CALIFORNIA
Water Boards

EDMUND G. BROWN JR.
GOVERNOR

MATTHEW RODRIQUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board
Division of Drinking Water

October 22, 2015

Arnold Peterson, Manager
Rolling Green Utilities, Inc.
139 Elmcrest Drive
Big Pine, CA 93513

Dear Mr. Peterson:

CITATION NO. 05-13-15C-007 ISSUED TO ROLLING GREENS UTITILIES FOR MONITORING VIOLATIONS OF THE TOTAL COLIFORM RULE (TCR) (SYSTEM NO. 1400010)

The Division of Drinking Water (hereinafter "Division") hereby issues a citation to the Rolling Green Utilities, Inc. (hereinafter, Company) for the following violations:

1. Title 22, CCR, Section 64424(d). Specifically, the Company failed to collect a minimum of five samples in the months of July and September, 2015. When a system that collects fewer than five (5) samples per month has one (1) or more total coliform-positive sample, a minimum of five routine samples must be collected from the distribution system the following month.

2. Title 22, CCR, Section 64424(a)(1). Specifically, the Company failed to collect a set of four (4) repeat samples in the month of August 2015, following a total coliform-positive sample. A water supplier that normally collects one or fewer samples per month, shall collect a repeat sample set of four samples for each total coliform-positive sample.

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

Sincerely,

Sean F. McCarthy, P.E.
District Engineer
Division of Drinking Water
San Bernardino District

Enclosure: Citation No. 05-13-15C-007

ENCLOSURE

CITATION NO. 05-13-15C-007

STATE OF CALIFORNIA

WATER RESOURCES CONTROL BOARD

DIVISION OF DRINKING WATER

TO: Rolling Greens Utilities, Inc.
139 Elmcrest Drive
Big Pine, CA 93513

ATT: Arnold Peterson
Manager

CITATION NO. 05-13-15C-007

CITATION FOR VIOLATION OF CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 64421, PRIMARY DRINKING WATER STANDARDS

WATER SYSTEM NO. 1400010

Issued on October 22, 2015

Section 116650 of the California Health and Safety Code (CHSC) authorizes the issuance of a citation to a public water system for violation of the California Safe Drinking Water Act (hereinafter "California SDWA"), (CHSC, Division 104, Part 12, Chapter 4, commencing with Section 116270) or any regulation, standard, permit or order issued or adopted thereunder.

In accordance with CHSC, Division 104, Part 12, Chapter 4, Article 1, Section 116271, the State Water Resources Control Board (hereinafter "Water 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 to the Rolling Green Utilities, Inc., (hereinafter "Company") (mailing address: 139 Elmcrest Drive, Big Pine, CA 93513) for violation of the California Code of Regulations (hereinafter "CCR"), Title 22, Section 64424 for the following violations:

1. Title 22, CCR, Section 64424(d). Specifically, the Company failed to collect a minimum of five samples in the months of July and September, 2015. When a system that collects fewer than five (5) samples per month has one (1) or more total coliform-positive sample, a minimum of five routine samples must be collected from the distribution system the following month.

2. Title 22, CCR, Section 64424(a)(1). Specifically, the Company failed to collect a set of four (4) repeat samples in the month of August 2015, following a total coliform-positive sample. A water supplier that normally collects one or fewer samples per month, shall collect a repeat sample set of four samples for each total coliform-positive sample.

STATEMENT OF FACTS

The Rolling Green Utilities, Inc. (Company) serves the Rolling Green Terrace development along Highway 395, approximately one mile northwest of Big Pine in Inyo County. The water system has 285 metered residential service connections and is classified as a community water system. The Company serves an approximate population of 800 persons, which is a mixture of permanent residents and vacation homes. The Company has three active wells (nos. 1, 2 and 3), one pressure zone, and

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one storage tank. The Company currently does not provide disinfection, and has no emergency chlorination plan on file with the Division. Due to recent coliform issues, and concern for public health, the Company will be required to provide continuous chlorination as a directive of this citation. The Company operates under Domestic Water Supply Permit No 05-13-08P-015, issued on October 23, 2008. The Company collects one routine distribution system sample per month for coliform analysis.

In the month of June 2015, the Company exceeded the MCL for total coliform and was issued Citation No. 05-13-15C-004 for the violation. As a directive in the citation, and a requirement per Section 66436.1, CCR, a water system must collect a minimum of five routine samples from the distribution system, in the month following a total coliform positive sample. The Company failed to collect a minimum of five (5) "routine" samples in the month of July 2015. (Attachment No. 1)

On August 3, 2015, the Company collected one routine sample from the distribution system located at Elmcrest Drive, and two from the wells (Nos. 1 and 2). The routine distribution sample was total coliform-positive, but *E.coli* negative. The Company failed to collect a set of four (4) "repeat" samples in August 2015. A repeat sample set shall be, one from the original location, one within five service connections upstream, one within five service connections downstream, and a fourth sample shall be taken at a location specified in the sample siting plan. Triggered source monitoring must also be conducted, per Ground Water Rule. The source sample may be used as the fourth repeat sampling location if indicated in the Coliform Sample Siting Plan and/or Ground Water Rule Amendment and approved by the Division. The Company failed to collect a minimum of five (5) routine samples in September 2015. (Attachment No. 2)

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In accordance with Section 64423.1, the water supplier shall designate (label) each sample as routine, repeat, replacement, or "other" pursuant to 64421(b), and have each sample analyzed for total coliforms. Only samples designated as routine, repeat, and source samples are used to determine compliance, which excludes the use of "investigative" samples. The correct number of routine, repeat, source samples must be reported on the Monthly Summary of Distribution System Coliform Monitoring form.

All total coliform-positive and repeat samples, including triggered source samples shall be reported on the Monthly Summary of Distribution System Coliform Monitoring worksheet and labeled as described in the Coliform Sample Siting Plan.

Pursuant to Section 64423.1(c), analytical results of all required samples collected for a system in a calendar month, and the monthly summary of the bacteriological monitoring report, shall be submitted to the Division not later than the tenth day of the following month in which samples were collected.

DETERMINATION

Based on the above Statement of Facts, the Division has determined that the water system has violated the California Health and Safety Code, Section 64421 in that the Company failed to meet the monitoring requirements of the Primary Drinking Water Standards for the Total Coliform Rule in the months of July, August, and September, 2015.

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DIRECTIVES

Rolling Greens Utilities is hereby directed to take the following actions:

1. The Company shall immediately initiate continuous chlorination at all active wells, maintaining a detectable chlorine residual in the distribution system. A minimum chlorine residual of 0.2 mg/L shall be maintained throughout the distribution system at all times and reported to this Division on a monthly basis.

2. By November 13, 2015, the Company shall notify it's consumers of the bacteriological water quality monitoring failure in conformance with Section [64463.7(a)(1)], Title 22, CCR.

   - A Tier 3 public notice shall be issued by mail; and by publication in a local newspaper. The content of the notice shall be approved by the Division prior to issuance. (Attachment No. 3)
   - The Company shall submit a copy of the notice and a certification that all the public notice requirements have been met pursuant to Section [64469(d)] Title 22, CCR. (Attachment No. 4)

3. All submittals required by this citation shall be addressed to:

   Sean McCarthy, P.E.
   District Engineer
   State Water Resources Control Board
   Division of Drinking Water
   464 W. 4th St. Suite 437
   San Bernardino, CA 92401

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CIVIL PENALTIES

Section 116650 (d) and (e) of the H&S Code allow for the assessment of a civil penalty for failure to comply with requirements of the Safe Drinking Water Act. Failure to comply with any provision in this citation will result in the Division imposing an administrative penalty of up to $25.00 (twenty-five dollars) per day as of the date of violation of any provision of this citation.

October 22, 2015
Date

Sean F. McCarthy, P.E.
Senior Sanitary Engineer
San Bernardino District

Enclosures:

(1) Rolling Greens Monthly Reports & Labs
(2) Citation No. 05-13-15C-004 issued for June 2015
(3) Tier 3 Public Notification Template
(4) Proof of Public Notification Form

Certified Mail

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Attachment No. 1

Rolling Greens Monthly Coliform Reports & Lab Results
July, August, and September 2015

JULY

MONTHLY SUMMARY OF DISTRIBUTION SYSTEM COLIFORM MONITORING

System Name: Rolling Green Utilities

System Number: 1400010

139 Elmcrest Dr. Big Pine CA. 93513

Sampling Period

Month: July

Year: 2015

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/ E. coli Positives
1. Routine Samples (see note 1)	1	1	0	0
2. Repeat Samples Following Samples Which are Total Coliform Positive and Fecal/E.coli ***Negative*** (see notes 5 and 6)		0	0	0
3. Repeat Samples Following Routine Samples Which are Total Coliform Positive and Fecal/E. coli ***Positive*** (see notes 5 and 6)		0	0	0
4. MCL Computation For Total Coliform Positive Samples				
a. Totals (sum of columns)	1	1		
b. If 40 or more samples collected in month, determine percent of samples that are total coliform positive. [(total number positive/total number collected) x 100]		0		

c. Is system in compliance...

...with fecal/E. coli MCL? (see notes 2 and 3) ☒ Yes ☐ No

...with monthly MCL? (see note 4) ☒ Yes ☐ No

5. Invalidated Samples
(Note what samples, if any, were invalidated; why they were invalidated; who authorized the invalidation; and when replacement samples were collected. Attach additional sheets, if necessary.)

6. Summary Completed By:

Signature	Title	Date
Annie Peterson	Manager	7-29-15

NOTES AND INSTRUCTIONS:

1. Routine samples include:
   a. Samples required per 22, CCR, Section 64423;
   b. Extra samples required for systems collecting less than five routine samples per month that had one or more total coliform positives in previous month;
   c. Extra samples for systems with high source water turbidities that are using surface water or groundwater under the direct influence of surface water and do not practice filtration in compliance with regulations.
2. Note: For a repeat sample following a total coliform positive sample, any fecal/E. coli positive repeat (boxed entry) ***constitutes an MCL violation and requires immediate notification to the Department*** (22, CCR, Section 64426.1).
3. Note: For a repeat sample following a fecal/E. coli positive sample, any total coliform positive repeat (boxed entry) ***constitutes an MCL violation and requires immediate notification to the Department*** (22, CCR, Section 64426.1).
4. Total coliform MCL (***Notify Department within 24 hours of MCL violation***):
   a. For systems collecting less than 40 samples, if two or more samples are total coliform positive, then the MCL is violated.
   b. For systems collecting 40 or more samples, if more than 5.0 percent of samples collected are total coliform positive, then the MCL is violated.
5. Positive results and their associated repeat samples must be tracked on the worksheet on the other side.
6. For systems collecting more than one routine sample per month, three repeat samples must be collected for each total coliform positive sample. Repeat samples must be collected within 24 hours of being notified of the positive result.

COLIFORM MONITORING WORKSHEET

PAGE _____ OF _____

(MUST BE COMPLETED FOR POS. ROUTINE SAMPLES AND ALL REPEAT SAMPLES)

REPORT MONTH _____ YR _____

ROUTINE SAMPLES				REPEAT SAMPLES					
		COLIFORM TEST RESULTS [4]					COLIFORM TEST RESULTS[4]		
Sample Date	Sample Site ID	TC+ BUT FC/EC-	TC+ AND FC/EC+	Repeat For Sample Date	Repeat Sample Collection Date	Repeat Sample Site IDs[5]	TC-	TC+ BUT FC/EC-	TC+ AND FC/EC+
			off	line	7-6-15	well #2		X	
				invest	7-13-15	Elmerest		X	
			off	line	7-15-15	well #2		X	
				invest	7-15	Elmerest	X		
				invest	7-15	Up Stream	X		
				invest	7-15	Carmelea down Stream	X		
				invest	7-15	Reynolds	X		
				invest	7-15	well #1		X	
				invest	7-15	well #3	X		
					7-20	well #1	X		
					7-20	well #2	X		
					7-20	Elmerest	X		
					7-27	well #1	X		
					7-27	well #2	X		

Notes and Instructions:

1. Enter data for positive samples occurring in previous month (shaded area at top) that have repeats in report month.
2. Abbreviations: TC = Total Coliform: FC = Fecal Coliform: EC = E. coli
3. Any Fecal/E. coli positive sample following a total coliform positive sample or any total coliform positive repeat sample following a Fecal/E. coli positive sample constitutes an MCL failure (22, CCR, Section 64426.1).

Footnote:

4. Check column that applies.
5. List positive original site first.

Marvin Moskowitz, R.E.H.S.
Director

Environmental Health Services
Water Testing Laboratory ELAP# 1680
P.O. Box 427, Independence, California 93526

TEL (760) 878-0238
FAX (760) 878-0239

Customer Information (Please complete one lab slip per water system or owner)

Customer Name: Rolling Green Utilities 197

Mailing Address: 139 Elmcrest Dr. Big Pine CA. 93513

Contact Name: Arnie Peterson | Phone Number: 760-938-3311

Date & Time Samples Received in Lab: 7-6-15

Please mark each sample bottle with an individual unique label.

Water System Name and ID# Or Owner Name and Address / Sample Type	Sample Collection Location / Water Type	Sample Date and Time / System Chlorinated?	Sampler Initials / Analysis Type	Bottle ID Information and Collector Remarks	Lab ID # (Lab Use Only)	Results (Lab Use Only) Total Coliform	Results (Lab Use Only) E. coli
RGU 1400010	well #2	7/6/15	AP	RGU well #2	1507-063	☒ Presence ☐ Absence mpn	☐ Presence ☒ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☒ Potable ☐ Pool ☐ Surface Water ☒ Other: Investigative	☐ No ☐ Yes CL Residual:	☒ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				

2015 Analysis Types and Results Available: $33 PA = Presence/Absence $42 QT = Quanti-Tray (0 to >200.5 mpn) $45 QT2000 = Quanti-Tray 2000 (0 to >2419.6 mpn)

Marvin Moskowitz, R.E.H.S.
Director

Environmental Health Services
Water Testing Laboratory ELAP# 1680
P.O. Box 427, Independence, California 93526

TEL(760)878-0238
FAX(760)878-0239

Customer Information (Please complete one lab slip per water system or owner) 197

Customer Name: Rolling Green Utilities

Mailing Address: 139 Elmcrest Dr. Big Pine CA. 93513

Contact Name: Arnie Peterson | Phone Number: 760-938-3311

Date & Time Samples Received in Lab: 7-13-15

Please mark each sample bottle with an individual unique label.

Water System Name and ID# Or Owner Name and Address / Sample Type	Sample Collection Location / Water Type	Sample Date and Time / System Chlorinated?	Sampler Initials / Analysis Type	Bottle ID Information and Collector Remarks	Lab ID # (Lab Use Only)	Results (Lab Use Only) Total Coliform	Results (Lab Use Only) E. coli
RGU 1400010	Elmerest	7-13 7:45 am	AP	RGU Elmerest	1507-181	☒ Presence ☐ Absence mpn	☐ Presence ☒ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other: Invest	☒ Potable ☐ Pool ☐ Surface Water ☐ Other:	☒ No ☐ Yes CL Residual:	☒ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				

2015 Analysis Types and Results Available: $33 PA = Presence/Absence $42 QT = Quanti-Tray (0 to >200.5 mpn) $45 QT2000 = Quanti-Tray 2000 (0 to >2419.6 mpn)

Marvin Moskowitz, R.E.H.S.
Director

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P.O. Box 427, Independence, California 93526

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FAX(760)878-0239

Customer Information (Please complete one lab slip per water system or owner) 197

Customer Name: Rolling Green Utilities

Mailing Address: 139 Elmcrest Dr. Big Pine CA. 93513

Contact Name: Arnie Peterson | Phone Number: 760-938-3311

Date & Time Samples Received in Lab: 7/15 1042

Please mark each sample bottle with an individual unique label.

Water System Name and ID# Or Owner Name and Address / Sample Type	Sample Collection Location / Water Type	Sample Date and Time / System Chlorinated?	Sampler Initials / Analysis Type	Bottle ID Information and Collector Remarks	Lab ID # (Lab Use Only)	Results (Lab Use Only) Total Coliform	E. coli
RGU 1400010	well #2	7-14-15 6:00 am	AP	RGL well #2	1507 1187	☒ Presence ☐ Absence mpn	☐ Presence ☒ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☒ Other: Investigative	☒ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☒ Yes CL Residual:	☒ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				

2015 Analysis Types and Results Available: $33 PA = Presence/Absence $42 QT = Quanti-Tray (0 to >200.5 mpn) $45 QT2000 = Quanti-Tray 2000 (0 to >2419.6 mpn)

Marvin Moskowitz, R.E.H.S.
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FAX (760) 878-0239

Customer Information (Please complete one lab slip per water system or owner)

Customer Name: Rolling Green Utilities 197
Mailing Address: 139 Elmcrest Dr. Big Pine CA. 93513
Contact Name: Arnie Peterson | Phone Number: 760-938-3311

Date & Time Samples Received in Lab: 7/15 1425

Please mark each sample bottle with an individual unique label.

Water System Name and ID# Or Owner Name and Address / Sample Type	Sample Collection Location / Water Type	Sample Date and Time / System Chlorinated?	Sampler Initials / Analysis Type	Bottle ID Information and Collector Remarks	Lab ID # (Lab Use Only)	Results (Lab Use Only) Total Coliform	Results (Lab Use Only) E. coli
RGU 1400010	Elmcrest	1:30 pm 7-15-15	AP	RGU Elmcrest	1507 224	☐ Presence ☒ Absence mpn	☐ Presence ☒ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☒ Other: Invest	☒ Potable ☐ Pool ☐ Surface Water ☐ Other:	☒ No ☐ Yes CL Residual:	☒ PA ☐ QT ☐ QT2000				
RGU 1400010	up Stream Elmcrest	7-15-15 1:30 pm		RGU up Stream	1507 225	☐ Presence ☒ Absence mpn	☐ Presence ☒ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☒ Other: Invest	☒ Potable ☐ Pool ☐ Surface Water ☐ Other:	☒ No ☐ Yes CL Residual:	☒ PA ☐ QT ☐ QT2000				
RGU 1400010	Carmelea	7-15-15 1:30 pm		RGU Carmelea	1507 226	☐ Presence ☒ Absence mpn	☐ Presence ☒ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☒ Other: Invest	☒ Potable ☐ Pool ☐ Surface Water ☐ Other:	☒ No ☐ Yes CL Residual:	☒ PA ☐ QT ☐ QT2000				
RGU 1400010	Reynolds	7-15-15 1:30 pm		RGU Reynolds	1507 227	☐ Presence ☒ Absence mpn	☐ Presence ☒ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☒ Other: Invest	☒ Potable ☐ Pool ☐ Surface Water ☐ Other:	☒ No ☐ Yes CL Residual:	☒ PA ☐ QT ☐ QT2000				
RGU 1400010	well #1	7-15-15 1:30 pm		RGU well #1	1507 228	☒ Presence ☐ Absence mpn	☐ Presence ☒ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☒ Other: Invest	☒ Potable ☐ Pool ☐ Surface Water ☐ Other:	☒ No ☐ Yes CL Residual:	☒ PA ☐ QT ☐ QT2000				
RGU 1400010	well #3	7-15-15 1:30 pm		RGU well #3	1507 229	☐ Presence ☒ Absence mpn	☐ Presence ☒ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☒ Other: Invest	☒ Potable ☐ Pool ☐ Surface Water ☐ Other:	☒ No ☐ Yes CL Residual:	☒ PA ☐ QT ☐ QT2000				

2015 Analysis Types and Results Available: $33 PA = Presence/Absence $42 QT = Quanti-Tray (0 to >200.5 mpn) $45 QT2000 = Quanti-Tray 2000 (0 to >2419.6 mpn)

Marvin Moskowitz, R.E.H.S.
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P.O. Box 427, Independence, California 93526

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FAX(760)878-0239

Customer Information (Please complete one lab slip per water system or owner) 197

Customer Name: Rolling Green Utilities

Mailing Address: 139 Elmcrest Dr. Big Pine CA. 93513

Contact Name: Arnie Peterson | Phone Number: 760-938-3311

Date & Time Samples Received in Lab: 11:50 7-20-15

Please mark each sample bottle with an individual unique label.

Water System Name and ID# Or Owner Name and Address / Sample Type	Sample Collection Location / Water Type	Sample Date and Time / System Chlorinated?	Sampler Initials / Analysis Type	Bottle ID Information and Collector Remarks	Lab ID # (Lab Use Only)	Results (Lab Use Only) Total Coliform	E. coli
RGU 1400010	well #1	7/20-15 11:00 am	AP	RGU #1	1507-254	☐ Presence ☒ Absence mpn	☐ Presence ☒ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☒ Other: Investigative	☒ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☒ PA ☐ QT ☐ QT2000				
RGU 1400010	well #2	7-20-15 11:00 am	AP	RGU #2	1507-255	☐ Presence ☒ Absence mpn	☐ Presence ☒ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☒ Other: Investigative	☒ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☒ PA ☐ QT ☐ QT2000				
RGU 1400010	Elmcrest	7-20-15 11:00 am	AP	RGU #3	1507-256	☐ Presence ☒ Absence mpn	☐ Presence ☒ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☒ Other: Investigative	☒ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☒ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				

2015 Analysis Types and Results Available: $33 PA = Presence/Absence $42 QT = Quanti-Tray (0 to >200.5 mpn) $45 QT2000 = Quanti-Tray 2000 (0 to >2419.6 mpn)

Marvin Moskowitz, R.E.H.S.
Director

Environmental Health Services
Water Testing Laboratory ELAP# 1680
P.O. Box 427, Independence, California 93526

TEL(760)878-0238
FAX(760)878-0239

Customer Information (Please complete one lab slip per water system or owner)

Customer Name: Rolling Green Utilities 197

Mailing Address: 139 Elmcrest Dr. Big Pine CA. 93513

Contact Name: Arnie Peterson | Phone Number: 760-938-3311

Date & Time Samples Received in Lab: 7-22-15 11:50 am

Please mark each sample bottle with an individual unique label.

Water System Name and ID# Or Owner Name and Address / Sample Type	Sample Collection Location / Water Type	Sample Date and Time / System Chlorinated?	Sampler Initials / Analysis Type	Bottle ID Information and Collector Remarks	Lab ID # (Lab Use Only)	Results (Lab Use Only) Total Coliform	E. coli
RGU 1400010	well #1	7-22-15 11:00 am	AP	RGU #1	1507 277	☐ Presence ☒ Absence mpn	☐ Presence ☒ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☒ Other: Investigative	☒ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☒ PA ☐ QT ☐ QT2000				
RGU 1400010	well #2	7-22-15 11:00 am	AP	RGU #2	1507 278	☐ Presence ☒ Absence mpn	☐ Presence ☒ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☒ Other: Investigative	☒ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☒ PA ☐ QT ☐ QT2000				
RGU 1400010	Elmcrest	7-22-15 11:00 am	AP	RGU #3	1507 279	☐ Presence ☒ Absence mpn	☐ Presence ☒ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☒ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☒ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				

2015 Analysis Types and Results Available: $33 PA = Presence/Absence $42 QT = Quanti-Tray (0 to >200.5 mpn) $45 QT2000 = Quanti-Tray 2000 (0 to >2419.6 mpn)

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Customer Information (Please complete one lab slip per water system or owner)

Customer Name: Rolling Green Utilities 197

Mailing Address: 139 Elmcrest Dr. Big Pine CA. 93513

Contact Name: Arnie Peterson | Phone Number: 760-938-3311

Date & Time Samples Received in Lab: 7-27-15 1200

Please mark each sample bottle with an individual unique label.

Water System Name and ID# Or Owner Name and Address / Sample Type	Sample Collection Location / Water Type	Sample Date and Time / System Chlorinated?	Sampler Initials / Analysis Type	Bottle ID Information and Collector Remarks	Lab ID # (Lab Use Only)	Results (Lab Use Only) Total Coliform	E. coli
RGU 1400010	well #1	7-27-15	AP	RGU #1	1507-333	☐ Presence ☒ Absence mpn	☐ Presence ☒ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other: Investigative	☒ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☒ PA ☐ QT ☐ QT2000				
RGU 1400010	well #2	7-27-15	AP	RGU #2	1507-334	☐ Presence ☒ Absence mpn	☐ Presence ☒ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other: Investigative	☒ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☒ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				

2015 Analysis Types and Results Available: $33 PA = Presence/Absence $42 QT = Quanti-Tray (0 to >200.5 mpn) $45 QT2000 = Quanti-Tray 2000 (0 to >2419.6 mpn)

AUGUST

MONTHLY SUMMARY OF DISTRIBUTION SYSTEM COLIFORM MONITORING

System Name: Rolling Green Utilities

System Number: 1400010

139 Elmcrest Dr. Big Pine CA. 93513

Sampling Period

Month: August

Year: 2015

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/ E. coli Positives
1. Routine Samples (see note 1)	1	1	0	0
2. Repeat Samples Following Samples Which are Total Coliform Positive and Fecal/E.coli ***Negative*** (see notes 5 and 6)		0	0	0
3. Repeat Samples Following Routine Samples Which are Total Coliform Positive and Fecal/E. coli ***Positive*** (see notes 5 and 6)		0	0	0
4. MCL Computation For Total Coliform Positive Samples				
a. Totals (sum of columns)	1	1		
b. If 40 or more samples collected in month, determine percent of samples that are total coliform positive. [(total number positive/total number collected) x 100]		0		

c. Is system in compliance...

...with fecal/E. coli MCL? (see notes 2 and 3) ☒ Yes ☐ No

...with monthly MCL? (see note 4) ☒ Yes ☐ No

5. Invalidated Samples
(Note what samples, if any, were invalidated; why they were invalidated; who authorized the invalidation; and when replacement samples were collected. Attach additional sheets, if necessary.)

6. Summary Completed By:

Signature	Title	Date
Annie Peterson	Manager	8-27-15

NOTES AND INSTRUCTIONS:

1. Routine samples include:
   a. Samples required per 22, CCR, Section 64423;
   b. Extra samples required for systems collecting less than five routine samples per month that had one or more total coliform positives in previous month;
   c. Extra samples for systems with high source water turbidities that are using surface water or groundwater under the direct influence of surface water and do not practice filtration in compliance with regulations.
2. Note: For a repeat sample following a total coliform positive sample, any fecal/E. coli positive repeat (boxed entry) ***constitutes an MCL violation and requires immediate notification to the Department*** (22, CCR, Section 64426.1).
3. Note: For a repeat sample following a fecal/E. coli positive sample, any total coliform positive repeat (boxed entry) ***constitutes an MCL violation and requires immediate notification to the Department*** (22, CCR, Section 64426.1).
4. Total coliform MCL (***Notify Department within 24 hours of MCL violation***):
   a. For systems collecting less than 40 samples, if two or more samples are total coliform positive, then the MCL is violated.
   b. For systems collecting 40 or more samples, if more than 5.0 percent of samples collected are total coliform positive, then the MCL is violated.
5. Positive results and their associated repeat samples must be tracked on the worksheet on the other side.
6. For systems collecting more than one routine sample per month, three repeat samples must be collected for each total coliform positive sample. Repeat samples must be collected within 24 hours of being notified of the positive result.

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Director

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TEL (760) 878-0238
FAX (760) 878-0239

Customer Information (Please complete one lab slip per water system or owner)

Customer Name: Rolling Green Utilities 197
Mailing Address: 139 Elmerest Dr. Big Pine CA. 93513
Contact Name: Arnie Peterson | Phone Number: 760-938-3311

Date & Time Samples Received in Lab: 8-3-15 11:10 am

Please mark each sample bottle with an individual unique label.

Water System Name and ID# Or Owner Name and Address / Sample Type	Sample Collection Location / Water Type	Sample Date and Time / System Chlorinated?	Sampler Initials / Analysis Type	Bottle ID Information and Collector Remarks	Lab ID # (Lab Use Only)	Results (Lab Use Only) Total Coliform	E. coli
RGU 1400010	#1 well	8-3-15 10:30	AP	RGU #1	1508 009 8/3 1335	☐ Presence ☒ Absence mpn	☐ Presence ☒ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other: Investigative	☒ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☒ PA ☐ QT ☐ QT2000				
RGU 1400010	#2 well	8-3-15 10:30		RGU #2	1508 010 8/3 1335	☐ Presence ☒ Absence mpn	☐ Presence ☒ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other: Investigative	☒ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☒ PA ☐ QT ☐ QT2000				
RGU 1400010	Elmerest #3	8-3-15 10:30		RGU #3	1508 011 8/3 1335	☒ Presence ☐ Absence mpn	☐ Presence ☒ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☒ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☒ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				

2015 Analysis Types and Results Available: $33 PA = Presence/Absence $42 QT = Quanti-Tray (0 to >200.5 mpn) $45 QT2000 = Quanti-Tray 2000 (0 to >2419.6 mpn)

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FAX (760) 878-0239

Customer Information (Please complete one lab slip per water system or owner) 197

Customer Name: Rolling Green Utilities

Mailing Address: 139 Elmerest Dr. Big Pine CA. 93513

Contact Name: Arnie Peterson | Phone Number: 760-938-3311

Date & Time Samples Received in Lab: 8-5-15 12:05

Please mark each sample bottle with an individual unique label.

Water System Name and ID# Or Owner Name and Address / Sample Type	Sample Collection Location / Water Type	Sample Date and Time / System Chlorinated?	Sampler Initials / Analysis Type	Bottle ID Information and Collector Remarks	Lab ID # (Lab Use Only)	Results (Lab Use Only) Total Coliform	E. coli
RGU 1400010	well #1	8-5-15 11:30	AP	RGU #1	1508 108	☐ Presence ☒ Absence mpn	☐ Presence ☒ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other: Investigative	☒ Potable ☐ Pool ☐ Surface Water ☐ Other:	☒ No ☐ Yes CL Residual:	☒ PA ☐ QT ☐ QT2000				
RGU 1400010	well #2	8-5-15 11:30		RGU #2	1508 109	☐ Presence ☒ Absence mpn	☐ Presence ☒ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other: Investigative	☒ Potable ☐ Pool ☐ Surface Water ☐ Other:	☒ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
RGU 1400010	Elmerest	8-5-15 11:30		RGU #3	1508 110	☐ Presence ☒ Absence mpn	☐ Presence ☒ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other: Investigative	☒ Potable ☐ Pool ☐ Surface Water ☐ Other:	☒ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
RGU 1400010	Upstream	8-5-15 11:30		RGU #4	1508 111	☐ Presence ☒ Absence mpn	☐ Presence ☒ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other: Investigative	☒ Potable ☐ Pool ☐ Surface Water ☐ Other:	☒ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
RGU 1400010	Downstream	8-5-15 11:30		RGU #5	1508 112	☒ Presence ☐ Absence mpn	☐ Presence ☒ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other: Investigative	☒ Potable ☐ Pool ☐ Surface Water ☐ Other:	☒ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				

2015 Analysis Types and Results Available: $33 PA = Presence/Absence $42 QT = Quanti-Tray (0 to >200.5 mpn) $45 QT2000 = Quanti-Tray 2000 (0 to >2419.6 mpn)

Marvin Moskowitz, R.E.H.S.
Director

Environmental Health Services
Water Testing Laboratory ELAP# 1680
P.O. Box 427, Independence, California 93526

TEL(760)878-0238
FAX(760)878-0239

Customer Information (Please complete one lab slip per water system or owner)

Customer Name: Rolling Green Utilities

Mailing Address: 139 Elmcrest Dr. Big Pine CA. 93513

Contact Name: Arnie Peterson | Phone Number: 760-938-3311

Date & Time Samples Received in Lab: 8-17-15 7:55 am

Please mark each sample bottle with an individual unique label.

Water System Name and ID# Or Owner Name and Address / Sample Type	Sample Collection Location / Water Type	Sample Date and Time / System Chlorinated?	Sampler Initials / Analysis Type	Bottle ID Information and Collector Remarks	Lab ID # (Lab Use Only)	Results (Lab Use Only) Total Coliform	E. coli
RGU 1400010	Well #3	8-17-15 7:30 am	AP	RGU #3	1508207	☐ Presence ☒ Absence mpn	☐ Presence ☒ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☒ Potable ☐ Pool ☐ Surface Water ☐ Other:	☒ No ☐ Yes CL Residual:	☒ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				

2015 Analysis Types and Results Available: $33 PA = Presence/Absence $42 QT = Quanti-Tray (0 to >200.5 mpn) $45 QT2000 = Quanti-Tray 2000 (0 to >2419.6 mpn)

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FAX(760)878-0239

Customer Information (Please complete one lab slip per water system or owner)

Customer Name: Rolling Green Utilities
Mailing Address: 139 Elmerest Dr. Big Pine CA. 93513
Contact Name: Arnie Peterson | Phone Number: 760-938-3311

Date & Time Samples Received in Lab: 8-24-15 9:00 am

Please mark each sample bottle with an individual unique label.

Water System Name and ID# Or Owner Name and Address / Sample Type	Sample Collection Location / Water Type	Sample Date and Time / System Chlorinated?	Sampler Initials / Analysis Type	Bottle ID Information and Collector Remarks	Lab ID # (Lab Use Only)	Results (Lab Use Only) Total Coliform	E. coli
RGU 1400010	Elmerest	8-24-15 7:30 am	AP	#1 RGU	1508-279	☐ Presence ☒ Absence mpn	☐ Presence ☒ Absence mpn
☒ Routine ☐ Repeat Follow-Up ☐ Other:	☒ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☒ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				

2015 Analysis Types and Results Available: $33 PA = Presence/Absence $42 QT = Quanti-Tray (0 to >200.5 mpn) $45 QT2000 = Quanti-Tray 2000 (0 to >2419.6 mpn)

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Customer Information (Please complete one lab slip per water system or owner)

Customer Name: Rolling Green Utilities

Mailing Address: 139 Elmerest Dr. Big Pine CA. 93513

Contact Name: Arnie Peterson | Phone Number: 760-938-3311

Date & Time Samples Received in Lab: 8-24-15 9:00 am

Please mark each sample bottle with an individual unique label.

Water System Name and ID# Or Owner Name and Address / Sample Type	Sample Collection Location / Water Type	Sample Date and Time / System Chlorinated?	Sampler Initials / Analysis Type	Bottle ID Information and Collector Remarks	Lab ID # (Lab Use Only)	Results (Lab Use Only) Total Coliform	E. coli
RGU 1400010	Elmerest	8-24-15 9:30 am	AP	#1 RGU	1508-279	☐ Presence ☒ Absence mpn	☐ Presence ☒ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☒ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☒ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				

2015 Analysis Types and Results Available: $33 PA = Presence/Absence $42 QT = Quanti-Tray (0 to >200.5 mpn) $45 QT2000 = Quanti-Tray 2000 (0 to >2419.6 mpn)

SEPTEMBER

State of California—Health and Welfare Agency

Department of Health Services
Office of Drinking Water

MONTHLY SUMMARY OF DISTRIBUTION SYSTEM COLIFORM MONITORING

System Name: Rolling Green Utilities

System Number: 1400010

139 Elmcrest Dr. Big Pine CA. 93513

Sampling Period

Month: September

Year: 2015

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/ E. coli Positives
1. Routine Samples (see note 1)	1	1	0	0
2. Repeat Samples Following Samples Which are Total Coliform Positive and Fecal/E.coli ***Negative*** (see notes 5 and 6)		0	0	0
3. Repeat Samples Following Routine Samples Which are Total Coliform Positive and Fecal/E. coli ***Positive*** (see notes 5 and 6)		0	0	0
4. MCL Computation For Total Coliform Positive Samples				
a. Totals (sum of columns)	1	1		
b. If 40 or more samples collected in month, determine percent of samples that are total coliform positive. [(total number positive/total number collected) x 100]		0		

c. Is system in compliance... ...with fecal/E. coli MCL? (see notes 2 and 3) ☒ Yes ☐ No

...with monthly MCL? (see note 4) ☒ Yes ☐ No

5. Invalidated Samples
(Note what samples, if any, were invalidated; why they were invalidated; who authorized the invalidation; and when replacement samples were collected. Attach additional sheets, if necessary.)

6. Summary Completed By:

Signature	Title	Date
Annie Peterson	Manager	10-1-15

NOTES AND INSTRUCTIONS:

1. Routine samples include:
   a. Samples required per 22, CCR, Section 64423;
   b. Extra samples required for systems collecting less than five routine samples per month that had one or more total coliform positives in previous month;
   c. Extra samples for systems with high source water turbidities that are using surface water or groundwater under the direct influence of surface water and do not practice filtration in compliance with regulations.
2. Note: For a repeat sample following a total coliform positive sample, any fecal/E. coli positive repeat (boxed entry) ***constitutes an MCL violation and requires immediate notification to the Department*** (22, CCR, Section 64426.1).
3. Note: For a repeat sample following a fecal/E. coli positive sample, any total coliform positive repeat (boxed entry) ***constitutes an MCL violation and requires immediate notification to the Department*** (22, CCR, Section 64426.1).
4. Total coliform MCL (***Notify Department within 24 hours of MCL violation***):
   a. For systems collecting less than 40 samples, if two or more samples are total coliform positive, then the MCL is violated.
   b. For systems collecting 40 or more samples, if more than 5.0 percent of samples collected are total coliform positive, then the MCL is violated.
5. Positive results and their associated repeat samples must be tracked on the worksheet on the other side.
6. For systems collecting more than one routine sample per month, three repeat samples must be collected for each total coliform positive sample. Repeat samples must be collected within 24 hours of being notified of the positive result.

Marvin Moskowitz, R.E.H.S.
Director

Environmental Health Services
Water Testing Laboratory ELAP# 1680
P.O. Box 427, Independence, California 93526

TEL(760)878-0238
FAX(760)878-0239

Sept 9

Customer Information (Please complete one lab slip per water system or owner)

Customer Name: Rolling Green Utilities
Mailing Address: 139 Elmcrest Dr. Big Pine CA. 93513
Contact Name: Arnie Peterson | Phone Number: 760-938-3311

Date & Time Samples Received in Lab: 9-15-15 8:50

Please mark each sample bottle with an individual unique label.

Water System Name and ID# Or Owner Name and Address / Sample Type	Sample Collection Location / Water Type	Sample Date and Time / System Chlorinated?	Sampler Initials / Analysis Type	Bottle ID Information and Collector Remarks	Lab ID # (Lab Use Only)	Results (Lab Use Only) Total Coliform	E. coli
RGU 1400010	Elmerest	9-15-15 8:15am	AP	RGU #1 Elmerest	1509 127	☐ Presence ☒ Absence mpn	☐ Presence ☒ Absence mpn
☒ Routine ☐ Repeat Follow-Up ☐ Other:	☒ Potable ☐ Pool ☐ Surface Water ☐ Other:	☒ No ☐ Yes CL Residual:	☒ PA ☐ QT ☐ QT2000				
	per Arnie collected 9/9/15					☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				
						☐ Presence ☐ Absence mpn	☐ Presence ☐ Absence mpn
☐ Routine ☐ Repeat Follow-Up ☐ Other:	☐ Potable ☐ Pool ☐ Surface Water ☐ Other:	☐ No ☐ Yes CL Residual:	☐ PA ☐ QT ☐ QT2000				

2015 Analysis Types and Results Available: $33 PA = Presence/Absence $42 QT = Quanti-Tray (0 to >200.5 mpn) $45 QT2000 = Quanti-Tray 2000 (0 to >2419.6 mpn)

Attachment No. 2

Citation No. 05-13-15C-004
issued for June 2015

State Water Resources Control Board
Division of Drinking Water

July 29, 2015

Arnold Peterson, Manager
Rolling Green Utilities, Inc.
139 Elmcrest Drive
Big Pine, CA 93513

Dear Mr. Peterson:

CITATION NO. 05-13-15C-004
MAXIMUM CONTAMINANT LEVEL EXCEEDANCE OF THE TOTAL COLIFORM RULE (SYSTEM NO. 1400010)

The Division has hereby issued a citation to Rolling Green Utilities (hereinafter, Company) for the following violation:

1. Title 22, California Code of Regulations (CCR), Section 64421(b)(2). Specifically, the Company failed to meet the Primary Drinking Water Standards for bacteriological quality in the month of June 2015. 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 Ms. Esther Brewer at (909) 383-5468.

Sincerely,

Sean F. McCarthy

Sean F. McCarthy, P.E.
District Engineer
Division of Drinking Water
San Bernardino District

ENCLOSURE

CITATION NO. **05-13-15C-004**

STATE OF CALIFORNIA

WATER RESOURCES CONTROL BOARD

DIVISION OF DRINKING WATER

TO: Rolling Greens Utilities, Inc.
139 Elmcrest Drive
Big Pine, CA 93513

ATT: Arnold Peterson
Manager

CITATION NO. 05-13-15C-004

CITATION FOR VIOLATION OF CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 64426.1(b)(2), TOTAL COLIFORM MCL

WATER SYSTEM NO. 1400010

Issued on July 29, 2015

Section 116650 of the California Health and Safety Code (CHSC) authorizes the issuance of a citation to a public water system for violation of the California Safe Drinking Water Act (hereinafter "California SDWA"), (CHSC, Division 104, Part 12, Chapter 4, commencing with Section 116270) or any regulation, standard, permit or order issued or adopted thereunder.

In accordance with CHSC, Division 104, Part 12, Chapter 4, Article 1, Section 116271, the State Water Resources Control Board (hereinafter "Water 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 to the Rolling Green Utilities, Inc., (hereinafter "Company") (mailing address: 139 Elmcrest Drive, Big

Pine, CA 93513) for violation of the California Code of Regulations (hereinafter "CCR"), Title 22, Section 64421 for the following violations:

1. Title 22, CCR, Section 64426.1(b)(2). Specifically, the Company failed to meet the Primary Drinking Water Standards for bacteriological quality in the month of June 2015. 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.

2. Title 22, CCR, Section 64426.1(c). Specifically, the Company failed to notify the Division within 24 hours of the MCL exceedance. A public water system that is not in compliance with any portion of Section 64426.1(b), is required to notify the Department within 24 hours of determination.

In the month of June 2015, the Company had one (1) total coliform-positive routine sample in the distribution system. The Company collected three (3) repeat samples from the distribution system. All were total coliform-positive, but *E.coli* negative. The Company also conducted triggered source monitoring as required per Section 64430 of the Ground Water Rule. One (1) source was total coliform-positive, but *E.coli* negative.

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

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STATEMENT OF FACTS

The Rolling Green Utilities, Inc. (Company) serves the Rolling Green Terrace development along Highway 395, approximately one mile northwest of Big Pine in Inyo County. The water system has 285 metered residential service connections and is classified as a community water system. The Company serves an approximate population of 800 persons, which is a mixture of permanent residents and vacation homes. The Company has three active wells (nos. 1, 2 and 3), one pressure zone, and one storage tank. The Company does not provide disinfection, but there are connections available for chlorine injection at Wells 1 and 2, when needed. The Company currently has no chlorination plan on file with the Division, but the development of one is strongly recommended. The Company is required to collect one (1) sample per month for bacteriological analysis. The Company operates under Domestic Water Supply Permit No 05-13-08P-015, issued on October 23, 2008.

On June 1, 2015, the Company collected one (1) routine sample from the distribution system for bacteriological analysis. The sample result was total coliform-positive, but *E.coli* negative.

On June 3, 2015, the Company collected three (3) repeat samples from the distribution system, and two (2) from the wells (nos. 1 and 2). All repeat samples came back total coliform-positive, which resulted in an MCL exceedance of the Total Coliform Rule. The Company failed to notify the Division of the violation.

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According to the laboratory results received by the Division, subsequent repeat samples were taken on June 8, 2015, from the distribution system and at Well Nos. 1 and 2. Well No. 2 tested positive for total coliform, but negative for fecal or *E.coli*. Repeat tests were performed until all results were absent of coliform contamination.

DETERMINATION

Based on the above Statement of Facts, the Division has determined that the water system has violated the California Health and Safety Code, Section 64426.1(b)(2) and Section 64426.1(c) in that the Company failed to meet the Primary Drinking Water Standards for Total Coliform; and failed to notify the Division of the MCL exceedance.

DIRECTIVES

Rolling Greens Utilities is hereby directed to take the following actions:

1. Within 30 days of receipt of this citation, the Company shall notify it's consumers of the bacteriological water quality failure in conformance with Section [64426.1(b)(2)], Title 22, CCR. (Attachment No. 1)

    - A Tier 2 public notice shall be issued by mail or direct delivery. The content of the notice shall be approved by the Division prior to issuance.

    - The Company shall submit a copy of the notice and a certification that all the public notice requirements have been met pursuant to Section [64469(d)] Title 22, CCR. (Attachment No. 2)

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2. Within 30 days of issuance of this citation, a detailed investigation of findings is required. Complete and submit to the Division the Positive Total Coliform Investigation form, in accordance with Section [64426 (b)] of Title 22, CCR. (Attachment No. 3)

3. The Company shall collect a minimum of five routine samples from the distribution system in the month of July 2015. The results shall be reported to the Division by the 10th day of the following month.

4. All submittals required by this citation shall be addressed to:

Sean McCarthy, P.E.
District Engineer
State Water Resources Control Board
Division of Drinking Water
464 W. 4th St. Suite 437
San Bernardino, CA 92401

CIVIL PENALTIES

Section 116650 (d) and (e) of the H&S Code allow for the assessment of a civil penalty for failure to comply with requirements of the Safe Drinking Water Act. Failure to comply with any provision in this citation will result in the Department imposing an administrative penalty of up to $25.00 (twenty-five dollars) per day as of the date of violation of any provision of this citation.

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July 29, 2015
Date

Sean F. McCarthy, P.E.
Senior Sanitary Engineer
San Bernardino District

Enclosures:

(1) Public Notification Template w/ Instructions
(2) Proof of Public Notification Form
(3) Positive Total Coliform Investigation Report

Certified Mail

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Attachment No. 3

TIER 3 Public Notification Template w/ Instructions

Instructions for Tier 3 Monitoring Violations Annual Notice Template

Template Attached

Since most monitoring violations are included in Tier 3, you must provide public notice to persons served within one year after you learn of the violation [California Code of Regulations, Title 22, Chapter 15, Section 64463.7(b)]. Multiple monitoring violations can be serious. **Each water system required to give public notice must submit the notice to the State Water Resources Control Board, Division of Drinking Water (DDW) for approval prior to distribution or posting, unless otherwise directed by the DDW [64463(b)].**

Notification Methods

You must use the methods summarized in the table below to deliver the notice to consumers. If you mail, post, or hand deliver, print your notice on letterhead, if available.

If You Are a…	*You Must Notify Consumers by…*	*…and By One or More of the Following Methods to Reach Persons Not Likely to be Reached by the Previous Method…*
Community Water System [64463.7(c)(1)]	Mail or direct delivery [(a)]	Publication in a local newspaper
		Posting [(b)] in conspicuous public places served by the water system or on the Internet
		Delivery to community organizations
Non-Community Water System [64463.7(c)(2)]	Posting in conspicuous locations throughout the area served by the water system [(b)]	Publication in a local newspaper or newsletter distributed to customers
		Email message to employees or students
		Posting [(b)] on the Internet or intranet
		Direct delivery to each customer

(a) Notice must be distributed to each customer receiving a bill including those that provide their drinking water to others (e.g., schools or school systems, apartment building owners, or large private employers), and other service connections to which water is delivered by the water system.

(b) Notice must be posted in place for as long as the violation or occurrence continues, but in no case less than seven days.

The notice attached is appropriate for the methods described above, insertion in an annual notice, or included in the Consumer Confidence Report[1]. However, you may wish to modify it before using it for posting. If you do, you must still include all the required elements and leave the standard language for monitoring and testing procedure violations and notification language in italics unchanged. This language is mandatory [64465].

You may need to modify the template for a notice for individual monitoring violations. The template presents violations in a table; however, you may write out an explanation for each

[1] CCR may be used as long as public notification timing, content, and delivery requirements are met [64463.7(d)].

violation if you wish. For any monitoring violation for volatile organic compounds (VOCs) or other groups, you may list the group name in the table, but you must provide the name of every chemical in the group on the notice (e.g., in a footnote). An example is shown in the table below.

Contaminant	*Required Sampling Frequency*	*Number of Samples Taken*	*When All Samples Should Have Been Taken*	*When Samples Were or Will Be Taken*
VOCs [(a)]	1 sample every 3 years	None	2002 – 2005	February 2006

(a) Benzene; Carbon Tetrachloride; 1,2-Dichlorobenzene; 1,4-Dichlorobenzene; 1,1-Dichloroethane; 1,2-Dichloroethane; 1,1-Dichloroethylene; cis-1,2-Dichloroethylene; trans-1,2-Dichloroethylene; Dichloromethane; 1,2-Dichloropropane; 1,3-Dichloropropene; Ethylbenzene; Methyl-*tert*-butyl ether; Monochlorobenzene; Styrene; 1,1,2,2-Tetrachloroethane; Tetrachloroethylene; Toluene; 1,2,4-Trichlorobenzene; 1,1,1-Trichloroethane; 1,1,2-Trichloroethane; Trichloroethylene; Trichlorofluoromethane; 1,1,2-Trichloro-1,2,2-Trifluoroethane; Vinyl Chloride; and Xylenes.

You may need to modify the notice if you had any monitoring violations for which monitoring later showed a maximum contaminant level or other violation. In such cases, you should refer to the public notice you issued at that time.

Multilingual Requirement

The notice must (1) be provided in English, Spanish, and the language spoken by any non-English-speaking group exceeding 10 percent of the persons served by the water system and (2) include a telephone number or address where such individuals may contact the water system for assistance.

If any non-English-speaking group exceeds 1,000 persons served by the water system, but does not exceed 10 percent served, the notice must (1) include information in the appropriate language(s) regarding the importance of the notice and (2) contain the telephone number or address where such individuals may contact the water system to obtain a translated copy of the notice from the water system or assistance in the appropriate language.

Population Served

Make sure it is clear who is served by your water system -- you may need to list the areas you serve.

Corrective Actions

In your notice, describe corrective actions you took or are taking. Listed below are some steps commonly taken by water systems with monitoring violations. Choose the appropriate language, or develop your own:

- "We have since taken the required samples, as described in the last column of the table above. The samples showed we are meeting drinking water standards."
- "We have since taken the required samples, as described in the last column of the table above. The sample for [contaminant] exceeded the limit. [Describe corrective action; use information from public notice prepared for violating the limit.]"

- "We plan to take the required samples soon, as described in the last column of the table above."

After Issuing the Notice

Send a copy of each type of notice and a certification that you have met all the public notice requirements to the DDW within ten days after you issue the notice [64469(d)]. You should also issue a follow-up notice in addition to meeting any repeat notice requirements the DDW sets.

It is recommended that you notify health professionals in the area of the violation. People may call their doctors with questions about how the violation may affect their health, and the doctors should have the information they need to respond appropriately.

It is a good idea to issue a "problem corrected" notice when the violation is resolved.

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.

Monitoring Requirements Not Met for [System]

Our water system failed to monitor as required for drinking water standards during the past year and, therefore, was in violation of the regulations. Even though this failure 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 are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not our drinking water meets health standards. During [compliance period dates], we ['did not monitor or test' or 'did not complete all monitoring or testing'] for [contaminant(s)] and therefore, cannot be sure of the quality of our drinking water during that time.

What should I do?

- There is nothing you need to do at this time.
- The table below lists the contaminant(s) we did not properly test for during the last year, how many samples we are required to take and how often, how many samples we took, when samples should have been taken, and the date on which follow-up samples were (or will be) taken.

Contaminant	*Required Sampling Frequency*	*Number of Samples Taken*	*When All Samples Should Have Been Taken*	*When Samples Were or Will Be Taken*
	[number] sample every [number][time interval]			

- If you have health issues concerning the consumption of this water, you may wish to consult your doctor.

What happened? What is being done?

[Describe corrective action].

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 [system].

State Water System ID#: _____. Date distributed: _____.

Attachment No. 4

Proof of Public Notification Form

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 Division 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.