



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



ARNOLD SCHWARZENEGGER
Governor

5510016
ODD FELLOWS SIERRA REC ASSOC

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, 2005

**2004 ANNUAL REPORT TO THE DRINKING WATER PROGRAM
FOR YEAR ENDING DECEMBER 31, 2004**

[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)

PO BOX 116
LONG BARN, CA 95335

2. **WEBSITE ADDRESS**

3. **ORGANIZATION**

A. Manager/Superintendent
Telephone / Fax Numbers (Include Area Code)
E-mail Address

ROBERT CLOAK - DIRECTOR
(209) 586-3098 / SAME

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 Robert Cloak

Print Name/Title ROBERT CLOAK (DIRECTOR) Date: 3-7-05

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			
Irrigation (Ag & Residential)			
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, 2004)**

Type	Total Approved	New/Added in 2004	Inactivated in 2004	Abandoned or Destroyed in 2004
Groundwater	2			
Surface Water (Raw)				
Purchased Water (GW)				
Purchased Water (SW)				
Standby*	1			
Inactive		N/A		

GW = Groundwater SW = Surface Water

*If a standby source was used in 2004, **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	183,800				
Max. Month (specify month)	1.6 MG JULY				
Annual Total	12.1 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 2004.

9. 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.

10. 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 2004 from each source? Yes No
Attach a copy of the 2004 results for each source to this report if not already submitted and/or provide a summary of sample dates and results.

11. 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 2004 or submit an updated plan if your current plan is more than 10 years old. Date of current sample siting plan: 2004

Please note that if there is a system pressure loss to less than 5 psi, special bacteriological samples are required from the affected area. Also, you must notify our office immediately.

12. 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

13. LEAD AND COPPER (Community and nontransient noncommunity systems only)

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	2	200
First Round Triennial Monitoring	8-2000	10	5.70	58.40
Second Round Triennial Monitoring	8-2002	5	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		

14. BACKFLOW PREVENTION ASSEMBLIES

	Total Number in System	Number Installed in 2004	Number Tested in 2004	Number Failed in 2004	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 _____

15. RECYCLED WATER PROJECTS IN YOUR SERVICE AREA (As of December 31, 2004)

Recycled Water Use Sites	Number of Sites Approved	Number of Sites Proposed for 2005
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 2004? _____
 How many pressure/shutdown tests were performed in 2004? _____

16. EMERGENCY NOTIFICATION PLANS

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

17. 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 2004.

Date of your current Emergency Disinfection Plan (EDP) _____

Please **submit a copy** of your current EDP if changes were made to the plan in 2004.

Date of last watershed sanitary survey _____

Date planned to complete next watershed sanitary survey _____

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

Describe any plant problems, process failures, major shutdowns, etc., which were experienced in 2004 and substantially affected the plant performance (Please attach separate sheets, if needed).
N/A

19. EMERGENCY RESPONSE PLANS / DISASTER PREPAREDNESS

Do you have an Emergency Response Plan (ERP) 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: _____. Date the ERP was last exercised with a tabletop or activity: _____.

Public water systems serving less than 3,300 persons are not required to have an ERP. However, the Department recommends that a simplified ERP be completed to address basic water quality emergencies, natural disasters and vandalism. An ERP template for small water systems is provided on our security website at:

www.dhs.ca.gov/ps/ddwem/Homeland/EmergencyResponsePlan_revised.doc

Please **submit a copy** of your ERP with this annual report if it was updated during 2004, and has not already been submitted.

20. 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 _____

21. CONSUMER CONFIDENCE REPORT

A Consumer Confidence Report (CCR) must be distributed to your customers by July 1, 2005, reporting the quality of the water delivered during 2004 (Section 116470 of Health and Safety Code). After the 2004 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

22. 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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>
GARY SCARBOROUGH	_____	D-1	2007
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

23. WATER SYSTEM IMPROVEMENTS

Identify any major changes, additions, or improvements in the water system facilities and/or operation that were completed during 2004 or that are planned for 2005. (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 2004: _____

Planned for 2005: _____

24. SYSTEM PROBLEMS

Type of Problem	Number of Problems	Number of Problems Investigated	Number of Problems Reported to DHS
Service Connection Breaks/ Leaks	2	2	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 2004.

1. CONTRACTOR BROKE 1" SERVICE LINE TO SINGLE RESIDENCE, REPAIRED AND PUT BACK INTO SERVICE
2. 1" SERVICE LINE TO RESIDENCE BROKEN BY UNKNOWN CAUSE - REPAIRED AND PUT BACK INTO SERVICE

25. 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	1	1	0
Color			
Turbidity			
Worms and other Visible Organisms			
Pressure (High or Low)			
Illnesses (Waterborne)			
Other (Specify)			
Total			

Please provide a brief description of the cause and the corrective actions taken for each complaint reported during 2004.

- ROTTEN EGG SMELL - CORRECTED BY FLUSHING DEAD END LINE
 FLUSHING DEAD ENDS HAS NOW BEEN PUT ON A REGULAR SCHEDULE

26. SYSTEM MAINTENANCE

Dead-End Flushing Program

	Total No. in System	No. with Blowoffs	No. Flushed in 2004	Frequency of Flushing
Dead-Ends	4	0	4	2 - 3 MONTHS 2 - MONTHLY

Valve Exercise Program

	Size Range of Valves	Total No. in System	No. Exercised in 2004	Frequency of Valve Exercising
Valves	2" - 4"	61	47	AS NEEDED