DEPARTMENT OF HEALTH SERVICES

DRINKING WATER FIELD OPERATIONS BRANCH 5545 EAST AIRWAYS BOULEVARD FRESNO, CALIFORNIA 93727 (559) 297-3883 FAX (559) 297-3873



To:

5510016 BOARD OF DIRECTORS ODD FELLOWS SIERRA REC ASSOC P.O. BOX 116 LONG BARN, CA 95335 Return completed form to:

Drinking Water Field Operations Branch Merced District 5545 E. Airways Boulevard Fresno, CA 93727

Submit by March 31, 1999

1998 ANNUAL REPORT TO THE DRINKING WATER PROGRAM FOR MEDIUM AND LARGE WATER SYSTEMS

I.	CHANGE OF NAME OR ADDRESS (If Applicable)	
II.	ORGANIZATION	
	A. Manager/Superintendent (Specify)	RANDY TOUBERT (MANAGER
	B. Primary Contact Person (If different)	
	Address	1 3 A 3 Val. 6 4
	Telephone / Fax Numbers.	BUS. HOME (209)586-3098/586-4625
	E-mail Address	

III. WATER PRODUCED, PURCHASED AND SOLD

With the second	Water Produced	Water Purchased	Water Sold (MG)		
	(MG)	(MG)	Other PWS	Agricultural	
Maximum Day	8252		3 - C - C - C - C - C - C - C - C - C -		
Maximum Month Mo.	247.550			,	
Annual Total	2970600				

Please submit a list of the other public water systems (PWS) that your water system sold water to, or purchased water from, in 1998. N/A.

•	POPULATION SE		500.		1
	A. Permanent (Late	st U.S. Census B	ureau or Departme	nt of Finance data)	150
	B. Seasonal Daily N	⁄aximum (If app	licable) 300)	
	DOMESTIC WAT	ER SOURCES	IN SYSTEM (As o	of December 31, 19	998)
	Туре	Total Approved	New/Added in 1997	Inactivated in 1997	Abandoned in 1997
	Groundwater	2	Paller Lab.		
	Surface Water	6		AND AN ADDRESS OF THE PARTY OF	
	Purchased Water	0			
	Standby*	5			
	Inactive		N/A	ng samungan 1965 medikah dibengan dipandan terapa sempang ang pengabang agas samungan dipang se	
•	NUMBER OF SER		OFFICE AND ADDRESS OF THE ADDRESS OF	Flat Rate	Total
•	NUMBER OF SER		OFFICE AND ADDRESS OF THE ADDRESS OF	The Pose	The state of the s
•	NUMBER OF SER General & resident	Type/Category	CTIONS Metered	Flat Rate	Total
•	General & resident	Type/Category iial	OFFICE AND ADDRESS OF THE ADDRESS OF	Flat Rate	Total 351
•	General & resident (except commercial	Type/Category iial	OFFICE AND ADDRESS OF THE ADDRESS OF		Total
•	General & resident (except commercial Commercial Industrial	Type/Category iial il & industrial)	OFFICE AND ADDRESS OF THE ADDRESS OF		Total
•	General & resident (except commercial Commercial Industrial Agricultural (irriga	Type/Category ital ition)	OFFICE AND ADDRESS OF THE ADDRESS OF		75\
	General & resident (except commercial Commercial Industrial Agricultural (irriga Other Water Syste	Type/Category tial al & industrial) ation) ms	OFFICE AND ADDRESS OF THE ADDRESS OF		Total 35\
•	General & resident (except commercial Commercial Industrial Agricultural (irriga Other Water Syste Total Active Conn	Type/Category tial al & industrial) ation) ans ections	Metered		751 -0 -2 -0 353
•	General & resident (except commercial Commercial Industrial Agricultural (irriga Other Water Syste	Type/Category tial al & industrial) ation) ans ections	Metered		75\ 35\ 35\ 2 2 353
•	General & resident (except commercial Commercial Industrial Agricultural (irriga Other Water Syste Total Active Conn	Type/Category itial il & industrial) ition) ins ections Connections (all	Metered		751 2 2 2 355
	General & resident (except commercial Commercial Industrial Agricultural (irriga Other Water Syste Total Active Conn	Type/Category itial il & industrial) ition) ins ections Connections (all	Metered types) (751 2 2 2 355
	General & resident (except commercial Commercial Industrial Agricultural (irriga Other Water Syste Total Active Conn Number of Inactive	Type/Category ital ital ition) ition) itions ections Connections (all rants	types)	35\ water supply? Yes	35\ 0- 2 0- 355
1.	General & resident (except commercial Commercial Industrial Agricultural (irrigation Other Water Systet Total Active Connormal Number of Inactive Number of Fire Hydron Do you currently profession of the Profess	Type/Category ital al & industrial) ation) ans ections Connections (all rants	types)	water supply? Yes	35\ 0- 2 0- 355
1.	General & resident (except commercial Commercial Industrial Agricultural (irrigated Other Water Systet Total Active Connormal Number of Inactive Number of Fire Hydron Programment Program	Type/Category itial il & industrial) ution) ins ections Connections (all rants ovide fluoridation tete the Annual F ARY-BUTYL E em initiated MTE es of the monitor	types)	water supply? Yes Form attached as A IONITORING vater sources? hey have been prev	35\
1.	General & resident (except commercial Commercial Industrial Agricultural (irrigated) Other Water System Total Active Connumber of Inactive Number of Fire Hydronia FLUORIDATION Do you currently profif Yes, please compilements of the Commercial Profit of the Commercial Pr	Type/Category tial al & industrial) ation) tions ections Connections (all rants evide fluoridation tete the Annual F ARY-BUTYL E em initiated MTE es of the monitor 1524.2 C	types) (types) (treatment of your luoridation Report THER (MTBE) M BE monitoring of wing results unless to the content of the content o	water supply? Yes Form attached as A IONITORING vater sources? hey have been prev	35\ 2 2 355 355 No V Appendix A.

]	LEAD AND COPPER Please complete the folloapplicable. SEE 97	owing tables. Ind Keport For	liagta Mat				
-			LEAD	Complete Coppi	ed (NC) or N ER,	ot Re	quired (NR),
.	Category	Date	Num	iber of	Onth Par	contil	e Results
}	Category	Completed		nples	Lead	Centin	Copper
	First Round Initial Tap Monitoring						
-	Second Round Initial Tap Monitoring						
	Additional Tap Monitoring			O MOCKAMONOSPARIO PROSPERE REPORTO (A ARX - 1/X			
	Cat	egory			Started th/year)	1	nte Completed month/year)
	Source Water Monitori			2.0		<u> </u>	***************************************
	Water Quality Paramet					ļ	
	Public Education Progr	am				ļ	**************************************
	Corrosion Control Stud					<u> </u>	
1	Corrosion Control Trea	The state of the s	n				
	Source Water Treatmen		Of the state of th		-		
	Lead Line Replacemen			CONTRACT TO SERVICE STATE OF THE SERVICE STATE STAT		<u></u>	
	BACKFLOW PREVE Backflow Prevention Assemblies	NTION ASSEM Total Number in System	Number in 1	Installed	ICE CONN Number Te in 1998	sted	Number Faile in 1998
	Designated Cross Conne				N/A ne number ()	
.•	RECYCLED WATER (As of December 31, 19		SERVIC	E AREA			
	Recycled Water Use	Sites	Number Ap	proved	Numb	er Pro	posed for 1999
	Irrigation						

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

XIII. 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). Any water system that has experienced an area code change in the past year must submit an updated plan.

	that has experienced an area cod	e change in the past yea	r must submit an ı	updated plan.		
XIV.	OPERATIONS PLAN (Applic	able to systems using su	rface water)			
	Please submit a copy of your cur Date of Current Operations Plan	rrent operations plan if c	hanges were made	e to the plan in 1998.		
XV.	DISASTER PREPAREDNESS	S/EMERGENCY RES	PONSE PLANS			
	Do you have a Disaster Response Plan which addresses the procedures for the restoration of water services for your water system? YesNo If Yes, date of plan:					
	Public water systems with 10,00 their disaster preparedness plar disaster scenarios (Government Please submit a copy of your cur	ns to ensure that the p Code, Section 8607.2).	lans are sufficien Date of last reviev	t to address possible w/ revision:		
XVI.	ANNUAL WATER QUALITY	Y REPORT TO CUSTO	OMERS			
	Please submit a copy of your wadistributed to your customers.	iter system's most recen	t annual water qua	lity report that was		
XVII.	OPERATOR CERTIFICATIO	ON				
	Please list the State certified wat	ter treatment plant opera	tors employed by	your water system.		
	<u>Name</u>	Operator Number	Grade of Operator	Renewal/ Expiration Date		
	RANDY J TOLBERT	72697		Nov-99		

XVIII. WATER SYSTEM IMPROVEMENTS

Identify any major changes, additions, or improvements in the water system facilities and/or operation that were completed during 1998 or that are planned for 1999. (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).

D PAINTED WELL & INSULATED, SHEETROCKED
2) PAINTED WELLES INSULATED, SHEETROCKED.
3) WELLE ? (STAND BY) REWIRE ELECTRICAL, PAINT, NEW ROOF, INSTALL PROBE TUBE, SHEET ROCK. INSULATE.
4) INSTALL (S) INSULATED VALUE BOYES.
5) REPLACE (2) 4 IN. GATE VALUES WY 414 BALL VALUES
6) REPLACE (1) 214 GATE VALUE W/ 214 BALL VALUES
T) RECORTE 210,000 (AL STORAGE TANK, INSTALL SLUDGE VALUE ON TANK, JOHED OUT TO PORTER CAL WESTERN TANKS,

XIX. SYSTEM PROBLEMS

Type of Problem	Number of Problems	Number of Problems Investigated	Number of Problems Reported to DHS
Breaks/Leaks		1	
Water Outages	-0		
Boil Water Orders	-		
Total	\	l	

Please provide a brief description of the cause and the corrective action taken for each problem identified.

1) WATER BREAK UNDER REBECCA RO.	
REROUTE 2IN CABIN MAIN TO WATER BOX	
25 1158 A DOOM A DOOM CONTRACTOR	_
2) HAD A BACTI COUNT ON 210,000 GAC STORAGE TANK AFTER INSPECTION WAS DONE FOR BEPAIRS.	d Part
TANK AFTER INSPECTION WAS DONE FOR KEPAIRS.	
AULONINATED CUCTERA HA DAME A	
CHIORINATED SYSTEM, NO BACTI COUNT NEXT TESTING.	
MERT LESTINGS	
	-
	-
	M-748474
	-

	,

XX. COMPLAINTS (Reported - Written or Verbal)

Type of Complaint	Number of Complaints Reported	Number of Complaints Investigated	Number of Complaints Reported to DHS
Taste and Odor	Ĺ		-0-
Color	-6	6	6
Turbidity	-	0	4
Worms and other Visible Organisms			
Pressure (High or Low)	2	2	-0
Illnesses (Waterborne)	0	ė	<u> </u>
Other (Specify)	- -	Θ	Θ
Total	2	2.	0

Please provide a brief description of the cause and the corrective actions taken for each reported complaint.

1) DEAD END LIDE SARAH CIRCLE.
FIRST IMPORTE ON SOON CIONE
FLUSH HYDRAUTS ON SARAH CIRCLE NEXT DAY EGG SMELL CLEARED UP,
MERT DAY 1500 STILL CERTOO OP.
2) BROKEN BRASS VALUE DUE TO FREEZING.
REPLACE 1" VALUE, PRESSURE RESTORED.

ODDFELLOWS SIERRA RECREATION ASSOC. ANNUAL WATER QUALITY REPORT FOR 1998

			WELL	. FIVE	WEL	L SIX
CONSTITUENTS	UNITS	NCL	RESULT	RANGE	RESULT	RANGE
CLARITY						
TURBIOITY	UNITS	0.5 ~	0.2	WA	0.7	NA
MICROBIOLOGICAL						
COLIFORM BACTERIA	NA	N/A	1/47	NA	NA	NA
INORGANICS						
FLUORIDE	mg/L	1.4-2.2 **	ND	NA	ND	NA
NITRATE (AS NO3)	mg/L	45	ND	WA	ND	NA
ALLIAGINUM	ug/L	1000	ND	NA	250	N/A
ANTIMONY	ug/L	6	NC	WA	NO	NA
ARSENIC	ug/L	50	ND	WA	ND	NA
BARIUM	ug/L	1000	ND	NA	30	N/A
BERYLLIUM	ש/עטיי	4	ND	NA	MD	WA
CADMIUM	ug/L	5	ND	N/A	ND	NA
CHROMIUM	ug/L	50	ND	N/A	ND	N/A
LEAD	ug/L	50	ND	NA	ND	N/A
MERCURY	⊌g/L	2	ND	NA	ND	N/A
NICKEL.	ug/L	100	ND	WA	ND	WA
SELENIUM	ug/L	10	ND	N/A	ND	NA
SILVER	ug/L	50	ND	NA	ND	NA
THALLIUM	ug/L	2	ND	NA	ND	WA
RADIOACTIVITY						
GROSS ALPHA ACTIVITY	p Ci /L	15	1.1	0.8 - 2.0	1.4	0.7 - 2.0
RADIUM 226 & 228 COMBI	pCVL	5 ***	NA	NA	NA	NA
URANIUM	pCi/L	20	NA	NA	N/A	N/A
SECONDARY STANDARD	S					
CHLORIDE	mg/L	500	ND	NA	1	N/A
FOAMING AGENTS (MBAS)	mg/L	0.5	ND	NA	ND	WA
SULFATE	mg/L	500	6	N/A	6	N/A
TOTAL DISSOLVED SOLID	mg/L	1000	180	N/A	160	N/A
COPPER	ug/L	1000	ND	NA	ND	MA
IRON	ug/L	300	60	N/A	290	N/A
MANGANESE	ug/L	50	150	N/A	330	NA
ZINC	ug/L	5000	ND	NA	1900	NA
COLOR	UNITS	15	ব	NA	8.0	NA
ODOR THRESHOLD	UNITS	3	1	NA	7	NA
ADDITIONAL CONSTITUE	NTS					
CALCIUM	mg/L	NO STANDARD	35	N/A	27	NIA
HARDNESS (AS CaCO3)	mg/L	NO STANDARD	130	N/A	110	N/A
MAGNESIUM	mg/L	NO STANDARD	10	NVA	9	NA
POTASSIUM	mg/L	NO STANDARD	2	WA	2	NA
SODKUM	mg/L	NO STANDARD	11	N/A	8	WA
pH	UMITS	NO STANDARD	7.0	MA	6.5	WA

NOTE: ALL "REGULATED" AND "UN-REGULATED ORGANICS WERE "NON-DETECT" EXCEPT TOLLIENE WHICH WAS AN AVERAGE OF 1.8 ug/L. MICROSIOLOGICAL RESULTS ARE FROM DISTRIBUTION SYSTEM, NOT FROM WELL. MICROBIOLOGICAL RESULTS REPRESENT "# OF POSITIVE SAMPLES / # OF SAMPLES REQUIRED"

MCL = MAXIMUM CONTAMINANT LEVEL

ND = NONE DETECTED

mg/L = MILLIGRAMS PER LITER (PARTS PER MILLION)

ug/L = MICROGRAMS PER LITER (PARTS PER BILLION)

pCVL = PICO CURIES PER LITER

" = TURSIDITY "MCL" NOT APPLICABLE TO WELL WATER

** = FLUORIDE STANDARD DEPENDENT ON AIR TEMPERATURE

*** = ANALYSIS NOT REQUIRED IF GROSS ALPHA ACTIVITY IS LESS THAN "MCL"

""" = ANALYSIS NOT REQUIRED IF URANIUM ACTIVITY IS LESS THAN "MCL"

FOR ADDITIONAL INFORMATION CONTACT ACLIALAB AT 586-3400