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STATE OF CALIFORNIA
WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER

TO: City of Huron
P.O. Box 1658
Selma, CA 93234

Water System No. 1010044

Attn: Randy Johnson

**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-068

Issued on November 3, 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 City of Huron Water System (hereinafter, Water System) (mailing address: P.O. Box 1658, Huron, CA 932334) for violation of California Code of Regulations (CCR), Title 22, Section 64426.1 subsections (b)(2).

30 **APPLICABLE AUTHORITIES**

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

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

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

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

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

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

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

50 **§64426.1. Total Coliform Maximum Contaminant Level (MCL).**

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

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

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

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

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STATEMENT OF FACTS

The Water System is operated under Water Supply Permit No. 03-23-10P-005, issued by the Division on April 21, 2010. City of Huron Water System is a community water system serving a population of seven-thousand three-hundred six (7,306) people through nine-hundred eight (908) service connections.

The Water System is required to collect a minimum of seven (7) distribution system bacteriological sample per month. The bacteriological water analysis results submitted by the Water System reported the presence of total coliform bacteria in three (3) of twenty-four (24) samples collected by the Water System in August 2014. None of the positive samples showed the presence of fecal coliform or *E. coli* bacteria.

The following table summarizes the bacteriological monitoring conducted during the month of August 2014.

Collection Date	Number of Samples	Sample Labeled	Number TC positive	Number E. Coli positive
8/5/2014	3	Routine (all distribution)	1	0
8/7/2014	4	Repeat	0	0
8/12/2014	3	Routine (all distribution)	0	0
8/19/2014	3	Routine (all distribution)	1	0
8/21/2014	4	Repeat	0	0
8/26/2014	3	Routine (all distribution)	1	0
8/28/2014	3	Routine (all distribution)	0	0

81

82 Due to the above-mentioned total coliform positive samples, the Water System failed the
83 total coliform MCL for the month of August 2014. Results for water samples tested for
84 coliform bacteria during 2014 are summarized in Attachment A. Water Staff also collected
85 the routine source samples from the aqueduct.

86
87 The five routine distribution samples required the month following August 2014, which had
88 three total coliform-positive samples, have been reported and all are absent for both total
89 coliform and E. coli.

90
91 The Groundwater Rule adopted by the Department, effective August 18, 2011, requires
92 the collection of a sample for bacteriological evaluation from wells serving the system in
93 response to a coliform positive distribution sample. City of Huron is a surface water
94 system.

95 VIOLATION

96 The Drinking Water Field Operations Branch of the State Water Resources Control Board
97 – Division of Drinking Water (hereinafter 'Division') hereby issues a Citation to City of
98 Huron Water System (hereinafter 'Water System'), for failure to comply with Section
99 116555(a)(1) of the CHSC and Section 64426.1(b)(2) of Title 22, California Code of
100 Regulations (CCR). Based on the Statement of Facts, the Water System has failed to
101 comply with the total coliform Maximum Contaminant Level (MCL) for the month of August
102 2014.

103 104 NOTIFICATION REQUIREMENTS

105 Section 64426.1(c) requires a public water system to notify the Department and the
106 consumers of the water system, when a violation of Section 64426.1(b)(1) through (4) the
107 total coliform MCL occurs. Notification to the Department shall be by the end of the
108 business day on which the violation has been determined. If the Department is closed,



109 notification shall be within 24 hours of the determination. The Department was notified on
110 August 25, 2014, in accordance with the above-referenced section.

111

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

115

116 The Water System shall either mail or conduct direct delivery of the public notice to all
117 customers served within the general service area. Section 116450(g) requires that upon
118 receipt of notification from a public water system, schools must notify school employees,
119 students, and parents (if the students are minors), residential rental property owners or
120 managers (including nursing homes and care facilities) must notify their tenants and
121 business property owners, managers or operators must notify employees of businesses
122 located on the property.

123 Proof of notification is required. The Water System shall complete Attachment C and
124 return it to the Division by **November 30, 2014**.

125

DIRECTIVES

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

127

- 128 1. By **November 30, 2014**, the City of Huron water system shall provide public
129 notification of the total coliform Maximum Contaminant Level failure for August
130 2014 by mail or conduct direct delivery of the public notice to all customers served
131 within the general service area provided as Attachment B.

132

133 By **November 30, 2014**, the Water System shall provide proof of public notification
134 of the total coliform MCL violation for August 2014 by completing Attachment C
135 and returning it to:

136
137 Betsy S. Lichti, Senior Sanitary Engineer
138 Division of Drinking Water
139 Drinking Water Field Operations Branch
140 265 W. Bullard Avenue, Suite 101
141 Fresno, CA 93704

142

143 2. By **November 30, 2014**, the Water System shall complete and submit the
144 enclosed "Positive Total Coliform Investigation" form to the Division that describes
145 the incident and all corrective actions taken, and the results of the investigation.
146 The appropriate investigation report is provided as Attachment D.

147

148 3. By **November 15, 2014**, the Water System shall provide as built plans showing the
149 location of potable water pipes and their connections to the sources, including
150 locations of isolation valves and identification of each "zone" served by each
151 source.

152

PARTIES BOUND

153 This Citation shall apply to and be binding upon City of Huron Water System, its officers,
154 directors, shareholders, agents, employees, contractors, successors, and assignees.

155

SEVERABILITY

156 The Directives of this Citation are severable, and City of Huron Water System shall
157 comply with each and every provision thereof, notwithstanding the effectiveness of any
158 other provision.

159

160

161

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
8/5/2014	11:07	36951 Lassen Ave.	P	A		Routine	1.00		
8/5/2014	11:16	36311 Lassen Ave.	A	A		Routine	1.18		
8/5/2014	11:20	16808 Palmer St	A	A		Routine	1.10		
8/7/2014	10:23	36905 Lassen Ave.	A	A		Repeat	0.74		
8/7/2014	10:32	36459 Lassen Ave	A	A		Repeat	0.54		
8/7/2014	10:45	36951 Lassen Ave	A	A		Repeat	0.69		
8/7/2014	10:55	17116 Toranado Ave	A	A		Repeat	0.52		
8/12/2014	14:05	16856 4th St	A	A		Routine	0.76		
8/12/2014	14:15	17273 Myrtle Ave	A	A		Routine	0.87		
8/12/2014	14:23	17172 Crocker St.	A	A		Routine	0.85		
8/19/2014	11:00	36951 Lassen Ave.	P	A		Routine	0.99		
8/19/2014	11:17	36311 Lassen Ave.	A	A		Routine	1.10		
8/19/2014	11:30	16808 Palmer St.	A	A		Routine	0.96		
8/21/2014	9:40	36951 Lassen Ave.	A	A		Repeat	1.00		
8/21/2014	9:50	17116 Tornado Ave	A	A		Repeat	1.03		
8/21/2014	10:00	36905 Lassen Ave.	A	A		Repeat	1.14		
8/21/2014	10:07	30459 Lassen Ave	A	A		Repeat	0.92		
8/26/2014	10:51	17273 Myrtle Ave.	A	A		Routine	1.26		
8/26/2014	11:06	17172 Crocker St.	P	A		Routine	0.88		
8/26/2014	11:20	16856 4th St.	A	A		Routine	0.73		
8/28/2014	13:23	17172 Crocker	A	A		Routine			
8/28/2014	13:52	17202 Crocker	A	A		Routine			
8/28/2014	14:00	17233 Crocker	A	A		Routine			
8/28/2014	14:10	17146 Crocker	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	CI2 not reported

Source Bacteriological Monitoring Report

1010044 Huron, City of

<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>
8/5/2014	11:30	Aqueduct	Surface	MPN	550	1.0				
8/12/2014	13:40	Aqueduct	Surface	MPN	70	<1.0				
8/19/2014	11:40	Aqueduct	Surface	MPN	410	4.1				
8/26/2014	11:31	Aqueduct	Surface	MPN	390	3.0				

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 August 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.

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: _____.



EDMUND G. BROWN JR.
GOVERNOR



MATTHEW RODRIGUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board
Division of Drinking Water

ATTACHMENT _____

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 **August 2014** 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: September 12, 2014
Total Coliform MCL Failure: August 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?		

POSITIVE TOTAL COLIFORM INVESTIGATION

TREATMENT	PLANT NAME	COMMENTS
FILTRATION TREATMENT		
1. What kind of filters do you have (Pressure or Gravity, Media specifications)		
2. How many filters are there?		
3. What is the capacity of each filter (gpm per sq ft.)?		
4. What is the capacity of the treatment plant in gpm?		
5. What is the filter loading rate for each filter?		
6. How many filters were in service when the total coliform MCL failure happened?		
7. Did any filter experience any operational problems when the failure happened?		
8. Did you experience any problems with the filter backwashing process?		
9. Did the combined effluent from the treatment plant experience any turbidity failures when the total coliform MCL failure happened?		
10. Did any individual filter exceed the turbidity standard when the failure happened?		
11. How often do you backwash your filters? Is it based on a timer or effluent turbidity?		
12. Are the filters backwashed with treated water? Specify backwash rate and duration.		
11. When was the last time you inspected your filter media?		
13. When was the last time you changed your filter media?		
14. Did you notice any mud balls in the filters when you last inspected your filters?		
15. Any additional observation, information?		
DISINFECTION TREATMENT		
1. What kind of disinfectant do you add?		
2. Where do you add the disinfectant (specify location)?		
3. What was the chlorine residual in the treatment plant effluent?		
4. What was the chlorine residual in the distribution system?		
5. Did the treatment plant effluent lose chlorine residual? If yes, how long?		
6. Did the distribution system lose chlorine residual? If yes, how long?		
7. If you provide continuous chlorination treatment, was there any equipment failure?		
8. Inspect each point where disinfectant is added and report		
a. For hypochlorination systems		
1) Is the disinfectant feed pump feeding disinfectant?		
2) What is the feed rate of disinfectant in ml/minute?		

POSITIVE TOTAL COLIFORM INVESTIGATION

Page 3 of 6

TREATMENT	PLANT NAME	COMMENTS
3) What is the concentration of the disinfectant solution being fed? (percent, or mg/l of chlorine as HOCl)		
4) By what method was the concentration of solution determined? (ex: measured, manufacturer's literature)		
5) What is the age (days) of the disinfectant solution currently being used at this treatment location?		
6) What is the raw water flow rate at the point where disinfectant is added in gallons per minute?		
7) What is the total chlorine residual measured immediately downstream from the point of application?		
8) What is the free chlorine residual measured immediately downstream from the point of application?		
9) What is the contact time in minutes from the point of disinfectant application to the CT compliance point?		
10) Did the treatment plant experience any CT failure due to inadequate chlorine dosage? If yes, specify what happened?		
11) Did the treatment plant experience any CT failure due to inadequate contact time? If yes, specify what happened?		
12) Any additional observation/information?		

STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
1. Is each tank locked to prevent unauthorized access?						
2. Are all vents of each tank screened and down-turned to prevent dust and dirt from entering the tank?						
3. Is the overflow on each tank screened?						
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?						
5. Are there any visible leaks in the tanks? Is the exterior of the tank corroded?						
6. Is the roof/cover of the tank sealed and free of any leaks?						
7. Is the tank above ground or buried?						
a. If buried or partially buried, are there provisions to direct surface water away from the site?						
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?						
8. Does the tank "float" on the distribution system or are there separate inlet and outlet lines?						

POSITIVE TOTAL COLIFORM INVESTIGATION

STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
9. What is the measured chlorine residual (total/free) of the water exiting the storage tank today ?							
10. What is the volume of the storage tank in gallons? How old is the tank?							
11. Is the tank baffled?							
12. Prior to the TC+ or EC+, what was the previous date items #1-7 were checked and documented?							

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?	

BOOSTER STATION	SYSTEM RESPONSES
1. Do you have a booster pump? How many?	
2. Do you have a standby booster pump if the main pump fails?	
3. Prior to bacteriological quality problems, did your booster pump fail?	
4. Do you notice standing water, leakage at the booster station?	

POSITIVE TOTAL COLIFORM INVESTIGATION

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	Sample 4 (specify location)
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 the weather conditions at the time of the positive sample (rainy, windy, sunny)?				

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. Were 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?	

POSITIVE TOTAL COLIFORM INVESTIGATION

Page 6 of 6

ADDITIONAL INFORMATION TO BE SUBMITTED WITH RESPONSES TO THE ABOVE QUESTIONS

1. **Sketch** of System showing all sources, all treatment and chlorination 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 source, 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: _____