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STATE OF CALIFORNIA  
WATER RESOURCES CONTROL BOARD  
DIVISION OF DRINKING WATER

**TO:** Joe Bartell, Board Member  
30598 E. Kings Canyon Road  
Squaw Valley, CA 93675

**IN RE:** MOUNTAIN VALLEY COMMUNITY CHURCH  
WATER SYSTEM NO. 1000573

**CITATION NO. 03-23-15C-101**

**FOR VIOLATION OF CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION  
64426.1 (b) (2) - TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL  
ASSOCIATED WITH A SIGNIFICANT RISE IN BACTERIAL COUNT**

**August 2015**

**Issued on December 29, 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 Mountain Valley Community Church Water System (hereinafter, Water System) (mailing address: 30598 E. Kings Canyon Road,



31 Squaw Valley, CA 93675) for violation of California Code of Regulations (CCR), Title 22,  
32 Section 64426.1 subsections (b)(2).

33 **APPLICABLE AUTHORITIES**

34 **Section 116650 of California Health and Safety Code provides, in relevant part:**

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

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

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

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

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

51 **California Code of Regulations, Title 22, Section 64426, subsection (a)(2) and**  
52 **Section 64426.1, subsections (a) and (b) provide, in relevant part:**

53 **§64426. Significant Rise in Bacterial Count.**

54 (a) Any of the following criteria shall indicate a possible significant rise in bacterial  
55 count:

56 (2) A system has a sample which is positive for fecal coliform or E. coli;

57 **§64426.1. Total Coliform Maximum Contaminant Level (MCL).**

58 (a) Results of all samples collected in a calendar month pursuant to Sections 64423,  
59 64424, and 64425 that are not invalidated by the Division or the laboratory shall be  
60 included in determining compliance with the total coliform MCL. Special purpose  
61 samples such as those listed in §64421(b) and samples collected by the water  
62 supplier during special investigations shall not be used to determine compliance with  
63 the total coliform MCL.

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



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- (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

**STATEMENT OF FACTS**

The Water System is operated under Water Supply Permit No. 03-23-08P-015, issued by the Division on June 17, 2008. Mountain Valley Community Church Water System is classified as a transient non-community water system that serves an approximate monthly population of 900 people through two (2) service connections. Water supply is provided by one groundwater well which has not been permitted for any form of treatment.

The Water System is required to collect a minimum of one (1) distribution system bacteriological sample per quarter. The bacteriological water analysis results submitted by the Water System reported the presence of total coliform bacteria in four (4) of four (4) distribution samples and in four (4) of six (6) well samples collected in August 2015. Two of the well samples showed the presence of *E. coli* bacteria, prompting disinfection of the well and the installation of temporary continuous chlorination of the distribution system.

The following table summarizes the bacteriological monitoring conducted during the months of August, September, October, November and December of 2015.

Collection Date	Number of Samples	Sample Labeled	Number TC positive	Number E. Coli positive
8/17/2015	1	Routine	1	0

8/21/2015	4	Repeat (including well)	4	0
8/27/2015	5	Well Cycle Test	3	2
9/2/2015	5	Well Cycle Test	1	0
9/15/2015	5	Routine (distribution only with chlorine residuals from 1.9-2.4 ppm)	0	0
9/15/2015	5	Well Cycle Test	5	0
10/12/2015	1	Distribution (chlorine residual = 0.47 ppm)	0	0
10/12/2015	5	Well Cycle Test	0	0
10/23/2015	5	Well Cycle Test	5	2
10/26/2015	2	Distribution (chlorine residual = 1.45-2.6 ppm)	0	0
11/10/2015	5	Well Cycle Test	3	0
12/1/2015	5	Well Cycle Test	2	0

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Due to the above-mentioned total coliform positive samples, the Water System has failed the total coliform MCL for the month of August 2015. Water System staff has completed a Positive Total Coliform Investigation (Attachment A). Additionally, Division staff conducted a sanitary survey on October 29, 2015. Staff observed significant ground squirrel activity and burrowing at and around the well site. Water System staff has now implemented pest control measures to reduce this activity. A "Do Not Drink" Order was issued and temporary continuous disinfection was installed and has remained since August 28, 2015. Disinfection of the well was conducted on August 31, 2015 per AWWA guidelines. The "Do Not Drink" order was lifted on December 10, 2015, after two well cycle tests conducted one week apart showed the absence of *E. Coli* and fecal coliform bacteria. The Water System has not been permitted to provide ongoing continuous chlorination other than short term emergency disinfection. It is believed that continuous disinfection is

103 currently being provided. A summary of all bacteriological monitoring results obtained  
104 during 2015 are provided here as Attachment B.

105

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

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### DETERMINATION

112 The Drinking Water Field Operations Branch of the State Water Resources Control Board  
113 – Division of Drinking Water (hereinafter 'Division') hereby issues a Citation to Mountain  
114 Valley Community Church Water System (hereinafter 'Water System'), for failure to  
115 comply with Section 116555(a)(1) of the CHSC and Section 64426.1(b)(2) of Title 22,  
116 California Code of Regulations (CCR). Based on the Statement of Facts, the Water  
117 System has failed to comply with the total coliform Maximum Contaminant Level (MCL) for  
118 the month of August 2015.

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120 Public notification to the consumers of the water system was conducted on August 28,  
121 2015 using Attachment C.

122

### DIRECTIVES

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

124

- 125 1. In the event that chlorination is still being provided after **February 1, 2016**, an  
126 application (Form EH 100, Attachment D) for a permit amendment for the addition of  
127 continuous chlorination treatment must be submitted to the Division. A permit fee of  
128 \$250 shall be included at the time the application is submitted to the Division. While  
129 the Water System is being chlorinated monthly raw water bacteriological samples



130 should be collected from the wellhead and analyzed, and chlorine residuals should be  
131 monitored throughout the distribution system

132  
133 The Division reserves the right to make such modifications to this Citation as it may deem  
134 necessary to protect public health and safety. Such modifications may be issued as  
135 amendments to this Citation and shall be effective upon issuance. Nothing in this Citation  
136 relieves the Mountain Valley Community Church Water System of its obligation to meet  
137 the requirements of the California SDWA, or any regulation, standard, permit or order  
138 issued thereunder.

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140 If the Mountain Valley Community Church Water System is unable to perform the tasks  
141 specified in this Citation for any reason, whether within or beyond its control, and if the  
142 Mountain Valley Community Church Water System notifies the Division in writing no less  
143 than five days in advance of the due date, the Division may extend the time for  
144 performance if the Water System demonstrates that it has used its best efforts to comply  
145 with the schedule and other requirements of this Order.

146 **PARTIES BOUND**

147 This Citation shall apply to and be binding upon Mountain Valley Community Church  
148 Water System, its officers, directors, shareholders, agents, employees, contractors,  
149 successors, and assignees.

150 **SEVERABILITY**

151 The Directives of this Citation are severable, and Mountain Valley Community Church  
152 Water System shall comply with each and every provision thereof, notwithstanding the  
153 effectiveness of any other provision.

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FURTHER ENFORCEMENT ACTION

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

12/29/15  
Date

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



- Attachments:
- A. Completed Positive Total Coliform Investigation
  - B. Summary of Bacteriological Monitoring Results
  - C. Do Not Drink Notice
  - D. Permit Amendment Application

CERTIFIED MAIL TRACKING#: 7014 3490 0001 7868 8361

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

This form is intended to assist public water systems in completing the investigation required by the SWRCB Drinking Water Division (Section 64426(b) of Title 22, California Code of Regulations) and may be modified to take into account conditions unique to the system.

### ADMINISTRATIVE INFORMATION

<b>PWS Name:</b>	Mountain Valley Community Church	<b>PWS ID NUMBER:</b>	1000573
<b>Operator in Responsible Charge (ORC)</b>	<b>Name</b>	<b>Address</b>	<b>Telephone #</b>
Person that collected TC samples if different than ORC	Tyler Thomas	ss.waterservice@gmail.com	(559) 246-7513
<b>Owner</b>	Mountain Valley Community Church		
<b>Certified Laboratory for Microbiological Analyses</b>	BSK Lavatories		
<b>Date Investigation Completed:</b>	8/24/15		
<b>Month(s) of Total Coliform MCL Failure:</b>	1		

### INVESTIGATION DETAILS

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS
	Well #1				
1. Inspect each well head for physical defects and report	yes				
a. Is raw water sample tap upstream from point of disinfection?	yes				
b. Is wellhead vent pipe screened?	yes				
c. Is wellhead seal watertight?	yes				
d. Is well head located in pit or is any piping from the wellhead submerged?	no				
e. Does the ground surface slope towards well head?	no				
f. Is there evidence of standing water near the wellhead?	no				
g. Is there a check valve on the well discharge line? Is the check valve seating properly?	yes				
h. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)	no				
i. Is the wellhead secured to prevent unauthorized access?	yes				
j. To what treatment plant (name) does this well pump?	na				
k. How often do you take a raw water total coliform (TC) test?	Following a positive				
l. Provide the date and result of the last TC test at this location	8/21/15				Coliform Positive

# POSITIVE TOTAL COLIFORM INVESTIGATION

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	30
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the TCR positive finding.	None reported
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.	None reported
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	None reported
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	Yes, No leak detected or reported
6. If there was a mainline leak, when was it repaired?	na
7. On what date was the distribution system last flushed?	na
8. Is there a written flushing procedure you can provide for our review?	na
9. Do you have an active cross connection control program?	Not written
10. What is name and phone number of your Cross-Connection Control Program Coordinator?	Tyler Thomas (559) 246-7513
11. Is the review and testing of backflow prevention devices current?	yes
12. On what date was the last physical survey of the system done to identify cross-connections?	2013

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	Sample 4 (specify) Well
	1. What is the height of the sample tap above grade? (inches)	12"	Above 18"	Above 18"
2. Is the sample tap located in an exterior location or is it protected by an enclosure?	ext	enc	ext	enc
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?	thread	Swing arm	thread	thread
4. Is the sample tap in good condition, free of leaks around the stem or packing?	yes	yes	yes	yes
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?	yes	yes	yes	yes
6. Is the sample tap and area around the sample tap clean and dry (free of animal droppings, other contaminants or spray irrigation systems)	yes	yes	yes	yes
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection	yes	yes	yes	yes
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)	Flush 5 min, flame	Flush 5 min, swab	Flush 5 min, flame	Flush 5 min, flame
9. Is this sample tap designated on the sampling plan submitted with this information request?	yes	yes	yes	yes
10. What were weather conditions at the time of positive sample (rainy, windy, sunny)?	sunny	sunny	sunny	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?	None reported
2. Where there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located.	None reported
3. Does the system have backup power or elevated storage?	None reported
4. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	no
5. What were the symptoms of illness if you received complaints about customers being sick?	na

## 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?**

Tyler Thomas T2, D2. Around the Well pad there are holes caused by squirrels. These holes will be back filled.

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

NAME: Tyler Thomas TITLE: Water System operator DATE: 8/26/15

# Bacteriological Distribution Monitoring Report

1000573 Mountain Valley Comm. Church Distribution System Freq: 1/Q

Sample Date	Time	Location	T Coli	E Coli	F Coli	Type	CI2	Violation	Comment
1/15/2015	10:50	1 Rou	A	A		Routine			
4/1/2015	18:20	2-Rou	A	A		Routine			
8/17/2015	16:10	MVCC 1 Rou	P	A		Routine			
8/21/2015	7:00	MVCC Original Site	P	A		Repeat			
8/21/2015	7:04	MVCC Downstream	P	A		Repeat			
8/21/2015	7:11	MVCC Upstream	P	A		Repeat			
8/21/2015	7:15	MVCC Well	P	A		Source Repeat			
9/15/2015	8:30	2 Rou Test #1	A	A		Routine	2.03		
9/15/2015	8:32	1 Rou Test #1	A	A		Routine	1.8		
9/15/2015	8:35	Rear HB	A	A		Routine	3.0		
9/15/2015	8:45	2 Rou Test 2	A	A		Routine	2.4		
9/15/2015	8:50	1 Rou Test 2	A	A		Routine	1.9		
10/12/2015	17:35	2 Rou	A	A		Other	0.47		
10/26/2015	8:10	1 Rou	A	A		Routine	2.6		
10/26/2015	8:15	2 Rou	A	A		Routine	1.45		

### 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

1000573 Mountain Valley Comm. Church

Sample Date	Time	Source	Sample Type	Test Method	T Coli	E Coli	F Coli	HPC	Violation	Comments
8/27/2015	7:45	Start up	Well Cycle	MPN	<1.1	<1.1				
8/27/2015	7:46	1 min	Well Cycle	MPN	<1.1	<1.1				
8/27/2015	7:50	5 min	Well Cycle	MPN	9.2	3.6				
8/27/2015	8:00	15 min	Well Cycle	MPN	5.1	<1.1				
8/27/2015	8:15	30 min	Well Cycle	MPN	9.2	1.1				
9/2/2015	7:00	Start up	Well Cycle	MPN	<1.1	<1.1				
9/2/2015	7:01	1 min	Well Cycle	MPN	<1.1	<1.1				
9/2/2015	7:05	5 min	Well Cycle	MPN	1.1	<1.1				
9/2/2015	7:15	15 min	Well Cycle	MPN	<1.1	<1.1				
9/2/2015	7:30	30 min	Well Cycle	MPN	<1.1	<1.1				
9/15/2015	9:00	Start up	Well Cycle	MPN	>23	<1.1				
9/15/2015	9:01	1 min	Well Cycle	MPN	>23	<1.1				
9/15/2015	9:05	5 min	Well Cycle	MPN	>23	<1.1				
9/15/2015	9:15	15 min	Well Cycle	MPN	9.2	<1.1				
9/15/2015	9:30	30 min	Well Cycle	MPN	1.1	<1.1				
10/12/2015	17:15	Start up	Well Cycle	MPN	<1	<1				
10/12/2015	17:16	1 min	Well Cycle	MPN	<1	<1				
10/12/2015	17:20	5 min	Well Cycle	MPN	<1	<1				
10/12/2015	17:30	15 min	Well Cycle	MPN	<1	<1				
10/12/2015	17:45	30 min	Well Cycle	MPN	<1	<1				
10/23/2015	8:45	Start up	Well Cycle	MPN	6.3	<1				
10/23/2015	8:46	1 min	Well Cycle	MPN	4.1	<1				
10/23/2015	8:50	5 min	Well Cycle	MPN	95.8	2				
10/23/2015	9:00	15 min	Well Cycle	MPN	2	<1				
10/23/2015	9:15	30 min	Well Cycle	MPN	2	1				
11/10/2015	8:00	Start up	Well Cycle	P/A	P	A				
11/10/2015	8:01	1 min	Well Cycle	P/A	P	A				
11/10/2015	8:05	5 min	Well Cycle	P/A	P	A				
11/10/2015	8:15	15 min	Well Cycle	P/A	A	A				
11/10/2015	8:30	30 min	Well Cycle	P/A	A	A				
12/1/2015	7:30	Start up	Well Cycle	P/A	A	A				
12/1/2015	7:31	1 min	Well Cycle	P/A	A	A				
12/1/2015	7:35	5 min	Well Cycle	P/A	A	A				
12/1/2015	7:45	15 min	Well Cycle	P/A	P	A				
12/1/2015	8:00	30 min	Well Cycle	P/A	P	A				

Date: August 28, 2015

## UNSAFE WATER ALERT

### Mountain Valley Community Church water is contaminated with Total Coliform and E. coli bacteria

#### **DO NOT DRINK YOUR WATER**

Failure to follow this advisory could result in illness.

Total Coliform and E. coli bacteria were found in the water supply on August 28, 2015. These bacteria can make you sick, and are a particular concern for people with weakened immune systems. **DO NOT USE THE TAP WATER FOR DRINKING AND COOKING UNTIL FURTHER NOTICE.**

#### **What is being done?**

Thorough investigation and disinfection are currently being performed. Upon return of normal water service, do not be alarmed if you experience higher than normal chlorine concentrations in your water supply since increased chlorine residuals are used to disinfect the well and distribution system.

#### **What should I do?**

- **DO NOT DRINK YOUR TAP WATER---USE ONLY BOTTLED WATER.** Bottled water should be used for all drinking (including baby formula and juice), brushing teeth, washing dishes, making ice and food preparation **until further notice.**

**We will inform you when tests show that the water is safe again. We expect to resolve the problem within [estimated time frame].**

For more information call:

Water System contact: [Name, title, phone & address of responsible utility representative].

State Water Resources Control Board at: 559-447-3300

This notice is being sent to you by Mountain Valley Community Church. California Public Water System ID # 1000573 .

Date Distributed:

*Please share this information with all other people who receive this water, especially those who may not have received this notice directly .*

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