

Mailed 2-20-97

To:

5510016
ODD FELLOWS SIERRA REC ASSOC
BOARD OF DIRECTORS
P.O. BOX 116
LONG BARN, CA 95335

Return completed form:

STATE DEPARTMENT OF HEALTH SERVICES
DRINKING WATER FIELD OPERATIONS BRANCH
5545 E. SHIELDS AVENUE
FRESNO, CA 93727

Submit by March 31, 1997

**1996 ANNUAL REPORT TO THE DRINKING WATER PROGRAM
FOR MEDIUM AND LARGE WATER SYSTEMS**

I. CHANGE OF NAME OR ADDRESS
(If Applicable)

N/A

II. ORGANIZATION

A. Manager/Superintendent (Specify)

DALE SMITH - MANAGER

B. Primary Contact Person (If different)

1. Title

2. Address

3. Telephone / Fax Numbers. SAME

(209) 586-3098

4. E-mail Address

III. REPORT SUBMITTED BY

A. Name/Title

DALE SMITH - MANAGER

B. Date

FEB 14 - 1997

IV. POPULATION SERVED

A. Permanent (Latest U.S. Census Bureau or Department of Finance data) 110

B. Seasonal Daily Maximum (If applicable) 300

V. DOMESTIC WATER SOURCES IN SYSTEM (As of December 31, 1996)

Type	Total Approved	New/Added in 1996	Inactivated in 1996	Abandoned in 1996
Groundwater	2			
Surface Water	0			
Purchased Water	0			
Standby*	1			
Inactive		N/A		

* If standby source(s) were used in 1996, identify number of days in operation: 0

VI. WATER PRODUCED, PURCHASED AND SOLD

	Water Produced MG	Water Purchased (MG)	Water Sold (MG)	
			Other PWS	Agricultural
Maximum Day <u>DEC 31</u>	300,000	N/A	N/A	N/A
Maximum Month Mo. <u>DEC</u>	800,000			
Annual Total	6.9 MG			

Please submit a list of the other public water systems (PWS) that your water system sold water to, or purchased water from, in 1996.

N/A

VII. NUMBER OF SERVICE CONNECTIONS

Type/Category	Metered	Flat Rate	Total
General & residential (except commercial & industrial)	0	385	385
Commercial	/	/	/
Industrial	/	/	/
Agricultural (irrigation)	/	/	/
Other Water Systems	/	/	/
Total Active Connections	/	/	/

Number of Inactive Connections (all types) 20 (VACANT LOTS)

Number of Fire Hydrants 38

VIII. SYSTEM PROBLEMS

Type	Number of Problems	Number Checked	DHS Notified (Y/N)	Cause/Corrections Made
Breaks/Leaks	6	6	N	OLD VALVES / HOMEOWNERS DIGGING ETC.
Water Outages	1	1	Y	FLOOD / REROUTED WATER MAIN
Boil Water Orders	0			
Total	7	7	1	

IX. COMPLAINTS (Reported - Written or Verbal)

Type	Number of Complaints	Number Checked	DHS Notified (Y/N)	Cause/Corrections Made
Taste and Odor	0			
Color	50			WATER OUTAGE CAUSED ALOT OF OXYGEN
Turbidity				IN WATER - APPROX. 36 HRS TO CLEAR.
Worms and other Visible Organisms	0			
Pressure (High or Low)	0			
Illnesses (Waterborne)	0			
Other (Specify)				
Total	50			

X. FLUORIDATION

PART-TIME HOMEOWNERS HARD TO NOTIFY

Do you currently provide fluoridation treatment of your water supply? Yes ___ No ✓
 If Yes, please complete the Annual Fluoridation Report Form attached as Appendix A.

XI. METHYL TERTIARY-BUTYL ETHER (MTBE) MONITORING

Has your water system initiated MTBE monitoring of water sources? Yes ___ No ✓
 If Yes, provide copies of the monitoring results unless they have been previously submitted.

XII. EMERGENCY NOTIFICATION PLANS

Please review your Emergency Notification Plan and submit a revised plan if any changes are required to update the plan (Section 116460 of the Health and Safety Code).

XIII. ANNUAL WATER QUALITY REPORT TO CUSTOMERS

Please submit a copy of your water system's most recent annual water quality report that was distributed to your customers.

XV. OPERATIONS PLAN (Applicable to systems using surface water)

Please submit a copy of your current operations plan if changes were made to the plan in 1996.
 Date of Current Operations Plan: _____

N/A

XV. LEAD AND COPPER

Please complete the following tables. Indicate Not Completed (NC) or Not Required (NR), if applicable.

Category	Date Completed	Number of Samples	90th Percentile Results	
			Lead	Copper
First Round Initial Tap Monitoring				
Second Round Initial Tap Monitoring				
Additional Tap Monitoring				

Category	Date Started (month/year)	Date Completed (month/year)
Source Water Monitoring		
Water Quality Parameters Monitoring		
Public Education Program		
Corrosion Control Studies		
Corrosion Control Treatment Installation		
Source Water Treatment Installation		
Lead Line Replacement		

XVI. IMPROVEMENTS

Identify any major changes, additions, or improvements in the water system facilities and/or operation that were completed during 1996 or that are planned for 1997. (Water systems are required to submit an amended permit application for any addition or modification to water sources or treatment facilities pursuant to Section 116550 of the Health and Safety Code). If more space is required, please attach additional page(s).

UPGRADED 200' OF 3/4" WATER LINE TO 1" +
NEW VALVES (3 CABINS)

XVII. BACTERIOLOGICAL SAMPLE SITING PLAN

The revised coliform monitoring regulations require that each system submit a sample siting plan. (Please submit a copy of this siting plan if it has been changed in 1996).

Date of current siting plan: 1994

XVIII. DISASTER PREPAREDNESS/EMERGENCY RESPONSE PLANS

Do you have a Disaster Response Plan which addresses the procedures for the restoration of water services for your water system? Yes ___ No If Yes, date of plan: _____

Public water systems with 10,000 or more service connections are required to review and revise their disaster preparedness plans to ensure that the plans are sufficient to address possible disaster scenarios (Government Code, Section 8607.2). Date of last review/ revision: _____
Please submit a copy of your current plan with this annual report.

XIX. BACKFLOW PREVENTION ASSEMBLIES ON SERVICE CONNECTIONS

	Total Number in System	Number Installed in 1996	Number Tested in 1996	Number Failed in 1996
Backflow Prevention Assemblies	0			

Designated Cross Connection Control Program Coordinator: *N/A*

Name _____ Telephone number () _____

XX. RECYCLED WATER PROJECTS IN SERVICE AREA

(As of December 31, 1996). *0* *N/A*

Recycled Water Use Sites	Number Approved	Number Proposed for 1997
Irrigation		
Industrial		
Dual-Plumbed (in-building)		
Total		

Please attach a list of the specific recycled water use site(s).

XXI. OPERATOR CERTIFICATION

Please list the State certified water treatment plant operators employed by your water system.

Name	Operator Number	Grade of Operator	Renewal/ Expiration Date
<i>DALE L SMITH</i>	<i>15426</i>	<i>1</i>	<i>Oct '97</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ANNUAL FLUORIDATION REPORT

YEAR N/A

Water System Name: _____
 Contact Person: _____

State ID Number: _____
 Telephone No.: _____

Month	Water Production (MG)	Chemical Usage (lbs)	Calculated Dosage mg/L	No. of Samples Taken	Measured Fluoride Concentration (mg/L)		
					Max	Min	Avg
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							

Fluoride Chemical(s) Used: _____

Natural Fluoride Concentration in all Water Source(s): _____

Percent of Annual Water Production Fluoridated: _____

Name(s) of Sources Not Fluoridated: _____

Were there any Interruptions of Fluoridation (greater than 5 consecutive days)? Yes: _____ No: _____

If "Yes", Identify the dates and causes of the interruptions on the back of this form.

Enclose a list of other water systems served by your system (if any).

ODD FELLOWS SIERRA PARK RECREATION ASSOCIATION 1996 WATER REPORT

Dear Members and Owners,

The general state of our water system is excellent. With the addition of new steel tanks and the abandonment of the old concrete tanks we have increased our water storage by 54,000 gallons. More importantly, there has been no trace of bacteria for 3 years so our water remains pure and unchlorinated. Water testing is done every other Wednesday. Additionally, we open fire hydrants in the Spring and Fall to turn over the water.

There were three complaints about water turbidity: these complaints followed after breaks in the water lines during the past year. In the coming year we intend to replace the water lines in the area of Sarah Circle and at the east end of Rebecca. At this time, neither of these two lines have returns into the system. In order to remain fresh, water must be cycled. The water lines in the area of Sarah Circle run between cabins in the center of the circle and new lines must be dug by hand. Machinery will be used to dig new lines on Rebecca.

Tuolumne County Water District has expressed an interest in our water system and requested permission to survey our system. We have been unwilling to accommodate their request. Odd Fellows Sierra Park Recreation Association now has one of the finest water systems on the mountain and it must be protected and monitored closely.

On behalf of the Board of Directors,



Gordon Greene
Water Director