

BJR TO: System Number: 5510016
System Name: _____
ODD FELLOWS SIERRA REC ASSOC.
PO 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, 2008**

3/1/08
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DEPT. OF HEALTH SERVICES
SO. CA BRANCH-DWFO
MAR 2008

2007 ANNUAL REPORT TO THE DRINKING WATER PROGRAM FOR YEAR ENDING DECEMBER 31, 2007

[Section 116530 Health & Safety Code]

For an electronic copy of this form, send an e-mail request including your system number to: maria.wieczorek@cdph.ca.gov.

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

2. **WEBSITE ADDRESS**

3. **ORGANIZATION**

A. Primary Contact Person

ROBERT CLOAK (Title) D-1 OPERATOR ✓

(Recipient of Department correspondence, enforcement letters, etc.)

Address

POB 116 LONG BARN CA 95335

Telephone / Fax Numbers (Include Area Code)

209 586 1459 / SAME

Cell Phone (Include Area Code)

E-mail Address

ROBNSUE @ BIGVALLEY.NET ✓

B. Board of Directors/Owner/Manager/ Superintendent/Public Works

CHARLES VARVAYANIS (Title) R.O.D.

Telephone / Fax Numbers (Include Area Code)

209-586-3782 /

Cell Phone (Include Area Code)

408-205-5883

E-mail Address

CHARLES @ VARVAYANIS.COM

C. Billing Contact Person

E-mail Address

CHARLES VARVAYANIS

D. Water Quality Contact Person

(Person responsible for water quality monitoring and reporting)

E-mail Address

ROBERT CLOAK ✓

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

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 OPERATOR Date: 3-3-08 ✓

5. **POPULATION SERVED**

- A. Permanent (Latest U.S. Census Bureau or Department of Finance data) 100 EST
 (If you do not have population data, you may estimate the population served by your water system by using an estimate of 2.5 persons per service connection. If you population is estimated, please indicate so.)
- B. Seasonal Daily Maximum (If applicable) 800 EST ✓

6. **NUMBER OF SERVICE CONNECTIONS (As of December 31, 2007)**

| 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 41

7. **DOMESTIC WATER SOURCES IN SYSTEM (As of December 31, 2007)**

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 2007 | Inactivated in 2007 | Abandoned or Destroyed in 2007 |
|-----------------------|----------------|-------------------|---------------------|--------------------------------|
| 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 2007, 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 have the electrical service removed, be 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* (specify day and water produced) | | | | | |
| Max. Month (specify month and water produced) | JULY 1.59 MG | | | | |
| Annual Total | 10.05 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 2007.

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 as nitrate) then quarterly monitoring must be initiated. Has your system conducted monitoring for nitrate during 2007 from each source? Yes No
Citations for failing to collect a nitrate sample in 2007 will be issued in March of 2008. If there were any sources that were not monitored because they were offline during 2007, 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 the BSSP if it was changed in 2007 or submit an updated plan if your current plan is more than 10 years old. Date of current BSSP:

12-21-2005 ✓ verified per BSSP DP

Please Note:

1. Your BSSP should include provisions for conducting special bacteriological monitoring if the system pressure drops to less than 5 psi. Special bacteriological samples are required from the affected area and you must notify our office immediately.
2. If your system collects five or fewer bacteriological samples from the distribution system each month, you are required to collect five routine samples the month following a month in which one or more of the bacteriological samples were positive for coliform bacteria.

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 (µg/L) | Copper (µg/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 2007, submit a time schedule stating when the devices will be tested in 2008.

| | Total Number in System | Number Installed in 2007 | Number Tested in 2007 | Number Failed in 2007 | 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 system¹: _____

¹Please submit a copy of the most recent cross-connection control survey for your water system. A cross-connection control survey should be conducted at least once every five years.

14. RECYCLED WATER PROJECTS IN YOUR SERVICE AREA (As of December 31, 2007)

| Recycled Water Use Sites | Number of Sites Approved | Number of Sites Proposed for 2008 |
|----------------------------|--------------------------|-----------------------------------|
| 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 2007? _____
How many pressure/shutdown tests were performed in 2007? _____

15. EMERGENCY NOTIFICATION PLANS

If there have been changes in contact information, please submit an updated 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

If no, please indicate estimated date for submittal of updated operations plan. _____

Please **submit a copy** of your current operations plan if changes were made to the plan in 2007.

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

Please **submit a copy** of your current EDP if changes were made to the plan in 2007.

Date of last watershed sanitary survey: _____

Date planned to complete next watershed sanitary survey: _____

(Please Note: The watershed sanitary survey must be updated once every five years.)

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

If no, please indicate the estimated date for submittal of updated operations plan. _____

Please **submit a copy** of your current operations plan if changes were made to the plan in 2007.

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

Describe any plant problems, process failures, major shutdowns, etc., which were experienced in 2007 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.cdph.ca.gov/certlic/drinkingwater/Pages/Security.aspx

Please **submit a copy** of your ERP with this annual report if it was updated during 2007, 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, 2008, reporting the quality of the water delivered during 2007 (Section 116470 of Health and Safety Code). A copy of the 2007 CCR must be submitted to the Department by July 1, 2008. The CCR Certification Form must be submitted to the Department by October 1, 2008. (Section 64483 (c)). If the report has not yet been distributed, please indicate the date that it will be distributed: 5-26-08

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 6-1-08 N/A

22. OPERATOR CERTIFICATION

A. Please list the State certified water **treatment plant operators** employed by your water system. Attach additional sheets if needed.

| Name | Chief (Type in Yes or No) | Shift (Type in Yes or No) | Operator Number | Grade of Operator | Expiration Date |
|------|---------------------------|---------------------------|-----------------|-------------------|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |

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

| Name | Chief (Type in Yes or No) | Shift (Type in Yes or No) | Operator Number | Grade of Operator | Expiration Date |
|--------------|---------------------------|---------------------------|-----------------|-------------------|-----------------|
| ROBERT CLOAK | | | 28978 | 1 | JUNE 2011 |
| | | | | | |
| | | | | | |

23. WATER SYSTEM IMPROVEMENTS

Identify any major changes, additions, or improvements in the water system facilities and/or operation that were completed during 2007 or that are planned for 2008. (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 2007: ADDED ONE VALVE AND REMOVED ANOTHER
INSTALLED ONE FIRE HYDRANT

Planned for 2008: _____

24. SYSTEM PROBLEMS

| Type of Problem | Number of Problems | Number of Problems Investigated | Number of Problems Reported to CDPH |
|----------------------------------|--------------------|---------------------------------|-------------------------------------|
| 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 2007.

25. COMPLAINTS Reported (Written and Verbal)

| Type of Complaint | Number of Complaints Reported | Number of Complaints Investigated | Number of Complaints Reported to CDPH |
|-----------------------------------|-------------------------------|-----------------------------------|---------------------------------------|
| Taste and Odor | N/D ↓ | | |
| 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 2007.

26. SYSTEM MAINTENANCE

Dead-End Flushing Program

| | Total No. in System | No. with Blowoffs | No. Flushed in 2007 | 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 2007 | Frequency of Valve Exercising |
|--------|----------------------|---------------------|-----------------------|-------------------------------|
| Valves | 2" - 4" | 64 | 64 | AS NEEDED |