

TO: System Number: 5510016
System Name: Odd Fellows Sierra Recreation Association

Submit to:
Drinking Water Field Operations
Southern California Branch
Merced District Office
265 W. Bullard Avenue, Suite 101
Fresno, CA 93704
Prior to: April 30, 2009

2008 ANNUAL REPORT TO THE DRINKING WATER PROGRAM FOR YEAR ENDING DECEMBER 31, 2008

[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

www.varvayanis.com/sp

3. ORGANIZATION

A. Primary Contact Person

Robert Cloak / (Title) D-I Operator

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

Address

P. O. Box 116, Long Barn, CA 95335-0116

Telephone / Fax Numbers *(Include Area Code)*

(209) 586-1459 / (209) 586-1459

Cell Phone *(Include Area Code)*

(209) 628-6277

E-mail Address

bobnsue@bigvalley.net

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

Charles Varvayanis / (Title) BOD Member

Telephone / Fax Numbers *(Include Area Code)*

(209) 586-3782 / (209) 586-3761

Cell Phone *(Include Area Code)*

(408) 866-5883

E-mail Address

charles@varvayanis.com

C. Billing Contact Person

Charles Varvayanis

E-mail Address

charles@varvayanis.com

D. Water Quality Contact Person

Robert Cloak

(Person responsible for water quality monitoring and reporting)

E-mail Address

bobnsue@bigvalley.net

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**

25460 Jordan Way

(If different than shown above)

Long Barn, CA 95335

REPORT SUBMITTED BY:

Signature 

Print Name/Title Charles P. Varvayanis / BOD Member

Date: 5/13/2009

5. POPULATION SERVED

- A. Permanent (Latest U.S. Census Bureau or Department of Finance data) 100 (Estimate)
(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 your population is estimated, please indicate so.)
- B. Seasonal Daily Maximum (If applicable) 800 (Estimate)

6A. NUMBER OF SERVICE CONNECTIONS (As of December 31, 2008)

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

6B. WATER RATES (As of December 31, 2008)

Current monthly average residential water rate: \$4.48

7. DOMESTIC WATER SOURCES IN SYSTEM (As of December 31, 2008)

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 2008	Inactivated in 2008	Abandoned or Destroyed in 2008
Groundwater	2			
Surface Water (Raw)				
Purchased Water (GW)				
Purchased Water (SW)				
Standby ¹				
Inactive ²	1	N/A		

GW = Groundwater SW = Surface Water

¹If a standby source was used in 2008, **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)	1,320,700 gals. August				
Annual Total	10,177,700 gals.				

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 2008.

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 2008 from each source? Yes No
Citations for failing to collect a nitrate sample in 2008 will be issued in March of 2009. If there were any sources that were not monitored because they were offline during 2008, 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 2008 or submit an updated plan if your current plan is more than 10 years old. Date of current BSSP: 12-21-2005

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 AND INDIRECT 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. **In addition, all materials that come into contact with your drinking water must be certified under ANSI/NSF Standard 61 in accordance with the California Waterworks Standards that became effective March 9, 2008.** 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	7/1/1993	10	N/D	358
Second Round Initial Tap Monitoring	8/20/1993	10	N/D	116
First Round Annual Tap Monitoring				
Second Round Annual Tap Monitoring	9/1997	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	N/A	
Public Education Program	N/A	
Corrosion Control Studies	N/A	
Corrosion Control Treatment Installation	N/A	
Source Water Treatment Installation	N/A	
Lead Line Replacement	N/A	

13. BACKFLOW PREVENTION ASSEMBLIES

All backflow prevention devices must be tested annually. If any were not tested in 2008, submit a time schedule stating when the devices will be tested in 2009.

	Total Number in System	Number Installed in 2008	Number Tested in 2008	Number Failed in 2008	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, 2008)

Recycled Water Use Sites	Number of Sites Approved	Number of Sites Proposed for 2008
Irrigation, Agriculture	N/A	
Irrigation, Landscape	N/A	
Industrial	N/A	
Dual-Plumbed (in-building)	N/A	
Cooling Towers	N/A	
Other (specify _____)	N/A	
Total	N/A	

- 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 2008? _____
How many pressure/shutdown tests were performed in 2008? _____

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 2008.

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

Please **submit a copy** of your current EDP if changes were made to the plan in 2008.

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 2008.

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

Describe any plant problems, process failures, major shutdowns, etc., which were experienced in 2008 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

Your ERP should address water supply emergencies that could occur due to the current drought conditions. Please submit a copy of your ERP with this annual report if it was updated during 2008, 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, 2009, reporting the quality of the water delivered during 2008 (Section 116470 of Health and Safety Code). A copy of the 2008 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: 6/26/2009

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 6/26/09 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.

<u>Name</u>	<u>Chief (Type in Yes or No)</u>	<u>Shift (Type in Yes or No)</u>	<u>Operator Number</u>	<u>Grade of Operator</u>	<u>Expiration Date</u>

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

<u>Name</u>	<u>Chief (Type in Yes or No)</u>	<u>Shift (Type in Yes or No)</u>	<u>Operator Number</u>	<u>Grade of Operator</u>	<u>Expiration Date</u>
Robert Cloak			28998	1	6/2011

23. WATER SYSTEM IMPROVEMENTS

Identify any major changes, additions, or improvements in the water system facilities and/or operation that were completed during 2008 or that are planned for 2009. (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 2008: _____

Planned for 2009: _____

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 2008.

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

Please provide a brief description of the cause and the corrective actions taken for each complaint reported during 2008.

26. SYSTEM MAINTENANCE

Dead-End Flushing Program

	Total No. in System	No. with Blowoffs	No. Flushed in 2008	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 2008	Frequency of Valve Exercising
Valves	2" - 4"	64	64	As needed