

TO: System Number: 5510016
System Name: ODDFELLOWS SIERRA
REL. ASSOC.
POB 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, 2007

**2006 ANNUAL REPORT TO THE DRINKING WATER PROGRAM
FOR YEAR ENDING DECEMBER 31, 2006**

[Section 116530 Health & Safety Code]

For an electronic copy of this form, send an e-mail request including your system number to: wluccas@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 I (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 I (Title)

Address _____

Telephone / Fax Numbers (Include Area Code) (209) 586-1459 / SAME

Cell Phone (Include Area Code) _____

E-mail Address BORNSUE @ BIGVALLEY.NET

C. Billing Contact OFSRA

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 ROBERT CLOAK D-1 OPERATOR Date: 3-11-07

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** (As of December 31, 2006)

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 40

7. **DOMESTIC WATER SOURCES IN SYSTEM** (As of December 31, 2006)

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 2006	Inactivated in 2006	Abandoned or Destroyed in 2006
Groundwater	2			
Surface Water (Raw)				
Purchased Water (GW)				
Purchased Water (SW)				
Standby ¹	1			
Inactive ²		N/A		

GW = Groundwater SW = Surface Water

¹If a standby source was used in 2006, **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.

²Inactive sources are not approved as sources of supply and must be locked out or physically disconnected or otherwise isolated so that only an intentional act by an operator can place the source in service.

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)	JULY 1.66 MG				
Annual Total	11.58 MG				

GW = Groundwater SW = Surface Water MG = Million Gallons

*Only report Maximum Day if it is actually measured or determined 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 2006.

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 ≥ 23 mg/l nitrate) then quarterly monitoring must be initiated. Has your system conducted monitoring for nitrate during 2006 from each source? Yes No
Citations for failing to collect a nitrate sample in 2006 will be issued in July of 2007. If there were any sources that were not monitored because they were offline during 2006, 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 2006 or submit an updated plan if your current plan is more than 10 years old. Date of current bacteriological 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
Third Round Triennial Monitoring	7-2006	5	N/D	N/D
Fourth 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	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 2006, submit a time schedule stating when the devices will be tested in 2007.

	Total Number in System	Number Installed in 2006	Number Tested in 2006	Number Failed in 2006	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, 2006)

Recycled Water Use Sites	Number of Sites Approved	Number of Sites Proposed for 2007
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 2006? _____
 How many pressure/shutdown tests were performed in 2006? _____

15. EMERGENCY NOTIFICATION PLANS

Please submit an up-to-date Emergency Notification Plan (form attached) (Section 116460 of the Health and Safety Code). Make sure to include the emergency notification procedures as directed on the form.

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 2006.

Date of your current Emergency Disinfection Plan (EDP): _____

Please **submit a copy** of your current EDP if changes were made to the plan in 2006.

Date of last watershed sanitary survey: _____

Date planned to complete next watershed sanitary survey: _____

17. OPERATIONS PLANS FOR CHLORINATION, GAC, BLENDING OR OTHER TREATMENT

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 2006.

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

Describe any plant problems, process failures, major shutdowns, etc., which were experienced in 2006 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 2006, 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.) 0

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, 2007, reporting the quality of the water delivered during 2006 (Section 116470 of Health and Safety Code). A copy of the 2006 CCR must be submitted to the Department by July 1, 2007. The CCR Certification Form must be submitted to the Department by October 1, 2007. (Section 64483 (c)). 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>Chief/Shift</u>	<u>Operator Number</u>	<u>Grade of Operator</u>	<u>Renewal/Expiration Date</u>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	_____

B. Please list the State or AWWA certified water **distribution operators** employed by your water system.

<u>Name</u>	<u>Chief/Shift</u>	<u>Operator Number</u>	<u>Grade of Operator</u>	<u>Renewal/Expiration Date</u>
<u>ROBERT CLOAK</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>28 978</u>	<u>D-1</u>	<u>JUNE 2008</u>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	_____

Interim Distribution Certification: Please note that all interim distribution certifications expired on December 31, 2006.

23. WATER SYSTEM IMPROVEMENTS

Identify any major changes, additions, or improvements in the water system facilities and/or operation that were completed during 2006 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 2006: LOOPEd TOGETHER 2 DEAD ENDS

Planned for 2007: _____

24. SYSTEM PROBLEMS

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

Please provide a brief description of the cause and the corrective action taken for each problem identified during 2006.

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	N/A ↓		
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 2006.

26. SYSTEM MAINTENANCE

Dead-End Flushing Program

	Total No. in System	No. with Blowoffs	No. Flushed in 2006	Frequency of Flushing
Dead-Ends	3	0	3	2 MONTH INTERVALS

Valve Exercise Program

	Size Range of Valves	Total No. in System	No. Exercised in 2006	Frequency of Valve Exercising
Valves	2"-4"	64	50	AS NEEDED