

STATE OF CALIFORNIA  
WATER RESOURCES CONTROL BOARD  
DIVISION OF DRINKING WATER

IN RE: **HAGAMAN COUNTY PARK**  
Water System No.: 2400089

TO: Mr. Gene Benavides  
Park Superintendent  
Merced County Parks and Recreation  
2222 M. Street  
Merced, CA 95340

CC: Merced County Environmental Health Department  
Tom Galindo, Westside Water Conditioning, 45 West G Street Los Banos, CA 93635

CITATION FOR VIOLATION OF  
CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 64426.1  
April 2015

**Issued on June 11, 2015**

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

The State Water Resources Control Board (hereinafter "Board"), acting by and through its Division of Drinking Water (hereinafter "Division") and the Deputy Director for the Division (hereinafter "Deputy Director"), hereby issues a citation to the Hagaman County Park (hereinafter "Park") (2222 M. Street, Merced, CA 95340) for violation of California Code of Regulations (CCR), Title 22, Section 64426.1

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APPLICABLE AUTHORITIES

The applicable statutes and regulations are provided in Attachment A, attached hereto and incorporated by reference.

STATEMENT OF FACTS

The Park is a transient-noncommunity water system serving a population of approximately 360 persons through one (1) service connection. Prior to April 1, 2014, jurisdiction for the regulatory oversight of the water system was maintained by the Merced County Environmental Health Department (County). Effective April 1, 2014, jurisdiction for regulatory oversight of the Water System was transferred to the Division.

The Park is required to collect a minimum of one (1) distribution system bacteriological sample per quarter. The bacteriological water analysis results submitted by the Park reported the presence of total coliform bacteria in four (4) of fifteen (15) samples collected by the Park in April 2015.

Upon being informed of the presence of total coliform bacteria in one routine sample collected at Site D on April 1, 2015, the Park collected the required five repeat samples (four at distribution system, one at Well 1) on April 3, 2015. Three of the four repeat samples collected from the distribution system were positive for total coliform bacteria. Well No. 1 was absent for total coliform bacteria. Immediately after, the contract operator performed an emergency disinfection of the entire water system. Two rounds of subsequent bacteriological testing (five samples each time) conducted in April 8 and April 13, 2015, showed absent for total coliform bacteria. On April 6, 2015, the Tier 2 public notification was posted throughout the Park. The following month, on May 6, 2015, the Park collected five routine samples (four at the distribution system and one at Well 1). All five samples were absent for total coliform bacteria.

1 No fecal coliform or E. coli bacteria was detected in any of the samples collected. A summary of  
2 all water sample results for coliform bacteria collected in April 2015 through May 2015 are  
3 included in Attachment B.

4  
5 The California Groundwater Rule (GWR) requires the collection of a sample for bacteriological  
6 evaluation from the well(s) serving the system in response to a coliform-positive distribution  
7 sample within 24 hours of being notified of the coliform-positive result. Based on data submitted  
8 to the Division, the Park collected the raw water samples in a timely manner in follow-up to the  
9 total coliform-positive routine samples collected in the month of April 2015.

10  
11 Public notification to the Division and consumers at the Park is required whenever a violation of  
12 the Total Coliform MCL occurs. Notification to the Division is required by the end of the  
13 business day on which the violation has been determined. If the Division is closed, notification  
14 shall be within 24 hours of the determination. On both occasion, the Division was notified, in  
15 accordance with the above-referenced section.

16  
17 Public notification to the customers of the Park was initiated on April 6, 2015, and posting was  
18 on-going until April 13, 2015, advising each customer of the failure of the total coliform MCL.  
19 The notice and proof of notification are included as Attachment C.

#### 20 21 DETERMINATION

22 Title 22, CCR, Section 64426.1, Total Coliform Maximum Contaminant Level (MCL) provides  
23 that a public water system that collects fewer than 40 bacteriological samples per month has  
24 violated the Total Coliform Rule if more than one (1) sample collected during any month is total  
25 coliform-positive.

1 The Division has determined that the Park failed to comply with Title 22, CCR, Section 64426.1,  
2 Total Coliform MCL for the month of April 2015 due to the presence of total coliform bacteria in  
3 four (4) of fifteen (15) samples collected.  
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5 DIRECTIVES  
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7 The Hagaman County Park is hereby directed to take the following actions:  
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- 9 1. Comply with Title 22, CCR, Section 64426.1 in all future monitoring periods.  
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- 11 2. Section 64463.4 allows the water system to give public notice by posting the notice in  
12 conspicuous locations throughout the area served by the water system and by the use of  
13 one or more of the following methods in order to reach persons not likely to be reached by a  
14 public posting: publication in a local newspaper or newsletter distributed to customers, e-  
15 mailing the public notice to Park customers, post the public notice on the internet, or by  
16 delivery to each customer. The Division allowed the Park to use one method of notification  
17 by posting the notice in conspicuous locations throughout the Park served by the water  
18 system. The Division hereby waives public notification by newspaper publication, email,  
19 internet or delivery to the customer.  
20
- 21 3. By July 31, 2015, the Park shall complete and submit the enclosed "Positive Total Coliform  
22 Investigation" form to the Division that describes the incident and all corrective actions  
23 taken, and the results of the investigation. The appropriate investigation report is provided  
24 as Attachment D.  
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1 The Division reserves the right to make such modifications to the Citation as it may deem  
2 necessary to protect public health and safety. Such modifications may be issued as  
3 amendments to this Citation and shall be effective upon issuance.

4  
5 Nothing in this Citation relieves the Park of its obligation to meet the requirements of the  
6 California Safe Drinking Water Act or any regulation, standard, permit or order issued  
7 thereunder.

8  
9 All submittal required by this Citation shall be submitted to the Division at the following address:

10  
11 Kassy D. Chauhan, P.E.  
12 Senior Sanitary Engineer, Merced District  
13 State Water Resources Control Board  
14 Division of Drinking Water  
15 265 W. Bullard Avenue, Suite 101  
16 Fresno, CA 93704

17  
**PARTIES BOUND**

18 This Citation shall apply to and be binding upon the Haganan County Park, its officers,  
19 directors, agents, employees, contractors, successors, and assignees.

20  
**SEVERABILITY**

21 The Directives of this Citation are severable, and the Haganan County Park shall comply with  
22 each and every provision thereof notwithstanding the effectiveness of any provision.  
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1 FURTHER ENFORCEMENT ACTION

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

13  
14  
15 6-11-15  
16 Date

Kassy D. Chauhan  
17 Kassy D. Chauhan, P.E.  
18 Senior Sanitary Engineer, Merced District  
19 DRINKING WATER FIELD OPERATIONS BRANCH

- 20 KDC/MLM  
21 **Attachments:**  
22 Attachment A: Applicable Authorities  
23 Attachment B: Summary of Bacteriological Samples from April to May 2015  
24 Attachment C: Public Notice and Proof of Notification  
25 Attachment D: Positive Total Coliform Investigation Report



**Applicable Statutes and Regulations for Citation No. 03-11-15C-005****Section 116650 of the CHSC states in relevant part:****§116650. Citations**

- (a) If the Division determines that a public water system is in violation of this chapter or any regulation, permit, standard, citation, or order issued or adopted thereunder, the Division may issue a citation to the public water system. The citation shall be served upon the public water system personally or by certified mail. Service shall be deemed effective as of the date of personal service or the date of receipt of the certified mail. If a person to whom a citation is directed refuses to accept delivery of the certified mail, the date of service shall be deemed to be the date of mailing.
- (b) Each citation shall be in writing and shall describe the nature of the violation or violations, including a reference to the statutory provision, standard, order, citation, permit, or regulation alleged to have been violated.
- (c) A citation may specify a date for elimination or correction of the condition constituting the violation.
- (d) A citation may include the assessment of a penalty as specified in subdivision (e).
- (e) The Division may assess a penalty in an amount not to exceed one thousand dollars (\$1,000) per day for each day that a violation occurred, and for each day that a violation continues to occur. A separate penalty may be assessed for each violation.

**Section 64426.1 of Title 22, California Code of Regulations (CCR) states in relevant part:****§64426.1. Total Coliform Maximum Contaminant Level (MCL).**

- (a) Results of all samples collected in a calendar month pursuant to Sections 64423, 64424, and 64425 that are not invalidated by the Department or the laboratory shall be included in determining compliance with the total coliform MCL. Special purpose samples such as those listed in §64421(b) and samples collected by the water supplier during special investigations shall not be used to determine compliance with the total coliform MCL.
- (b) A public water system is in violation of the total coliform MCL when any of the following occurs:
  - (1) For a public water system which collects at least 40 samples per month, more than 5.0 percent of the samples collected during any month are total coliform-positive; or
  - (2) For a public water system which collects fewer than 40 samples per month, more than one sample collected during any month is total coliform-positive; or
  - (3) Any repeat sample is fecal coliform-positive or E. coli-positive; or
  - (4) Any repeat sample following a fecal coliform-positive or E. coli-positive routine sample is total coliform-positive.
- (c) If a public water system is not in compliance with paragraphs (b)(1) through (4), during any month in which it supplies water to the public, the water supplier shall notify the Department by the end of the business day on which this is determined, unless the determination occurs after the Department office is closed, in which case the supplier shall notify the Department within 24 hours of the determination. The water supplier

shall also notify the consumers served by the water system. A Tier 2 Public Notice shall be given for violations of paragraphs (b)(1) or (2), pursuant to section 64463.4. A Tier 1 Public Notice shall be given for violations of paragraphs (b)(3) or (4), pursuant to section 64463.1.

**Section 64463.4 of Title 22, California Code of Regulations (CCR) states in relevant part:**  
§64463.4. Tier 2 Public Notice.

- (a) A water system shall give public notice pursuant to this section if any of the following occurs:
- (1) Any violation of the MCL, MRDL, and treatment technique requirements, except:
    - (A) Where a Tier 1 public notice is required under section 64463.1; or
    - (B) Where the Department determines that a Tier 1 public notice is required, based on potential health impacts and persistence of the violations;
  - (2) All violations of the monitoring and testing procedure requirements in sections 64421 through 64426.1, article 3 (Primary Standards – Bacteriological Quality), for which the Department determines that a Tier 2 rather than a Tier 3 public notice is required, based on potential health impacts and persistence of the violations;

.....

- (b) A water system shall give the notice as soon as possible within 30 days after it learns of a violation or occurrence specified in subsection (a), except that the water system may request an extension of up to 60 days for providing the notice. This extension would be subject to the Department's written approval based on the violation or occurrence having been resolved and the Department's determination that public health and welfare would in no way be adversely affected. In addition, the water system shall:
- (1) Maintain posted notices in place for as long as the violation or occurrence continues, but in no case less than seven days;
  - (2) Repeat the notice every three months as long as the violation or occurrence continues. Subject to the Department's written approval based on its determination that public health would in no way be adversely affected, the water system may be allowed to notice less frequently but in no case less than once per year. No allowance for reduced frequency of notice shall be given in the case of a total coliform MCL violation or violation of a Chapter 17 treatment technique requirement; and

.....

- (c) A water system shall deliver the notice, in a manner designed to reach persons served, within the required time period as follows:
- (1) Unless otherwise directed by the Department in writing based on its assessment of the violation or occurrence and the potential for adverse effects on public health and welfare, community water systems shall give public notice by:
    - (A) Mail or direct delivery 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; and
    - (B) Use of one or more of the following methods to reach persons not likely to be reached by a mailing or direct delivery (renters, university students, nursing home patients, prison inmates, etc.):
      1. Publication in a local newspaper;

2. Posting in conspicuous public places served by the water system, or on the Internet; or
  3. Delivery to community organizations.
- (2) Unless otherwise directed by the Department in writing based on its assessment of the violation or occurrence and the potential for adverse effects on public health and welfare, noncommunity water systems shall give the public notice by:
- (A) Posting in conspicuous locations throughout the area served by the water system; and
  - (B) Using one or more of the following methods to reach persons not likely to be reached by a public posting:
    1. Publication in a local newspaper or newsletter distributed to customers;
    2. E-mail message to employees or students;
    3. Posting on the Internet or intranet; or
    4. Direct delivery to each customer.

## Bacteriological Distribution Monitoring Report

**2400089 HAGAMAN COUNTY PARK**
*Distribution System Freq: 1/Q*

Sample Date	Location	T Coli	E Coli	F Coli	HPC	Type	Cl2	Violation	Comment
4/1/2015	Site D	9.2	<1.1			Routine			
4/3/2015	Site A	1.1	<1.1			Repeat			
4/3/2015	Site B	<1.1	<1.1			Repeat			
4/3/2015	Site C	1.1	<1.1			Repeat			
4/3/2015	Site D	5.1	<1.1			Routine		MCL	
4/3/2015	Well 1	<1.1	<1.1			Source R			
4/8/2015	Sites: A, B, C, D, Well	<1.1	A			Repeat			
4/13/2015	Sites: A, B, C, D, Well	<1.1	A			Other			
5/6/2015	Sites: A, B, C, D, Well 1	<1.1	A			Routine			

### Violation Key

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

## 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.

### Hagaman Park Has Levels of Coliform Bacteria Above the Drinking Water Standard

Our water system recently violated a drinking water standard. Although this is not an emergency, as our customers, you have a right to know what you should do, what happened, and what we are doing to correct this situation.

We routinely monitor for the presence of drinking water contaminants. We took 6 samples to test for the presence of coliform bacteria during April 2015. Four of those samples showed the presence of total coliform bacteria. The standard is that no more than [1 sample per month/5.0 percent of our samples] may do so.

#### What should I do?

- You do not need to boil your water or take other corrective actions.
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing.** If we had, we would have notified you immediately. However, we are still finding coliforms in the drinking water.
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from U.S. EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

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

The water system was depressurized to fix leaking plumbing fixtures causing total coliform to be present. We are currently chlorinating and flushing the well and the distribution system. We will inform you when our sampling shows that no bacteria are present. We anticipate resolving the problem by April 9, 2015.

For more information, please contact Tom Galindo at 209-704-5007 or Gene at 209-349-2864.

*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 Hagaman Park.

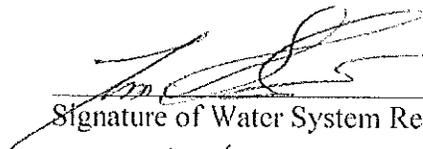
State Water System ID#:2400089 . Date distributed: 4-6-2015.

**PROOF OF NOTIFICATION**

(Return with copy of notice)

As required by Section 116450 of the California Health and Safety Code, I notified all users of water supplied by **Hagaman Park** of the failure to meet the **Total Coliform Rule Maximum Contaminant Level (MCL)** requirement for **April 2015** as directed by the Department.

Notification was made on 4-6-2015 by \_\_\_\_\_ (date)  
hand delivering / mailing / (posting) / publishing the \_\_\_\_\_ written  
notice.  
*(circle all that apply)*

  
\_\_\_\_\_  
Signature of Water System Representative  
4-6-2015  
\_\_\_\_\_  
Date

DISCLOSURE: Be advised that Section 116725 and 116730 of the California Health and Safety Code state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the attached order may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for separate violation for each day that violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in the county jail not to exceed one year, or by both the fine and imprisonment.

TCR MCL Violation  
System Number: 2400089

**POSITIVE TOTAL COLIFORM INVESTIGATION**

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

**ADMINISTRATIVE INFORMATION**

<b>PWS Name:</b>	<b>PWSID NUMBER:</b>
<b>Name</b>	<b>Address</b>
<b>Operator in Responsible Charge (ORC)</b>	<b>Telephone #</b>
<b>Person that collected TC samples if different than ORC</b>	
<b>Owner</b>	
<b>Certified Laboratory for Microbiological Analyses</b>	
<b>Date Investigation Completed:</b>	
<b>Month(s) of Total Coliform MCL Failure:</b>	

**INVESTIGATION DETAILS**

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS
1. Inspect each well head for physical defects and report					
a. Is raw water sample tap upstream from point of disinfection?					
b. Is wellhead vent pipe screened?					
c. Is wellhead seal watertight?					
d. Is well head located in pit or is any piping from the wellhead submerged?					
e. Does the ground surface slope towards well head?					
f. Is there evidence of standing water near the wellhead?					
g. Are there any connections to the raw water piping that could be cross-connections? (describe all connections in comments)					
h. Is the wellhead secured to prevent unauthorized access?					
i. To what treatment plant (name) does this well pump?					
j. How often do you take a raw water total coliform (TC) test?					
k. Provide the date and result of the last TC test at this location					

**TREATMENT**

TREATMENT	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS
1. If you provide continuous chlorination treatment, was there any equipment failure? Did the distribution system maintain a chlorine residual?					
a. Was emergency chlorination initiated?					
b. If yes, for how long?					

# POSITIVE TOTAL COLIFORM INVESTIGATION

TREATMENT	PLANT (NAME)	COMMENTS				
2. Did the distribution system lose chlorine residual?						
3. If you do not provide routine chlorination, was emergency chlorination initiated? If Yes, when?						
4. Inspect each point where disinfectant is added and report a. For hypochlorinator systems						
1. Is the disinfectant feed pump feeding disinfectant?						
2. What is the feed rate of disinfectant in ml/minute						
3. What is the concentration of the disinfectant solution being fed? (percent, or mg/l of chlorine as HOCl)						
4. By what method was the concentration of solution determined? (ex: measured, manufacturer's literature)						
5. What is the age (days) of the disinfectant solution currently being used at this treatment location?						
6. What is the raw water flow rate at the point where disinfectant is added in gallons per minute?						
7. What is the <b>total</b> chlorine residual measured immediately downstream from the point of application?						
8. What is the <b>free</b> chlorine residual measured immediately downstream from the point of application?						
9. What is the contact time in minutes from the point of disinfectant application to the first customer?						

STORAGE	TANK (name)	COMMENTS				
1. Is each tank locked to prevent unauthorized access?						
2. Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank?						
3. Is the overflow on each tank screened?						
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?						
5. Is the roof/cover of the tank sealed and free of any leaks?						
6. Is the tank above ground or buried? a. If buried or partially buried, are there provisions to direct surface water away from the site. b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?						
8. Does the tank "float" on the distribution system or are there separate inlet and outlet						

# POSITIVE TOTAL COLIFORM INVESTIGATION

STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
lines?						
9. What is the measured chlorine residual (total/free) of the water exiting the storage tank today?						
10. What is the volume of the storage tank in gallons?						
11. Is the tank baffled?						
12. Prior to the TC+ or EC+, what was the previous date item #1-7 were checked and documented?						

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

## BOOSTER STATION

BOOSTER STATION	SYSTEM RESPONSES
1. Do you have a booster pump? How many?	
2. Do you have a standby booster pump if the main pump fails?	
3. Prior to bacteriological quality problems, did your booster pump fail?	
4. Do you notice standing water, leakage at the booster station?	

# POSITIVE TOTAL COLIFORM INVESTIGATION

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

GENERAL OPERATIONS:	Response
1. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	
2. Where there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located.	
3. Does the system have backup power or elevated storage?	
4. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	
5. What were the symptoms of illness if you received complaints about customers being sick?	

## POSITIVE TOTAL COLIFORM INVESTIGATION

Page 5 of 5

### ADDITIONAL INFORMATION TO BE SUBMITTED WITH RESPONSES TO THE ABOVE QUESTIONS

1. **Sketch** of System showing all sources, treatment locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
2. A set of photographs of the well, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by our Department
3. Name, certification level and certificate number of the Operator in Responsible Charge.
4. Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.

**SUMMARY: BASED ON THE RESULTS OF YOUR INVESTIGATION AND ANY OTHER INFORMATION AT YOUR DISPOSAL, WHAT DO YOU BELIEVE TO BE THE CAUSE OF THE POSITIVE TOTAL COLIFORM SAMPLES FROM YOUR PUBLIC WATER SYSTEM?**

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

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_