

State of California—Health and Human Services Agency
Department of Health Services



GRAY DAVIS
Governor



DIANA M. BONTÁ, R.N., Dr. P.H.
Director

SENT 3-27-03

Submit to:

Drinking Water Field Operations
Southern California Branch
Merced District Office
1040 E. Herndon Avenue, Suite 205
Fresno, CA 93720

Prior to: March 31, 2003

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

**2002 ANNUAL REPORT TO THE DRINKING WATER PROGRAM
FOR YEAR ENDING DECEMBER 31, 2002**

[Section 116530 Health & Safety Code]

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 *(Include Area Code)*
E-Mail Address

RANDY TOLBERT
(209) 586-3098 / SAME

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

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

D. Specify to which of the above e-mail addresses the Department can send notices of security threats, warnings, emergency information etc.:

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

REPORT SUBMITTED BY:

Name/Title RANDY TOLBERT (MANAGER)

Date: 3-26-03

5. **POPULATION SERVED**

- A. Permanent (Latest U.S. Census Bureau or Department of Finance data) 200
 B. Seasonal Daily Maximum (If applicable) 800

6. **NUMBER OF SERVICE CONNECTIONS**

Type/Category	Metered	Flat Rate	Total
General & Residential (except commercial & industrial)		353	353
Commercial			
Industrial			
Agricultural (irrigation)			
Other Water Systems			
Total Active Connections			353

Number of Inactive Connections (all types) 0

Number of Fire Hydrants 37

7. **DOMESTIC WATER SOURCES IN SYSTEM** (As of December 31, 2002)

Type	Total Approved	New/Added in 2002	Inactivated in 2002	Abandoned or Destroyed in 2002
Groundwater	02			
Surface Water (Raw)				
Purchased Water (GW)				
Purchased Water (SW)				
Standby*	01			
Inactive		N/A		

GW = Groundwater SW = Surface Water MG = Million Gallons

*If a standby source was used in 2002, **IDENTIFY** the 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		PWS	Other
Maximum Day	142560				
Maximum Month (specify month) <u>July</u>	1.6 MG				
Annual Total	10.8 MG				

GW = Groundwater SW = Surface Water 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 2002.

9. UNREGULATED CHEMICAL MONITORING

Has your water system initiated monitoring for the constituents listed in the new State Unregulated Chemical Monitoring Regulation (UCMR)? Yes No . If Yes, place a checkmark next to the chemicals that were monitored: boron, chromium VI, dichlorodifluoromethane, ETBE, perchlorate, TAME, TBA, 1,2,3-TCP, vanadium.

Were all of the monitoring data submitted electronically (EDT)? Yes No .
If No, provide copies of the monitoring results unless they have been previously submitted.

10. ARSENIC MONITORING

Do all of your drinking water sources meet the new arsenic standard of 10 ug/L? Yes No .
If No, specify the number of sources that will be affected by the new MCL and will need treatment to meet the MCL. _____

11. 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 2002 from each source? Yes No .
Attach a copy of the 2002 results for each source to this report if not already submitted and/or provide a summary of sample dates and results.

12. BACTERIOLOGICAL SAMPLE SITING PLAN

The coliform monitoring regulations require that an updated sample-siting plan be submitted at least every 10 years, and at any time the plan no longer ensures representative monitoring of the system (Section 64422 of Title 22). (Please **submit a copy** of this siting plan if it has been changed in 2002). Date of current sample siting plan: 1996

13. 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)
SODIUM HYPOCHLORITE	SIERRA CHEM CO.	DISINFECTION	YES

Check here if no chemicals are added to the drinking water:

14. 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	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	9-97	10	02	200
First Round Triennial Monitoring	8-2000	10	5.70	58.40
Second Round Triennial Monitoring	8-2002	05	12	165

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		

15. BACKFLOW PREVENTION ASSEMBLIES

	Total Number in System	Number Installed in 2002	Number Tested in 2002	Number Failed in 2002	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: N/A

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 2002:

Total no. of actual backflow incidents investigated during 2002: ~~0~~ No. with backflow into a public water system _____ No. contained to customer premises _____
 Water User Origin: Industrial _____ Commercial _____ Residential

16. RECYCLED WATER PROJECTS IN YOUR SERVICE AREA (As of December 31, 2002)

Recycled Water Use Sites	Number of Sites Approved	Number of Sites Proposed for 2002
Irrigation, Agriculture	N/A	
Irrigation, Landscape		
Industrial		
Dual-Plumbed (in-building)		
Cooling Towers		
Other (specify _____)		
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 N/A
 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 2002? _____.
 How many pressure/shutdown tests were performed in 2002? _____.

17. 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).

18. 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 2001.
 Date of your current Emergency Disinfection Plan (EDP) _____
 Please **submit a copy** of your current EDP if changes were made to the plan in 2001.
 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

19. TREATMENT PLANT (SURFACE WATER, GAC, AIR STRIPPER, ETC.) PROBLEMS

Describe any plant problems, process failures, major shutdowns, etc., which were experienced in 2002 and substantially affected the plant performance (please attach separate sheets if needed).

N/A

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 plan with this annual report if it was updated during 2002, and has not already been submitted.

21. BACKUP 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.) _____.

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, 2003, reporting the quality of the water delivered during 2002 (Section 116470 of Health and Safety Code). After the 2002 CCR has been provided to customers, please submit a copy to the Department with a completed CCR Certification Form. If the report has not yet been distributed, indicate the date it will be distributed: 5/25/03

Public water systems that serve 100,000 or more persons are required to post their CCR on the Internet. Is your CCR on the Internet? Yes No To be posted by _____ 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>
RANDY TOLBERT	22697	1	NOV - 03
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Please list the State or AWWA 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 has applied for interim/temporary Distribution Certification.

<u>Name</u>	<u>Grade of Interim Operator Requested</u>
RANDY 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 2002 or that are planned for 2003. (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).

Completed in 2002: _____

Planned for 2003: BID ON WATER LINE FROM WELLS 5 & 6 TO STORAGE. 4100 FT OF LINE TO TANK. WAITING ON PRICE FROM CONDOR. VOTE ON THIS PROJECT AT ANNUAL MEETING.

25. SYSTEM PROBLEMS

Type of Problem	Number of Problems	Number of Problems Investigated	Number of Problems Reported to DHS
Service Connection Breaks/ Leaks	02	02	0
Main Breaks/Leaks			
Water Outages			
Boil Water Orders			
Total			

Please provide a brief description of the cause and the corrective action taken for each problem identified during 2002.

- 1) CONTRACTOR BROKE WATER LINE 2", REPAIR LINE PUT BY IN SERVICE.
- 2) CONTRACTOR BROKE 2" CABIN MAIN. REPLACE 2" LINE AND CURB STOP VALVES, WATER BOX.

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	03	03	0
Color			
Turbidity			
Worms and other Visible Organisms			
Pressure (High or Low)			
Illnesses (Waterborne)			2
Other (Specify)			
Total			

Please provide a brief description of the cause and the corrective actions taken for each complaint reported during 2002.

ROTTEN EGG SMELL / FLUSH DEAD END LINE
NO MORE COMPLAINTS AFTER FLUSHING. PART TIME CABINS

27. SYSTEM MAINTENANCE

Dead-End Flushing Program

	Total No. in System	No. with Blowoffs	No. Flushed in 2002	Frequency of Flushing
Dead-Ends	04	0	04	6 MONTHS

Valve Exercise Program

	Size Range of Valves	Total No. in System	No. Exercised in 2002	Frequency of Valve Exercising
Valves	2" - 4"	61	15	6 MONTHS