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STATE OF CALIFORNIA  
WATER RESOURCES CONTROL BOARD  
DIVISION OF DRINKING WATER

**TO:** MUSICK CREEK TRACT ASSOCIATION WATER SYSTEM  
7452 E. Robinson Avenue  
Fresno, CA 93737  
Water System No. 1000058

**Attn:** Rob Rush

**CITATION FOR VIOLATION OF CALIFORNIA CODE OF REGULATIONS, TITLE 22,  
SECTION 64426.1 (b) (2) - TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL**

**August 2014**

**CITATION NO. 03-23-14C-077**

**Issued on December 12, 2014**

Section 116650 of the California Health and Safety Code authorizes the issuance of a citation to a public water system for violation the California Safe Drinking Water Act (Health and Safety Code, Division 104, Part 12, Chapter 4, commencing with Section 116270) (hereinafter "California SDWA"), or any regulation, standard, permit or order issued or adopted thereunder.

The State Water Resources Control Board, acting by and through its Division of Drinking Water (hereinafter "Division") and the Deputy Director for the Division (hereinafter "Deputy Director"), hereby issues a citation to the Musick Creek Tract Association Water System (hereinafter, Water System) (mailing address: 7452 E. Robinson Avenue, Fresno, CA

29 93737) for violation of California Code of Regulations (CCR), Title 22, Section 64426.1  
30 subsections (b)(2).

31 **APPLICABLE AUTHORITIES**

32 **Section 116650 of California Health and Safety Code provides:**

33 (a) If the Division determines that a public water system is in violation of this chapter or  
34 any regulation, permit, standard, citation, or order issued or adopted thereunder, the  
35 Division may issue a citation to the public water system. The citation shall be served upon  
36 the public water system personally or by certified mail. Service shall be deemed effective  
37 as of the date of personal service or the date of receipt of the certified mail. If a person to  
38 whom a citation is directed refuses to accept delivery of the certified mail, the date of  
39 service shall be deemed to be the date of mailing.

40 (b) Each citation shall be in writing and shall describe the nature of the violation or  
41 violations, including a reference to the statutory provision, standard, order, citation, permit,  
42 or regulation alleged to have been violated.

43 (c) A citation may specify a date for elimination or correction of the condition constituting  
44 the violation.

45 (d) A citation may include the assessment of a penalty as specified in subdivision (e).

46 (e) The Division may assess a penalty in an amount not to exceed one thousand dollars  
47 (\$1,000) per day for each day that a violation occurred, and for each day that a violation  
48 continues to occur. A separate penalty may be assessed for each violation.

49 **California Code of Regulations, Title 22, Section 64426.1, subsections (a) and (b)**  
50 **provide, in relevant part:**

51 **§64426.1. Total Coliform Maximum Contaminant Level (MCL).**

52 (a) Results of all samples collected in a calendar month pursuant to Sections 64423,  
53 64424, and 64425 that are not invalidated by the Division or the laboratory shall be  
54 included in determining compliance with the total coliform MCL. Special purpose  
55 samples such as those listed in §64421(b) and samples collected by the water  
56 supplier during special investigations shall not be used to determine compliance with  
57 the total coliform MCL.

58 (b) A public water system is in violation of the total coliform MCL when any of the  
59 following occurs:

60 (1) For a public water system which collects at least 40 samples per month, more  
61 than 5.0 percent of the samples collected during any month are total coliform-  
62 positive; or

63 (2) For a public water system which collects fewer than 40 samples per month,  
64 more than one sample collected during any month is total coliform-positive

65 **§64424 (d) Repeat Sampling**

66  
67 if a public water system for which fewer than five routine samples per month are  
68 collected has one or more total coliform-positive samples, the water supplier shall  
69 collect at least five routine samples the following month.  
70

71 **STATEMENT OF FACTS**

72 The Water System is operated under Water Supply Permit No. 03-23-13P-021, issued on  
73 October 7, 2013. Musick Creek Tract Association Water System is a community water  
74 system serving a population of approximately fifty-seven (57) persons through forty-seven  
75 (47) service connections.  
76

77 The Water System is required to collect a minimum of one (1) distribution system  
78 bacteriological sample per month during the months of April through September. The  
79 Water System is required to collect a minimum of one (1) distribution system  
80 bacteriological sample per quarter during the first and fourth quarters of each year. The  
81 bacteriological water analysis results submitted by the Water System reported the  
82 presence of total coliform bacteria in four (4) of ten (10) samples collected by the Water  
83 System in August 2014. None of the positive samples showed the presence of fecal  
84 coliform or *E. coli* bacteria. The following table summarizes the bacteriological monitoring  
85 conducted during the months of August, September and November of 2014.  
86

Collection Date	Number of Samples	Sample Labeled	Number TC positive	Number E. Coli positive
8/3/2014	1	Routine	1	0
8/6/2014	5	Repeat (including wells)	3 (distribution)	0
8/17/2014	4	Repeat (distribution)	0	0
9/14/2014	4	Repeat (distribution)	0	0
11/23/14	1	Routine	0	0

87 Due to the above-mentioned total coliform positive samples, the Water System failed the  
88 total coliform MCL for the month of August 2014. Results for water samples tested for  
89 coliform bacteria during 2014 are summarized in Attachment A. The cause of  
90 contamination has been investigated. A completed investigative form (Attachment B)  
91 identified possible causes to be pine needles and pollen pods washing under the storage  
92 tank's hatch lid and a damaged vent screen. Those sanitary defects have been corrected.

93

94 Only four of the required five routine distribution samples were collected the month  
95 following August 2014, which had four total coliform-positive samples. They were  
96 collected on September 14, 2014 and were absent for total coliform bacteria.

97

98 The Groundwater Rule adopted by the Division, effective August 18, 2011, requires the  
99 collection of a sample for bacteriological evaluation from wells serving the system in  
100 response to a coliform positive distribution sample. This requirement was met with the  
101 repeat sampling collected on August 6, 2014.

102

103

#### VIOLATIONS

104 The Drinking Water Field Operations Branch of the State Water Resources Control Board  
105 – Division of Drinking Water (hereinafter 'Division') hereby issues a Citation to Musick  
106 Creek Tract Association Water System (hereinafter 'Water System'), for failure to comply  
107 with Section 116555(a)(1) of the CHSC and Sections 64426.1(b)(2) and 64424(d) of Title  
108 22, California Code of Regulations (CCR). Specifically, the Water System (mailing  
109 address: 7452 E. Robinson Avenue, Fresno, CA 93737) failed to comply with the total  
110 coliform Maximum Contaminant Level (MCL) for the month of August 2014 and, in  
111 September 2014, failed to collect the required number of five distribution samples  
112 following a month with a positive total coliform result.

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**NOTIFICATION REQUIREMENTS**

Section 64426.1(c) requires a public water system to notify the Division and the consumers of the water system, when a violation of Section 64426.1(b)(1) through (4) the total coliform MCL occurs. Notification to the Division shall be by the end of the business day on which the violation has been determined. If the Division is closed, notification shall be within 24 hours of the determination. The Division was notified on August 8, 2014, in accordance with the above-referenced section.

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

Section 64463.4 allows community water systems to use mail or direct delivery to each customer and the use of one or more of the following methods: publication in a daily or weekly newspaper, posting the public notice in a conspicuous public place within the water system or on the internet, or by delivery to community organizations. The appropriate Tier 2 notification that was distributed is included as Attachment B.

The Water System 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 notification from a public water system, 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 their tenants and business property owners, managers or operators must notify employees of businesses located on the property. These secondary notification requirements are included in the public notice.

141 Proof of notification is required. Notification of the public was conducted on August 18,  
142 2014, advising each consumer of the failure of the total coliform MCL during the month of  
143 August 2014. A copy of the notice that was delivered to each customer is provided as  
144 Attachment C. Proof of Notification is provided as Attachment D.

145

146

#### **DIRECTIVES**

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

148

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

152

153 2. The Water System shall develop an Operations Plan that addresses, but is not  
154 limited to, a semi-annual visual inspection of all storage facilities including the  
155 recording of all observations and maintenance. An example of such an Operations  
156 Plan is provided here as Attachment E.

157

158

#### **PARTIES BOUND**

159 This Citation shall apply to and be binding upon Musick Creek Tract Association Water  
160 System, its officers, directors, shareholders, agents, employees, contractors, successors,  
161 and assignees.

162

#### **SEVERABILITY**

163 The Directives of this Citation are severable, and Musick Creek Tract Association Water  
164 System shall comply with each and every provision thereof, notwithstanding the  
165 effectiveness of any other provision.

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**FURTHER ENFORCEMENT ACTION**

The California SDWA authorizes the Division to: issue citation with assessment of administrative penalties to a public water system for violation or continued violation of the requirements of the California SDWA or any permit, regulation, permit or order issued or adopted thereunder including, but not limited to, failure to correct a violation identified in a citation or compliance order. The California SDWA also authorizes the Division to take action to suspend or revoke a permit that has been issued to a public water system if the system has violated applicable law or regulations or has failed to comply with an order of the Division; and to petition the superior court to take various enforcement measures against a public water system that has failed to comply with violates an order of the Division. The Division does not waive any further enforcement action by issuance of this citation.

12/12/14

Date

Betsy Licht

Betsy S. Licht, P.E.,  
District Engineer  
Division of Drinking Water  
State Water Resources Control Board



Attachments:

- A. Bacteriological Distribution and Source Monitoring Reports
- B. Completed Positive Total Coliform Investigation Form
- C. Public Notice
- D. Proof of Notification Form
- E. Operations Plan Example

# Bacteriological Distribution Monitoring Report

1000058 MUSICK CREEK TRACT ASSOCIA Distribution System Freq: 1/M

Sample Date	Time	Location	T Coli	E Coli	F Coli	Type	Cl2	Violation	Comment
1/31/2014		Revert to Quarterly for Winter							
3/2/2014	15:42	3-2 Qtr 1 Bac-T	A	A		Routine			
4/13/2014	15:40	Cabin 45	A	A		Routine			
5/26/2014	9:30	Cabin 45	A	A		Routine			
6/9/2014	0:00	Cabin #45	A	A		Routine			
7/6/2014	12:45	July Cabin 45	A	A		Routine			
8/3/2014	14:45	August BacT	P	A		Routine			
8/6/2014	16:00	Well 4	A	A		Source Repeat			
8/6/2014	16:00	Well 5	A	A		Source Repeat			
8/6/2014	17:17	Cabin 1	P	A		Repeat		MCL	12/9/14 Issued 03-23-14C-077
8/6/2014	17:25	Cabin 49	P	A		Repeat			
8/6/2014	17:33	Cabin 45	P	A		Repeat			
8/17/2014	14:45	Cabin 1	A	A		Repeat			
8/17/2014	14:50	Cabin 49	A	A		Repeat			
8/17/2014	14:55	Cabin 45	A	A		Repeat			
8/17/2014	15:00	Lot 43	A	A		Repeat			
9/14/2014	12:45	Cabin 1	A	A		Routine			
9/14/2014	13:00	Cabin 43	A	A		Routine			
9/14/2014	13:00	Cabin 45	A	A		Routine			
9/14/2014	13:20	Cabin 52	A	A		Routine			
11/23/2014	12:00	Cabin 45 (4th qtr)	A	A		Routine			

## 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	Cl2 not reported

**POSITIVE TOTAL COLIFORM INVESTIGATION**  
**Simple Well with Pressure Tank Systems**

This form is intended to assist public water systems in completing the investigation required by the SWRCB Drinking Water Division (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**

<b>PWS Name:</b> Musick Creek Tract Association	<b>PWS ID NUMBER:</b> 1000058
<b>Name</b>	<b>Address</b>
Rob Rush	7452 E. Robinson Ave. Fresno, CA 93737
Person that collected TC samples if different than ORC Owner	"
Musick Creek Tract Association	
Certified Laboratory for Microbiological Analyses	2527 Fresno St. Fresno, CA 93721
Date Investigation Completed: 8/25/2014	(559)268-7021
Month(s) of Total Coliform MCL Failure: 1	

**INVESTIGATION DETAILS**

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS
	4	5	X	Y	
1. Inspect each well head for physical defects and report	X	X			
a. Is raw water sample tap upstream from point of disinfection?	Y	Y			
b. Is wellhead vent pipe screened?	n/a	n/a			
c. Is wellhead seal watertight?	Y	Y			
d. Is well head located in pit or is any piping from the wellhead submerged?	N	N			
e. Does the ground surface slope towards well head?	Y	N			Well 4: drainage is channeled around the well pad.
f. Is there evidence of standing water near the wellhead?	N	N			
g. Is there a check valve on the well discharge line? Is the check valve seating properly?	Y,Y	Y,Y			
h. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)	N	N			
i. Is the wellhead secured to prevent unauthorized access?	N	N			Wells are discretely covered.
j. To what treatment plant (name) does this well pump?	n/a	n/a			
k. How often do you take a raw water total coliform (TC) test?	Annual	Annual			Sampled on "re-test" following any present result from monthly Bac-T sampling.
l. Provide the date and result of the last TC test at this location	8/6/14	8/6/14			

**POSITIVE TOTAL COLIFORM INVESTIGATION**

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	20 psi. Normal operating pressure at the wells is 35 psi.
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the TCR positive finding.	No.
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.	No.
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	No.
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	Yes. No mainline leaks detected.
6. If there was a mainline leak, when was it repaired?	n/a
7. On what date was the distribution system last flushed?	Unknown prior to present sample. System flushed on 8/19/14, 8/14/14
8. Is there a written flushing procedure you can provide for our review?	No. Branch system with three branches.
9. Do you have an active cross connection control program?	No.
10. What is name and phone number of your Cross-Connection Control Program Coordinator?	n/a
11. Is the review and testing of backflow prevention devices current?	n/a
12. On what date was the last physical survey of the system done to identify cross-connections?	June 2013.

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+ Cabin 45	Upstream Site Cabin 1	Downstream Site Cabin 47	Sample 4 (specify) Lot 43
	1. What is the height of the sample tap above grade? (inches)	40"	45"	36"
2. Is the sample tap located in an exterior location or is it protected by an enclosure?	En	Ex	En	Ex
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?	Kit sink	HB; thread	Kit sink	FH; thread
4. Is the sample tap in good condition, free of leaks around the stem or packing?	Y	Y	Y	Y
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?	Y	Y	Y	Y
6. Is the sample tap and area around the sample tap clean and dry (free of animal droppings, other contaminants or spray irrigation systems)	Y	Y	Y	Y
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection	Y	Y	Y	Y
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)	Ran water, disinfected.	Ran water, disinfected.	Ran water, disinfected.	Ran water.
9. Is this sample tap designated on the sampling plan submitted with this information request?	Y	N	Y	N
10. What were weather conditions at the time of positive sample (rainy, windy, sunny)?	Calm, sunny	Calm, sunny	Calm, sunny	Calm, sunny

**POSITIVE TOTAL COLIFORM INVESTIGATION**  
Page 3 of 3

Attachment B

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?	Yes. Unknown if it affected the distribution system.
2. Where there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located.	None known.
3. Does the system have backup power or elevated storage?	No backup power, Elevated storage provides constant gravity pressure.
4. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	None.
5. What were the symptoms of illness if you received complaints about customers being sick?	None.

**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 Division.
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 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?**

Unknown. In response to the coliform present results in the distribution system (well test results were negative) the storage tank was inspected and a buildup of organics: pine needles and pollen pods with pollen/fines were found around the storage tank roof hatch. The hatch was secure but is not air tight. Recent thunderstorm could have allowed some of this debris to wash over the roof lip and get under the hatch lid. **This debris has been removed. A two inch tank vent was found with a damaged, mostly missing, screen. This vent is oriented in a downward position. New screen material has been installed over the vent pipe. Re-sample results taken on 8/17/14 were all absent for coliforms.**

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

NAME: Rob Rush TITLE: Water Master DATE: 8/25/2014

## 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.

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### MUSICK CREEK TRACT ASSOCIATION'S Water System Has Levels of Coliform Bacteria Above the Drinking Water Standard

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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 six (6) samples to test for the presence of coliform bacteria in August 2014. Four 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?

The tract wells and storage tank have been disinfected with chlorine. The distribution system has been flushed through the most downstream fire hydrants on each water main. Additional water samples have been collected for analysis.

For more information, please contact Rob Rush at (559) 977-3900 or 7452 E. Robinson Ave., Fresno Ca.

*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.



EDMUND G. BROWN JR.  
GOVERNOR



MATTHEW RODRIGUEZ  
SECRETARY FOR  
ENVIRONMENTAL PROTECTION

**State Water Resources Control Board**  
Division of Drinking Water

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 **Musick Creek Tract Association** of the failure to meet the **total coliform bacteria MCL** for the months of **August 2014** as directed by the Department.

Notification was made on 8/16/2014 – 8/18/2014 by Rob Rush

In person to known occupied cabins and e-mailed and posted written notice.

*(circle all that apply)*

\_\_\_\_\_  
Signature of Water System Representative

Rob Rush

\_\_\_\_\_  
Printed Name

8-25-14

\_\_\_\_\_  
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: September 15, 2014  
Total Coliform MCL Failure: August 2014  
System Number: 1000058  
Citation No.: \_\_\_\_\_

## Example: OPERATIONS PLAN FOR SMALL GROUNDWATER SYSTEMS

### Brief description:

The ABC Water Company is a small public water systems with a well, hydro-pneumatic storage tank and distribution system serving 25 homes. John Doe, who lives in another city, owns the water system. The manager Mr. Bob Smith who lives in one of the houses operates this system. There is a laboratory technician that takes water samples every month. The system also employs a part time maintenance man, Joe Fixit. The water system gets its groundwater from a well. The well was constructed in 1978. It has a 50-foot cement annular seal. The well is 200 feet deep with a 50-foot gravel pack. The storage tank is a 15,000 gallon welded steel tank. The distribution system consists 400 feet of a two-inch PVC main line, with approximately 200 feet of one-inch laterals connecting each home. The 15,000-gallon hydro-pneumatic storage tank maintains the water pressure. The system has one pressure zone maintained at between 25 and 55 psi. There is a flow meter located between the Storage tank and the distribution system to record water usage.

- Routine Operational Procedures for each component of the system:
  - A. Visual inspection of **WELL** (daily).
    1. Check for the following; leaks, openings, lubricants, electrical hazards, chemical hazards, etc. (record observations and correct problem).
    2. Check the pump for proper operation.
  - B. Visual inspection of the **STORAGE TANK** (daily).
    1. Inspect for any leaks or damage (record observations and repair as needed).
    2. Check **PRESSURE GAUGE**, record system pressure. Record the pressure the pump turns on, the pressure the pump turns off and the duration of the run time.
    3. Cleaning of **STORAGE TANK** (semi-annually). Record date cleaned and observations.
  - C. Maintenance of **GAUGES and METERS**.
    1. Inspect all gauges and meters for leaks and proper function daily. Repair or replace as needed (keep record of date).
  - D. Inspection and exercising of the **VALVES**.
    1. Inspect valves for leaks (record observations, repair or replace if leaking).
    2. Exercise valves (semi-annually, record dates on attached sheet).
  - E. Operation and maintenance of **DISTRIBUTION** facilities.
    1. Visually inspect the distribution system for leaks on a regular basis. Record date and observations.
    2. Flush dead end mains (semi-annually, record date and observations).
- Monitoring and Reporting.

A. **BACTERIOLOGICAL MONITORING**; As per approved Sample Siting Plan (attached), required monthly, report to the Department by the 10<sup>th</sup> of each month, following the sample.

1. If sample positive, take four repeat samples at once.
2. Take five routine samples the month following a positive sample.
3. Keep bacteriological results for five years.
4. Keep any corrective action for sampling for three years.

B. **CHEMICAL MONITORING**; as required by the Department, forward results to the Department.

1. Keep chemical results for ten years.
2. Keep variance and exemptions for five years.

- Response to violations.

A. **PUBLIC NOTIFICATION** of violation required.

1. Notification shall be given as per "Emergency public notification" method on record with the Department (attached), or in a manner directed by the Department.
2. State problem and what has been done to correct it.
3. Send a copy of the notification to the Department.

- Consumer complaint response procedures.

A. **CONSUMER COMPLAINT** procedures.

1. Record in complaint log (name, address and nature of the problem).
2. Investigate the complaint.
3. Verify or dismiss the complaint.
4. Record the steps taken to address or correct the problem.
5. Notify complainant of action taken.
6. Keep complaint records with corrective action for five years.

- Emergency Operational Practices. (*See Emergency/Disaster Plan for complete description*).

A. List of **equipment on hand** for emergency repairs.

1. Miscellaneous wrenches.
2. Leak clamps.

B. List of sources of needed **equipment, not on hand**.

Name	Address	Phone #	Equipment	Rental/ Contract
			Steel Tank Welder	
			Electrical repair	
			Digging equipment	
			Generator	
			Chemicals	

C. List of distributors or suppliers of **replacement parts** for the system.

Name	Address	Phone #	Equipment
			PVC pipe, valves, and fittings
			pumps, pressure tank and gauges
			Chlorinator

D. List of **emergency contact numbers**:

	Name	Phone #
1.	Health Department or DHS District Office	
2.	Law Enforcement -	
3.	Electrician	
4.	Laboratory	
5.	Pump repair service	
6.	Chemical disinfectant supplier	
7.	Equipment supplier	
8.	Owner	