

DEPARTMENT OF HEALTH SERVICES

**SOUTHERN CALIFORNIA BRANCH
DRINKING WATER FIELD OPERATIONS
1040 E. HERNDON AVENUE, SUITE 205
FRESNO, CALIFORNIA 93720-3158
(559) 447-3300
FAX (559) 447-3304**



ODD FELLOWS SIERRA REC ASSOC
5510016
BOARD OF DIRECTORS
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: March 31, 2002

**2001 ANNUAL REPORT TO THE DRINKING WATER PROGRAM
FOR SMALL WATER SYSTEMS
(FOR YEAR ENDING DECEMBER 31, 2001)**

For an electronic copy of this form, send an e-mail request including your system number to ocarlucc@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 (MANAGER)
(209) 586-3098 / SAME

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 (MANAGER) Date: 3/22/02

5. For Non-Community Water Systems:

Brief description of buildings and facilities: Restaurant, Store, School, Church, Campground, Industrial, Other (describe): _____

Does your facility serve water to the public (customers)? Yes, No If no explain _____

Does this system serve 25 or more people/day at least 60 days out of the year? Yes, No

Do you operate all year? Yes, No If you operate seasonally, give normal open and close dates:
Open _____ Close _____

6. Source Information: Please list the water sources for this system in the table below:

Source Name (Example: Well 01)	Source Type (Well, Surface, Spring or Purchased)	Status (Active or Stand-by)
1. WELL# 05	WELL	ACTIVE
2. WELL# 06	WELL	ACTIVE
3. WELL# 02	WELL	STAND-BY
4.		

7. Total Number of Service Connections & Population served by the System

Total number of active connections: 353 Number of inactive connections: 0

How many of the connections are metered?: 0 How many are unmetered?: 353

How many year round residents does the system serve?: 200

Approximately how many people were onsite during the busiest day in 2001? 800

8. Total Annual Water Produced and/or Purchased

If the amount of water produced is unknown, use estimates.

	Number of Gallons produced	This is based on (Circle One):
Total amount of water produced by this water system during 2001	<u>9.7 M.G.</u> Gallons	<u>Flow meter</u> Estimates
Maximum number of gallons produced during one month in 2001 Which month? _____	<u>1.4 M.G.</u> Gallons	<u>Flow meter</u> Estimates
Maximum number of gallons produced during one day in 2001	<u>180,100</u> Gallons	<u>Flow meter</u> Estimates
Total amount of treated water purchased by this water system during 2001	<u>0</u> Gallons	Flow meter Estimates

9. Emergency Notification Plan

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.

Date of Plan: 1999 Is your plan current? Yes No ..

10. **Water Treatment**

Is any water treatment provided?	Yes <input type="radio"/> No <input checked="" type="radio"/>
Does this water system use chlorination treatment?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Does this water system use ozonation treatment?	Yes <input type="radio"/> No <input checked="" type="radio"/>
Does this water system use any other type of disinfection treatment? If Yes, what type? _____	Yes <input type="radio"/> No <input checked="" type="radio"/>
Does this water system use any type of filtration treatment? If Yes, Type of filters: _____ Purpose of filtration: _____	Yes <input type="radio"/> No <input checked="" type="radio"/>
Does this water system use any other type of treatment? If Yes, Enter type of treatment here: _____	Yes <input type="radio"/> No <input checked="" type="radio"/>

11. **Consumer Confidence Report (CCR)** (Not required for transient noncommunity water systems)
Each community and nontransient-noncommunity water system must report water quality data to consumers once per year. The information required in the CCR is different than the information previously required in the Annual Water Quality Report to Customers.

If the 2001 CCR has been completed, list the date of the CCR: _____
(Submit a copy with this report if not previously submitted.)

If the 2001 CCR has *not* been completed, list the projected date of the CCR: 5/25/02

The CCR must be completed and distributed to your customers by July 1, 2002. A copy of your CCR with a completed CCR Certification Form (see attachment) must be submitted to the Department)

12. **Operator Certification**

Pursuant to Section 7107 of Title 17, California Code of Regulations: If your water system adds chemicals to the water, filters the water, or otherwise treats the water; a certified water treatment operator is required. If this water system has one or more State Certified Water Treatment Plant Operators, list the operators and certificate information here:

Name of Operator	Grade of Operator (1-5)	Certification Expiration Date	Certificate Number
RANDY TOLBERT	1	2003	22697

Check here if water system does not have a State Certified Water Treatment Operator

13. **Bacteriological Sampling Plan**

Please review your Bacteriological Sampling Plan. All bacteriological monitoring must be conducted as outlined by this plan. If the Bacteriological Sampling Plan needs revisions, submit an updated plan (contact this office for a blank form, if necessary).

Date of Sample Siting Plan: 1996 Is the plan current Yes No

14. 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 2001 from each source? Yes ___ No X
 Attach a copy of the 2001 results for each source to this report if not already submitted and/or provide a summary of sample dates and results.

15. Lead and Copper (Does not apply to Transient Noncommunity Water Systems)

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	N/D	358
Second Round Initial Tap Monitoring	8-20-93	10	N/D	116
First Round Annual Tap Monitoring				
Second Round Annual Tap Monitoring				
First Round Triennial Monitoring	9-97	10	02	200
Second Round Triennial Monitoring	8-2000	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		
Public Education Program		
Corrosion Control Studies		
Corrosion Control Treatment Installation		
Source Water Treatment Installation		
Lead Line Replacement		

16. 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 the treatment process	Enter the name of the manufacturer(s)	Enter the purpose for using the chemical(s)	Does Chemical Meet ANSI/NSF Standard?
SODIUM HYPOCHLORITE	SIERRA CHEMICAL CO.	DISINFECTION	<u>Yes</u> No
			Yes No

Check here if no chemicals are added to the drinking water



17. Backflow Prevention Devices in System

Are there any backflow prevention devices in the distribution system? Yes No

If yes, please answer the following questions concerning backflow control devices:

Total number of backflow prevention devices in system	
Number of backflow devices installed during year	
Number of backflow prevention devices tested during year	
Number failed during year	
Number of devices repaired/replaced during year	

18. Complaints

Written records of both written and verbal water quality and outage complaints are required pursuant to Section 64453 of the California Code of Regulations.

Do you maintain written complaint records? Yes No

Please complete the following table to summarize complaints received during the past year: (Attach a separate sheet of paper if more space is needed)

Type/Description of Complaint	Number of this type of complaint received in 2001
WATER QUALITY: ROTTEN EGG SMELL	01
OUTAGE: LOW PRESSURE/ NO WATER.	02

19. Water System Improvements

Please describe any new water source, treatment, or distribution system improvements completed in the past year or planned for the coming year. Do not include standard maintenance procedures. Please be advised that new water sources and changes to the treatment process require that the water system apply for and receive an amended water supply permit from this Department. Main replacement projects do not require an amended water supply permit if construction meets State Waterworks Standards. Attach a separate sheet if necessary.

CHLORINATOR INSTALLED 1-2-02. WELL # 06

PURCHASE CHLORINATOR FOR WELL # 05 2002
