

DEPARTMENT OF HEALTH SERVICES
DRINKING WATER FIELD OPERATIONS BRANCH
 1040 EAST HERNDON AVENUE, SUITE 205
 FRESNO, CALIFORNIA 93720-3158
 (559) 447-3300
 FAX (559) 447-3304



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 Office
 1040 E. Herndon Avenue, Suite 205
 Fresno, CA 93720
Prior to: March 31, 2000

WE HAVE MOVED! Please note the new mailing address listed above.

**1999 ANNUAL REPORT TO THE DRINKING WATER PROGRAM
 FOR SMALL WATER SYSTEMS
 (Calendar year 1999)**

A. CHANGE OF SYSTEM NAME OR MAILING ADDRESS (If Applicable)

B. ORGANIZATION

1. Manager/Superintendent (Specify)

RANDY TOUBERT - MANAGER

2. Primary Contact Person (If different)

Address

Telephone

(209) 586-3098

Fax Number

(209) 586-3098

E-mail Address

3. Report Submitted by

Randy J. Tubert
 (Signature)

3-16-00
 (Date)

C. WATER PRODUCED, PURCHASED AND SOLD

	Water Produced (MG)	Water Purchased (MG)	Water Sold (MG)	
			Other PWS	Agricultural
Maximum Day	25,859	0	0	0
Maximum Month	786,533	↓	↓	↓
Annual Total	9.4 MG	↓	↓	↓

MG = Million Gallons

Please submit a list of the other public water systems (PWS) that your water system sold water to or purchased water from in 1999. N/A

D. POPULATION SERVED

A. Permanent (Latest U.S. Census Bureau or Department of Finance data) 100

B. Seasonal Daily Maximum (If applicable) 300

E. DOMESTIC WATER SOURCES IN SYSTEM (As of December 31, 1999)

Type	Total No. Sources	New/Added in 1999	Inactivated in 1999	Abandoned in 1999
Groundwater	2			
Surface Water	0			
Purchased Water	0			
Standby*	1			
Inactive	0	N/A		

* If standby source(s) were used in 1999, identify number of days in operation: _____
 Attach a separate sheet to summarize usage if more than one standby source was used.

F. NUMBER OF SERVICE CONNECTIONS

Type/Category	Metered	Flat Rate	Total
General & residential		353	353
Commercial			0
Industrial			0
Agricultural (irrigation)			2
Other Water Systems			0
Total Active Connections			355

Number of Inactive Connections (all types) 0

Number of Fire Hydrants 40

G. FLUORIDATION

Do you currently provide fluoridation treatment of your water supply? Yes _____ No

H. 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.

I. ANNUAL NITRATE SAMPLING

Regulations require a minimum of **annual** sampling for nitrate. If any nitrate result is greater than 1/2 the 45 mg/l (as NO₃) MCL (i.e., greater than 23 mg/l as NO₃) then quarterly monitoring must be initiated.

Has your system conducted monitoring for nitrate during 1999 from each source? Yes No
 Provide copies of the latest nitrate monitoring results for all sources. 11-99

J. BACTERIOLOGICAL SAMPLE SITING PLAN

The coliform monitoring regulations require that each system submit a sample siting plan for routine and repeat monitoring. Date of current Bacteriological Sample Siting Plan: 1997
 Please submit a copy of this siting plan if it has been changed in 1999.

K. LEAD AND COPPER

Please complete the following table. Indicate *Not Completed (NC)* if applicable.
 Transient non-community systems are not required to conduct distribution system lead and copper monitoring.

Category	Date Completed	Number of Samples	90th Percentile Results (ug/L)	
			Lead	Copper
1 st Round Initial Tap Monitoring	7-1-93	10	NID	358
2 nd Round Initial Tap Monitoring	8-20-93	10	NID	116
1 st Annual Tap Monitoring				
2 nd Annual Tap Monitoring				
1 st Triennial Tap Monitoring	9-97	10	02	200
2 nd Triennial Tap Monitoring	08-2000	10	5.70	58.40

L. BACKFLOW PREVENTION ASSEMBLIES ON SERVICE CONNECTIONS

	Total Number in System	Number Installed in 1999	Number Tested in 1999*	Number Failed in 1999
Backflow Prevention Assemblies	0	0	N/A	N/A

* Section 7605, Title 17, California Code of Regulations requires devices to be tested by a certified tester annually and immediately after they are installed, relocated or repaired.

Specify the designated Cross Connection Control Program Coordinator and the certified Specialist responsible for conducting and updating the cross connection survey of the system:

Coordinator _____ Phone Number _____

Specialist _____ Certification No. _____

M. RECYCLED WATER PROJECTS IN SERVICE AREA
(As of December 31, 1999).

Recycled Water Use Sites	Number Approved	Number Proposed for 2000
Irrigation	N/A	
Industrial	N/A	
Dual-Plumbed (in-building)	N/A	
Total	N/A	

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

N. EMERGENCY NOTIFICATION PLANS

An updated Emergency Notification Plan is required to be submitted this year due to the recent address and phone number changes for the DWFOB Merced District Office. This updated information is provided on the blank form attached. Please complete the form, including the means of notification to be provided in the event of an emergency, and submit a copy with this Annual Report. Remember to keep a copy of the updated Emergency Notification Plan at your office and make it available to all operations personnel.

O. OPERATIONS PLANS (Applicable to systems providing any treatment)

Submit a copy of your current treatment plant operations plan if it was modified in 1999.

Date of current Operations Plan: N/A
Purpose of plan (type of treatment): N/A

P. DISASTER PREPAREDNESS/EMERGENCY RESPONSE PLANS

Do you have a Disaster Response Plan that 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: N/A
Please submit a copy of your current plan with this report if it was updated in the past year.

Q. OPERATOR CERTIFICATION

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

Operator Name	Operator Number	Grade of Operator	Renewal/ Expiration Date
<u>RANDY TOLBERT</u>	<u>22697</u>	<u>1</u>	<u>NOV-2001</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

R. WATER SYSTEM IMPROVEMENTS

Identify any major changes, additions, or improvements in the water system facilities and/or operation that were completed during 1999 or that are planned for 2000. (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).

- A) JOB OUT TO PORTER CAL WESTERN:
- 1) SAND BLAST (4) 12,500 GAL TANKS INSIDE.
 - 2) PRESSURE WASH 43,000 GAL TANK INSIDE.
 - 3) RE COAT (4) 12,500 TANKS INSIDE.
 - 4) AIR VENTS INSTALLED ON ALL (5) TANKS
 - 5) LADDER INSTALLED ON 43,000 TANK OSHA APPROVED.
 - 6) LADDER INSTALLED ON 12,500 TANK OSHA APPROVED.
 - 7) SAND BLAST, PAINT, TOP OF 12,500 TANKS EXTERIOR ONLY.
 - 8) (4) 3/4 IN SLUDGE VALVES INSTALLED ON ALL (4) 12,500 TANKS
 - 9) 2 IN SLUDGE VALVE INSTALLED ON 43,000 TANK.
 - 10) INSTALLED CHRISTY BOX, 12 IN CURVE PIPE, CHECK VALVE & SCREEN ON DRAIN LINE FROM 43,000 GAL STORAGE TANK.
 - 11) FOOT MARKER INSTALLED ON 43,000 GAL TANK.

- B) INSTALLED 6 FT CHAIN LINK FENCE AROUND ALL (5) STORAGE TANKS WITH A 10 FT GATE. 10 YRDS DRAIN ROCK INSIDE FENCE LINE AROUND TANKS

- C) TWO GATE VALVES 2 IN REPLACED WITH TWO 2 IN BALL VALVES.

YEAR 2000

- D. TWO 2 IN FIRE HYDRANT VALVES TO BE REPLACED

ONE 4 IN GATE VALVE TO BE REPLACED WITH 4 IN BALL VALVE.

S. SYSTEM PROBLEMS

Type of Problem	Number of Problems	Number of Problems Investigated	Number of Problems Reported to DHS
Breaks/Leaks	02	02	0
Water Outages	01	01	0
Boil Water Orders	0	0	0
Total	03	03	0

Please provide a brief description of the cause and the corrective action taken for each problem identified during 1999.

A) BOTH BREAKS DUE TO TREE SERVICE DROPPING SECTIONS OF THE TREES ON TOP OF THE MAIN WATER LINE. CAUSING LARGE CRACKS IN THE 4IN MAIN.
 1) REPAIR LINES W/ 4IN TELESCOPE.
 2) C/ STORAGE TANK, DIST. SYSTEM

B) WATER OUTAGE CAUSED WHEN 4IN WATER LINE BROKE USING 210,000 STORAGE TANK. HAD TO CLOSE OFF MAIN SUPPLY TO REPAIR WATER LINE, COULDN'T REROUTE WATER SUPPLY DUE TO TANK REPAIRS ON OTHER (5) STORAGE TANKS. HAD WATER LINE REPAIRED WITHIN TWO HOURS.
 1) C/ STORAGE TANK, DIST. SYSTEM.

T. 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)	3	3	0
Color	0	0	0
Turbidity	1	1	0
Worms and other Visible Organisms	0	0	0
Pressure (High or (Low))	1	1	0
Illnesses (Waterborne)	0	0	0
Other (Specify)	0	0	0
Total	5	5	0

Please provide a brief description of the cause and the corrective actions taken for each reported complaint during 1999.

1) 3 COMPLAINTS OF ROTTEN EGG SMELL DUE TO LOW USE OF CABINS, FLUSH FIRE HYDRANTS CLOSE TO CABINS. FLUSH WATER AT THE 3 CABINS. SMELL WAS GONE 2 DAYS LATER.

2) TURBIDITY - DUE TO WATER OUTAGE WHEN HIM LINE BROKE, AIR BUBBLES CAUSED CLOUDY WATER FOR 3 DAYS THEN IT CLEARED UP.

3) PRESSURE - LOW PRESSURE DUE TO 1IN WATER LINE THAT BROKE AT SERVICE CONNECTION.