

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

IN RE: **AUBERRY BRANCH LIBRARY**
Water System No. 1000589

TO: Mr. Patrick Hinds
Auberry Branch Library
c/o Fresno County Libraries
2420 Mariposa
Fresno, CA 93721

CC: Pam Proctor, Operator (with attachments)
422 N. Douty St. "H"
Hanford, CA 93230

Loren Leach (without attachments)
Friends of the Auberry Library
P.O. Box 157
Auberry, CA 93602

CITATION FOR NONCOMPLIANCE
TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION

July 2013

NONCOMPLIANCE WITH CITATION NO. 03-23-12C-052

Issued on October 28, 2013

Section 116650, Chapter 4, Part 12, Division 104 of the California Health and Safety Code (CHSC), authorizes the issuance of a citation for failure to comply with a requirement of the California Safe Drinking Water Act, or any regulation, standard, permit, or order issued hereunder.

1 **VIOLATION**

2 The Drinking Water Field Operations Branch of the California Department of Public Health
3 (hereinafter 'Department') hereby issues a Citation to Auberry Branch Library (hereinafter
4 'Water System'), for failure to comply with Section 116555(a)(1) of the CHSC and Section
5 64426.1(b)(2) of Title 22, California Code of Regulations (CCR). Specifically, the Water
6 System (mailing address: 2420 Mariposa, Fresno, CA 93721) failed to comply with the total
7 coliform Maximum Contaminant Level (MCL) for the month of July 2013. Additionally,
8 the Water System has failed to comply with the following Directives of Citation No. 03-23-
9 12C-052 issued by the Department on September 13, 2012:

- 10
- 11 1. By **September 30, 2012**, the Auberry Branch Library water system shall provide public notification
12 using Attachment C of the total coliform Maximum Contaminant Level failure by posting the notice in
13 conspicuous locations throughout the area served by the water system. The Water System is
14 additionally required to use one or more of the following notification methods in order to reach
15 persons not likely to be reached by a public posting: publication in a local newspaper or newsletter
16 distributed to customers, e-mailing the public notice to water system customers, post the public
17 notice on the internet, or by delivery to each customer.

18

19 By **October 15, 2012**, the Water System shall provide proof of public notification of the total coliform
20 MCL violation by completing Attachment D and submitting it to:

21
22 Betsy S. Lichti, Senior Sanitary Engineer
23 Department of Public Health
24 Drinking Water Field Operations Branch
265 W. Bullard Avenue, Suite 101
Fresno, CA 93704

- 25 2. Whenever the Water System has one or more total coliform-positive samples in a given month, at
26 least five (5) routine samples shall be collected the following month as required by Section 64424(d)

27

1 and as discussed in this Citation. *In the event that continuous chlorination is still being provided,*
2 *the chlorine residuals shall be measured and reported with all bacteriological sampling results.*

3
4
5 3. By October 15, 2012, the Water System shall complete and submit the enclosed "Positive Total
6 Coliform Investigation" form to the Department that describes the incident and all corrective actions
7 taken, and the results of the investigation. The appropriate investigation report is provided as
8 Attachment E.

9
10 4. The Water System shall initiate quarterly sampling of the raw well water for coliform bacteria. The
11 sample must be collected at a location ahead of chlorination and shall be analyzed for total and fecal
12 coliform or E.coli bacteria using a density analytical method with the analytical results reported in
13 MPN/100 ml. The results of all samples shall be submitted to the Department by the 10th day of the
14 following month.

15
16 As of the date of this citation, our office has not received any response to the citation issued
17 in September 2012.

18
19 The Water System operates under a domestic water supply permit issued by the Department
20 in July of 2011. Auberry Branch Library is a transient non-community water system
21 serving a population of approximately one hundred (100) transient persons. The
22 Department's records show that the operating season for the Water System is normally year
23 round.

24
25 Section 64426.1(b)(2) specifies that a public water system collecting fewer than 40 samples
26 per month is in violation of the total coliform MCL when more than one sample collected
27 during any month is total coliform-positive.

1 The Water System is required to collect a minimum of one (1) distribution system
 2 bacteriological sample per quarter. The bacteriological water analysis results submitted by
 3 the Water System reported the presence of total coliform bacteria in five (5) of nine (9)
 4 samples collected by the Water System in July 2013. None of the positive samples showed
 5 the presence of fecal coliform or *E. coli* bacteria.

6
 7 The following table summarizes the bacteriological monitoring conducted during the
 8 months of July and August 2013.

Collection Date	Number of Samples	Sample Type	Number TC positive	Number E. Coli positive
7/9/13	1	Routine	1	0
7/11/13	4	Repeat	4	0
7/17/13	4	Repeat	0	0
8/31/13	0	Routine Follow up	-	-

15
 16 Due to the above-mentioned total coliform positive samples, the Water System failed the
 17 total coliform MCL for the month of July 2013. All water samples for coliform bacteria
 18 collected since 2011 are summarized in Attachments A and B.

19
 20 The source of contamination is believed to be the well. Previously, well cycle testing
 21 conducted on November 2, 2011 showed that four (4) of five (5) well cycle samples to be
 22 positive for total coliform bacteria and negative for fecal coliform bacteria. Recently, the
 23 “Source Repeat” sample collected from the well on July 11, 2013 was positive for total
 24 coliform bacteria. Following disinfection of the well and distribution system in on July 15,
 25 2013, four repeat samples, including one from the well were negative for total coliform
 26 bacteria. The “Positive Total Coliform Investigation” form provided electronically to Water
 27 System staff on July 16, 2013 has not yet been completed and returned to the Department.

1 Since the Water System has failed to meet the TCR MCL again in the specified twelve
2 month period, continuous chlorination is now required by the Water System as detailed in
3 Citation No. 03-23-12C-052 through Directive No. 5:

4 5. *Should the Water System fail to meet the coliform MCL during any month in the next*
5 *twelve month period, the Department will require the continuous operation of*
6 *chlorination treatment. This requirement would result in the need for submittal of a*
7 *permit application and provision of a certified treatment operator for oversight of*
8 *the treatment.*

9
10 The five routine samples required the month following a month with one or more total
11 coliform-positive samples were not collected in August 2013.

12
13 The Groundwater Rule adopted by the Department, effective August 18, 2011, requires the
14 collection of a sample for bacteriological evaluation from wells serving the system in
15 response to a coliform positive distribution sample. This requirement was met with the
16 round of repeat sampling conducted by the Water System in July 2013.

17
18 **NOTIFICATION REQUIREMENTS**

19 Section 64426.1(c) requires a public water system to notify the Department and the
20 consumers of the water system, when a violation of Section 64426.1(b)(1) through (4)
21 occurs. Notification to the Department shall be by the end of the business day on which the
22 violation has been determined. If the Department is closed, notification shall be within 24
23 hours of the determination. The Department was notified in accordance with the above-
24 referenced section.

25
26 A Tier 2 Public Notice for violation of paragraph 64426.1(b)(2) shall be given pursuant to
27 Section 64463.4. The Tier 2 Public Notice shall include the mandatory health effects

1 language from Appendix 64465-A for a total coliform MCL failure. The appropriate
2 template that was provided electronically to the Water System on July 16, 2013 is included
3 here again as Attachment C.

4
5 The Water System shall post the public notice in conspicuous locations within the water
6 system. Section 116450(g) requires that upon receipt of notification from a public water
7 system, schools must notify school employees, students, and parents (if the students are
8 minors), residential rental property owners or managers (including nursing homes and care
9 facilities) must notify their tenants and business property owners, managers or operators
10 must notify employees of businesses located on the property. These secondary notification
11 requirements are included in the public notice.

12
13 Proof of notification is required. The Water System shall complete Attachment D and return
14 it to the Department by **November 15, 2013**.

15
16 **DIRECTIVES**

17
18 The Water System is hereby directed to take the following actions:

- 19
20 1. By **October 31, 2013**, the Auberry Branch Library water system shall provide
21 public notification using Attachment C of the total coliform Maximum Contaminant
22 Level failure by posting the notice in conspicuous locations throughout the area
23 served by the water system. The Water System is additionally required to use one or
24 more of the following notification methods in order to reach persons not likely to be
25 reached by a public posting: publication in a local newspaper or newsletter
26 distributed to customers, e-mailing the public notice to water system customers, post
27 the public notice on the internet, or by delivery to each customer.

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By **November 15, 2013**, the Water System shall provide proof of public notification of the total coliform MCL violation by completing Attachment D and submitting it to:

Betsy S. Lichti, Senior Sanitary Engineer
Department of Public Health
Drinking Water Field Operations Branch
265 W. Bullard Avenue, Suite 101
Fresno, CA 93704

2. Whenever the Water System has one or more total coliform-positive samples in a given month, at least five (5) routine samples shall be collected the following month as required by Section 64424(d) and as discussed in this Citation.

3. By **November 15, 2013**, the Water System shall complete and submit the enclosed “Positive Total Coliform Investigation” form to the Department that describes the incident and all corrective actions taken, and the results of the investigation. The appropriate investigation report is provided as Attachment E.

4. The Water System is hereby required to provide continuous chlorination treatment. The following requirements shall be implemented:

a) By **November 15, 2013**, the Water System shall make application to the Department for a permit to allow the continuous chlorination of the water supply. The appropriate form is provided as Attachment F. A permit fee of \$258 shall be included at the time the application is submitted to the Department. Additionally, the Water System shall complete and submit the Environmental Information Form and the Chlorination Data Sheet provided as Attachments G and H, respectively.

- 1 b) The Water System shall have on staff or under contract a minimum
2 of a T1 Certified Treatment Operator to operate the chlorination
3 equipment. Documentation of the contract with the operator as well
4 as the operator's certification shall be provided to the Department by
5 November 15, 2013. The operator shall visit the well site and review
6 the chlorination treatment on at least a monthly basis and document
7 the date and time of the visit, the settings on the chemical feed
8 equipment, the chlorine stock on hand and the chlorine residual at the
9 well site and in the farthest part of the distribution system.
10 Documentation of the site visits and the chlorine residual monitoring
11 shall be submitted to the Department by the 10th day of the following
12 month.
- 13
- 14 c) A chlorine residual of at least 1.0 mg/L must be maintained
15 throughout the distribution system. It must be measured and reported
16 at the same time and location(s) that the bacteriological sample(s) are
17 collected. The residual(s) should be provided to the Department
18 along with the bacteriological laboratory analysis.
- 19
- 20 d) The Water System shall initiate quarterly sampling of the raw well
21 water for coliform bacteria. The sample must be collected at a
22 location ahead of chlorination and shall be analyzed for total and
23 fecal coliform or E.coli bacteria using a density analytical method
24 with the analytical results reported in MPN/100 ml. The results of all
25 samples shall be submitted to the Department by the 10th day of the
26 following month.
- 27

CIVIL PENALTIES

Sections 116650(d) and 116650(e) of the CHSC allow for the assessment of a civil penalty for failure to comply with requirements of the California Safe Drinking Water Act. Failure to comply with any provision of this Citation may result in the Department imposing an administrative penalty of not less than \$100 (one hundred dollars) per day as of the date of violation of any provision of this Citation.

10/28/13
Date

Betsy S. Lichti
Betsy S. Lichti, P.E.
Senior Sanitary Engineer, Fresno District
DRINKING WATER FIELD OPERATIONS BRANCH



BSL/el

Attachments:

- Attachment A: Bacteriological Distribution Monitoring Report
- Attachment B: Source Bacteriological Monitoring Report
- Attachment C: Public Notice Template
- Attachment D: Proof of Notification Form
- Attachment E: Positive Total Coliform Investigation Form
- Attachment F: Permit Amendment Application
- Attachment G: Environmental Information Form
- Attachment H: Chlorination Data Sheet

Bacteriological Distribution Monitoring Report

1000589 Auberry Branch Library
Distribution System Freq: 1/Q

Sample Date	Time	Location	T Coli	E Coli	F Coli	Type	CI2	Violation	Comment
2/28/2011	11:30	Site 1	A	A		Routine			
4/12/2011	16:20	Site 2	A	A		Routine			
7/11/2011	13:05	Site 1	A	A		Routine			
10/19/2011	11:25	Site 2	P	A		Routine			
10/24/2011	12:25	OHB @ Picnic Area	P	A		Repeat		MCL	12/20/11 Issued 03-23-11C-1
10/24/2011	12:30	OHB @ well	P	A		Source Repeat			
10/24/2011	12:35	OHB Next to Driveway	P	A		Repeat			
10/24/2011	12:40	OHB N/W side of Bldg	P	A		Repeat			
11/10/2011	11:30	OHB @ Picnic Area	P	A		Repeat			
11/10/2011	11:40	OHB @ Well	A	A		Source Repeat			
11/10/2011	11:50	OHB Next to Driveway	P	A		Repeat		MCL	12/20/11 Issued 03-23-11C-1
11/10/2011	12:00	OHB N/W side of bldg.	A	A		Repeat			11/17/11 Pam Proctor states she is awaiting approval from to go up and chlorinate again
11/22/2011	14:25	Men's RR Sink @ 5 min	A	A		Other	0.5		
11/22/2011	14:27	Women's RR Sink @ 5 min	A	A		Other	0.5		
11/22/2011	14:30	Men's RR Sink @ 10 min	A	A		Other	0.5		
11/22/2011	14:32	Women's RR Sink @ 10 min	A	A		Other	0.5		
12/14/2011	11:30	OHB@ Well	A	A		Routine			
12/14/2011	11:40	OHB Next to Driveway	A	A		Routine			
12/14/2011	11:45	OHB N/W Side of Bldg.	A	A		Routine			
12/14/2011	11:55	Men's RR Sink	A	A		Routine			
1/11/2012	13:05	Site 1 OHB @ SW Side of Bldg	A	A		Routine			
4/10/2012	10:25	Site 2	A	A		Routine			
7/10/2012	12:04	Site 1	P	A		Routine			
7/12/2012	12:30	OHB @ Well	P	A		Source Repeat			
7/12/2012	12:35	OHB SW side of Bldg	P	A		Repeat		MCL	9/14/12 Issued Cit 03-23-12C-1
7/12/2012	12:41	OHB NW side of Bldg	A	A		Repeat			
7/12/2012	12:50	Breakroom Sink	A	A		Repeat			
7/17/2012	9:36	OHB @ Well	A	A		Source Repeat			
7/17/2012	9:39	OHB SW Side of Bldg	A	A		Repeat			
7/17/2012	9:45	OHB NW Side of Bldg	A	A		Repeat			
7/17/2012	9:50	Breakroom Sink	A	A		Repeat			
8/31/2012		No Sample						MR4	Addressed in Cit 03-23-12C-1
10/3/2012	10:15	Site 2	A	A		Routine			
1/8/2013	11:35	site 1	A	A		Routine			
4/1/2013	11:50	Site 2	A	A		Routine			
7/9/2013	13:28	S/W Side of Bldg	P	A		Routine			
7/11/2013	10:21	Well	P	A		Source Repeat			
7/11/2013	10:28	S/W Side of Bldg	P	A		Repeat		MCL	
7/11/2013	10:30	NW Side of Bldg	P	A		Repeat			
7/11/2013	10:36	Picnic Area	P	A		Repeat			
7/17/2013	9:19	Well	A	A		Source			
7/17/2013	9:25	S/W Side of Bldg	A	A		Routine			
7/17/2013	9:29	NW Side of Bldg	A	A		Routine			
7/17/2013	9:36	Break Room Sink	A	A		Routine			
8/31/2013		No Sample						MR4	

<i>Sample Date</i>	<i>Time</i>	<i>Location</i>	<i>T Coli</i>	<i>E Coli</i>	<i>F Coli</i>	<i>Type</i>	<i>CI2</i>	<i>Violation</i>	<i>Comment</i>
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Violation Key

MCL	Exceeds the maximum contaminant level	MR5	Incorrect number of repeat samples as follow-up to a positive sample
MR1	No monthly sample for the report month	MR6	No source sample
MR2	No quarterly sample for the report month	MR7	No summary report submitted
MR3	Incorrect number of routine samples for the report month	MR8	Other comments and/or info
MR4	Did not collect 5 routine samples for previous month's positive sample	MR9	CI2 not reported

Source Bacteriological Monitoring Report

1000589 Auberry Branch Library

<i>Sample Date</i>	<i>Time</i>	<i>Source</i>	<i>Sample Type</i>	<i>Test Method</i>	<i>T Coli</i>	<i>E Coli</i>	<i>F Coli</i>	<i>HPC</i>	<i>Violation</i>	<i>Comments</i>
11/2/2011	13:26	Well - First Draw	Well Cycle	MPN	2.0	<1				
11/2/2011	13:27	Well - 1 min.	Well Cycle	MPN	4.1	<1				
11/2/2011	13:31	Well - 5 min.	Well Cycle	MPN	2.0	<1				
11/2/2011	13:41	Well - 15 min.	Well Cycle	MPN	1.0	<1				
11/2/2011	13:56	Well - 30 min.	Well Cycle	MPN	<1	<1				
8/13/2012	8:29	Well - First Water	Well Cycle	MPN	<1	<1				
8/13/2012	8:30	Well - 1 min.	Well Cycle	MPN	<1	<1				
8/13/2012	8:34	Well - 5 min.	Well Cycle	MPN	<1	<1				
8/13/2012	8:44	Well - 15 min.	Well Cycle	MPN	<1	<1				
8/13/2012	8:59	Well - 30 min.	Well Cycle	MPN	<1	<1				
7/11/2013	10:21	Well	Well Cycle	P/A	P	A				
7/17/2013	9:19	Well	Well Cycle	P/A	A	A				

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.
Tradúzcalo o hable con alguien que lo entienda bien.

**Auberry Branch Library Had Levels of Coliform Bacteria
Above the Drinking Water Standard**

Our water system recently failed a drinking water standard. Although this incident was not an emergency, as our customers, you have a right to know what you should do, what happened and what we did to correct this situation.

We routinely monitor for drinking water contaminants. We took nine samples to test for the presence of coliform bacteria in July 2013. Five of these samples showed the presence of total coliform bacteria. The standard is that no more than one sample per month may show the presence of coliform bacteria.

What should I do?

- **You do not need to boil your water or take other corrective actions.**
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing.**
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

What happened? What is being done?

[Describe corrective action]. _____
_____.

For more information, please contact _____ [name of contact] at _____ [phone number] or _____ [mailing address].

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.

Secondary Notification Requirements

Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- **SCHOOLS:** Must notify school employees, students, and parents (if the students are minors).
- **RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS** (including nursing homes and care facilities): Must notify tenants.
- **BUSINESS PROPERTY OWNERS, MANAGERS, OR OPERATORS:** Must notify employees of businesses located on the property.

This notice is being sent to you by Auberry Branch Library

Date distributed: _____.



RON CHAPMAN, MD, MPH
Health Officer & Director

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

ATTACHMENT D

PROOF OF NOTIFICATION

(Return with copy of notice)

As required by Section 116450 of the California Health and Safety Code, I notified all users of water supplied by the **Auberry Branch Library** of the failure to meet the **total coliform bacteria MCL** for the month of **July 2013** as directed by the Department.

Notification was made on _____ by _____
(date)

_____ **hand delivered** and/or **mailed** and/or **posted** written notice.
(circle all that apply)

Signature of Water System Representative

Printed Name

Date

DISCLOSURE: Be advised that Section 116725 and 116730 of the California Health and Safety Code state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the attached order may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for separate violation for each day that violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in the county jail not to exceed one year, or by both the fine and imprisonment.

Due: November 15, 2013
Total Coliform MCL Failure: July 2013
System Number: 1000589
Citation No.: 03-23-13C-049



Do your part to help California save energy. To learn more about saving energy, visit the following web site:
<http://www.fypower.org>

Southern California Drinking Water Field Operations Branch
265 W. Bullard Avenue, Suite 101, Fresno, CA 93704
(559) 447-3300; Fax (559) 447-3304
Internet Address: <http://www.dhs.ca.gov/ps/ddwem/>

POSITIVE TOTAL COLIFORM INVESTIGATION

Simple Well with Pressure Tank Systems

Attachment E

This form is intended to assist public water systems in completing the investigation required by the California Department of Public Health (Section 64426(b) of Title 22, California Code of Regulations) and may be modified to take into account conditions unique to the system.

ADMINISTRATIVE INFORMATION

PWS Name:		PWS ID NUMBER:	
Name		Address	
Operator in Responsible Charge (ORC)		Telephone #	
Person that collected TC samples if different than ORC			
Owner			
Certified Laboratory for Microbiological Analyses			
Date Investigation Completed:			
Month(s) of Total Coliform MCL Failure:			

INVESTIGATION DETAILS

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS
1. Inspect each well head for physical defects and report					
a. Is raw water sample tap upstream from point of disinfection?					
b. Is wellhead vent pipe screened?					
c. Is wellhead seal watertight?					
d. Is well head located in pit or is any piping from the wellhead submerged?					
e. Does the ground surface slope towards well head?					
f. Is there evidence of standing water near the wellhead?					
g. Is there a check valve on the well discharge line? Is the check valve seating properly?					
h. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)					
i. Is the wellhead secured to prevent unauthorized access?					
j. To what treatment plant (name) does this well pump?					
k. How often do you take a raw water total coliform (TC) test?					
l. Provide the date and result of the last TC test at this location					

POSITIVE TOTAL COLIFORM INVESTIGATION

Attachment E

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the TCR positive finding.	
3. Has the distribution system been worked on within the last week? (service taps, hydrant flushing, main breaks, main extensions, etc.) If yes, provide details.	
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	
6. If there was a mainline leak, when was it repaired?	
7. On what date was the distribution system last flushed?	
8. Is there a written flushing procedure you can provide for our review?	
9. Do you have an active cross connection control program?	
10. What is name and phone number of your Cross-Connection Control Program Coordinator?	
11. Is the review and testing of backflow prevention devices current?	
12. On what date was the last physical survey of the system done to identify cross-connections?	

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	Sample 4 (specify)
1. What is the height of the sample tap above grade? (inches)				
2. Is the sample tap located in an exterior location or is it protected by an enclosure?				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?				
4. Is the sample tap in good condition, free of leaks around the stem or packing?				
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?				
6. Is the sample tap and area around the sample tap clean and dry (free of animal droppings, other contaminants or spray irrigation systems)				
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection				
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)				
9. Is this sample tap designated on the sampling plan submitted with this information request?				
10. What were weather conditions at the time of positive sample (rainy, windy, sunny)?				

POSITIVE TOTAL COLIFORM INVESTIGATION

Attachment E

Page 3 of 3

GENERAL OPERATIONS:	Response
1. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	
2. Where there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located.	
3. Does the system have backup power or elevated storage?	
4. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	
5. What were the symptoms of illness if you received complaints about customers being sick?	

ADDITIONAL INFORMATION TO BE SUBMITTED WITH RESPONSES TO THE ABOVE QUESTIONS

1. **Sketch** of System showing all sources, treatment locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
2. A set of photographs of the well, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by our Department
3. Name, certification level and certificate number of the Operator in Responsible Charge.
4. Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.

SUMMARY: BASED ON THE RESULTS OF YOUR INVESTIGATION AND ANY OTHER INFORMATION AT YOUR DISPOSAL, WHAT DO YOU BELIEVE TO BE THE CAUSE OF THE POSITIVE TOTAL COLIFORM SAMPLES FROM YOUR PUBLIC WATER SYSTEM?

CERTIFICATION: I CERTIFY THAT THE INFORMATION SUBMITTED IN RESPONSE TO THE QUESTIONS ABOVE IS ACCURATE TO THE BEST OF MY PROFESSIONAL KNOWLEDGE

NAME: _____ TITLE: _____ DATE: _____

STATE OF CALIFORNIA
APPLICATION
FOR
DOMESTIC WATER SUPPLY PERMIT AMENDMENT
FROM

Applicant: _____
(Enter the name of legal owner, person(s) or organization)

Address: _____

System Name: _____

System Number: _____

TO: California Department of Public Health
Drinking Water Field Operations Branch
265 W. Bullard, Suite 101
Fresno, CA 93704



Pursuant and subject to the requirements of the California Health and Safety Code, Division 104, Part 12, Chapter 4 (California Safe Drinking Water Act), Article 7, Section 116550, relating to changes requiring an amended permit, application is hereby made to amend an existing water supply permit to _____
(Applicant must state specifically what is being applied for - whether to construct

new works, make alterations or additions in works or sources, or change or modify treatment.)

FOR OFFICIAL USE

Date Received:

I (We) declare under penalty of perjury that the statements on this application and on the accompanying attachments are correct to my (our) knowledge and that I (we) are acting under authority and direction of the responsible legal entity under whose name this application is made.

Signed By: _____
Title: _____
Address: _____

Telephone: _____

Dated: _____

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
WATER SUPPLY PERMIT
ENVIRONMENTAL INFORMATION FORM¹
(To be completed by applicant – attach additional sheets as needed)

General Information

1. Name of project: _____
2. Water System number: _____ New Permit Permit Amendment
3. Name of applicant or project sponsor: _____
 Address: _____
 City: _____ Zip: _____
4. Name of contact person for this project: _____
 Address: _____
 City: _____ Zip: _____ Phone Number: _____
5. Address of project: _____
6. Section, township, range, base and meridian: _____
7. Existing zoning at project site: _____
8. List and describe any other related permits and other public approvals required for this project, including those required by city, regional, state and federal agencies:

9. Does the project require a conditional use permit by a public agency?
 yes no _____
 Does the project require a coastal permit by a commission or public agency?
 yes no _____
10. Did a previous CEQA Document cover the project? yes no unknown
11. Is the site on or next to a designated scenic highway? yes no unknown
 If yes, give the name of the highway _____
12. Describe the existing system, if present (fill in blanks or provide attachment, e.g., application description)
 - a. Number of service connections: _____
 - b. Source information:
 - (1) Groundwater (well capacity): _____
 - (2) Surface water: _____
 - (3) Connections with other systems: _____
 - (4) Emergency connection: _____
 - c. Treatment: _____

 - d. Storage facilities
 - (1) Tanks (physical dimensions, capacity, and condition): _____

¹ Not for use with SDWSRF projects

(2) Open reservoirs (surface area, capacity, and condition): _____

e. Briefly describe how water is currently transmitted from the source(s) to the treatment facilities: _____

f. Briefly describe how finished water is currently transmitted from the treatment/storage facilities to consumers (distribution system): _____

g. Present amount of water delivered: _____ Current demand: _____

Project Description (fill in blanks or provide attachment, e.g., application description)

1. Describe project objectives: _____

2. Project location (give description of the precise location and boundaries and attach topographic map and site plan): _____

3. Construction area: _____ acres. Additional service connections: _____

4. New source information:
a. Groundwater (well capacity): _____
b. Surface water: _____
c. Connections with other systems: _____
d. Emergency connection: _____

5. Facilities (indicate whether they are new, modifications, removals, or replacements.)
a. Treatment facilities (give size and capacities): _____

- _____
- _____
- b. Storage facilities
- (1) Tanks (physical dimensions and capacity): _____
- _____
- (2) Open reservoirs (surface area and capacity): _____
- _____
- c. Transmission facilities (give size of pumps, and length and diameter of pipelines - indicate if pipelines will be located entirely within right-of-ways): _____
- _____
- _____
- _____
- _____
- d. Distribution facilities (give size of pumps, and diameter and length of mains – indicate if mains will be located entirely within right-of-ways): _____
- _____
- _____
- _____
- _____
- _____
- e. Appurtenant structures: _____
- f. Parking facilities: _____
- g. Staging areas: _____
- _____
- h. Proposed lighting: _____
- _____

6. Will the project involve disposal of waste? yes no unknown
 NOTE: Generation, handling, disposal and transport of spent filters for the removal of uranium and arsenic in drinking water may trigger additional regulatory licensing or permitting.
- a. If yes, identify the waste stream and describe handling and disposal: _____
- _____
- _____

7. Describe any grading or excavation work: _____

8. Will the project involve an increase in capacity to meet the demands of any new connections or development?..... yes no unknown
- a. Amount of capacity increase: _____
- b. Needed to serve existing development?..... yes no unknown
- c. Needed to serve projected development? yes no unknown
- (1) Population basis for capacity determination (include year)
- (a) Current population: _____
- (b) Projected population: _____
9. If the project involves a variance, conditional use, or rezoning application, state this and indicate clearly why the application is required: _____
10. Proposed construction scheduling: _____

Environmental Setting

Include a discussion of all the following detailed elements as applicable; if an element is not present within the described area, give reasons or verify with investigative results. Consider all facilities; conveyance lines; storage, points of diversion; staging areas; and affected service area as applicable. Use attachments if necessary.

1. Topography and geology of the region
- a. Location of project area with regard to major topographical features: _____
- _____
- _____
- b. Elevations and slopes on project site (for grading / excavation activities): _____
- c. Attach any soil or geologic reports available for the site
2. Land use
- a. At project site: _____
- b. Adjacent to project site: _____
- c. Along pipeline alignments: _____
- d. At the point of diversion: _____
3. Vegetation types
- | | On Project Site | Surrounding Area |
|-----------------------|--------------------------|--------------------------|
| Urbanized | <input type="checkbox"/> | <input type="checkbox"/> |
| Landscaped | <input type="checkbox"/> | <input type="checkbox"/> |
| Ruderal (Weedy) | <input type="checkbox"/> | <input type="checkbox"/> |
| Grassland | <input type="checkbox"/> | <input type="checkbox"/> |
| Shrub/Chaparral | <input type="checkbox"/> | <input type="checkbox"/> |
| Woodland | <input type="checkbox"/> | <input type="checkbox"/> |
| Forest | <input type="checkbox"/> | <input type="checkbox"/> |
| Riparian (Streamside) | <input type="checkbox"/> | <input type="checkbox"/> |

Wetland

- a. General Description of vegetation: _____

- b. Native Trees (number and type on project site): _____

- c. Graded area(% of project area): _____
- 4. Fish and wildlife (project site and surrounding area)
 - a. Dominant species: _____

 - b. Economically or recreationally significant species: _____

- 5. Surface water features (project site and surround area)
 - a. Lakes: _____
 - b. Streams: _____
 - c. Estuaries: _____
 - d. Potential wetlands: _____
 - e. Lagoons, marshes and other water features: _____
 - f. Is the project near a Wild and Scenic River? yes no unknown
- 6. Agricultural land on project site (acres): _____
 - a. Will the project convert prime farmland, unique farmland, or farmland of statewide importance?..... yes no unknown
- 7. Is the project site included on a list of hazardous material sites compiled pursuant to Government Code 65962.5? yes no unknown
- 8. Is the project located near an airstrip? yes no unknown
 - a. Is the airstrip public private unkn
 - b. Does it have lights for night use?..... yes no unknown
 - c. Does it have a buffer zone, a safety plan, a land use plan or some other document that indicates how it will avoid land use conflicts with surrounding properties? yes no unknown
 - d. Is any part of the project in the path of planes taking off or landing? yes no unknown
If so, what are the new safety risks posed by that part of the project? _____

- 9. Historic and prehistoric archeological sites, architecture, landscapes, features, structures, or objects: _____

- 10. Traditional cultural places (e.g. sacred lands): _____

11. Lands within the coastal zone jurisdiction? yes no unknown
 12. Lands within a floodplain? yes no unknown

Environmental Impacts

Are the following items known to be applicable to the project or its effects? Discuss below all items checked yes (attach additional sheets as necessary).

- | | Yes | No | |
|-----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Removal of mature native/heritage trees. |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Clearing of native vegetation and/or habitat. |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Interference with or blocking wildlife migration routes. |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Effect on a special status species. |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Interference with or substantial use of recreational facilities. |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Change in ocean, bay, lake, or stream water quality or quantity. |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Alteration of existing drainage patterns. |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Change in existing features of any bays, tidelands, beaches, or hills, or substantial alteration of ground contours. |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Substantial depletion of groundwater supplies. |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Change in groundwater quality. |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Loss of mineral resources. |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Change in scenic views or vistas from existing residential areas, or public lands or roads. |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Change in pattern, scale or character of the general project area. |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Significant amounts of solid waste or litter. |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Change in dust, ash, smoke, fumes, or odors in the vicinity. |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Substantial change in noise or vibration levels in the vicinity (beyond the property line). |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | Site on filled land or on slopes of 10 percent or more. |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | Use or disposal of hazardous materials, flammables, or explosives. |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | Substantial change in demand for municipal services. |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | Substantial increase in traffic. |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | Substantial increase in fuel consumption (electricity, oil, natural gas, etc.). |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | Related to a larger project or series of projects. |

Discussion: _____

Signature: _____

Date _____

Name: _____

Position: _____

State of California
 Drinking Water Field
 Operations Branch

Chlorination Data

Department of Public Health
 Fresno District

System Name: _____ **System No.:** _____

Source of Information: _____

Collected by: _____ **Date:** _____

Reason for chlorination (emergency, mandatory, optional): _____
 Water Source: _____ Water treated (raw/filtered etc.): _____
 Chlorine demand character: _____ Dosage: _____
 Point of application: _____ Mixing, adequate?: _____
 Contact time before use: _____ Contact time for residual test: _____

Water Flow
 Variation: _____ How measured _____

Equipment
 Type: _____
 Make: _____ Model: _____
 Capacity: _____ Condition: _____
 Auto. switchover capability? _____ Portable emergency chlorinator available? _____
 Chlorine residual monitored continuously? _____ Low level residual alarm? _____
 At what level of chlorine residual is the alarm activated? _____
 How often are residual analyses conducted? _____
 Type of residual measured (free or combined): _____
 Type of residual test used: _____

Chemical added (% available chlorine, form):
 Cylinder or crock capacity: _____
 Stock on hand/days supply: _____

Housing and Safety Features
 Housing: _____
 Insulation: _____
 Heating: _____
 Locks: _____
 Lighting: _____
 Ventilation: _____
 Leak detector with alarm: _____
 Switches outside chlorination room: _____
 Gas mask: _____
 Is an emergency plan of action posted? _____

Operation and maintenance
 Lapse during changes: _____
 Ability to make repairs: _____
 How often is the equipment inspected? _____
 Operations records kept: _____
 Condition of scales: _____

Remarks and deficiencies:

