



EDMUND G. BROWN JR.
GOVERNOR



MATTHEW RODRIGUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board

Division of Drinking Water

October 1, 2014

Joseph Tabush
Chief Operator
CDF - Owens Valley Conservation Camp
2781 South Round Valley Road
Bishop, CA 93514

CITATION NO. 05-13-14C-008
CDF - OWENS VALLEY CONSERVATION CAMP (SYSTEM NO. 1410800)

Dear Mr. Tabush:

The State Water Resources Control Board, acting by and through its Division of Drinking Water (Division), hereby issues a citation to the CDF – Owens Valley Conservation Camp (hereinafter Owens Valley) for the following Total Coliform Rule violation:

- Title 22, California Code of Regulations (CCR), Section 64426.1(b)(2). Specifically, the Owens Valley failed to meet the Primary Drinking Water Standards for bacteriological quality in the month of September 2014. A public water system which collects fewer than 40 samples per month is in violation of the Total Coliform Maximum Contaminant Level (MCL) when more than one (1) sample collected during a single month is total coliform-positive.

If you have any questions regarding this letter, please contact Esther Brewer at (909) 383-5468 or Faraz Asad at (909) 383-4312.

Sincerely,

A handwritten signature in blue ink that reads "Sean F. McCarthy".

Sean F. McCarthy, P.E.
Senior Sanitary Engineer
San Bernardino District
Southern California Field Operations Branch

Enclosure: Citation No. 05-13-14C-008

ENCLOSURE

CITATION NO. 05-13-14C-008

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STATE OF CALIFORNIA
WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER

TO: CDF - Owens Valley Conservation Camp
2781 South Round Valley Road
Bishop, CA 93514

ATTN: Joseph Tabush
Chief Operator

CITATION FOR VIOLATION OF CALIFORNIA CODE OF REGULATIONS,
TITLE 22, SECTION 64533(a) - WATER SYSTEM NO. 1410800
CITATION NO. 05-13-14C-008
Issued on October 1, 2014

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 CDF – Owens Valley Conservation

1 Camp (hereinafter Owens Valley) (mailing address: 2781 South Round Valley Road) for
2 the following violation:

3
4 In the month of September 2014, three samples collected from the distribution system
5 were total coliform-positive, but *E.coli* negative. Two of those samples were routine, and
6 one was from a repeat sample set. **(Attachment No. 1)**

7
8 In accordance with Section 116650 of the H & S Code, the above violation is classified as
9 a non-continuing violation.

10
11 **HISTORY**

12
13 The CDF – Owens Valley Conservation Camp is a community water system supplying
14 water for domestic purposes to approximately 250 persons through 21 service
15 connections. The Owens Valley is a fire camp located in the foothills of the eastern
16 Sierra Nevada Mountains and is operated by the California Department of Corrections
17 and Rehabilitation, in conjunction with California Department of Forestry and Fire
18 Protection, and is used to stage firefighting operations. The system obtains its domestic
19 water supply from groundwater obtained from two active wells. The system does not
20 provide continuous disinfection, but an Emergency Chlorination Plan is on file with the
21 Department. Owens Valley is currently operating by authority of Domestic Water Permit
22 No. 03-13-03P-008, issued by the Department on October 9, 2009.

23
24 Owens Valley currently collects one routine bacteriological sample per month from the
25 distribution system, in accordance with the revised Bacteriological Sample Siting Plan
26 submitted in October 2011.

1 Due to a total coliform-positive result in the month of August 2014, Owens Valley
2 collected additional samples from the distribution system in September, as required per
3 Section 64424(d), Title 22, CCR.

4
5 On September 2, 2014, Owens Valley collected three samples from the distribution
6 system and two from the sources (Wells 1 and 2). Two of the distribution system
7 samples had a presence of total coliform, but were absent of *E.coli*. Owen's Valley
8 notified the Division of the MCL exceedance within the required 24 hour period.

9
10 On September 4, 2014, Owens Valley collected six repeat samples from the distribution
11 system and one from Tank #1. One of the six repeat samples was total coliform-positive,
12 but *E.coli* negative. The Owens Valley inspected the system for physical indications of
13 problems, such as, water leaks, missing or damaged vent screens, and damaged piping.
14 The main lines were then flushed and chlorinated.

15
16 On September 6, 2014, Owens Valley collected a total of nine additional samples, and
17 one from Tank #1. All samples were absent of total coliform. A chlorine residual ranging
18 between 0.37 and 1.0 mg/L's was maintained in the distribution system throughout the
19 month following the MCL exceedance.

20
21 On September 6, 2014, Owens Valley submitted to the Division, a completed Positive
22 Total Coliform Investigation report and a draft Tier 2 Public Notice for Division review and
23 approval. The Tier 2 Public Notice for September includes a TCR Procedural Violation
24 which occurred in August 2014, and approved for distribution by the Division on
25 September 25, 2014.

26

1 **DIRECTIVES:**

2
3 The System is hereby directed to take the following action:

4
5 1. By October 31, 2014, the Owens Valley shall notify it's consumers of the
6 bacteriological water quality failure in conformance with Section [64426.1(b)(2)], Title
7 22, CCR: A Tier 2 Resolved Total Coliform Notice has been submitted and
8 approved for dissemination.

- 9
- 10 • The notice shall be issued to consumers by mail or direct delivery, and; to reach
11 persons not likely to be reached by a mailing or direct delivery (renters, university
12 students, nursing home patients, prison inmates, etc.), the notice shall posted in
13 conspicuous locations throughout the system served by Owens Valley, or on the
14 internet.

- 15
- 16 • The posting shall be maintained for at least seven (7) consecutive days, or for as
17 long as the violation or occurrence continues.

18

19 2. Within 10 days following issuance of the notice, Owens Valley shall submit Proof of
20 Notification that all the public notice requirements have been met pursuant to
21 Section 64469(d), Title 22, CCR. **(Attachment No. 2)**

22

23 3. By November 1, 2014, Owens Valley shall submit a revised Bacteriological Sample
24 Siting Plan (Plan) for Division review and approval. The plan shall include, at
25 minimum, the following: **(Attachment No. 3)**

- 1 • Provide the contact information of the certified laboratory that is being used for
- 2 the analysis of compliance related sampling.
- 3 • Include a section discussing procedures for sample collection, including the
- 4 removal of any screens, aerators or other such appurtenances.
- 5 • Include notification requirements when total coliform is present and/or the MCL is
- 6 exceeded.
- 7 • Include designated sampling locations for all repeat sites, including a fourth
- 8 sampling location within the distribution system. *A repeat sample set for water*
- 9 *suppliers that normally collect one or fewer samples per month, shall be at least*
- 10 *four samples for each total coliform-positive sample.*
- 11 • Identify each routine sample site, within the distribution system, that will be
- 12 utilized during the months where a minimum of five routine samples are required.
- 13 *If a public water system for which fewer than five routine samples/month are*
- 14 *collected has one or more total coliform-positive samples, the water supplier shall*
- 15 *collect at least five routine samples the following month.*

16

17 4. In October 2014, Owens Valley shall collect a minimum of five routine samples from

18 the distribution system for bacteriological analyses.

19

20 All submittals required by this citation shall be sent to:

21 Sean F. McCarthy, P.E.

22 Senior Sanitary Engineer

23 State Water Resources Control Board

24 Division of Drinking Water

25 464 W. 4th Street, Suite 437

26 San Bernardino, CA 92401

1 **CIVIL PENALTIES**

2
3 Section 116650 (d) and (e) of the H&S Code allow for the assessment of a civil penalty
4 for failure to comply with requirements of the Safe Drinking Water Act. Failure to comply
5 with any provision in this citation will result in the Division imposing an administrative
6 penalty of up to \$200.00 (two hundred dollars) per day as of the date of violation of any
7 provision of this citation.

8
9
10 October 1, 2014

11 Date

10 Sean F. McCarthy
11 Sean F. McCarthy, P.E.
12 Senior Sanitary Engineer
13 San Bernardino District

13 Attachments (3)

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Attachment No. 1

Coliform Lab Results for September 2014

INYO COUNTY ENVIRONMENTAL HEALTH LABORATORY P. O. BOX 427, INDEPENDENCE, CA 93526		DATE & TIME COLLECTED 9/2/14 1055	SAMPLE NO. 1	LAB NO. 1409-001
WATER SYSTEM OWNER AND ADDRESS OVCC			BILL TO:	
ADDRESS & LOCATION SAMPLE TAKEN KITCHEN (MESS HALL)			COLLECTED BY: J. TABUSH	CONTACT: 760-702-1602
<input checked="" type="checkbox"/> POTABLE <input type="checkbox"/> POOL <input type="checkbox"/> OTHER			PHONE #	
IS SYSTEM CHLORINATED? NO IF YES, RESIDUAL			<input type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> OTHER	
PUBLIC WATER SYSTEM/WELL # 1410800			<input type="checkbox"/> NEW WELL <input type="checkbox"/> INVESTIGATION	
COLLECTOR REMARKS:			<input checked="" type="checkbox"/> REPEAT <input type="checkbox"/> REAL ESTATE	
			<input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE WELL	
RESULTS (To be filled in by laboratory only)				
<input checked="" type="checkbox"/> Colliert P/A		Colliert 10T	Test Results	PORTIONS ml
MTF-15		HPC	T-10	10 10
Colliert-15		*EC/BGB	T-15	10 10 10 10 10 10 1 1 1 1 1 1 0.1 0.1 0.1 0.1 0.1 0.1
Hach (Brancoresol)			HACH	100
Set Up Date 9/2	Time 1526		PRES. 24hr	
Result Date 9/3	Time 1526		48hr	
Comments			CONF. 24hr	
			48hr	
			EC/E. Coli 24hr	
Analyst	VCB		HPC	Total Coliform: <input type="checkbox"/> Presence <input checked="" type="checkbox"/> Absence _____ mpn
			CFU's per ml	Fecal / E. coli: <input type="checkbox"/> Presence <input checked="" type="checkbox"/> Absence _____ mpn

INYO COUNTY ENVIRONMENTAL HEALTH LABORATORY P. O. BOX 427, INDEPENDENCE, CA 93526		DATE & TIME COLLECTED 9/2/14 1100	SAMPLE NO. 2	LAB NO. 1409-002
WATER SYSTEM OWNER AND ADDRESS OVCC			BILL TO:	
ADDRESS & LOCATION SAMPLE TAKEN WATER BUILDING			COLLECTED BY: JOE TABUSH	CONTACT: 94
<input checked="" type="checkbox"/> POTABLE <input type="checkbox"/> POOL <input type="checkbox"/> OTHER			PHONE # 760 702-1606	
IS SYSTEM CHLORINATED? NO IF YES, RESIDUAL			<input type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> OTHER	
PUBLIC WATER SYSTEM/WELL # 1410800			<input type="checkbox"/> NEW WELL <input type="checkbox"/> INVESTIGATION	
COLLECTOR REMARKS:			<input checked="" type="checkbox"/> REPEAT <input type="checkbox"/> REAL ESTATE	
			<input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE WELL	
RESULTS (To be filled in by laboratory only)				
<input checked="" type="checkbox"/> Colliert P/A		Colliert 10T	Test Results	PORTIONS ml
MTF-15		HPC	T-10	10 10
Colliert-15		*EC/BGB	T-15	10 10 10 10 10 10 1 1 1 1 1 1 0.1 0.1 0.1 0.1 0.1 0.1
Hach (Brancoresol)			HACH	100
Set Up Date 9/2	Time 1526		PRES. 24hr	
Result Date 9/3	Time 1526		48hr	
Comments			CONF. 24hr	
			48hr	
			EC/E. Coli 24hr	
Analyst	KB		HPC	Total Coliform: <input checked="" type="checkbox"/> Presence <input type="checkbox"/> Absence _____ mpn
			CFU's per ml	Fecal / E. coli: <input type="checkbox"/> Presence <input checked="" type="checkbox"/> Absence _____ mpn

INYO COUNTY ENVIRONMENTAL HEALTH LABORATORY
P. O. BOX 427, INDEPENDENCE, CA 93526

DATE & TIME COLLECTED: 9/2/14 11:15

SAMPLE NO. 3 LAB NO. 1409-003

WATER SYSTEM OWNER AND ADDRESS: **OVCC**

ADDRESS & LOCATION SAMPLE TAKEN: **CDF KEITHGN (ORIGINAL SITE)**

COLLECTED BY: **J. TABUSH** CONTACT:

PHONE # **760 702-1602**

POTABLE POOL OTHER

IS SYSTEM CHLORINATED? **NO** IF YES, RESIDUAL

PUBLIC WATER SYSTEM/WELL # **1410800**

COLLECTOR REMARKS:

ROUTINE OTHER

NEW WELL INVESTIGATION
 REPEAT REAL ESTATE
 OTHER PRIVATE WELL

RESULTS (To be filled in by laboratory only)

X Collert P/A	Collert 10T	Test Results	PORTIONS ml															
			10	10	10	10	10	10	10	10	10	10	10	10	1	1	1	1
MTF-15	HPC	T-10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Collert-15	*EC/BGB	T-15	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Hach (Branco-sol)		HACH	100															
Set Up Date 9/2	Time 1526	PRES. 24hr																
Result Date 9/3	Time 1524	48hr																
Comments		CONF. 24hr																
		48hr																
		EC/E. Coli 24hr																
Analyst KB		HPC	Total Coliform: <input checked="" type="checkbox"/> Presence <input type="checkbox"/> Absence _____ mpn															
		cfu's per ml	Fecal / E. coli: <input type="checkbox"/> Presence <input checked="" type="checkbox"/> Absence _____ mpn															

INYO COUNTY ENVIRONMENTAL HEALTH LABORATORY
P. O. BOX 427, INDEPENDENCE, CA 93526

DATE & TIME COLLECTED: 9/2/14 11:30

SAMPLE NO. 4 LAB NO. 1409-004

WATER SYSTEM OWNER AND ADDRESS: **OVCC**

ADDRESS & LOCATION SAMPLE TAKEN: **WELL #1**

COLLECTED BY: **J. TABUSH** CONTACT:

PHONE # **760-702-1602**

POTABLE POOL OTHER

IS SYSTEM CHLORINATED? **NO** IF YES, RESIDUAL

PUBLIC WATER SYSTEM/WELL # **1410800**

COLLECTOR REMARKS:

ROUTINE OTHER

NEW WELL INVESTIGATION
 REPEAT REAL ESTATE
 OTHER PRIVATE WELL

RESULTS (To be filled in by laboratory only)

X Collert P/A	Collert 10T	Test Results	PORTIONS ml															
			10	10	10	10	10	10	10	10	10	10	10	10	1	1	1	1
MTF-15	HPC	T-10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Collert-15	*EC/BGB	T-15	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Hach (Branco-sol)		HACH	100															
Set Up Date 9/2	Time 1526	PRES. 24hr																
Result Date 9/3	Time 1524	48hr																
Comments		CONF. 24hr																
		48hr																
		EC/E. Coli 24hr																
Analyst KB		HPC	Total Coliform: <input type="checkbox"/> Presence <input checked="" type="checkbox"/> Absence _____ mpn															
		cfu's per ml	Fecal / E. coli: <input type="checkbox"/> Presence <input checked="" type="checkbox"/> Absence _____ mpn															

INYO COUNTY ENVIRONMENTAL HEALTH LABORATORY P. O. BOX 427, INDEPENDENCE, CA 93526	DATE & TIME COLLECTED 9/2/14	1145	SAMPLE NO. 5	LAB NO. 1409-005
WATER SYSTEM OWNER AND ADDRESS OVCC			BILL TO:	
ADDRESS & LOCATION SAMPLE TAKEN WELL #2			COLLECTED BY: J. TABUSH	CONTACT:
<input checked="" type="checkbox"/> POTABLE <input type="checkbox"/> POOL <input type="checkbox"/> OTHER			PHONE # 760-702-1602	
IS SYSTEM CHLORINATED? <u>NO</u> IF YES, RESIDUAL _____			<input type="checkbox"/> ROUTINE	<input type="checkbox"/> OTHER
PUBLIC WATER SYSTEMWELL # <u>1410800</u>			<input type="checkbox"/> NEW WELL	<input type="checkbox"/> INVESTIGATION
COLLECTOR REMARKS:			<input checked="" type="checkbox"/> REPEAT	<input type="checkbox"/> REAL ESTATE
			<input type="checkbox"/> OTHER	<input type="checkbox"/> PRIVATE WELL

RESULTS (To be filled in by laboratory only)

<input checked="" type="checkbox"/> Collert P/A		Collert 10T	Test Results	PORTIONS ml																
MTF-15		HPC	T-10	10	10	10	10	10	10	10	10	10	10	10	10	1	1	1	1	1
Collert-15		*EC/BGB	T-15	10	10	10	10	10	10	1	1	1	1	1	0.1	0.1	0.1	0.1	0.1	
Hach (Brom/resol)			HACH	100																
Set Up Date <u>9/2</u>	Time <u>1520</u>		PRES. 24hr																	
Result Date <u>9/3</u>	Time <u>1524</u>		CONF. 24hr																	
Comments			48hr																	
			EC/E. Coll 24hr																	
Analyst <u>KB</u>			HPC	Total Coliform: <input type="checkbox"/> Presence <input checked="" type="checkbox"/> Absence _____ mpn																
			CFU's per ml	Fecal / E. coli: <input type="checkbox"/> Presence <input checked="" type="checkbox"/> Absence _____ mpn																

To:

Owens Valley Conservation Camp
2781 South Round Valley Road
Bishop, California 93514

Date: 9/22/2014



Laboratory Results: System ID# 1410800

Date	Time	Sample I.D.	CI2	Analysis Performed	Results
9/4/2014	10:40	Fire Station sink	0.58	Colilert Present / Absent	TC Neg. / FC,EC Neg.
	10:30	Water Bldg	0.54	Colilert Present / Absent	TC Neg. / FC,EC Neg.
	10:50	CAL Fire Office sink	0.58	Colilert Present / Absent	TC Neg. / FC,EC Neg.
	11:00	CDC Office sink	0.54	Colilert Present / Absent	TC Neg. / FC,EC Neg.
	11:05	Inmate kitchen	0.56	Colilert Present / Absent	TC Neg. / FC,EC Neg.
	11:10	Tank #1	0.56	Colilert Present / Absent	TC Pos. / FC,EC Neg.
	11:15	SP - 310	0.57	Colilert Present / Absent	TC Pos. / FC,EC Neg.
9/6/2014	8:10	SP - 210	1.10	Colilert Present / Absent	TC Neg. / FC,EC Neg.
	8:40	SP - 310	1.08	Colilert Present / Absent	TC Neg. / FC,EC Neg.
	9:00	Tank #1	1.07	Colilert Present / Absent	TC Neg. / FC,EC Neg.
	9:15	CDC Mess Hall	1.08	Colilert Present / Absent	TC Neg. / FC,EC Neg.
	9:30	CDC Office sink	1.10	Colilert Present / Absent	TC Neg. / FC,EC Neg.
	9:40	CDF Office sink	1.07	Colilert Present / Absent	TC Neg. / FC,EC Neg.
	9:50	CDF WHS sink	1.05	Colilert Present / Absent	TC Neg. / FC,EC Neg.
	10:00	Dorm sink Horseshoe	1.10	Colilert Present / Absent	TC Neg. / FC,EC Neg.
	10:10	Water Bldg sink	1.09	Colilert Present / Absent	TC Neg. / FC,EC Neg.
	10:15	Bishop Fire Station	1.07	Colilert Present / Absent	TC Neg. / FC,EC Neg.
9/8/2014	10:10	Well #2	0.38	Colilert Present / Absent	TC Neg. / FC,EC Neg.
	10:40	Tank #1	0.37	Colilert Present / Absent	TC Neg. / FC,EC Neg.
	11:05	Cdf sink	0.38	Colilert Present / Absent	TC Neg. / FC,EC Neg.
	11:20	Water Bldg	0.36	Colilert Present / Absent	TC Neg. / FC,EC Neg.
	11:45	SP - 310	0.37	Colilert Present / Absent	TC Neg. / FC,EC Neg.

TC = Total Coliform

FC = Fecal Coliform

EC = Escherichia Coliform (E. Coli)

Neg. = Absence of Coliform Organisms

Pos. = Presence of Coliform Organisms

Physical Analysis = pH, Color, Odor and Turbidity

TFR Method: Std. Methods 18th Edition 2540C Glass Fiber Filtration, 180 C

Laboratory Technician

A handwritten signature in cursive script that reads "Blair Hafner".

Laboratory Technician

ELAP Certification Number 1453

Attachment No. 2

Proof of Notification

Drinking Water Notification to Consumers

PROOF OF NOTIFICATION

Name of Water System: _____

Please explain what caused the problem if you have determined what it was and what steps you have taken to correct it. _____

Consumers Notified: _____ Yes _____ No

If not, Explain: _____

Date of Notification: _____

On the date of notification set forth above, I served the above referenced document(s) on the consumers by:

- _____ Sending a copy through the U.S. Mail, first class, postage prepaid, addressed to each of the resident(s) at the place where the property is situated, pursuant to the California Civil Code. Attach copy of Notice.
- _____ Newspaper (if the problem has been corrected). Attach a copy of Notice.
- _____ Personally hand-delivering a copy to each of the consumers. Attach a copy of Notice.
- _____ Posted on a public bulletin board, that will be seen by each of the consumers (for small, non-community water systems with prior Department approval). Attach copy of Notice.

I hereby declare the forgoing to be true and correct under penalty of perjury.

Dated: _____

Signature of Person Serving Notice

****Notice:** Complete this Proof of Notification and return it along with a copy of the notification to the Division within **10 days** of receipt of giving public notice.

Disclosure: Be advised that the California Health and Safety Code states that any person who knowingly makes a 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 each separate violation for each day that violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by fine of not more than twenty-five thousand dollars (\$25,000) for each day of violation, or be imprisoned in county jail not to exceed one year or by both the fine and imprisonment.

Attachment No. 3

Bacteriological Sample Siting Plan Requirements

BACTERIOLOGICAL SAMPLE SITING PLAN REQUIREMENTS 2014

State Water Resource Control Board DIVISION OF DRINKING WATER

The following outlines the minimum requirements that should be included in any bacteriological sample siting plan (BSSP) submitted to the Division of Drinking Water, Field Operations Branch District Office for approval and acceptance. If you have questions about preparing an acceptable siting plan, please call your District Office.

GENERAL REQUIREMENTS

The BSSP must be representative of the water distribution system; it must describe sample rotation procedures; and it must include a statement about the training of the sample collector.

Sample Sites and Schedule – The routine and repeat sample sites must be identified and a schedule developed.

- a. Proposed number and location of routine sample sites. (See Table 64423A of Section 64423) to determine the number of routine samples required for your system.
- b. Proposed repeat (follow-up) sample sites which must be located within five service connections upstream and downstream of the routine sample site Section 64424(b).
- c. At least four repeat sample sites are required for each routine sample site Section 64424(a)(1).
- d. Address/location of each routine and repeat sample site. This must be shown on system map submitted
- e. Description of each sample site (e.g., exterior hosebib, gooseneck-type copper tube with pet cock).
- f. Sampling schedule for each routine sample site (e.g., weekly, every other week, monthly, quarterly, etc.) Rationale that demonstrates that the schedule is representative of the water delivered throughout the distribution system every month, using either fixed sample sites or a rotation among sample sites if there are more sites than the minimum required (Section 64422). It is not recommended that each routine sample site is not sampled less frequently than once every three months.

SYSTEM MAP

The system map can be a one-page engineering drawing of the distribution system and water system facilities or it can be a street map or system schematic.

The system map must identify/locate the following:

- a. All sources of water supply
- b. All treatment facilities
- c. All storage facilities

- d. Dead ends (if dead ends cannot be specifically identified, e.g., use of a schematic, then the total number of dead ends in the system, with address locations should be listed).
- e. All pressure zones in the distribution system
- f. All booster stations
- g. All pressure reducing stations, other than individual house service PR valves
- h. ALL SAMPLE POINTS (distinguish between routine, follow-up and/or special sample points)

NOTE: For each routine sample point, there must be an identified follow-up sample point, located within five (5) services "upstream" and "downstream" of the routine sample point. If the water system has "dedicated" specially designed and installed sample points, the "upstream" and "downstream" follow-up sample points will be the closest dedicated routine sample point on either side.

OTHER

The bacteriological sample siting plan must also include the following:

- a. Current number of service connections and/or number of population served
- b. Sampler's name (state experience and training)
- c. Standby/Relief sampler
- d. State certified laboratory doing the analyses

GENERAL NOTE: When selecting a sampling tap, it is important to ensure that the tap is located in a clean environment. Consider protection from contamination by humans, animals, airborne materials or other sources. Use outside faucets that are clean, have been in frequent use, are at least 18 inches above the ground and discharge downward. Do not sample from a hose. Do not sample deadends.

GROUNDWATER RULE (GWR) AMENDMENT

Systems must include the GWR amendment into their bacteriological sample siting plan. Systems must determine which of the following options is best applicable.

- a. The system shall implement into their BSSP that ALL active sources which fed the system at the time of the positive total-coliform will be monitored for *E.coli*.
- b. The second option is to clearly create a representative triggered source monitoring plan, by noting which sources affect which pressure zones/sample sites. The representative triggered monitoring plan must be approved by the Division.
- c. Consecutive systems who are served by another public water system must indicate on their BSSP that they will contact their wholesaler in case of a positive total-coliform sample in the distribution.
- d. Wholesale systems must note in their GWR amendment to the bacteriological sample siting plan, that when notified by a consecutive system of a positive bacteriological sample in the distribution they shall comply with the GWR by following procedure **a** or **b** listed above.