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STATE OF CALIFORNIA
WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER

TO: Wonder Valley River Way Ranch
6450 Elwood Road
Sanger, CA 93657

Water System No. 1000148

Attn: Roy Oken

CITATION NO. 03-23-16C-037
CITATION FOR VIOLATION OF CALIFORNIA CODE OF REGULATIONS, TITLE 22,
SECTION 64426.1 (b) (2) - TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL
May and June 2016
Issued on July 29, 2016

The State Water Resources Control Board (hereinafter "Board"), acting by and through its Division of Drinking Water (hereinafter "Division") and the Deputy Director for the Division (hereinafter "Deputy Director"), hereby issues this citation (hereinafter "Citation") pursuant to Section 116650 of the California Health and Safety Code (hereinafter "CHSC") to the Wonder Valley River Way Ranch Water System (hereinafter, "Water System") (mailing address: 6450 Elwood Road, Sanger, CA 93657) for violation of California Code of Regulations (CCR), Title 22, Section 64426.1 subsections (b)(2).

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

34 directed refuses to accept delivery of the certified mail, the date of service shall be deemed
35 to be the date of mailing.

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

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

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

42 (e) The Division may assess a penalty in an amount not to exceed one thousand dollars
43 (\$1,000) per day for each day that a violation occurred, and for each day that a violation
44 continues to occur. A separate penalty may be assessed for each violation.

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

47 **§64426.1. Total Coliform Maximum Contaminant Level (MCL).**

48 (a) Results of all samples collected in a calendar month pursuant to Sections 64423,
49 64424, and 64425 that are not invalidated by the Division or the laboratory shall be
50 included in determining compliance with the total coliform MCL. Special purpose samples
51 such as those listed in §64421(b) and samples collected by the water supplier during
52 special investigations shall not be used to determine compliance with the total coliform
53 MCL.

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

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

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

61

62 **STATEMENT OF FACTS**

63 Division is informed and believes that the Water System is a non-transient non-community
64 water system served by three active wells and one standby well that provide water to a resort
65 and conference center. The 2015 Annual Report to the Drinking Water Program reports a
66 population of approximately four hundred eighty eight (488) people through thirty two (32)

67 active service connections. The Water System is operated under Water Supply Permit No.
68 03-23-13P-025, issued by the Division on January 6, 2014.

69

70 **Violation of the Total Coliform Rule Maximum Contaminant Level**

71 The Water System is required to collect a minimum of one (1) distribution system
72 bacteriological sample per month. The bacteriological water analysis results submitted by the
73 Water System reported the presence of total coliform bacteria in thirteen (13) of seventeen
74 (17) samples collected during May 2016, including Well 6 (none of the other wells were
75 positive for coliform bacteria). None of the positive samples showed the presence of fecal
76 coliform or *E. coli* bacteria.

77

78 The following table summarizes the bacteriological monitoring conducted during the months
79 of May, June and July of 2016.

80

Collection Date	Number of Samples	Sample Labeled	Number TC positive	Number E. Coli positive
5/4/2016	1	Routine	1	0
5/9/2016	6	Repeat (including Wells 3,4 & 6)	4 (distribution & Well 6 only)	0
5/10/2016	4	Other (3 from Well 6 and 1 from standby Well 1)	4	0
5/24/2016	1	Other (distribution site with 1.9 ppm Cl ₂)	0	0
5/24/2016	5	Well 6 – Well Cycle Test	4	0
6/3/2016	2	Well 6 – 45 min apart	2	0
6/3/2016	5	Routine (two negative had residuals 0.07&0.3 ppm Cl ₂) Distribution	3	0

6/6/2016	5	Routine and Repeat (3 distribution & 2 Well 4) (two distribution had residuals 0.82 & 0.42 ppm Cl ₂)	0	0
7/12/2016	5	Routine Distribution (Cl ₂ residuals 0.07 – 1.11 ppm)	0	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 months of May and June 2016. Temporary continuous disinfection was installed in May 2016 and remains in place. The Groundwater Rule adopted by the Division, effective August 18, 2011, requires the collection of a sample for bacteriological evaluation from wells serving the system in response to a coliform positive distribution sample. This requirement was met in all of the repeat sampling events conducted in May and June of 2016. A summary of all bacteriological testing results conducted during 2016 is included here as Attachment A. A Positive Total Coliform Investigation Form was completed and is included here as Attachment B. Water System staff has identified the source of contamination as drought, rain and usage related issues that have impacted Well 6. Well 6 has been disinfected, continuous chlorination applied to its discharge and is currently being flushed and used more in an effort to abate the coliform contamination.

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DETERMINATION

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Based on the above Statement of Facts, the Division has determined that the Wonder Valley River Way Ranch Water System has failed to comply with Section 116555(a)(1) of the CHSC and Section 64426.1(b)(2) of Title 22, California Code of Regulations (CCR). The Water System has failed to comply with the total coliform Maximum Contaminant Level (MCL) for the months of May and June of 2016.

102

NOTIFICATION REQUIREMENTS

103

104

Title 22, CCR, 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)

105 occurs. Notification to the Division shall be by the end of the business day on which the
106 violation has been determined. If the Division is closed, notification shall be within 24 hours
107 of the determination. The Division was notified in accordance with the above-referenced
108 section regarding each violation on May 10, 2016 and again on June 4, 2016.

109
110 A Tier 2 Public Notice for violation of paragraph 64426.1(b) (2) shall be given pursuant to
111 Section 64463.4 and 64465. The Tier 2 Public Notice shall include the mandatory health
112 effects language from Appendix 64465-A for a total coliform MCL failure.

113
114 Section 64463.4 allows non-transient non-community water systems to give public notice by
115 posting the notice in conspicuous locations throughout the area served by the water system
116 and by the use of one or more of the following methods in order to reach persons not likely to
117 be reached by a public posting: publication in a local newspaper or newsletter distributed to
118 customers, e-mailing the public notice to water system customers, post the public notice on
119 the internet, or by delivery to each customer.

120 The appropriate Tier 2 notification template that was provided is included here as Attachment
121 C. The Water System posted Attachment C in conspicuous locations within the water
122 system and shall delivered the public notice directly to each guest and employee.
123

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

129 Public Notification was conducted on May 11, 2016 and remained in place throughout June
130 2016. The Public Notice provided along with Proof of Public Notification is provided here as
131 Attachment C.

132

133 **DIRECTIVES**

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135 The Water System is hereby directed to take the following actions:
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137 1. The Water System will be required to maintain an approved Cross-Connection Control
138 Program which shall include the following elements (as applied from Title 17, California
139 Code of Regulations, Section 7584), and as outlined in Attachment D:

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141 a. The conducting of surveys to identify water user premises or locations where
142 cross connections are likely to occur,

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144 b. The provisions of backflow protection by the Water user at the user's connection
145 or within the user's premises or both,

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147 c. The provision of at least one person trained in cross-connection control to carry
148 out the cross-connection program,

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150 d. The establishment of a procedure or system for annual testing of backflow
151 preventers, and

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153 e. The maintenance of records of locations, tests, and repairs of backflow
154 preventers.

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156 2. In the event that chlorination is still being provided after **October 1, 2016**, an application
157 (Form EH 100, Attachment E) for a permit amendment for the addition of continuous
158 chlorination treatment must be submitted to the Division. While the Water System is
159 being chlorinated monthly raw water bacteriological samples should be collected from the
160 wellhead and analyzed, and chlorine residuals should be monitored throughout the
161 distribution system.



162 3. The chlorine residual must be measured and reported at the same time and location(s)
163 that the bacteriological sample(s) are collected. The residual(s) should be provided to
164 the Division along with the bacteriological laboratory analysis.

165

166 **PARTIES BOUND**

167 This Citation shall apply to and be binding upon Wonder Valley River Way Ranch Water
168 System, its officers, directors, shareholders, agents, employees, contractors, successors,
169 and assignees.

170

171 **SEVERABILITY**

172 The Directives of this Citation are severable, and Wonder Valley River Way Ranch Water
173 System shall comply with each and every provision thereof, notwithstanding the
174 effectiveness of any other provision.

175

176 **FURTHER ENFORCEMENT ACTION**

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

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7/29/16

Date

Betsy Lichte

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



Attachments:

- A. Bacteriological Distribution and Source Monitoring Reports
- B. Positive Total Coliform Investigation
- C. Public Notice – completed with signature
- D. Cross Connection Control Guidelines
- E. Permit Amendment Application

Certified Mail Tracking Number: 7014 1660 0000 0781 8947

Bacteriological Distribution Monitoring Report

1000148 Wonder Valley River Way Ranch
Distribution System Freq: 1/M

Sample Date	Time	Location	T Coli	E Coli	F Coli	Type	Cl2	Violation	Comment
1/7/2016	10:05	1 Rou	A	A		Routine			
2/2/2016	8:50	WV 2 Rou	A	A		Routine			
3/4/2016	9:15	3 Rou	A	A		Routine			
4/11/2016	8:30	WV 4 rou	A	A		Routine			
5/4/2016	11:10	WV 1 rou	P	A		Routine			
5/9/2016	7:00	Well 4	<1	<1		Source Repeat			
5/9/2016	7:10	WV Bibb EBS	P	A		Repeat		MCL	
5/9/2016	7:30	Well 6	1	<1		Source Repeat			
5/9/2016	7:40	WV 2 rou	P	A		Repeat			
5/9/2016	7:50	Well 3	<1	<1		Source Repeat			
5/9/2016	8:00	WV 1 rou	P	A		Repeat			
5/24/2016	7:40	WV original site	A	A		Other	1.9		
6/3/2016	9:25	WV 1 ROU	P	A		Routine			
6/3/2016	9:30	WV 3 ROU	P	A		Routine		MCL	
6/3/2016	10:00	WV 2 ROU	P	A		Routine			
6/3/2016	10:20	WV 4 ROU	A	A		Routine	0.30		
6/3/2016	10:50	WV 3 ROU #2	A	A		Routine	0.07		
6/6/2016	17:00	WV 2 ROU	A	A		Routine			
6/6/2016	17:25	WV 3 ROU	A	A		Repeat	0.82		
6/6/2016	17:30	WV 1 ROU	A	A		Repeat	0.42		
6/6/2016	18:15	WV Well #4 -1	<1.1	<1.1		Source Repeat			
6/6/2016	18:25	WV Well #4 -2	<1.1	<1.1		Other			
7/12/2016	9:20	WV 3 ROU	A	A		Routine	0.30		
7/12/2016	9:55	WV 4 ROU	A	A		Routine	0.07		
7/12/2016	10:32	WV 2 ROU	A	A		Routine	1.11		
7/12/2016	11:22	WV 3 ROU	A	A		Routine	0.18		
7/12/2016	11:48	WV 2 ROU A	A	A		Routine	0.34		

Violation Key

MCL	Exceeds the maximum contaminant level	MR5	Incorrect number of repeat samples as follow-up to a positive sample
MR1	No monthly sample for the report month	MR6	No source sample
MR2	No quarterly sample for the report month	MR7	No summary report submitted
MR3	Incorrect number of routine samples for the report month	MR8	Other comments and/or info
MR4	Did not collect 5 routine samples for previous month's positive sample	MR9	Cl2 not reported

Source Bacteriological Monitoring Report

1000148 Wonder Valley River Way Ranch

<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>
5/10/2016	18:30	WV Well 6 start	Well Cycle	MPN	95.9	<1				
5/10/2016	18:45	WV Well 6 15 min	Well Cycle	MPN	12.2	<1				
5/10/2016	19:00	WV Well 6 30 min	Well Cycle	MPN	8.5	<1				
5/10/2016	19:30	WV Well 1		MPN	39.9	<1				
5/24/2016	7:00	Well 6	Well Cycle	MPN	3.1	<1				
5/24/2016	7:01	WV Well 6 1 min	Well Cycle	MPN	2	<1				
5/24/2016	7:05	WV Well 6 5 min	Well Cycle	MPN	2	<1				
5/24/2016	7:15	Well 6 15	Well Cycle	MPN	3.1	<1				
5/24/2016	7:30	Well 6 30 min	Well Cycle	MPN	<1	<1				
6/3/2016	9:50	WV Well #6 -1	Well	MPN	>23	<1.1				
6/3/2016	10:35	WV Well #6 - 2	Well	MPN	3.6	<1.1				

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.

**Wonder Valley River Way Ranch Water System Had 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 seven samples to test for the presence of coliform bacteria in May 2016. Five 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?

An investigation is taking place to determine what has caused the issue. Continuous Chlorine Injection has been installed to help to insure safe drinking water and will remain until the issue is resolved.

For more information, please contact Tyler Thomas, Water System Operator (559) 246-7513

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 Wonder Valley River Way Ranch

Date distributed: 5-11-16

Roy Olsen

5-11-16

10:00 AM.

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

PWS Name:	Wonder Valley River Way Ranch Camp		PWS ID NUMBER:	1000148
Name	Tyler Thomas		Address	PO Box 628
Operator in Responsible Charge (ORC)	same		Telephone #	(559) 246-7513
Person that collected TC samples if different than ORC	same			
Owner	BSK Laboratories			
Certified Laboratory for Microbiological Analyses	BSK Laboratories			
Date Investigation Completed:	5/9/16			
Month(s) of Total Coliform MCL Failure:	1			

INVESTIGATION DETAILS

SOURCE	WELL #1	WELL #3	WELL #4	WELL #6	COMMENTS
	1. Inspect each well head for physical defects and report				
a. Is raw water sample tap upstream from point of disinfection?	NA	yes	yes	yes	
b. Is wellhead vent pipe screened?	yes	yes	yes	yes	
c. Is wellhead seal watertight?	yes	yes	yes	yes	
d. Is well head located in pit or is any piping from the wellhead submerged?	no	no	no	no	
e. Does the ground surface slope towards well head?	no	no	no	no	
f. Is there evidence of standing water near the wellhead?	no	no	no	no	
g. Is there a check valve on the well discharge line? Is the check valve seating properly?	Yes/yes	Yes/yes	Yes/yes	Yes/yes	
h. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)	None observed	None observed	None observed	None observed	
i. Is the wellhead secured to prevent unauthorized access?	no	no	no	no	
j. To what treatment plant (name) does this well pump?	na	na	na	na	
k. How often do you take a raw water total coliform (TC) test?					Only if a positive bacteria
l. Provide the date and result of the last TC test at this location	5/9/16	5/9/16	5/9/16	5/9/16	

POSITIVE TOTAL COLIFORM INVESTIGATION

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	35
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the TCR positive finding.	no
3. Has the distribution system been worked on within the last week? (service taps, hydrant flushing, main breaks, main extensions, etc.) If yes, provide details.	no
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	no
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	Yes/no
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?	yes
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?	

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	Sample 4
				wells
1. What is the height of the sample tap above grade? (inches)	18"	4"	18"	Above 18"
2. Is the sample tap located in an exterior location or is it protected by an enclosure?	ext	enc	ext	ext
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?	threaded	threaded	threaded	smooth
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, low to concrete in pump shed	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.)	flamed	flamed	Swabbed/flamed	flamed
9. Is this sample tap designated on the sampling plan submitted with this information request?	yes	N, was exploratory site.	yes	yes
10. What were weather conditions at the time of positive sample (rainy, windy, sunny)?	Sun/clouds	Sun/clouds	Sun/clouds	Sun/clouds

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?	no
2. Where there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located.	no
3. Does the system have backup power or elevated storage?	no
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?

Based upon the repeat sampling and then a well cycle test it was determined that the bacteria issue was coming from well #6. It is believed this was due to the fact that the well had not been running much, drought situation, and heavy rains that had occurred.

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: 5/23/16

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: _____