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STATE OF CALIFORNIA  
WATER RESOURCES CONTROL BOARD  
DIVISION OF DRINKING WATER

**TO:** USA Waste of California  
4333 E. Jefferson Avenue  
Fresno, CA 93725-9707  
Water System No. 1000467  
**Attn:** Gilbert Cantu

**CITATION FOR VIOLATION OF CALIFORNIA CODE OF REGULATIONS, TITLE 22,  
SECTION 64426.1 (b) (2) - TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL  
February and April 2015  
CITATION NO. 03-23-15C-040  
Issued on May 5, 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 USA Waste of California Water System (hereinafter, Water System) (mailing address: 4333 E. Jefferson Avenue, Fresno, CA 93725) for violation of California Code of Regulations (CCR), Title 22, Section 64426.1 subsections (b)(2).

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**APPLICABLE AUTHORITIES**

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

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

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

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

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

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

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

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

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

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

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

(2) For a public water system which collects fewer than 40 samples per month, 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. 03-23-13P-024, issued by the Division on November 21, 2013. USA Waste of California Water System is a non-transient non-community water system serving a population of approximately fifty (50) people through four (4) service connections: the regional headquarters office, vehicle maintenance shop, scale office, and the scale house.

The Water System is required to collect a minimum of one (1) distribution system bacteriological sample per month. The bacteriological water analysis results submitted by the Water System reported the presence of total coliform bacteria in five (5) of five (5) distribution samples collected during February 2015. Additionally, the Water System reported the presence of total coliform bacteria in two (2) of five (5) distribution samples collected during April 2015. 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 months of November and December of 2014 and January, February, March and April of 2015.

Collection Date	Number of Samples	Sample Labeled	Number TC positive	Number E. Coli positive
11/12/2014	1	Routine	1	0
11/14/2014	4	Repeat (including well)	3 (distribution only)	0
12/31/2014	5	Routine (including well)	0	0
1/27/2015	5	Routine (all with chlorine residual 0.29-0.33 ppm)	0	0

2/19/15	5	Routine (distribution)	5	0
2/23/15	1	Well	0	0
3/25/15	5	Repeal (inc. well, one distribution with residual – 2.2 ppm)	0	0
4/9/2015	5	Routine	2	0

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87 Due to the above-mentioned total coliform positive samples, the Water System has failed  
88 the total coliform MCL for the months of November 2014 as well as February and April of  
89 2015. On February 24, 2015, the Division issued Citation 03-23-15C-008 to the Water  
90 System for the total coliform MCL failure during November 2014. Results for water  
91 samples tested for coliform bacteria during 2014 and 2015 are summarized in Attachment  
92 A. Water System staff have not completed a Positive Total Coliform Investigation. The  
93 well has not tested positive for total coliform bacteria in any of the sampling events  
94 conducted in November or December of 2014, or in February or March of 2015. It is  
95 believed that temporary continuous disinfection was installed and remained for the months  
96 of January 2015 and March 2015. The Water System has not been permitted to provide  
97 ongoing continuous chlorination other than short term emergency disinfection. Water  
98 System staff has notified the Division that a cross connection control survey was  
99 conducted on April 20, 2015, however the results are not yet known. Water System staff  
100 has proposed the installation of a new backflow prevention device. It is believed that  
101 continuous disinfection is currently being provided.

102

103 The Groundwater Rule adopted by the Division, effective August 18, 2011, requires the  
104 collection of a sample for bacteriological evaluation from wells serving the system in  
105 response to a coliform positive distribution sample. This requirement was met with each  
106 round of repeat sampling.

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VIOLATION

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The Drinking Water Field Operations Branch of the State Water Resources Control Board – Division of Drinking Water (hereinafter 'Division') hereby issues a Citation to USA Waste of California Water System (hereinafter 'Water System'), for failure to comply with Section 116555(a)(1) of the CHSC and Section 64426.1(b)(2) of Title 22, California Code of Regulations (CCR). Based on the Statement of Facts, the Water System has failed to comply with the total coliform Maximum Contaminant Level (MCL) for the months of November 2014 and February and April 2015.

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NOTIFICATION REQUIREMENTS

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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 in accordance with the above-referenced section regarding each violation.

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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.

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Section 64463.4 allows non-transient non-community water systems to give public notice by posting the notice in conspicuous locations throughout the area served by the water system and by the use of one or more of the following methods in order to reach persons not likely to be reached by a public posting: publication in a local newspaper or newsletter distributed to customers, e-mailing the public notice to water system customers, post the

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134 public notice on the internet, or by delivery to each customer. The Tier 2 Public Notice is  
135 provided here as Attachment B.

136 Section 116450(g) requires that upon receipt of notification from a public water system,  
137 schools must notify school employees, students, and parents (if the students are minors),  
138 residential rental property owners or managers (including nursing homes and care  
139 facilities) must notify their tenants and business property owners, managers or operators  
140 must notify employees of businesses located on the property.

141 Proof of notification is required. The Water System shall complete Attachment C and  
142 return it to the Division by **May 31, 2015**.

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144 **DIRECTIVES**

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

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- 147 1. By **May 15, 2015** the USA Waste of California water system shall provide public  
148 notification of the total coliform Maximum Contaminant Level failures by posting  
149 the notice provided as Attachment B in conspicuous locations throughout the area  
150 served by the water system. The Water System is additionally required to use  
151 one or more of the following notification methods in order to reach persons not  
152 likely to be reached by a public posting: publication in a local newspaper or  
153 newsletter distributed to customers, e-mailing the public notice to water system  
154 customers, post the public notice on the internet, or by delivery to each customer.

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156 By **May 31, 2015**, the Water System shall provide proof of public notification of the  
157 total coliform MCL violation by completing Attachment C and returning it to:

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Betsy S. Lichti, Senior Sanitary Engineer  
SWRCB- Division of Drinking Water  
Drinking Water Field Operations Branch  
265 W. Bullard Avenue, Suite 101  
Fresno, CA 93704

2. By **May 31, 2015**, the Water System shall complete and submit the enclosed "Positive Total Coliform Investigation" form to the Division that describes the incident and all corrective actions taken, and the results of the investigation. The appropriate investigation report is provided as Attachment D.
  
3. In the event that chlorination is still being provided after **May 31, 2015**, an application (Form EH 100, Attachment E) for a permit amendment for the addition of continuous chlorination treatment must be submitted to the Division. A permit fee of \$258 shall be included at the time the application is submitted to the Division. While the Water System is being chlorinated monthly raw water bacteriological samples should be collected from the wellhead and analyzed, and chlorine residuals should be monitored throughout the distribution system

**PARTIES BOUND**

This Citation shall apply to and be binding upon USA Waste of California Water System, its officers, directors, shareholders, agents, employees, contractors, successors, and assignees.

**SEVERABILITY**

The Directives of this Citation are severable, and USA Waste of California Water System shall comply with each and every provision thereof, notwithstanding the effectiveness of any other provision.



# Bacteriological Distribution Monitoring Report

**1000467 USA Waste of California**
*Distribution System Freq: 1/M*

Sample Date	Time	Location	T Coli	E Coli	F Coli	Type	Cl2	Violation	Comment
1/7/2014	14:00	Breakroom sink	A	A		Routine			
2/5/2014	14:25	USA Waste of California	A	A		Routine			
3/3/2014	15:30	Breakroom	A	A		Routine			
4/16/2014	14:55	breakroom sink	A	A		Routine	0.18		
4/25/2014	12:25	breakroom sink	A	A		Routine			
5/5/2014	12:00	waste management breakroom	A	A		Routine			
6/18/2014	12:30	Lunchroom sink	A	A		Routine			
7/9/2014	13:00	Kitchen Sink	A	A		Routine			
8/4/2014	12:00	Lunchroom Sink	A	A		Routine			
9/10/2014	15:00	Lunchroom	A	A		Routine			
10/10/2014	12:30	Lunchroom sink	A	A		Routine			
11/12/2014	15:30	Break Room	P	A		Routine			
11/14/2014	9:15	Well Head	<1.0	<1.0		Source Repeat			
11/14/2014	9:50	Breakroom	P	A		Repeat			
11/14/2014	10:10	Breakroom	P	A		Repeat			
11/14/2014	10:30	Breakroom	P	A		Repeat		MCL	2/24/15 Issued 03-23-15C-008
12/31/2014	9:45	Shop HB	A	A		Routine			
12/31/2014	10:00	Shop Lunchroom	A	A		Routine			
12/31/2014	10:00	Well Head	<1.0	<1.0		Source Routine			
12/31/2014	10:15	Office Lunchroom	A	A		Routine			
12/31/2014	10:30	Office HB	A	A		Routine			
1/27/2015	13:00	Shop Lunchroom	A	A		Routine	0.30		
1/27/2015	13:15	Shop H.B.	A	A		Routine	0.29		
1/27/2015	13:25	Office Breakroom	A	A		Routine	0.33		
1/27/2015	13:35	Office H.B.	A	A		Routine	0.32		
1/27/2015	13:40	Shop Lunchroom	A	A		Routine	0.33		
2/19/2015	15:30	Lunchroom Sink	P	A		Repeat		MCL	
2/19/2015	15:40	Office Breakroom	P	A		Repeat			
2/19/2015	15:45	Office Hose Bib	P	A		Repeat			
2/19/2015	15:55	Shop Hose Bib	P	A		Repeat			
2/19/2015	16:05	Lunchroom Sink	P	A		Repeat			
2/23/2015	12:00	Well	<1.0	<1.0		Source Repeat			
3/25/2015	15:20	Lunchroom	A	A		Repeat			
3/25/2015	15:30	Office Lunchroom	A	A		Repeat			
3/25/2015	15:35	Shop Hose bib	A	A		Repeat			
3/25/2015	15:45	Office H.B.	A	A		Repeat	2.2		
3/25/2015	16:15	Well Head	<1.0	<1.0		Source Repeat			
4/9/2015	11:00	Office Lunchroom	A	A		Routine			
4/9/2015	11:15	Shop Lunchroom	A	A		Routine			
4/9/2015	11:25	Office Hose Bib	P	A		Routine			
4/9/2015	11:40	Shop Hose Bib	A	A		Routine			
4/9/2015	11:55	Office Lunchroom	P	A		Routine		MCL	

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

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

**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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**USA Waste of California 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 samples to test for the presence of coliform bacteria during February 2015. All five samples showed the presence of total coliform bacteria. Additionally, we took five samples to test for the presence of coliform bacteria during April 2015 and two samples showed the presence of 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?**

Disinfection is in place.

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 USA Waste of California Water System      Date distributed: \_\_\_\_\_



EDMUND G. BROWN JR.  
GOVERNOR



MATTHEW RODRIGUEZ  
SECRETARY FOR  
ENVIRONMENTAL PROTECTION

**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 **USA Waste of California** of the failure to meet the **total coliform bacteria MCL** for the months of February and April 2015 as directed by the Division.

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: May 31, 2015  
Total Coliform MCL Failure: February and April 2015  
System Number: 1000467  
Citation No.: 03-23-15C-040

**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>Telephone #</b>	
Operator in Responsible Charge (ORC)	
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)	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

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

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

# POSITIVE TOTAL COLIFORM INVESTIGATION

Attachment 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: \_\_\_\_\_

**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: \_\_\_\_\_