Public Water System 2009 Annual Report
CDPH Division of Drinking Water and Environmental Management
POB 997377 MS 7400
Sacramento CA 95899-7377



Water System Detail Information

Public Water System	(PWS) name:	TODD FO	THOWS	SIEREA	REC.	ASSOCIATIO
PWS Number:	CA 55100	16				
Principal city served:	[N]A	Home Own	iers As	SOCIATIO	N	
Mailing Address:	P.O. BOX 116	Lone B	arn, Ca	9533	5-01)	6
Physical Location:	25418 V	NHEELER	ROAT			
Web Site Address:	[ww	W. VARVA	YANIS	. Com	SP	
Name of the person co	ompleting this repo	rt:	GARY	A. SCAF	RBORO	NAH
Telephone number:	Home	(209) 586	-3676	Cen (20	9) 768	8-2496
Email address:	hmgary C	goldrush.	com			
ensuring that the PWS which Enforcement Le General Manager, or C	tters and Correspo	ndence would	be addres			
	HAWKE					
Business Phone: Cell Phone: Fax Number:	(209) 58G	,- 4528				
Email Address:	DSIIA	Caral	last			
Primary Contact (de	RSHAWKE O		OM		- 1	
Title: WATER	DISTRIBUTIO	n opera	TOR			

Name: GARY A. SCARBOROUGH
Business Phone: (209) 586 - 3999
Cell Phone: (209) 768-2496
Fax Number: (209) 586-3999
Email Address: HM GARY @ GOLDRUSH. COM
Billing Contact (person who receives and processes invoices and payments)
TITLE: DIRECTOR OF WATER OFSRA
Name: RON HAWKE
Business Phone: (209) 586 - 4528
Cell Phone:
Fax Number:
Email Address: RSHAWKE C GMAIL, COM
Mailing address if different than the PWS mailing address: Water Quality Contact (Person responsible for receiving water quality email updates from the
Department's Drinking Water Program)
TITLE: WATER DISTRIBUTION OPERATOR
Name: GARY A. SCARBOROUGH
Business Phone: (209) 586-3999
Cell Phone: (209) 768-2496
Fax Number: (209) 586-3999
Email Address: HM GARY @ GOLD RUSH. COM
Consumer Data
Population (permanent) served by your system: (From the latest US Census Bureau or Department of Finance)

Seasonal Maximum Daily, if applicable:	800 (EST)
This next section is for non-community was connections.	ter systems with less than 1000 active
Does your system serve 25 or more people per	day at least 60 days out of the year?
• Yes C No	
Does your system serve 25 or more of the same	people for more than 6 months out of the year?
● Yes C No	
If 'Yes', what was the number of persons served 2009?	on the 60 th highest day of
How many year-round residents does your syste	em serve, if any?
Does your system operate all year?	
yes C No	
If 'No', give normal Open and Close dates:	
Number of Service Connections a	s of December 31, 2009
Residential	
Number of metered residential service connection	ons:
Number of flat rate residential service connection	ns: 354
Total number of residential service connections:	354
Commercial	
Number of metered commercial service connecti	ions:
Number of flat rate commercial service connection	ons:
Total number of commercial service connections	. 0
Industrial	
Number of metered Industrial service connection	ns: O
Number of flat rate Industrial service connection	s: O
Total number of industrial service connections:	0

Agricultural		
Number of metered agricultural service connections:		
Number of flat rate agricultural service connections:	О	
Total number of agricultural service connections:	0	
Source Data Inactive sources are not approved as sources of supply otherwise isolated so that only an intentional act by ar		
Groundwater wells		
Number of approved active groundwater (GW) wells:	2	
Number of groundwater wells added in 2009:	0	
Number of groundwater wells inactivated in 2009:	О	
Number of groundwater wells abandoned or destroyed	in 2009:	
Surface water		
Number of approved active raw surface water (SW) so	urces:	
Number of raw surface water sources added in 2009:	0	
Number of raw surface water sources inactivated in 20	09:	
Number of raw surface water sources abandoned or de	estroyed in 2009:	
Purchased water connections		
Number of active purchased groundwater (GW) connec	ctions:	
Number of purchased groundwater connections added	in 2009:	
Number of purchased groundwater connections inactiv	ated in 2009:	
Number of purchased groundwater connections abando 2009:	oned or destroyed in	
Surface water connections		
Number of approved active purchased surface water co	onnections:	

W = 2

Number of purchased surface	water connections added	f in 2009:		O
Number of purchased surface	water connections inacti	vated in 2009:		ГО
Number of purchased surface destroyed in 2009:	water connections aband	doned or		0
Standby wells				
Number of approved standby	wells:	0		
Number of standby wells adde	ed In 2009:		0	
Number of standby wells inac	tivated in 2009:		0	
Number of standby wells abar	doned or destroyed in 2	009:		0
Emergency interconnection	is			
Number of approved emergen	cy interconnections (inte	erties):		0
Number of Emergency Interco	nnections added in 2009	4		0
Number of emergency interco	nnections inactivated in	2009:		0
Number of emergency interco	nnections abandoned or	destroyed in 2009:		0
For each standby source used	in 2009, list (fill out she	et3 if necessary):		
Name of source	Number days in operation	Reason for use	Was p	oublic notified?
N A				
	-		-	
7		-		

Finished Water Produced, Purchased, or Sold

The Maximum Day is the day during 2009 with the highest total water usage. Once this day has been identified, complete the section below indicating how much of the water on that day was from each source. 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.

The Maximum Month is the month during 2009 with the highest total water usage. Indicate the month in the section below for each source and the amount that was supplied.

	Gallon	c Million	C Acre-feet	c 100	cubic	
		~ "			, aart	
Groundw Date in 20		n amount of gro	undwater was produc	ed:	12	2/16/2009
Amount o	f groundwate	r produced in th	e Maximum Day:		205,4	100
onth in	2009 maximu	ım groundwater	was produced;		JULY	
mount o	f groundwate	r produced in th	e Maximum Month:	1,2711 MG	0.0412	271,100
otal amo	ount of ground	dwater produced			8,654,	
Surface v		n amount of surf	ace water was produc			N/A
Amount o	f surface wate	er produced in t	ne Maximum Day:			7.5
1onth in 2	2009 maximu	ım surface wateı	was produced:			No.
mount o	f surface wate	er produced in the	ne Maximum Month:			
otal amo	ount of surface	e water produce	d in 2009:			
	ed water 009 maximum	n amount of wat	er was purchased:			~/A
mount o	f water purch	ased in the Max	lmum Day:			
onth in	2009 maximu	m amount of wa	nter was purchased:			
mount o	f water purch	ased in the Max	imum Month:			
otal amo	unt of water	purchased in 20	09:			
old wate	(III)	amount of wat	er was sold:		_	V/A
mount of	f water sold in	n the Maximum	Day:			
lonth in 2	2009 maximu	m amount of wa	iter was sold:	Г		
mount of	f water sold in	n the Maximum	Month:			
otal ama	unt of water	sold in 2009:	27			

Name of Public \	rater System	Indication water pure	chased from, sold to, or bot
NIA			N/A
Water Quality			
	icted monitoring for	nitrate during 2009 from	each source?
		miliate during 2007 ironi	dod source
• Yes	C No		
monitoring must be init	tiated. If there were	result of at least 23 mg/l any sources that were no t the CDPH Drinking Wate	ot monitored because they
were offline during 200 enforcement action.			
		ng plan last updated?	IN PROCESS
enforcement action. When was your bacterion The coliform monitoring east every 10 years, as system (Section 64422	ological site sampling of regulations require and at any time the p of Title 22, Californ	e that an updated sample plan no longer ensures rep	-siting plan be submitted a presentative monitoring of the Please attach a copy of this
enforcement action. When was your bacterion The coliform monitoring east every 10 years, and system (Section 64422 siting plan if it is in elected.)	ological site sampling regulations require nd at any time the post of Title 22, Californ ctronic format (eg:	e that an updated sample plan no longer ensures rep nia Code of Regulations).	siting plan be submitted and presentative monitoring of a Please attach a copy of this 2009.
enforcement action. When was your bacterion The coliform monitoring east every 10 years, and system (Section 64422 siting plan if it is in election east enote that if there examples are required free Program immediately.	ological site sampling regulations required at any time the parties of Title 22, Californ ctronic format (eg:	e that an updated sample plan no longer ensures rep nia Code of Regulations). PDF) and was changed in ure loss to less than 5 psi,	siting plan be submitted and presentative monitoring of a Please attach a copy of this 2009.
enforcement action. When was your bacterion The coliform monitoring least every 10 years, and system (Section 64422 siting plan if it is in election Please note that if there leamples are required frogram immediately. Is your 2009 Consumer	ological site sampling regulations required at any time the parties of Title 22, Californ ctronic format (eg:	e that an updated sample plan no longer ensures replications). PDF) and was changed in ure loss to less than 5 psi, ea. Also, you must notify the plan is that the loss to less than 5 psi, ea.	siting plan be submitted and presentative monitoring of a Please attach a copy of this 2009.
enforcement action. When was your bacterion The coliform monitoring least every 10 years, and system (Section 64422 siting plan if it is in election Please note that if there leamples are required frogram immediately. Is your 2009 Consumer	ological site sampling regulations required at any time the post of Title 22, Californ ctronic format (eg: e is a system pressurement the affected are come the affected are considered and considered and considered are considered.	e that an updated sample plan no longer ensures replan Code of Regulations). PDF) and was changed in ure loss to less than 5 psi, ea. Also, you must notify to (CCR) on the Internet?	siting plan be submitted and presentative monitoring of a Please attach a copy of this 2009.

Pursuant to a products, incomust meet to	cluding chlorine, he ANSI/NSF St	Title 22 of the California Co added directly to the drink andard 60. If you are not so the manufacturer or distrib	ing water as part of a ure whether a chemic	treatment pro al you are usin	
DUTPERSON BARRIES COSTONO AND COSTON DESCRIPTION OF THE PROPERTY OF THE PROPER	information abo (fill out sheet5 il	out each chemical used by y f necessary).	our water system inc	luding the follo	wing
Chei	mical name	Manufacturer's name	Purpose for use of chemical	If chemical of ANSI/NSF Sto	
N	A				
Total numbe the meter:	r of backflow pro ackflow preventi	mblies on service connectivention assemblies on service connection assemblies on service connection assemblies on service connections.	vice connections at	0	N/A
		on assemblies on service of	onnactions at the		NI.
meter tested		on assembles on service co	officections at the	1 0	NIA
Number of ba meter falled		on assemblies on service co	onnections at the	0	A /A
	ackflow preventi ed or replaced in	on assemblies on service co 1 2009:	onnections at the	0	N/A
		n lieu of at the meter			
Total number	r of backflow dev	vices on-site in lieu of at th	e meter:	0	NJA
Number of ba	ackflow devices	on-site in lieu of at the met	er installed in 2009:	0	N/A

Number of backflow devices on-site in lieu of at the meter tested in 2009:

O N/A

Number of backflow devices on-site in lieu of at the meter failed in :	2009:		0	NIA
			0	7,4
Number of backflow devices on-site in lieu of at the meter repaired replaced in 2009:	or		0	~ /1
Air gap backflow assemblies				
Total number of air gap backflow assemblies:			0	
Number of air gap backflow assemblies installed in 2009:			0	
Number of air gap backflow assemblies tested in 2009:			0	
Number of air gap backflow assemblies failed in 2009:		Г	0)
Number of air gap backflow assemblies repaired or replaced in 2009:			0	
Name of designated Cross-connection Control Program Coordinator:			Nh	
Certification Number:				
Business Phone:				
Email Address:				
Describe certification or training received:				
Date of last cross-connection control survey completed on the water system:	иJA			
Please list any incidents of cross-connection including the following inecessary):	informa	tion (fi	ll out she	eet6 If
		rinking	submitte Water P s/No)	
N/A			A CONTRACTOR OF THE PARTY OF TH	
Please attach non-submitted cross-connection incident reports:				
ricuse dituen non submitted cross connection incident reports.				
Recycled Water			i an	

This next section is for Large Water Systems Only, which are those connections or greater.	systems with 1000 active
Agricultural sites	
Total number of approved agricultural irrigation sites:	0
Number of agricultural irrigation sites approved in 2009:	0
Number of agricultural irrigation sites proposed for 2010:	0
Landscape irrigation sites	
Total number of approved landscape irrigation sites:	0
Number of landscape irrigation sites approved in 2009:	0
Number of landscape irrigation sites proposed for 2010:	0
Industrial sites	
Total number of approved industrial sites:	0
Number of industrial sites approved in 2009:	0
Number of industrial sites proposed for 2010:	0
Dual-plumbed (In-building) sites	
Total number of approved dual-plumbed (In-building) sites:	0
Number of dual-plumbed (In-building) sites approved in 2009:	0
Number of dual-plumbed (In-building) sites proposed for 2010:	0
Dual-plumbed (Single-family lot) sites	
Total number of approved dual-plumbed (Single-family lot) sites:	0
Number of dual-plumbed (Single-family lot) sites approved in 2009:	0
Number of dual-plumbed (Single-family lot) sites proposed for 2010:	0
Cooling towers	
Total number of approved cooling tower sites:	0
Number of cooling tower sites approved in 2009:	0
Number of cooling tower sites proposed for 2010:	0
Other	
	1

Total number of any other approved sites:	0
Number of any other sites approved in 2009:	0
Number of any other sites proposed for 2010:	0
Please list specific recycled water use sites within your system:	
NIA	
Name of Recycled Water Coordinator: Name of Recycled Water Coordinator:	
Title:	
Business Phone:	
Email Address:	
How many inspections of recycled water use sites were conducted in 2009?	N/A
How many pressure/shutdown tests were performed in 2009?	О
Do all of your recycled water uses sites have an on-site supervisor?	
C Yes C No	
How many recycled water use sites do not have an on-site supervisor?	0
System Operation -Treatment Please attach any new Groundwater Treatment Plant Operation Plan:	
Date of current Groundwater Treatment Plant Operations Plan:	~/A
Does your Operations Plan accurately reflect your current operations?:	
C Yes C No	
Please attach a copy of your current GW Treatment Plant Operations Plan if the plan in 2009;	changes were made to
Describe any plant problems, process failures, major shutdowns, etc., which 2009 and substantially affected the plant performance:	were experienced in
N/A	

Please attach any new Surface Water Treatment Operations Plan:	
Date of current Surface Water Treatment Plant Operations Plan:	NIA
Does your SW Treatment Operations Plan accurately reflect your current	operations?
C Yes C No	
Please upload a copy of your current SW Operations Plan if changes were 2009:	e made to the plan in
Describe any plant problems, process failures, major shutdowns, etc., whe 2009 and substantially affected the plant performance:	hich were experienced in
NIV	
This section is for Small Water Systems Only which are systems with I connections.	less than 1000 active
Is any water treatment provided?	
C Yes ● No	
If your water system uses chlorination treatment, list the name of each t source:	reated water
NIA	
If any other water treatment is provided, list the water source name and	the type of treatment:
N/A	
If your water system uses any type of filtration treatment, list the water stillers used:	source and the type of
N/A	
If your water system uses any other type of water treatment, list the wat treatment:	ter source and the type of
"/A	

Watershed Sanitary Survey (Su	rface Water Syst	
Date of last watershed sanitary survey:		NIN
Date planned to complete next watershed sar	nitary survey:	
Emergency Preparation and Res Date of current Emergency Disinfection Plan (· N/A
Please attach a copy of your current Emergen in 2009:	cy Disinfection Plan if cl	nanges were made to the pl
Do you have an Emergency Response Plan (E of water service for your water system?:	RP) that addresses the p	procedures for the restoration
C Yes @ No		
Date of your current Emergency Response Pla	in:	M/W
For Large Water Systems Only (30,000 cor last review / revision of your Emergency Resp		
Public water systems serving at least 30,000 their ERP to ensure that the plan is sufficient to		
	to address possible disa	
their ERP to ensure that the plan is sufficient of the sufficient	to address possible disa	ster scenarios.
For Large Water Systems Only, date ERP with a tabletop or activity: Please attach a copy of your Emergency Response	to address possible disa	ster scenarios.
For Large Water Systems Only, date ERP with a tabletop or activity: Please attach a copy of your Emergency Responsive Submitted;	to address possible disa	ted in 2009 and has not bee
For Large Water Systems Only, date ERP with a tabletop or activity: Please attach a copy of your Emergency Respendenced your submitted:	onse Plan if it was updated? Water Treatment	ted in 2009 and has not bee
For Large Water Systems Only, date ERP which a tabletop or activity: Please attach a copy of your Emergency Respondered y submitted: Does your water system have backup power for Source Pumping	onse Plan if it was updated?	ted in 2009 and has not bee
For Large Water Systems Only, date ERP which a tabletop or activity: Please attach a copy of your Emergency Respendenced y submitted; Does your water system have backup power for a your system has backup power, how often it can your system maintain system pressure elements.	onse Plan if it was updated?	ted in 2009 and has not bee
For Large Water Systems Only, date ERP which a tabletop or activity: Please attach a copy of your Emergency Respondenced y submitted: Does your water system have backup power for the country of the c	onse Plan if it was updated?	ted in 2009 and has not bee

Please submit an up-to-date Emergency Notification I Safety Code). Make sure to include the emergency no	
Operations Please attach a list of State-certified Operators and In GARY A SCARBCACKAH * Type of Certification T-3 & D-2 * Number and Grade TREATMENT & DISTR * Indicate if Treatment Plant or Distribution Operator * Certification renewal or expiration date DISTRIBUTE * Indicate if Lead or Shift operator ONLY ONE System Planning Water System Improvements: Identify any major water facilities and/or operation that were completed (Water systems are required to submit an amended prodification to water sources or treatment facilities p	CHANTION \$ 27398 #24005 T-3 BOTH TON 1-1-2412 — LEAD changes, additions, or improvements in the during 2009 or that are planned for 2010. permit application for any addition or
Safety Code).	
Completed in 2009:	0
Planned for 2010: System Operations - Distribution Total number of dead-ends in the system:	TANK INSPECTION
Number of blow-offs in system:	0
Number of dead-ends flushed in 2009:	3
Frequency of dead-end flushing:	2 MONTH INTERVACE
Total number of valves in the system:	64-
Size range of valves:	2" to 4"
Number of valves exercised in 2009:	64
Frequency of valve exercise;	EVERY 6 MO
System Operations - Storage Storage Tank / Reservoir Inspection / Cleaning Progra Information for each storage tank:	
* Tank Name	

we currently have 6 storage tenks for our facilities

* Capacity in MG	, 210	.043	.013	, 013	, 013	,013		
* Year installed	1		1998	1998	1998	1998		
* Date last inspected	1998	1998	1998	1998	1998	1998		
* Date last cleaned * Date re-lined (If applicable	1998	1998	4n Know					
* Date re-lined (ii applicabl	e) 1998	1998	un knou	un -		Þ		
System Operations	- Proble	ms						
Number of service breaks /	leak probler	ns experience	d in 2009:		0			
Number of service breaks /	leak probler	ns investigate	ed in 2009:		0			
Number of service breaks / Water Program in 2009:	leak probler	ns reported to	the CDPH D	rinking	0			
Number of main breaks / le	aks experier	nced in 2009:			0			
Number of main breaks / le	aks investig	ated in 2009:			0	0		
Number of main breaks / le Program in 2009;	0							
Number of water outages ex	Number of water outages experienced in 2009:							
Number of water outages in								
Number of water outages re 2009:	eported to th	ne CDPH Drink	ding Water Pr	ogram in	0			
Number of Boil Water Notice	es issued in	2009:			0			
Please provide a brief descr identified during 2009 (atta				action taker	for each p	roblem		
RAW OUT OF WATER DA FALSE READING				ICATOR	FROZEN	GIVING		
PUMPS AND FILLE						714 60		
System Complaints						- Charles		
Number of water color comp	plaints receiv	ved in 2009:			0			
Number of water color comp	0							
Number of water color comp Water Program in 2009:	0							
Number of water turbidity o	omplaints re	eceived in 200	9;		0			
Number of water turbidity of	omplainte ir	vestigated in	2009:		- Com			
Number of Water turbidity c	omponite ii	rrescigated in	20001)		

Number of water turbidity complaints reported to the CDPH Drinking Water Program in 2009:	0
Number of worm & other organism complaints received in 2009:	0
Number of worm & other organism complaints investigated in 2009:	0
Number of worm & other organism complaints reported to the CDPH Drinking Water Program in 2009:	0
Number of pressure (too high/low) complaints received in 2009:	0
Number of pressure complaints investigated in 2009:	0
Number of pressure complaints reported to the CDPH Drinking Water Program in 2009:	0
Number of waterborne illness complaints received in 2009:	0
Number of waterborne illness complaints investigated in 2009:	0
Number of waterborne illness complaints reported to the CDPH Drinking Water Program in 2009;	0
Number of all other complaints received in 2009:	(
Number of all other complaints investigated in 2009:	
Number of all other complaints reported to the CDPH Drinking Water Program in 2009:	0
Please provide a brief description of the cause and the corrective action taken for identified during 2009;	or each complaint
NO WATER - REFILLED TANKS	
Drought Response and Water Conservation Do you have a drought action plan? C Yes No If "Yes," when was it last updated?	
Did you experience water shortages in the past calendar year?	

CNIC

C	Yes	Ø No		100			18 18	3	76-10-1
If "Yes," how much gallons (MG) or acr	The second secon		tfall (p	lease ex	press un	its in mil	lion	Г	nlu
Did drought conditi	ons cau	se you	to activ	vate em	ergency	standby	wells thi	s past ye	ear?
C	Yes •	No							
Do you project wat	er short	ages in	the up	coming	calenda	year?			
C	Yes 4	No							
If "Yes," how much million gallons (MG				anticipat	te (pleas	e expres	s units ir	1	N/A
Did you implement	any wa	ter con	servati	on activi	ity in 20	09?			
C	'es 💿	No							
If 'Yes', what was t	ne savin	igs in M	IG?					Г	NIA
What was the perce	nt (%)	reducti	on in d	emand?					N/A
Do you anticipate h	aving to	go to	manda	tory rati	oning in	the upco	ming ye	ar?	
CY	es • 1	No	1						
Do you routinely m	onitor th	ne stati	c and p	umping	water le	vels in y	our well:	s?	
CYE	s o N	lo	1						
Are the levels recov	ering or	is ther	e a ste	ady dec	line in th	nese leve	ls?		
C Dec	linin	∩ Red	overin	o No)				
Please list any othe	r long te	erm act	ions yo	ou are co	nsiderin	ے g or plan	ning:		
STORAGE TA	NIC	INSPE	CTION	ANI	OLE	INING	7/	5 = 7/4	2010
INSTALLING									
INSTALATION						WEL	L Hou	SE #	6
UPDATE BA	C-T	SAM	PEIN	IG P	LAN				
IMPLIMENTA: PUMPINE	ER.GE	NCY	Non	TIFICA	TION	PLA KEEPIN EMS	N 6 For	L DA	MY WATER

Again...thank you for your cooperation in completing this reporting form

Thank you Kassy for your help and patience. Should you need anything further please get in touch with me.

Everything on the form is filled out to the best of my knowledge. I came on board in March of 2010 and was given the information second hand.

Thanks Again

Day & Scarbourge