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STATE OF CALIFORNIA  
WATER RESOURCES CONTROL BOARD  
DIVISION OF DRINKING WATER

**TO:** Washington Union High School  
c/o Washington Union School District  
2888 S. Ivy  
Fresno, CA 93706  
  
Water System No. 1000221

**Attn:** Joey Campbell

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

**November 2014**

**CITATION NO. 03-23-15C-011**

**Issued on March 19, 2015**

Section 116650 of the California Health and Safety Code authorizes the issuance of a citation to a public water system for violation of 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 Washington Union High School Water System

29 (hereinafter, Water System) (mailing address: 2888 S. Ivy, Fresno, CA 93706) for violation  
30 of California Code of Regulations (CCR), Title 22, Section 64426.1 subsections (b)(2).

31

32

**APPLICABLE AUTHORITIES**

33

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

34

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

41

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

44

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

46

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

47

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

50

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

52

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

53

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

59

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

61

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



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

66

67

**STATEMENT OF FACTS**

68 The Water System is operated under Water Supply Permit No. 03-23-13P-012, issued by  
69 the Division on April 22, 2013. Washington Union High School Water System is a non-  
70 transient non-community water system serving a population of approximately one  
71 thousand (1,000) people through twenty-three (23) service connections at a high school.

72

73 The Water System is required to collect a minimum of one (1) distribution system  
74 bacteriological sample per month. The bacteriological water analysis results submitted by  
75 the Water System reported the presence of total coliform bacteria in three (3) of five (5)  
76 samples collected during November 2014. None of the positive samples showed the  
77 presence of fecal coliform or *E. coli* bacteria. Additionally, a well cycle test conducted on  
78 Well #2 on December 15, 2014 showed all five samples were free of coliform bacteria.

79

80 The following table summarizes the bacteriological monitoring conducted during the  
81 months of November and December of 2014 and January of 2015.

82

Collection Date	Number of Samples	Sample Labeled	Number TC positive	Number E. Coli positive
11/24/2014	5	Repeat including both wells	3 including Well #2	0
12/15/2014	5	Well #2 Cycle Test	0	0
12/31/2014	1	Routine (w/ 1.7 ppm chlorine residual)	0	0
1/30/2015	5	Routine	0	0

83

84 Due to the above-mentioned total coliform positive samples, the Water System failed the  
85 total coliform MCL for the month of November 2014. Results for water samples tested for  
86 coliform bacteria during 2014 are summarized in Attachment A. Water System staff have  
87 not completed a Positive Total Coliform Investigation. Water System staff reported that a  
88 construction project commencing in July 2014 prohibited them from repeat and routine  
89 monthly bacteriological sampling during the months of July, August, September and  
90 October of 2014. In November 2014, Well #2 tested positive for total coliform bacteria.  
91 Well #2 was disinfected to 50 mg/L chlorine and flushed during the first week of December  
92 2014. Temporary continuous disinfection was installed and remained for the month of  
93 December 2014. The Water System has not been permitted to provide ongoing  
94 continuous chlorination other than short term emergency disinfection. The Division has on  
95 file a cross connection control survey for the Water System dated May 7, 1998 which  
96 identifies multiple cross connections. That cross connection control survey is not noted in  
97 the 2013 Annual Report to the Drinking Water Program. It is unclear whether those cross  
98 connections have been eliminated.

99

100 The Groundwater Rule adopted by the Division, effective August 18, 2011, requires the  
101 collection of a sample for bacteriological evaluation from wells serving the system in  
102 response to a coliform positive distribution sample. This requirement was met with the  
103 round of repeat sampling conducted during November 2014.

104

105

#### VIOLATION

106 The Drinking Water Field Operations Branch of the State Water Resources Control Board  
107 – Division of Drinking Water (hereinafter 'Division') hereby issues a Citation to Washington  
108 Union High School Water System (hereinafter 'Water System'), for failure to comply with  
109 Section 116555(a)(1) of the CHSC and Section 64426.1(b)(2) of Title 22, California Code  
110 of Regulations (CCR). Based on the Statement of Facts, the Water System has failed to

111 comply with the total coliform Maximum Contaminant Level (MCL) for the month of  
112 November 2014.

113

114

#### NOTIFICATION REQUIREMENTS

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

121

122 A Tier 2 Public Notice for violation of paragraph 64426.1(b) (2) shall be given pursuant to  
123 Section 64463.4 and 64465. The Tier 2 Public Notice shall include the mandatory health  
124 effects language from Appendix 64465-A for a total coliform MCL failure. The notice shall  
125 include notification of the July and August 2014 violations of the Groundwater Rule.

126

127 Section 64463.4 allows non-transient non-community water systems to give public notice  
128 by posting the notice in conspicuous locations throughout the area served by the water  
129 system and by the use of one or more of the following methods in order to reach persons  
130 not likely to be reached by a public posting: publication in a local newspaper or newsletter  
131 distributed to customers, e-mailing the public notice to water system customers, post the  
132 public notice on the internet, or by delivery to each customer. The Tier 2 Public Notice is  
133 provided here as Attachment B.

134

135 Section 116450(g) requires that upon receipt of notification from a public water system,  
136 schools must notify school employees, students, and parents (if the students are minors),

137 residential rental property owners or managers (including nursing homes and care  
138 facilities) must notify their tenants and business property owners, managers or operators  
139 must notify employees of businesses located on the property.

140 Notification of the public regarding the November violation was conducted on November  
141 26, 2014. Proof of the November 2014 notification was provided to the Division using  
142 Attachment C.

143

144

#### DIRECTIVES

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

146

147 1. By April 15, 2015, the Water System shall complete and submit the enclosed  
148 "Positive Total Coliform Investigation" form to the Division that describes the  
149 incident and all corrective actions taken, and the results of the investigation. The  
150 appropriate investigation report is provided as Attachment D.

151

152 2. The Water system shall implement a Cross-Connection Control Program per CCR  
153 Section 116800, elements (a) through (e) as provided as guidance in Attachment  
154 E. By June 30, 2015, the Water System shall conduct a survey to identify  
155 potential backflow hazards. The survey shall be conducted by a certified cross-  
156 connection control specialist. The survey and documentation of a Cross-  
157 Connection Control Program shall be submitted to the Division by July 31, 2015.  
158 You may contact the SWRCB Fresno District for guidance in identifying a cross-  
159 connection specialist.

160

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

164 4. In the event that chlorination is still being provided after April 15, 2015, an  
165 application (Form EH 100, Attachment F) for a permit amendment for the addition  
166 of continuous chlorination treatment must be submitted to the Division. A permit  
167 fee of \$258 shall be included at the time the application is submitted to the  
168 Division. While the District/Water System is being chlorinated monthly raw water  
169 bacteriological samples should be collected from the wellhead and analyzed, and  
170 chlorine residuals should be monitored throughout the distribution system

171  
172

173 **PARTIES BOUND**

174 This Citation shall apply to and be binding upon Washington Union High School of  
175 California Water System, its officers, directors, shareholders, agents, employees,  
176 contractors, successors, and assignees.

177

178 **SEVERABILITY**

179 The Directives of this Citation are severable, and Washington Union High School Water  
180 System shall comply with each and every provision thereof, notwithstanding the  
181 effectiveness of any other provision.

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# Bacteriological Distribution Monitoring Report

**1000221**      **Washington Union High School**      **Distribution System Freq:**

Sample Date	Time	Location	T Coli	E Coli	F Coli	Type	CI2	Violation	Comment
1/17/2014	12:40	EHS hb	A	A		Routine			
1/17/2014	12:50	Café sink	A	A		Routine			
2/4/2014	14:25	Easton HS	A	A		Routine			
2/4/2014	14:33	Washington Nurses office	A	A		Routine			
3/14/2014	12:10	concession sink	A	A		Routine			
4/2/2014	13:00	Nurses Office Sink	A	A		Routine			
4/2/2014	13:15	Easton High H.B.	A	A		Routine			
5/8/2014	11:45	Café Kitchen sink	A	A		Routine			
5/8/2014	12:30	Easton High	A	A		Routine			
6/8/2014	14:00	Site 1	A	A		Routine			
6/8/2014	14:15	Site 6	A	A		Routine			
6/8/2014	14:20	Site 15	A	A		Routine			
6/8/2014	14:25	Site 20	A	A		Routine			
6/8/2014	14:30	Site 13	A	A		Routine			
6/20/2014	11:43	Concession sink	A	A		Routine			
7/25/2014	10:00	Cafeteria sink	P	A		Routine		MR5	Repeat sampling not conducted because of construction per BSL
8/31/2014		No Sample						MR1	Construction ?
9/30/2014		No Sample						MR1	Construction ?
10/31/2014		No Sample						MR1	Construction ?
11/24/2014	14:15	Well Head #2	200	<1.0		Source Repeat			
11/24/2014	14:45	Well Head #1	<1.1	<1.1		Source Repeat			
11/24/2014	14:50	Nurse's Office	P	A		Repeat		MCL	
11/24/2014	15:20	Cafeteria Sink	A	A		Repeat			
11/24/2014	15:35	Cafeteria Sink	P	A		Repeat			
12/31/2014	9:40	SW Outisde Hosebib	A	A		Routine	1.7		
1/30/2015	13:20	Outisde hosebib	A	A		Routine			
1/30/2015	13:35	Nurses office	A	A		Routine			
1/30/2015	13:50	Nurses office	A	A		Routine			
1/30/2015	14:30	Cafeteria sink	A	A		Routine			
1/30/2015	14:35	Cafeteria sink	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

1000221 *Washington Union High School*

<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>
12/15/2014	14:30	Well head #2	Well	MPN	<1.0	<1.0				
12/15/2014	14:31	Well head #2 1 min	Well	MPN	<1.0	<1.0				
12/15/2014	14:35	Well head #2 5 min	Well	MPN	<1.0	<1.0				
12/15/2014	14:45	Well head #2 15 min	Well	MPN	<1.0	<1.0				
12/15/2014	15:00	Well head #2 30 min	Well	MPN	<1.0	<1.0				

**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.

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**Washington Union High School 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 five (5) samples to test for the presence of coliform bacteria in November 2014. Three 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?**

Emergency Chlorination

---

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.

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

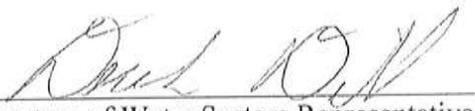
Attachment C

**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 **Washington Union High School water system** of the failure to meet the **total coliform bacteria MCL** for the month of **November 2014** as directed by the Division.

Notification was made on 11-26-14 by \_\_\_\_\_ (date)

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

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

Derek Dill  
\_\_\_\_\_  
Printed Name

11-26-14  
\_\_\_\_\_  
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: December 15, 2014  
Total Coliform MCL Failure: November 2014  
System Number: 1000221  
Citation No.: \_\_\_\_\_

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

Attachment D

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>		<b>PWS ID NUMBER:</b>	
<b>Name</b>		<b>Address</b>	
<b>Operator in Responsible Charge (ORC)</b>		<b>Telephone #</b>	
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 D

Page 2 of 3

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 <b>exterior</b> location or is it protected by an <b>enclosure</b> ?				
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 D

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 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 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: \_\_\_\_\_

## CROSS-CONNECTION CONTROL NON-COMMUNITY WATER SYSTEMS SWRCB DDW - FRESNO DISTRICT

### Purpose of Cross-Connection Control Program

Water provided by a public water system may be contaminated via cross-connections within the user's distribution system. The purpose of the cross-connection control program is to eliminate actual cross-connections and to reduce the hazard of potential cross-connections. This is accomplished by identifying actual and potential cross-connections and either installing appropriate backflow prevention assemblies or ensuring that water-using equipment is installed in accordance with plumbing code requirements and good practice.

### What are cross-connections?

Cross-connections are unprotected connections between a potable water system and any source or system containing unapproved water or a substance, which is not safe. Examples of cross-connections include:

1. Improperly installed irrigation systems (which may allow back siphoning of stagnant, bacterially contaminated water into the piping system) or premises where there are irrigation systems into which fertilizers, herbicides, or pesticides are or can be injected.
2. Improperly plumbed water-using devices such as hot tubs, boilers or commercial dishwashers.
3. Irrigation systems served by an auxiliary source, such as an unapproved well or a creek. Such systems, if connected to the drinking water system, create a potential for contamination via cross-connections.
4. Interconnections between the potable system and a non-potable system.

### How to Comply

For Non-community water systems, the program consists of identification of hazards and protection of the system from these hazards. The program is to be adapted to the size and complexity of the system. The following are the required elements and necessary actions:

1. Identification of Hazards -This consists of a review of the system facilities to identify areas of potential contamination via cross-connections. A survey of the system is to be conducted with documentation of the findings. Any facilities that handle wastewater or hazardous liquids require special evaluation to ensure protection of the potable system from contamination.
2. Protection of System -Taking action to abate the potential cross-connection by ensuring compliance with plumbing codes, installing and maintaining appropriate backflow prevention assemblies and other means. This includes annual testing and repair or replacement as needed.

### Completion and Documentation

Attached is additional information and forms that you can use to help guide you through this program. A survey of the system is to be conducted by a qualified person. Documentation of the survey findings is to be maintained and submitted to the Division when requested.

### Attachments - Information and forms for surveys

- Notes:*
1. Regulatory Authority: Pursuant to Section 7584 of the California Code of Regulations, which states, "The water supplier shall protect the public water supply from contamination by implementation of a cross-connection control program".
  2. Applicability: Non-community water systems

## ELEMENTS OF A CROSS-CONNECTION CONTROL PROGRAM SWRCB DDW - FRESNO DISTRICT

When implementing a Cross-Connection Control Program, the water supplier or health agency should follow an organized plan. The following items should be included as a minimum:

### **7584. Responsibility and Scope of Program**

The water supplier shall protect the public water supply from contamination by implementation of a cross-connection control program. The program, or any portion thereof, may be implemented directly by the water supplier or by means of a contract with the local health agency, or with another agency approved by the health agency. The water supplier's cross-connection control program shall for the purpose of addressing the requirements of Sections 7585 through 7605 include, but not limited to, the following elements:

(a) *The adoption of operating rules or ordinances to implement the cross-connection program.*

A public water supplier shall enact an ordinance or rule of service outlining the cross-connection control program and providing enforcement authority.

(b) *The conducting of surveys to identify places where cross-connections are likely to occur.*

Water utilities do not have any responsibility for controlling or abating cross-connections on a user's premises. All existing facilities where potential cross-connections are suspected, however, shall be listed and inspected or reinspected on a priority basis, where feasible. All applications for new services or for enlarging existing services or changing of occupant shall be reviewed or screened for cross-connections hazards. Surveys are intended to be conducted by a person certified by AWWA or ABPA as a cross-connection specialist. A list of persons that have this certification may be obtained by contacting AWWA at (909) 481-7200, ABPA at <http://www.abpa.org/>, or by contacting the CDPH-Fresno District office.

(c) *The provision of backflow protection at the user's connection or within the user's premises or both.*

Adequate provisions for implementation and enforcement of backflow protection where needed including the shutting off service when necessary

(d) *The provision of at least one person trained in cross-connection control to carry out the cross-connection program.*

**Specific units of the health agency and/or water supplier should be designated to organize and carry out the cross-connection control program. The personnel in those units should be trained as to the causes and hazards of unprotected cross-connections.**

(e) *The establishment of a procedure or system for testing backflow preventers.*

A list of approved backflow preventers and list of certified testers should be made available to each water user required to provide backflow protection.

The list may include backflow devices approved by University of Southern California, Foundation for Cross-Connection Control and IAPMO, which may be found on the SWRCB website at the following address:

[http://www.waterboards.ca.gov/drinking\\_water/certlic/drinkingwater/publications.shtml](http://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/publications.shtml).

The List of certified testers may be lists developed by the American Water Works Association and local county health agencies.

Backflow preventers should be tested at least yearly or more often as required by the health agency or water supplier.

(f) *The maintenance of records of locations, tests and repairs of backflow preventers*

Adequate records should be kept and filed for reference. These records should include, in addition to the name of the owner of the premises, the:

- a) Date of inspection
- b) Results of inspection
- c) Required protection
- d) List of all backflow preventer devices in the system
- e) Test and maintenance reports
- f) All correspondence between the water supplier, the local health authority, and the consumer
- g) Records must be maintained for a minimum of three years

**Records of inspection and testing should be evaluated to determine if:**

- a) Devices are frequently or sufficiently reviewed to detect failure.
- b) There are unusual feature of a particular model of device or component.
- c) Cause of failure can be eliminated.

**A program should be established to notify the water user when his backflow preventer must be tested. (A minimum of once each year is required.) After installation or repair, a backflow preventer should be tested and approved before it is accepted.**

#### **7605. Testing and Maintenance of Backflow Preventers**

Regulations require the following regarding testing and maintenance of backflow prevention devices:

- (a) The water supplier shall assure that adequate maintenance and periodic testing are provided by the water user to ensure their proper operation.
- (b) Backflow preventers shall be tested by persons who have demonstrated their competency in testing of these devices to the water supplier or health agency.
- (c) Backflow preventers shall be tested at least annually or more frequently if determined to be necessary by the health agency or water supplier. When devices are found to be defective, they shall be repaired or replaced in accordance with the provisions of this Chapter.
- (d) Backflow preventers shall be tested immediately after they are installed, relocated or repaired and not placed in service unless they are functioning as required.
- (e) The water supplier shall notify the water user when testing of backflow preventers is needed. The notice shall contain the date when the test must be completed.
- (f) Reports of testing and maintenance shall be maintained by the water supplier for a minimum of three years.

## **GUIDELINES FOR CROSS-CONNECTION CONTROL FOR IRRIGATION SYSTEMS**

Summary: Public water systems must be protected from actual and potential cross-connections between irrigation systems and domestic water systems. This is accomplished by ensuring that the irrigation system is installed in accordance with the requirements of the Uniform Plumbing Code with appropriate backflow prevention devices.

Special Conditions: For systems with an unapproved auxiliary source serving the irrigation system, additional protective action is necessary to guard against introduction of water from the auxiliary source into drinking water system. The following actions must be taken to guard against this hazard:

1. Identify all interties between the domestic system and the irrigation system.
2. Either disconnect these interties or install approved backflow prevention devices at each intertie. A Reduced Pressure Principle backflow prevention device is the type of device, which is to be installed.
3. Verify that there are no other interconnections between the domestic and irrigation systems. This is accomplished by draining the irrigation system and verifying that it does not refill with water from the domestic system through an undetected cross-connection. This procedure should be repeated on a period basis (once every three months).

Records: Maintain written records of dates of tests, procedures, results and corrective actions taken.

**CROSS-CONNECTION SURVEY SUMMARY FORM  
NON-COMMUNITY WATER SYSTEMS**

System Name \_\_\_\_\_ Number \_\_\_\_\_

Date of Survey \_\_\_\_\_

Name of person performing survey \_\_\_\_\_

Qualifications of person performing survey \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Survey (Elements of survey, how conducted, hazards identified):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Actions taken (Include description of corrections, backflow prevention assemblies installed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Long-term (Include description of who will ensure ongoing protection of the system from cross-connections and testing of backflow prevention assemblies):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other (Include other elements of program):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person completing this report \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**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: State Water Resources Control Board  
 Division of Drinking Water  
 Southern California Field Operations Branch  
 Fresno District Office  
 265 W. Bullard Avenue, Suite 101  
 Fresno, California, 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.)

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.

By: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Dated: \_\_\_\_\_