



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



ARNOLD SCHWARZENEGGER  
Governor

5510016  
~~Randy Tolbert~~ Gary A. Scarborough  
ODD FELLOWS SIERRA REC ASSOC  
P.O. BOX 116  
LONG BARN, CA 95335

**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, 2004**

**2003 ANNUAL REPORT TO THE DRINKING WATER PROGRAM  
FOR YEAR ENDING DECEMBER 31, 2003**

[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](mailto:ccarlucc@dhs.ca.gov)

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

---

---

2. **WEBSITE ADDRESS**

---

3. **ORGANIZATION**

A. Manager/Superintendent

Telephone / Fax Numbers (Include Area Code)

E-mail Address

---

---

---

B. Primary Contact Person (e.g., Chief Operator)

Address

Telephone / Fax Numbers (Include Area Code)

E-mail Address

---

---

---

---

C. Billing 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:**

Signature \_\_\_\_\_

Print Name/Title \_\_\_\_\_ Date: \_\_\_\_\_

5. **POPULATION SERVED**

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

B. Seasonal Daily Maximum (If applicable) \_\_\_\_\_

6. **NUMBER OF SERVICE CONNECTIONS**

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

Number of Inactive Connections (all types) \_\_\_\_\_

Number of Fire Hydrants \_\_\_\_\_

7. **DOMESTIC WATER SOURCES IN SYSTEM** (As of December 31, 2003)

Type	Total Approved	New/Added in 2003	Inactivated in 2003	Abandoned or Destroyed in 2003
Groundwater				
Surface Water (Raw)				
Purchased Water (GW)				
Purchased Water (SW)				
Standby*				
Inactive		N/A		

GW = Groundwater SW = Surface Water

\*If a standby source was used in 2003, **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 or gals. [specify])		Water Purchased (MG or gals. [specify])	Water Sold (MG or gals. [specify])	
	GW	SW		PWS	Other
Maximum Day					
Max. Month (specify month)					
Annual Total					

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 2003.

**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.

Please make sure that the data are submitted electronically (EDT).

**10. RADIOLOGICAL MONITORING**

If monitoring/sampling for Gross Alpha, Radium-226, Radium-228 and Uranium has been conducted since January 1, 2001 through the present time (historical data under EPA's Radionuclide Rule), please attach copies of the analyses to this report for all sources sampled.

**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  $\geq 23$  mg/l nitrate) then quarterly monitoring must be initiated. Has your system conducted monitoring for nitrate during 2003 from each source? Yes  No  Attach a copy of the 2003 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 was changed in 2003 or submit an updated plan if your current plan is more than 10 years old. Date of current sample siting plan: \_\_\_\_\_

**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)

Check here if no chemicals are added to the drinking water:   
 If chlorine is being used, is it used on a continuous basis? Yes  No

**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				
Second Round Initial Tap Monitoring				
First Round Annual Tap Monitoring				
Second Round Annual Tap Monitoring				
First Round Triennial Monitoring				
Second Round Triennial Monitoring				

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		
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 2003	Number Tested in 2003	Number Failed in 2003	Number Repaired/ Replaced
Backflow Prevention Assemblies on Service Connections at the Meter					
Backflow Devices On-site in lieu of at the Meter					
Air-gap					

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 2003:

Total number of actual backflow incidents investigated during 2003: \_\_\_\_\_

Number with backflow into a public water system: \_\_\_\_\_

Number contained to customer premises: \_\_\_\_\_

Water User Origin: Industrial \_\_\_\_\_ Commercial \_\_\_\_\_ Residential \_\_\_\_\_

**16. RECYCLED WATER PROJECTS IN YOUR SERVICE AREA (As of December 31, 2003)**

Recycled Water Use Sites	Number of Sites Approved	Number of Sites Proposed for 2004
Irrigation, Agriculture		
Irrigation, Landscape		
Industrial		
Dual-Plumbed (in-building)		
Cooling Towers		
Other ( <i>specify</i> _____)		
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 2003? \_\_\_\_\_  
How many pressure/shutdown tests were performed in 2003? \_\_\_\_\_

**17. EMERGENCY NOTIFICATION PLANS**

Please submit a revised Emergency Notification Plan (form attached) (Section 116460 of the Health and Safety Code).

**18. OPERATIONS PLAN FOR SURFACE WATER TREATMENT PLANTS ONLY**

Date of current Operations Plan: \_\_\_\_\_

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 2003.

Date of your current Emergency Disinfection Plan (EDP) \_\_\_\_\_

Please **submit a copy** of your current EDP if changes were made to the plan in 2003.

Date of last watershed sanitary survey \_\_\_\_\_

Date planned to complete next watershed sanitary survey \_\_\_\_\_

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

Describe any plant problems, process failures, major shutdowns, etc., which were experienced in 2003 and substantially affected the plant performance (Please attach separate sheets, if needed).

---

**20. EMERGENCY RESPONSE PLANS / DISASTER PREPAREDNESS**

Do you have an Emergency 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 at least 3,300 or more persons are required to review and revise their Emergency Response Plans to ensure that the plans are sufficient to address possible disaster scenarios. Date of last review/ revision: \_\_\_\_\_

Please **submit a copy** of your plan with this annual report if it was updated during 2003, and has not already been submitted.

**21. BACKUP POWER**

Does your water system have backup power for: Sources: Yes  No  N/A   
Pumping Stations: Yes  No   
Water Treatment Plant: Yes  No  N/A

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 power outages 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, 2004, reporting the quality of the water delivered during 2003 (Section 116470 of Health and Safety Code). After the 2003 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: \_\_\_\_\_

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>
Gary A. Scarborough	24005	T2	11-1-2004
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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. If applicable, list the operators for which the water system has applied for interim distribution certification.

<u>Name</u>	<u>Grade of Interim Operator Requested</u>
_____	_____
_____	_____
_____	_____
_____	_____

24. WATER SYSTEM IMPROVEMENTS

Identify any major changes, additions, or improvements in the water system facilities and/or operation that were completed during 2003 or that are planned for 2004. (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 2003: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Planned for 2004: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





27. SYSTEM MAINTENANCE

**Dead-End Flushing Program**

	<b>Total No. in System</b>	<b>No. with Blowoffs</b>	<b>No. Flushed in 2003</b>	<b>Frequency of Flushing</b>
<b>Dead-Ends</b>				

**Valve Exercise Program**

	<b>Size Range of Valves</b>	<b>Total No. in System</b>	<b>No. Exercised in 2003</b>	<b>Frequency of Valve Exercising</b>
<b>Valves</b>				