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STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

FILE COPY

IN RE: **CITY OF HURON**
Water System No. 1010044

TO: Mr. Jack Castro, Interim City Manager
City of Huron
P.O. Box 339
Huron, CA 93234

CC: Fresno County Division of Environmental Health

**CITATION FOR NONCOMPLIANCE
TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION**

March and April 2014

Issued on June 18, 2014

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.

VIOLATION

The Drinking Water Field Operations Branch of the California Department of Public Health (hereinafter 'Department') hereby issues a Citation to City of Huron (hereinafter 'City'), for failure to comply with Section 116555(a)(1) of the CHSC and Section 64426.1(b)(2) of Title 22, California Code of Regulations (CCR). Specifically, the City (mailing address:

1 P.O. Box 339, Huron, CA 93201) failed to comply with the total coliform Maximum
 2 Contaminant Level (MCL) for the months of March and April 2014.

3
 4 The City operates under a domestic water supply permit issued by the County of Fresno
 5 (hereinafter County) in March of 1994. City of Huron is a community water system serving
 6 a population of approximately seven-thousand three-hundred six (7,306) persons through
 7 nine-hundred twenty-one (921) service connections.

8
 9 Section 64426.1(b)(2) specifies that a public water system collecting fewer than 40 samples
 10 per month is in violation of the total coliform MCL when more than one sample collected
 11 during any month is total coliform-positive.

12
 13 The City is required to collect a minimum of seven (7) distribution system bacteriological
 14 samples per month. The bacteriological water analysis results submitted by the City
 15 reported the presence of total coliform bacteria in two (2) of nineteen (19) samples
 16 collected in March 2014 and three (3) of twelve (12) samples collected by the City in April
 17 2014. None of the positive samples showed the presence of fecal coliform or *E. coli*
 18 bacteria.

19
 20 The following table summarizes the bacteriological monitoring conducted during the
 21 months of March and April 2014.

22

23 Collection Date	Number of Samples	Sample Type	Number TC positive	Number E. Coli positive
24 3/4/2014	2	Routine	2	0
25 3/6/2014	8	Repeat	0	0
26 3/11/14, 3/25/14, 27 and 3/25/14	9	Routine	0	0

1	4/1/14 , 4/8/14,	9	Routine	0	0
2	and 4/15/14				
3	4/29/2014	3	Routine	3	0
4	5/1/2014	12	Repeat	0	0

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Upon being informed of the presence of total coliform bacteria in two routine samples collected on March 4, 2014, City staff collected a total of eight (8) repeat samples on March 6, 2014. The proper number of repeat samples were collected. None of the repeat samples showed the presence of total coliform bacteria. Additional routine samples were collected on March 11, March 18, and March 25, 2014 and were absent for total coliform bacteria. City staff collected routine distribution samples on April 1, 8, 15, and 29, 2014. The three (3) routine distribution samples that were collected on April 29, 2014 were positive for total coliform. Twelve (12) repeats were taken on May 1, 2014 and showed the absence of total coliform bacteria. Due to the above-mentioned total coliform positive samples, the City failed the total coliform MCL for the months of March and April 2014. All water samples for coliform bacteria collected during March and April 2014 are summarized in Attachment A.

The cause of the contamination is unknown since no specific source of contamination has been identified. The City provides continuous chlorination in the distribution system as required under the Surface Water Treatment Rule. Chlorine residuals ranged from 0.36 to 2.47 mg/L in samples collected during March and April 2014. The water system indicated that the contamination may have been due to sampling error.

The above violation is classified as a non-continuing violation.

1 The Groundwater Rule adopted by the Department, effective August 18, 2011, requires the
2 collection of a sample for bacteriological evaluation from wells serving the system in
3 response to a coliform positive distribution sample. The City of Huron is a surface water
4 system.

6 NOTIFICATION REQUIREMENTS

7 Section 64426.1(c) requires a public water system to notify the Department and the
8 consumers of the water system, when a violation of Section 64426.1(b)(1) through (4) the
9 total coliform MCL occurs. Notification to the Department shall be by the end of the
10 business day on which the violation has been determined. If the Department is closed,
11 notification shall be within 24 hours of the determination. The Department was notified, in
12 accordance with the above-referenced section for the total coliform MCL on March 12
13 2014 for the March 4, 2014 positive samples, but not for the April 2014 total coliform MCL
14 violation.

15
16 A Tier 2 Public Notice for violation of paragraph 64426.1(b)(2) shall be given pursuant to
17 Section 64463.4 and 64465. The Tier 2 Public Notice shall include the mandatory health
18 effects language from Appendix 64465-A for a total coliform MCL failure.

19
20 Section 64463.4 allows community water systems to use mail or direct delivery to each
21 customer and the use of one or more of the following methods: publication in a daily or
22 weekly newspaper, posting the public notice in a conspicuous public place within the water
23 system or on the internet, or by delivery to community organizations. The Tier 2
24 notification methods are included Attachment B along with instructions on completing the
25 public notice.

26
27 The City shall either mail or conduct direct delivery of the public notice to all customers
served within the general service area. Section 116450(g) requires that upon receipt of

1 notification from a public water system, schools must notify school employees, students,
2 and parents (if the students are minors), residential rental property owners or managers
3 (including nursing homes and care facilities) must notify their tenants and business property
4 owners, managers or operators must notify employees of businesses located on the property.
5 These secondary notification requirements are included in the public notice. The
6 Department hereby waives public notification by newspaper, posting or delivery to
7 community organizations.

8
9 Notification of the public was conducted on May 2, 2014, advising each consumer/customer
10 of the failure of the total coliform MCL during the month of March 2014. A copy of the
11 notice that was mailed / delivered to each customer is provided as Attachment B. Proof of
12 Notification is provided as Attachment C. Proof of notification is required for April 2014.
13 The City shall complete Attachment E and return it to the Department by **July 31, 2014**.

14
15 **DIRECTIVES**

16
17 The City is hereby directed to take the following actions:

- 18
19 1. By **July 15, 2014** the City of Huron water system shall provide public notification
20 of the total coliform Maximum Contaminant Level failure during april 2014 in
21 English and Spanish by mail or conduct direct delivery of the public notice to all
22 customers served within the general service area. The Water System is additionally
23 required to use one or more of the following notification methods: publication in a
24 daily or weekly newspaper, posting the public notice in a conspicuous public place
25 within the water system or on the internet, or by delivery to community
26 organizations.

27

1 By July 31, 2014 the City shall provide proof of notification of the total coliform
2 MCL violation notification to each consumer using Attachment E, to:

3 Betsy S. Lichti, Senior Sanitary Engineer
4 Department of Public Health
5 Drinking Water Field Operations Branch
6 265 W. Bullard Avenue, Suite 101
7 Fresno, CA 93704

- 8
- 9 2. The City shall notify the Department of any further violations of the total coliform
10 MCL by the end of the business day on which the violation has been determined, or,
11 if the Department is closed, within 24 hours of the determination.
- 12
- 13 3. By July 31, 2014, the City shall complete and submit a report to the Department
14 that describes the incident and all corrective actions taken, and the results of the
15 investigation. The investigation shall include, but not be limited to, the following:
- 16 a) Conduct a review of the water treatment plant records for the days during and
17 just prior to the detection of the positive samples in the distribution system. An
18 evaluation of the turbidity and chlorine residuals from the plant should also be
19 included.
- 20 b) Current operating procedures that are or could potentially be related to the
21 increase in bacterial count, such as main repairs or well work conducted
22 without disinfection.
- 23 c) System pressure loss to less than 5 psi.
- 24 d) Potential cross connections.
- 25 e) Physical evidence indicating bacteriological contamination of facilities (such as
26 openings in the well casing, storage tank or evidence of animal activity in the
27 vicinity of the well).

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- f) Analytical results of any additional investigative samples collected, including well samples.
- g) Residents' illness suspected of being waterborne.
- h) Records of the investigation and any action taken.

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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.

6/18/14

Date

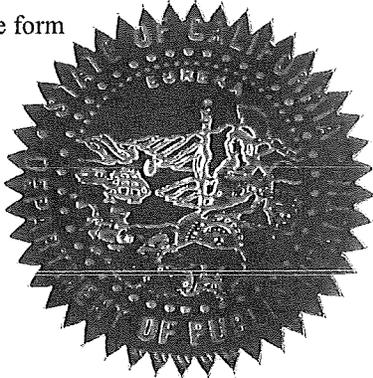
Betsy S. Lichti

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

BSL/MH

Attachments:

- Attachment A: Summary of Bacteriological Samples collected March and April 2014
- Attachment B: Copy of Public Notice
- Attachment C: Copy of Proof of Notification Form
- Attachment D: Public Notice Example (for April 2014)
- Attachment E: Proof of Notification Form (for April 2014)
- Attachment F: Investigation Report for Bacteriological MCL Failure form



Bacteriological Distribution Monitoring Report

1010044 *Huron, City of*

Distribution System Freq: 7/M

Sample Date	Time	Location	T Coli	E Coli	F Coli	Type	CI2	Violation	Comment
3/4/2014	10:35	Sp5 36311 Lassen Ave.	P	A		Routine	1.00		
3/4/2014	10:40	Sp3 16808 palmer St.	P	A		Routine	1.21		
3/6/2014	10:22	16808 Palmer	A	A		Repeat	1.63		
3/6/2014	10:30	16746 Palmer	A	A		Repeat	1.45		
3/6/2014	11:10	16831 Palmer	A	A		Repeat			
3/6/2014	11:15	16690 Palmer	A	A		Routine	1.01		
3/6/2014	11:32	36311 Lassen	A	A		Repeat	0.70		
3/6/2014	12:50	36905 lassen	A	A		Routine	0.36		
3/6/2014	22:20	36459 Lassen	A	A		Repeat			
3/6/2014	22:20	36509 Lassen	A	A		Repeat	1.2		
3/31/2014		9 samples	A	A		Routine	1.00-2.47		
4/1/2014		9 samples	A	A		Routine	0.50-1.80		
4/29/2014	13:05	Sp1 36951 Lassen Ave.	P	A		Routine	0.85		
4/29/2014	13:10	36311 Lassen Ave.	P	A		Routine	0.40		
4/29/2014	13:31	16808 Palmer	P	A		Routine	1.00		
5/1/2014	10:40	36951 Lassen	A	A		Repeat	1.63		
5/1/2014	10:50	17115 Tornado	A	A		Repeat	1.64		
5/1/2014	11:00	36905 Lassen	A	A		Repeat	1.00		
5/1/2014	11:10	36459 Lassen	A	A		Repeat	1.12		
5/1/2014	11:22	36459 Lassen	A	A		Repeat	0.90		
5/1/2014	11:50	36509 Lassen	A	A		Repeat	1.02		
5/1/2014	12:00	36905 Lassen	A	A		Repeat	1.00		
5/1/2014	12:10	36311 Lassen	A	A		Repeat	1.45		
5/1/2014	12:20	16808 Palmer	A	A		Repeat	1.24		
5/1/2014	12:30	16690 Palmer	A	A		Repeat	1.13		
5/1/2014	12:40	16746 Palmer	A	A		Repeat	1.28		
5/1/2014	12:50	16831 Palmer	A	A		Repeat	1.37		

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

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.

City of Huron Has 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 twelve (12) samples to test for the presence of coliform bacteria in March 2013. Two of these samples showed the presence of total coliform bacteria. The standard is that no more than 1 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?

Further training was done with the sampler on how to protect the sample container against outside contamination due to weather conditions such as wind or rain.

For more information, please contact Randy Johnson at 559-945-3120 or PO Box 1658, Huron, CA 93234.

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 City of Huron.

Date distributed: May 1, 2014.

INFORMACION IMPORTANTE ACERCA DE SU AGUA POTABLE

Los Requisitos bacteriológicos de Coliformes Totales no fueron mantenidos para el Sistema de Agua de la Ciudad de Huron

Nuestro sistema del agua recientemente falló en mantener un estándar de agua potable durante Marzo 2014, y por lo tanto no cumplió con las regulaciones. Aunque esta situación no fue una emergencia, como nuestros clientes, usted tiene el derecho de saber lo que debe hacer, lo que sucedió y lo que hicimos para corregir esta situación.

Estamos requeridos de monitorear regularmente contaminantes en el agua potable. Tomamos 12 pruebas en Marzo 2014 para examinar la presencia de bacteria de coliformes. Dos de estas pruebas enseñaron la presencia de coliformes bacteriológico total. Los estándares son que no más de una prueba enseñe la presencia de bacteria coliforme por mes. Los resultados de las muestras son un indicador para ver si nuestra agua potable está dentro de los estándares de salud.

¿Qué debo hacer yo?

- **No es necesario hervir su agua o tomar otras acciones correctivas.**
- Esto no es un riesgo inmediato. Si hubiera sido, habría sido notificado de inmediato. Bacteria de coliformes total generalmente no es peligrosa. Coliformes son bacterias que naturalmente están presente en el medio ambiente y son usados como indicadores de que otras, bacterias potencialmente peligrosas pueden estar presentes. El coliforme fue encontrado en más pruebas de las permitidas y esto fue una advertencia.
- Usualmente, el coliforme es un signo de que puede haber problemas con el tratamiento o el sistema de distribución (pipas). Cuando detectamos la bacteria de coliforme en cualquier sistema, nosotros seguimos examinando para mirar si alguna otra bacteria de mayor preocupación, como fecal coliforme o E. coli, están presentes. **No encontramos ninguna de estas bacterias en nuestras pruebas subsecuentes.**
- Personas con sistema inmunológico severamente comprometidos, infantes, y mayores de edad pueden estar en alto riesgo. Estas personas deben de buscar concejos con su proveedor de salud acerca de tomar el agua. Procedimientos generales o maneras de disminuir el riesgo de infección por microbios están disponibles en EPA's Agua Potable Segura al 1(800) 426-4791.
- Si usted tiene otros problemas de salud con respecto al consumo de esta agua, usted puede consultar con su médico.

Que ha pasado? Que se hizo?

Entrenamiento adicional se hizo con la muestra sobre cómo proteger la muestra contra la contaminación exterior debido a las condiciones meteorológicas como el viento o la lluvia.

Para más información, por favor contacte a Randy Johnson al número 559-945-3120 o a la siguiente dirección P.O. Box 1658, Huron CA 93234.

Por favor comparte esta información con otros que pueden tomar de esta agua, colocando este aviso en lugares visibles, o remitiéndolo por correo, o entregándolo manualmente. Es de particular interés distribuir este aviso ampliamente si usted lo recibe representando un negocio, un hospital o hogar de infantes o hogar de ancianos o comunidad residencial.

Requisitos secundarios de la Notificación

Al recibir esta notificación por parte de una persona que opera un sistema público de agua, este aviso debe ser dada dentro de 10 días [Sección 116450(g) de la reglas de Salud] según lo siguiente:

- ESCUELAS: Debe notificar a empleados de escuela, los estudiantes, y los padres si los estudiantes son menores.
- DUEÑOS O ADMINISTRADORES DE PROPIEDADES RESIDENCIALES de RENTA (inclusivo clínicas o hogares de reposo): Debe notificar a los inquilinos, renteros o residentes.
- DUEÑOS DE PROPIEDADES de NEGOCIO, los DIRECTORES, O los OPERARIOS: Deben notificar a empleados de negocios localizados en la propiedad.

Este aviso ha sido enviado a usted de acuerdo con las Regulaciones de California sobre la Calidad de la Agua Doméstica como un medio de mantener el público informado.

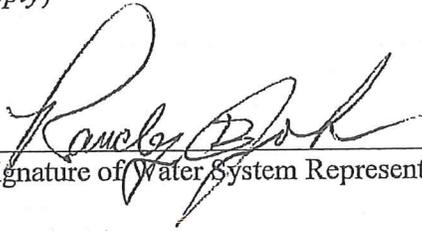
Fecha: Mayo 1 del 2014

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 **City of Huron** of the failure to meet the **total coliform bacteria MCL** for the month of **March 2014** as directed by the Department.

Notification was made on 5/2/2014 by _____ (date)

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



Signature of Water System Representative

Randy Johnson

Printed Name

5/8/2014

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: April 1, 2014
Total Coliform MCL Failure: March 2014
System Number: 1000345
Citation No.: _____

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.

**City of Huron Has 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 ____ () samples to test for the presence of coliform bacteria in April 2014. _____ of these samples showed the presence of total coliform bacteria. The standard is that no more than 1 sample per month may show the presence of coliform bacteria. The Water System also failed the drinking water standard in March 2014 and conducted the public notification on May 2, 2014.

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 City of Huron.

Date distributed: _____.

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 **City of Huron** of the failure to meet the **total coliform bacteria MCL** for the month of **April 2014** as directed by the Department.

Notification was made on _____ by
(date)

mailed and/or hand delivered 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: June 15, 2014
Total Coliform MCL Failure: April 2014
System Number: 1010044
Citation No.: _____

POSITIVE TOTAL COLIFORM INVESTIGATION – SURFACE WATER SYSTEM

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

INVESTIGATION DETAILS

SOURCE – RAW SURFACE WATER	SOURCE NAME	COMMENTS
1. Inspect the surface water intake for physical defects and report		
2. Is the intake secured to prevent unauthorized access?		
3. To what treatment plant (name) is the water supplied from this intake?		
4. How often do you collect a total coliform (TC) sample from the raw water?		
5. Provide the date and result of the last TC test at this location		
6. Is there any unusual condition at the intake?		
7. Any additional observation?		

TREATMENT	PLANT NAME	COMMENTS
PRE-FILTRATION TREATMENT		
1. Do you provide any treatment prior to filtration?		
2. If yes, specify type of treatment provided.		
3. Did you experience any problems with the pre-filtration treatment when the total coliform MCL happened? If yes, specify.		
4. Do you provide pre-chlorination?		
5. Specify the point of pre-chlorination?		
6. Was the chlorination system working properly when the TCR MCL was violated?		
7. Have you recently changed the pre-chlorination dosage?		
8. Any additional observation, information?		

