

**2010 ANNUAL REPORT TO THE DRINKING WATER
PROGRAM
FOR YEAR ENDING DECEMBER 31, 2010
*[Section 116530 Health & Safety Code]***

Water System Information	
Water System No.:	CA5510016
Water System Name:	ODD FELLOWS SIERRA REC ASSOC
Principal County Served:	TUOLUMNE
Principal City Served:	LONG BARN
Mailing Address:	P O BOX 116, LONG BARN, CA, 95335
Physical location: (address, city, zip)	P O BOX 116, LONG BARN, CA, 95335
Web site address:	

REPORT SUBMITTED BY:	
Name:	Ron Hawke
Title:	Director
Business phone:	209-586-4528
Cell phone:	
Email address:	RSHawke@gmail.com

Public Water System Contacts

Manager / Superintendent/ Public Works Director (legally responsible that systems complies with state and federal regulations)	
Name:	Ronald Hawke
Title:	DIRECTOR
Business phone:	209-586-4528
Cell phone:	
Email address:	RSHawke@gmail.com
Designated Chief Operator	
Name:	PAUL KRAWCHUK
Title:	CERTIFIED OPERATOR
Business phone:	209-586-3667
Cell phone:	209-768-5038
Email address:	PAUL2042@ATT.NET
Billing Contact (receives/Pays CDPH Bill)	
Name:	Ronald Hawke
Title:	DIRECTOR
Business phone:	209-586-4528
Cell phone:	
Email address:	RSHAWKE@GMAIL.COM
Water Quality Contact	
Name:	Ronald Hawke
Title:	DIRECTOR
Business phone:	209-586-4528

Cell phone:	
Email address:	RSHAWKE@GMAIL.COM

1. POPULATION SERVED

Permanent population (from latest US Census or finance data) or number of long-term residents:) 50

IF THE ANSWER TO THE ABOVE IS LESS THAN 25 ANSWER THE FOLLOWING ADDITIONAL QUESTIONS.

Transient population: Does your system serve 25 or more people/day at least 60 days out of the year?

Yes No

Nontransient population: Does your system serve 25 or more of the same people for more than 6 months out of the year?

Yes No

If yes to any of the questions above, how many people are served on the 60th busiest day?

If operated seasonally, give normal open and close dates:

Open Close

Seasonal Daily Maximum (if applicable)

2. NUMBER OF SERVICE CONNECTIONS AND/OR WATER METERS

(as of December 31, 2010)

A. Active Service Connections:

TYPE	Flat Rate	Metered	Total
Residential	353		353
Commercial			
Industrial			
Irrigation (include both agricultural and non-agricultural)			
Total Active Connections			353

B. Number of Inactive Connections (all types) 0

3. Groundwater (GW) and Surface Water (SW) Sources

Groundwater Sources (Including Standby sources)

PSCode	Name	Activity
005	WELL 04 - ABANDONED	I
002	WELL 01 - ABANDONED	I
004	WELL 03 - ABANDONED	I
003	WELL 02 - STANDBY	A
001	NICHOLS SPRING - ABANDONED	I
007	WELL 06	A
006	WELL 05	A

A = Active
 I = Inactive
 P = Pending

Surface Water Intakes

PSCode	Name	Activity

A = Active
 I = Inactive
 P = Pending

Changes to Above Sources

4. FINISHED WATER PRODUCED, PURCHASED AND SOLD

Units of Measure for this table: (Gallons Million Gallons Acre-feet (AF) 100 cubic feet)

Amount Water Produced

		Groundwater	Surface Water	Amount Water Purchased from another PWS	Max Water Produced and Purchased	Amount Water Sold to another PWS
Maximum Day						
Max. Month	Quantity					
	Month	1,609,500				
Annual Total		9449000				

PWS = Public Water System

If water was sold to or was purchased from another PWS, complete the table below.

Name of PWS	Purchased from/Sold to

5. WATER QUALITY

Does your system have any treatment (disinfection, filtration, or chemical removal)?

Yes No

If treatment was added or changed in any way in 2010, provide a brief description and identify the water source

Are all chemicals used NSF/ANSI Standard 60 certified?

Yes No Not sure N/A (no chemicals used)

6. BACKFLOW PREVENTION ASSEMBLIES

	Total Number in System	Number Installed in 2010	Number Tested in 2010	Number Failed in 2010	Number Repaired/ Replaced
Backflow Prevention Assemblies on Service	0				

Connections at the Meter					
Backflow Devices On-site but not at the Meter	0				
Air-gap	0				

Date of last cross-connection control survey done on the system:

Name of designated Cross Connection Control Program Coordinator:

7. CONSUMER CONFIDENCE REPORT

Note: Except for transient systems, the next CCR must be distributed to your customers by July 1, 2011. By October 1, 2011, you are required to submit a certification to the Department that the CCR has been distributed to customers and that the information is correct. CCR guidance, a copy of the CCR template, and a copy of the certification form can be obtained from the Department of Public Health web site at:

<http://www.cdph.ca.gov/certlic/drinkingwater/Pages/CCR.aspx>

Indicate the date your CCR was distributed or will be distributed to your customers: 7-1-2011

8. OPERATOR CERTIFICATION

A. Please list the State certified Water **Treatment Plant Operators** employed by your water system that supervise and direct the operation of your water treatment plants, beginning with the chief operator.

Name	Operator Number	Grade of Operator	Renewal/ Expiration Date

B. Please list the State certified Water **Distribution Plant Operators** employed by your water system that supervise and direct the operation of your distribution plants, beginning with the chief operator.

Name	Operator Number	Grade of Operator	Renewal/ Expiration Date
Paul Krawchuk	3240	D2	

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9. WATER SYSTEM IMPROVEMENTS

The California Waterworks Standards (Section 64556) require an amended permit for any of the following improvements or modifications:

- Addition of a new distribution reservoir with a capacity of 100,000 gallons or more
- Modification or extension of the existing distribution system using an alternative to the requirements of the California Waterworks Standards (see Sections 64570 through 64578)
- Modification of the water supply by:
 - Adding a new source
 - Changing the status of an existing source (for example, active to standby) or
 - Changing or altering a source, such that the quality or quantity of water supply could be affected
- Any addition or change in treatment, including
 - Design capacity
 - Process
- Expansion of the existing service area by 20 percent or more of the number of service connections specified in your current permit.

If your water system made any improvements or modifications last year for which a permit was not obtained, please describe the improvements or modifications below.

Indicate any planned improvements or modifications for 2011.

10. COMPLAINTS REPORTED (WRITTEN OR VERBAL)

Type of Complaint	Number of Complaints Reported	Number of Complaints Investigated	Number of Complaints reported to CDPH	Brief Description of Cause and Corrective Action taken
Taste and Odor	0			
Color	0			
Turbidity	0			
Visible Organisms	0			
Pressure (High or Low)	0			
Water Outages	0			
Illnesses (Waterborne)	0			
Other (Specify)	0			

Total	0			
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Finalize

If you have finished entering all of your Electronic Annual Report data, click the Submit to District Engineer link above.