

Viewing Copy # 29
SPECIAL EVENT APPLICATION FORM

Organization / Group: OLDE COLOMA THEATRE

Contact Person: DANNY MORENO

Day Phone: 621-5736 Evening Phone: 622-0643

Cellular: (530) 957-4538 FAX: _____

Address: P.O. BOX 472
COLOMA, CA 95613

Name of Event: THEATRE MELODRAMAS

Description of activity: FRIDAY AND SATURDAY NIGHT PLAYS FROM MAY-DEC

Park Area(s) requested: MARSHALL MONUMENT or CHURCH LOT

Date(s) requested: FRIDAYS AND SATURDAYS, 2007 \$35.00 per day
MAY 18 - JUNE 16 ~~JUNE 29 - AUG 4~~ ~~AUG 17 - SEP 22~~ ~~OCT 5 - NOV 3~~ ~~NOV 23 - DEC 2~~

Hours of event: From: 7 am/pm To: 10:30 am/pm

Total hours requested: From: _____ am/pm To: _____ am/pm
(Include set up and clean up time)

Number of Participants: _____ Spectators: _____ Staff: _____

1. EVENT REPRESENTATION:

Charitable Non-profit Organization	(Name) <u>COLOMA CRESCENT PLAYERS INC</u>
Nonprofit Group	(Name) _____
Business	(Name) _____
Radio Station	(Name) _____
Music/Event Promoter	(Name) _____
Promotional Organization	(Name) _____

2. EVENT OBJECTIVE:

Fund Raising for Charity	YES	NO
Fund Raising for Group	YES	NO
Activity for Guests	YES	NO
Open to Public	<input checked="" type="checkbox"/> YES	NO
Community Benefit	YES	NO
Promotion for Business/organization	YES	NO
Music Concert	YES	NO
Other (please be specific) _____		

3. SOUND EQUIPMENT:

Amplified Music?	YES	<input checked="" type="radio"/> NO
Pre-Recorded (Boom Box)?	YES	<input checked="" type="radio"/> NO
Radio Broadcast?	YES	<input checked="" type="radio"/> NO
P.A. System	YES	<input checked="" type="radio"/> NO
Bullhorn?	YES	<input checked="" type="radio"/> NO
Other? (specify) _____	N/A	

4. If using a P.A. System, Bullhorn, or other type of voice projection equipment, indicate type of system being used?

_____ N/A _____

5. FEE COLLECTIONS:

Will admission/entry fee be charged?	YES	NO
To attend?	YES	NO
To participate?	YES	NO
If YES, amount(s) being charged:	Attendance: \$ _____	Participate: \$ _____
Estimated total proceeds: \$ _____		

6. EVENT ADVERTIZEMENT:

Will the event be advertised to the public?	YES	NO
Please include the name(s) of the media source(s) utilizing:		
Radio	YES	NO
Newspaper	<input checked="" type="radio"/> YES	NO
Television	<input checked="" type="radio"/> YES	NO
Flyer	<input checked="" type="radio"/> YES	NO
Other? (specify) _____		

7. Will food or beverages be served or given away?	YES	<input checked="" type="radio"/> NO
8. Will food or beverages be sold?	YES	<input checked="" type="radio"/> NO
9. Will alcoholic beverages be served or sold?	YES	<input checked="" type="radio"/> NO

Explain items/prices for food/beverage being sold:

List number of vendors participating: _____ NONE _____

List names of vendor(s) names conducting catering/food/beverage sales:

_____ N/A _____

10. Will the event require trail closures? YES NO

11. Will the event require road closures?

YES

NO

12. Will there need to be on-site parking control?

YES

NO

Responsible party performing traffic control duties:

DM OLDE COLOMA THEATRE STAFF will perform TRAFFIC duties to include but NOT limited to: provide SHUTTLE TRANSPORT TO AND FROM PARKING FACILITY TO OLDE COLOMA THEATRE, provide lighting for patrons in parking lots.

STAGING REQUIREMENTS:

Electrical power

YES

NO

Water

YES

NO

Stages or Seating

YES

NO

Commercial Tents

YES

NO

OFFICE USE ONLY

Permit fee received

Activity fee / Deposit received

Insurance Received

Hazardous Event- Permit / Insurance Liability documents to DPR HQ-Contracts unit

Profits over \$5000- Permit to DGS Insurance Office

Approved Permit to Applicant

Maintenance – staffing, refuse, toilets, sprinklers, tents, other:

Kiosk – Visitor Services staffing, park operations schedule, traffic control, other:

Patrol – Ranger/Monitor staffing, overnight security, other:

**Special Event Application
Review & Route Slip**

Park Superintendent

Visitor Services Rangers

Maintenance Chief

Resource Ecologist / Archeologist

Other Staff:

Distribution
HITE - Customer
NK - Retain

State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
CASH COLLECTION RECEIPT

No. 16092

Unit No. 693 Unit Name Marshall Blvd Discovery SHP Date 29 March 07

Received from: Ol Coloma Theater
Address: Danny Moreno City: _____

For: _____ \$
_____ 10 days @ 35.00 each \$
_____ Use Fee \$
_____ \$
_____ ck# \$
_____ \$ 350.00

Received by: R Henry Total \$ 350.00

March 22, 2007

Coloma Crescent Players
P.O. Box 472
Coloma, CA. 95613
Attention: Dan Moreno

Subject: Pending SUP and Water system requirements

As a followup to our conversation on March 8, 2007, I have reviewed the regulations further to determine if an exemption is available for your operation.

Because your facility is served by a well, you completed the Declaration of Small Water System status and it is clear that you meet the definition of a Public Water System which is one that serves at least 25 persons at least 60 days of the year.

You are required to complete the County permit application and State TMF (technical, managerial, and financial) capacity report for a New Transient Noncommunity water system.

There is an exemption in the California Health & Safety Code which pertains to sampling requirements:

§116282. Handwashing exemption

Except as provided in this section, and except for the fee requirements of Section 116565, the department shall exempt from the water quality requirements of this chapter, any noncommunity water system serving a transient population that provides restrooms for employees or the public provided that the water system demonstrates to the department that it meets all of the following criteria:

(a) The water system is in compliance with either of the following:

(1) No water is served by the water system for any public human consumption other than for handwashing.

(2) If water is served for public human consumption other than for handwashing, bottled water from a source approved by the department is provided for the consumption other than handwashing.

(b) The water for handwashing is bacteriologically safe. This shall be ensured by sampling the water for coliform bacteria at least once each calendar year. The samples shall be analyzed and the results reported to the department in accordance with Section 64423.1 of Title 22 of the California Code of Regulations.

(c) The noncommunity water system is not a business regulated as a food facility under Section 113785.

So basically, you have to be permitted as a noncommunity water system and the exemption is to reduce the amount of sampling that is required to once a year rather than 4 times a year. It is not an exemption from the permit requirements. Fees are not automatically exempt for nonprofits other than as specified in various regulations (food laws exempt non profit for

example) or by action of the Board of Supervisors.

Hopefully, this clarifies the requirements for you. I also spoke with Scott Peters at CLS lab about the initial water quality testing. You can find additional information about TMF or other Regulations on the State website at <http://www.dhs.ca.gov/ps/ddwem/default.htm>

If you have any questions, you may contact me at 530-621-6660 or email to cmearse@co.el-dorado.ca.us.

Sincerely,

Christine Mearse, Senior R.E.H.S.
ENVIRONMENTAL HEALTH DIVISION

Enclosures: Permit application
Requirements for Noncommunity Groundwater systems

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