home Maintenance					
3. Auto fuel maintenance / other transportation					
4. Utilities					
a. Fuel (gas, oil, propane)					
b. Electric					
c. Water/sewer					
d. Telephone					
5. Food					
6. Clothing, personal care					
7. Medical costs					
B. Debt Payments					
1. Car payments					
2. Credit card payments					
3. Other loan payments					
4. Other loan payments					
C. Insurance					
1. Household Insurance					
2. Life Insurance					
3. Automobile Insurance					
4. Medical Insurance					
D. Taxes					
1. Property Taxes					
2. Federal income taxes					
3. State income taxes					



Expense	Amount per week	Amount per month	Amount per quarter	Amount per year	For Agency Use ONLY
4. FICA					
E. Other Expenses					
1. Childcare					
2. Current School tuition					
3. Legal or Prof Services					
4. Other (itemize on separate sheet)					
<b>Total Current Expenses</b>					

**PART III. NET WORTH**

Please provide the following information to the best of your ability. Data should be as current as possible. Estimates are acceptable; please note all estimates with an "estimated."

If you are the sole proprietor of a business, please list business assets and liabilities in addition to personal assets and liabilities. Please list the business assets and liabilities on a separate form.

**1. BANK ACCOUNTS (Checking, NOW, Savings, Money Market, CDs etc.)**

Describe and state ownership and value of any account or shares held by (1) you, (2) your spouse, (3) your dependents, or (4) anyone on your behalf in any bank, building and loan association, saving institution, cooperative, or credit union.

Name and Address of Bank or Institution	Type of Account	Current Balance
1.		
2.		
3.		
4.		
5.		
6.		
For Agency Use only- Total Current Balance in Bank Accounts		

**2. INVESTMENTS (Stock, Bonds, Mutual Funds, Options, Futures, Real Estate Investment trusts, etc.)**

Name and Address of Bank or Institution	Number of Shares or Units	Current Market Value
1.		
2.		
3.		
4.		
5.		
6.		
For Agency Use Only- Total Estimated Market Value of Investments		

**3. RETIREMENT FUNDS AND ACCOUNTS (IRA, 401K, Keogh, vested interest in company retirement.)**

Description of Account	Estimated Market Value
1.	
2.	
3.	
4.	

**4. LIFE INSURANCE POLICIES (Whole Life, Universal Life, etc.)**

State the names and address of all insurers with whom you have policies of life or accident insurance; give the date, face value, and cash surrender value of each policy, and specify which policies are payable to your estate.

Policy Holder	Issuing Company	Policy Value	Cash Value
1.			
2.			
3.			
4.			
5.			
For Agency Use Only- Total Value of Life Insurance Policies			

**5. VEHICLES**

5a. VEHICLES USED FOR COMMUTING PURPOSES ONLY

Brand and Model	Year	Estimated Market Value
1.		
2.		
3.		
For Agency Use Only- Total Estimated Market Value of Vehicles		

5b. OTHER VEHICLES (Cars, Trucks, Motorcycles, Motor Homes, Travel Trailers, Boats, Airplanes, etc.)

Brand and Model	Year	Estimated Market Value
1.		
2.		
3.		
For Agency Use Only- Total Estimated Market Value of Vehicles		

**6. Personal Property**

Describe the Household Goods and Furniture, Jewelry, Art, Antiques, Collections, Precious Metals, etc. valued at \$1000 or more per item or \$5000 or more in the aggregate owned by (1) you, (2) your spouse, or (3) your dependents.

Type of Property	Estimated Market Value
1.	
2.	
3.	
4.	
5.	
6.	
For Agency Use Only - Total Estimated Market Value of Personal Property	

**7. REAL ESTATE**

7a. PRIMARY RESIDENCE (Home - List only one such residence)

Location	Legal Description of Property	Estimated Market Value

7b. OTHER REAL ESTATE ( Land, Buildings, Land with Buildings, Mineral Rights)

Location	Legal Description of Property	Estimated Market Value
1.		
2.		
3.		
For Agency Use Only- Total Estimated Market Value of Real Estate		

**8. OTHER ASSETS**

8a. Have you made or do you hold or own, or have a lien upon, any claim by suit or otherwise against the United States or any other party?

---



---

8b. Vested or contingent future interests

i. Do you have any vested or contingent future interest in any property, or to the payment of any money, for any reason whatsoever?

---

ii. If so, state the nature and source of such interest, the location of the property, the identity and address of any person or institution that may be involved, the circumstances that will cause the property or money to inure to your benefit, and the probable value or amount thereof.

---



---



---



---



---

8c. Property held in trust

i. Is any money or property held in trust for (1) you, (2) your spouse, or (3) your dependents?

---

- ii. If so, state the name and address of the trustee or other fiduciary, identify the trust, state what monies or property are held in trust, the value thereof, and the date upon which the trust is to terminate.

---



---



---



---



---

- 8d. If any monies or property are held in trust for (1) you, (2) your spouse, or (3) your dependents, state the amount of income which is or may be received therefrom, the timing of such payments, give the value of the corpus of trust which may be distributed to (1) you, (2) your spouse, or (3) your dependents, and the expected date of distribution.

---



---



---



---



---

- 8e. What other sources of income or property, actual or potential do (1) you, (2) your spouse, or (3) your dependents have which you have not disclosed in answer to previous questions and what is the value thereof?

Type of Asset	Estimated Market Value
1.	
2.	
3.	
4.	
5.	
For Agency Use Only- Total Other Assets	

**9. CREDIT CARDS AND LINES OF CREDIT**

Credit Card/Line of Credit (Type)	Owed To	Balance Due
1.		
2.		
3.		
4.		
5.		
6.		
For Agency Use Only - Total Balance Due on Credit cards and Lines of Credit		

**10. VEHICLE LOANS (Cars, Trucks, Motorcycles, Motor Homes, Travel Trailers, Airplanes, etc)**

Vehicle (Model and Year)	Owed To	Balance Due	Start Date	End Date
1.				
2.				
3.				
4.				
For Agency Use Only - Total Balance Due on Vehicle Loans				

**11. FURNITURE AND HOUSEHOLD GOODS LOANS:**

Type of Loan	Owed To	Balance Due	Start Date	End Date
1.				
2.				
3.				
4.				
For Agency Use Only- Total Balance Due- Furniture & HHG Loans				

**12. MORTGAGES AND REAL ESTATE LOANS:**

Type of Loan	Owed To	Property Secured Against	Balance Due	Start Date	End Date
1.					
2.					
3.					
4.					
For Agency Use Only- Total Balance Due- Mortgages and Real Estate loans					

**13. OTHER DEBT (Amounts due to individuals, Fixed Obligations, Taxes Owed, Overdue Alimony Child Support, etc.)**

13a. Are any suits or judgments pending against you?

---



---



---



---

13b. If so, state the full details, including the dates and amounts of recent payments thereon made for you and whether your salary has been garnished and by whom.

---



---



---



---

Type of Debt	Owed To	Balance Due	Start Date	End Date
1.				
2.				
3.				
4.				
5.				
For Agency use only- Total Balance Due on Other Debt				

**PART IV. ADDITIONAL INFORMATION**

Please respond to the following questions. For any question that you answer "Yes" please provide additional information on separate pages or at the bottom of this page.

QUESTION	YES	NO
1. Do you have any reason to believe that your financial situation will change during the next year?		
2. Are you currently selling or purchasing any real estate?		
3. Is anyone (or any entity) holding any real or personal property on your behalf, (trust)?		
4. Are you the party in any pending lawsuit?		
5. Have any of your belongings been repossessed in the last three years?		
6. Are you a Trustee, Executor, or Administrator?		
7. Are you a participant or beneficiary of an estate or profit sharing plan?		
8. Have you declared bankruptcy in the last seven years?		
9. Do you receive any type of federal aid or public assistance?		