

TO: 5510016  
ODD FELLOWS SIERRA REC  
ASSOC  
Robert Cloak  
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, 2006**

**2005 ANNUAL REPORT TO THE DRINKING WATER PROGRAM  
FOR YEAR ENDING DECEMBER 31, 2005**

[Section 116530 Health & Safety Code]

For an electronic copy of this form, send an e-mail request including your system number to: [wluca@dhs.ca.gov](mailto:wluca@dhs.ca.gov)

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

\_\_\_\_\_  
\_\_\_\_\_

2. **WEBSITE ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_

3. **ORGANIZATION**

A. Manager/Superintendent/Public Works Director ROBERT CLOAK / (Title) D-1 OPERATOR  
Telephone / Fax Numbers (Include Area Code) (209) 586-3098 / SAME  
Cell Phone (Include Area Code) \_\_\_\_\_  
E-mail Address \_\_\_\_\_

B. Primary Contact Person (e.g., Chief Operator) ROBERT CLOAK / (Title)  
Address \_\_\_\_\_  
Telephone / Fax Numbers (Include Area Code) (209) 586-1459 / SAME  
Cell Phone (Include Area Code) \_\_\_\_\_  
E-mail Address BOBNSUE @ RIEVALLEY.NET

C. Billing Contact OFSKA  
E-mail Address \_\_\_\_\_

D. Water Quality Contact ROBERT CLOAK  
E-mail Address \_\_\_\_\_  
(person responsible for water quality monitoring and reporting)

E. Specify to which of the above e-mail addresses the Department can send notices of security threats, warnings, emergency information etc.: BOTH PHONE NUMBERS ARE BETTER THAN E-MAIL

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

\_\_\_\_\_  
\_\_\_\_\_

**REPORT SUBMITTED BY:**

Signature Robert Cloak

Print Name/Title D-1 OPERATOR Date: \_\_\_\_\_

**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 39

**7. DOMESTIC WATER SOURCES IN SYSTEM (As of December 31, 2005)**

*If there is any change of status for any source, you must contact the Department so we can make appropriate changes to our records and database.*

Type	Total Approved	New/Added in 2005	Inactivated in 2005	Abandoned or Destroyed in 2005
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 2005, **IDENTIFY** the number of days in operation: \_\_\_\_\_  
 Describe the reason the standby source was used: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*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)	AUGUST 1.68MG				
Annual Total	10.24 MG				

GW = Groundwater    SW = Surface Water    MG = Million Gallons

*\*Only report Maximum Day if it is actually measured or figured out from production records. It should not be the average day demand during the maximum month of production.*

Please **SUBMIT A LIST** of the other public water systems (PWS) that your water system sold water to, or purchased water from, in 2005.

**9. 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 2005 from each source? Yes  No   
**Citations for failing to collect a nitrate sample in 2005 will be issued in July of 2006. If there were any sources that were not monitored because they were offline during 2005, you must contact the Department to avoid being issued a citation.**

**10. 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 2005 or submit an updated plan if your current plan is more than 10 years old. Date of current sample siting plan: 12-21-2005

**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.**

**11. 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			

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

12. 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		

**13. BACKFLOW PREVENTION ASSEMBLIES**

All backflow prevention devices must be tested annually. If any were not tested in 2005, submit a time schedule stating when the devices will be tested in 2006.

	Total Number in System	Number Installed in 2005	Number Tested in 2005	Number Failed in 2005	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: \_\_\_\_\_

**14. RECYCLED WATER PROJECTS IN YOUR SERVICE AREA (As of December 31, 2005)**

Recycled Water Use Sites	Number of Sites Approved	Number of Sites Proposed for 2006
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 2005? \_\_\_\_\_  
 How many pressure/shutdown tests were performed in 2005? \_\_\_\_\_

**15. EMERGENCY NOTIFICATION PLANS**

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

**16. 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 2005.

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

Please **submit a copy** of your current EDP if changes were made to the plan in 2005.

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

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

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

Describe any plant problems, process failures, major shutdowns, etc., which were experienced in 2005 and substantially affected the plant performance (Please attach separate sheets, if needed).

N/A

**18. 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](http://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 2005, and has not already been submitted.

**19. 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.) NEW

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

**20. CONSUMER CONFIDENCE REPORT**

A Consumer Confidence Report (CCR) must be distributed to your customers by July 1, 2006, reporting the quality of the water delivered during 2005 (Section 116470 of Health and Safety Code). After the 2005 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

**21. 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>
ROBERT CLOAK	28978	D-1	JUNE 2008
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**22. WATER SYSTEM IMPROVEMENTS**

Identify any major changes, additions, or improvements in the water system facilities and/or operation that were completed during 2005 or that are planned for 2006. (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 2005: WE HAVE PURCHASED A PORTABLE GENERATOR  
CAPABLE OF RUNNING WELL "5" OR "6" IN EMERGENCY  
SITUATIONS

Planned for 2006: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**23. SYSTEM PROBLEMS**

Type of Problem	Number of Problems	Number of Problems Investigated	Number of Problems Reported to DHS
Service Connection Breaks/ Leaks	3	3	
Main Breaks/Leaks	1	1	
Water Outages			
Boil Water Orders			
Total			

Please provide a brief description of the cause and the corrective action taken for each problem identified during 2005.

SERVICE BREAKS WERE REPAIRED BY US AND PUT BACK INTO  
SERVICE  
THE MAIN WAS REPAIRED BY A CONTRACTOR (SIMINACI)

**24. 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			
Color	3	3	
Turbidity			
Worms and other Visible Organisms			
Pressure (High or Low)	1	1	
Illnesses (Waterborne)			
Other (Specify)			
Total	4	4	



Please provide a brief description of the cause and the corrective actions taken for each complaint reported during 2005.

COLOR WAS CAUSED BY RESIDUAL CHLORINE AND WAS  
CLEARED UP BY FLUSHING LINES  
LOW PRESSURE COMPLAINT WAS THE RESULT OF HIGH USE  
ON A DEAD END. I WILL PROPOSE TO THE BOARD THAT  
THE DEAD END BE LOOPED TO ANOTHER LINE

25. SYSTEM MAINTENANCE

**Dead-End Flushing Program**

	Total No. in System	No. with Blowoffs	No. Flushed in 2005	Frequency of Flushing
Dead-Ends	4	0	4	2 MONTH INTERVALS

**Valve Exercise Program**

	Size Range of Valves	Total No. in System	No. Exercised in 2005	Frequency of Valve Exercising
Valves	2"-4"	62	49	AS NEEDED