

DEPARTMENT OF HEALTH SERVICES
SOUTHERN CALIFORNIA BRANCH
DRINKING WATER FIELD OPERATIONS
1040 E. HERNDON AVENUE, SUITE 205
FRESNO, CALIFORNIA 93720-3158
(559) 447-3300
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5510016
BOARD OF DIRECTORS
ODD FELLOWS SIERRA REC ASSOC
P.O. BOX 116
LONG BARN, CA 95335

Submit to:
Drinking Water Field Operations Branch
Merced District Office
1040 E. Herndon Avenue, Suite 205
Fresno, CA 93720
Prior to: April 15, 2001

**2000 ANNUAL REPORT TO THE DRINKING WATER PROGRAM
FOR MEDIUM AND LARGE WATER SYSTEMS**

For an electronic copy of this form, send an e-mail request including your system number to ccarlucc@dhs.ca.gov.

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

2. **WEBSITE ADDRESS**

3. **ORGANIZATION**

A. Manager/Superintendent *(Specify)*
Telephone / Fax Numbers.
E-Mail Address

RANDY TOLBERT
(209) 586-3098 / SAUNE

B. Primary Contact Person *(If Different)*
Address
Telephone / Fax Numbers.
E-mail Address

() / _____

C. Billing Contact *(If Different from Primary Contact)*
E-mail Address

4. **PHYSICAL LOCATION, CITY, & ZIP CODE OF WATER SYSTEM**
(If different than shown above)

REPORT SUBMITTED BY:

Name/Title RANDY TOLBERT

Date: 3-26-01

5. **POPULATION SERVED**

- A. Permanent (Latest U.S. Census Bureau or Department of Finance data) 100
 B. Seasonal Daily Maximum (If applicable) 300

6. **NUMBER OF SERVICE CONNECTIONS**

Type/Category	Metered	Flat Rate	Total
General & residential (except commercial & industrial)		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

7. **DOMESTIC WATER SOURCES IN SYSTEM (As of December 31, 2000)**

Type	Total Approved	New/Added in 2000	Inactivated in 2000	Abandoned or Destroyed in 2000
Groundwater	2			
Surface Water (Raw)	0			
Purchased Water (GW)	0			
Purchased Water (SW)	0			
Standby*	1			
Inactive	0	N/A		

GW = Groundwater SW = Surface Water MG = Million Gallons

*If standby source(s) were used in 2000, **IDENTIFY** number of days in operation: _____
 Attach a separate sheet to summarize usage if more than one standby source was used.

8. **FINISHED WATER PRODUCED, PURCHASED AND SOLD**

	Water Produced (MG)		Water Purchased (MG)	Water Sold (MG)	
	GW	SW		Other PWS	Agricultural
Maximum Day	32,513	0	0	0	0
Maximum Month (Give Month)	99,167				
Annual Total	11.9 MG	0			

GW = Groundwater SW = Surface Water

Please **SUBMIT A LIST** of the other public water systems (PWS) that your water system sold water to, or purchased water from, in 2000.

9. **SOURCE WATER ASSESSMENT (RESPONSE MANDATORY)**

Specify whether your water system will perform the Source Water Assessment for the active sources serving your system: Yes _____ No . If Yes, specify the date it will be completed: _____ (Attach a copy if already completed)

10. **FLUORIDATION**

Do you currently provide fluoridation treatment to your water supply? Yes _____ No
 Do you plan to add fluoride treatment? Yes _____ No . If Yes, specify year _____.

11. **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.

12. **ANNUAL NITRATE SAMPLING**

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

Has your system conducted monitoring for nitrate during 2000 from each source? Yes _____ No _____
 Attach a copy of the 2000 results for each source to this report if not already submitted and/or provide a summary of sample dates and results. 11/99 WEL#5 NO3 < 2.0
12/99 WEL#6 NO3 < 2.0

13. **BACTERIOLOGICAL SAMPLE SITING PLAN**

The coliform monitoring regulations require that an updated sample-siting plan be submitted at least every 10 years, and at anytime the plan no longer ensures representation monitoring of the system (Section 64422 of Title 22). (Please **submit a copy** of this siting plan if it has been changed in 2000). Date of current sample siting plan: 1997

14. **DIRECT ADDITIVES**

Pursuant to Section 64700, Title 22 of the California Code of Regulations, (effective January 1, 1994), all chemicals or products, including chlorine, added directly to the drinking water as part of a treatment process must meet the ANSI/NSF Standard 60. Please complete the following table for each chemical used by this water system. If you are not sure whether a chemical you are using meets this standard, contact the manufacturer or distributor of the chemical. If no chemicals or products are added to the drinking water, indicate that below:

List each chemical used in treatment process	Enter the name of the manufacturer(s)	Enter the purpose for using the chemical(s)	Does Chemical Meet ANSI/NSF Standard 60?	
			Yes	No
N/A			Yes	No
N/A			Yes	No

Check here if no chemicals are added to the drinking water



15. LEAD AND COPPER

Please complete the following tables. Indicate Not Completed (NC) or Not Required (NR), if applicable. Otherwise, provide date when each activity was completed.

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

Please note if any of the lead and copper follow-up activities listed below have been conducted by your system, and list the dates that the activity was started and completed.

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

16. BACKFLOW PREVENTION ASSEMBLIES

	Total Number in System	Number Installed in 2000	Number Tested in 2000	Number Failed in 2000	Number Repaired/ Replaced
Backflow Prevention Assemblies on Service Connections at the Meter	N/A				
Backflow Devices On-site in lieu of at the Meter	N/A				
Air-gap	N/A				

Designated Cross Connection Control Program Coordinator: _____

Certification Number _____ Telephone number () _____

Certification or training received _____

Date of last cross-connection control survey done on the system _____

The Department is collecting information through an informal survey as part of the proposed revisions to the cross connection regulations, which may contain mandatory reporting. Please provide an estimate of the number of backflow incidents that you became aware of through water complaint investigations during 2000:

Total no. of actual backflow incidents investigated during 2000: N/A
 No. with backflow into a public water system _____ No. contained to customer premises _____
 Water User Origin: Industrial _____ Commercial _____ Residential _____

17. **RECYCLED WATER PROJECTS IN YOUR SERVICE AREA** (As of December 31, 2000)

Recycled Water Use Sites	Number of Sites Approved	Number of Sites Proposed for 2000
Irrigation, Agriculture	N/A	
Irrigation, Landscape		
Industrial		
Dual-Plumbed (in-building)		
Cooling Towers		
Other		
Other		
Other		
Total		

- Please attach a list of the specific recycled water use site(s) within your system.
- Who in your program is your recycled water coordinator?
 Name/Title _____
 Phone number _____ E-mail address _____
- Do all of your recycled water use sites have an on-site supervisor? Yes _____ No _____
 How many do not? _____
- How many inspections of existing recycled water use sites were conducted in 2000? _____
- How many pressure/shutdown tests were performed in 2000? _____

18. **EMERGENCY NOTIFICATION PLANS**

Please review your Emergency Notification Plan and **submit a revised plan** if any changes are required to update your contact personnel and/or emergency notification procedures. A blank Emergency Notification Plan is attached to this report.

19. **OPERATIONS PLAN FOR SURFACE WATER TREATMENT PLANTS, ONLY**

Date of current Operations Plan: N/A

Does your Operations Plan accurately reflect your current operations? Yes _____ No _____

Please **submit a copy** of your current operations plan if changes were made to the plan in 2000.

Date of last watershed sanitary survey _____

Date planned to complete next watershed sanitary survey _____

Do you plan to conduct a Drinking Water Source Assessment for your surface water sources as part of the next watershed sanitary survey? Yes _____ No _____

20. 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, specify 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.

21. BACK UP POWER

Does your water system have backup power for: WTP: Yes ___ No ___ N/A
Pumping Stations: Yes ___ No

If your system has backup power how frequently is it tested? (# of times/yr.) RENT GEN.

Can your system maintain system pressure either by backup power or by storage during rolling blackouts of 2 hours or less? Yes No ___

Is your backup power system: Automatic Start ___ Manual Start

22. CONSUMER CONFIDENCE REPORT

A Consumer Confidence Report (CCR) must be distributed to your customers by July 1, 2001, reporting the quality of the water delivered during 2000 (Section 116470 of Health and Safety Code). After the 2000 CCR has been provided to your customers, please submit a copy to the Department with a completed CCR Certification Form (see attachment). If the report has not yet been distributed, indicate the date it will be distributed: _____

Public water systems that serve 100,000 or more persons are required to post your CCR on the Internet. Is your CCR on the Internet? Yes ___ No ___ N/A

23. OPERATOR CERTIFICATION

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

<u>Name</u>	<u>Operator Number</u>	<u>Grade of Operator</u>	<u>Renewal/ Expiration Date</u>
<u>RANDY J. TOLBERT</u>	<u>22697</u>	<u>1</u>	<u>11-1-2001</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Please list the State certified water distribution operators employed by your water system.

<u>Name</u>	<u>Operator Number</u>	<u>Grade of Operator</u>	<u>Renewal/ Expiration Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. List the operators for which the water system will be applying for interim/temporary Distribution Certification.

Name	Grade of Interim Operator Requested
Randy J Tolbert	D-1

24. WATER SYSTEM IMPROVEMENTS

Identify any major changes, additions, or improvements in the water system facilities and/or operation that were completed during 2000 or that are planned for 2001. (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).

- 1) Replaced FIRE HYDRANT STAND PIPE
A) Replaced 2" HYDRANT VALVE.
- 2) Replaced HYDRANT VALVE 2"
- 3) Replaced GATE VALVE 4" w/ 4" BALL VALVE.
- 4) Replaced OR Rebuilt (6) WATER BOXES.

25. SYSTEM PROBLEMS

Type of Problem	Number of Problems	Number of Problems Investigated	Number of Problems Reported to DHS
Service Connection Breaks/Leaks	0		
Main Breaks/Leaks	0		
Water Outages	0		
Boil Water Orders	0		
Total	0		0

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

26. 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	0		2
Color	0		
Turbidity	0		
Worms and other Visible Organisms	0		
Pressure (High or Low)	1	1	
Illnesses (Waterborne)	0		
Other (Specify)	0		
Total	1		2

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

LOW PRESSURE AT CABIN DUE TO
VALUE AT CABIN NOT TURNED FULLY OPEN.

Blank lined area for additional complaint descriptions.

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Consumer Confidence Report Certification Form

Water System Name: ODD FELLOWS SIERRA REC. ASSOC.

Water System Number: 5510016

The water system named above hereby certifies that its Consumer Confidence Report has been distributed to customers (and appropriate notices of availability have been given). Further, the system certifies that the information contained in the report is correct and consistent with the compliance monitoring data previously submitted to the Department of Health Services.

Certified by: Name RANDY TOLBERT
 Title Park MANAGER
 Phone Number (209) 586-3098 Date 3-26-01

Water systems are not required to report the following information, but may do so by checking all items that apply:

CCR was distributed by mail or other direct delivery methods. Specify other direct delivery methods used: _____

_____ "Good faith" efforts were used to reach non-bill paying consumers. Those efforts included the following methods:

_____ Posted the CCR on the Internet at www. _____

_____ Mailed the CCR to postal patrons within the service area (attach zip codes used).

_____ Advertised the availability of the CCR in news media (attach copy of press release)

_____ Publication of the CCR in a local newspaper of general circulation (attach a copy of the published notice, including name of newspaper and date published).

_____ Posted the CCR in public places (attach a list of locations)

_____ Delivery of multiple copies of CCR to single bill addresses serving several persons, such as apartments, businesses, and schools.

_____ Delivery to community organizations (attach a list of organizations)

_____ [For systems serving at least 100,000 persons] Posted CCR on a publicly-accessible internet site at the following address: www. _____

_____ [For investor-owned utilities] Delivered the CCR to the California Public Utilities Commission