

State Water Resources Control Board

Division of Drinking Water

November 9, 2015

Melanie Bengtson
Environmental Director
USMC–MWTC Housing Coleville
HC 83, Bldg 2001
Bridgeport, CA 93517

CITATION NO. 05-13-15C-013
TOTAL COLIFORM MCL EXCEEDANCE IN AUGUST 2015
USMC – HOUSING COLEVILLE (SYSTEM NO. 2610701)

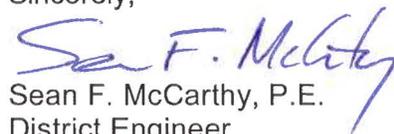
Dear Ms. Bengtson:

The State Water Resources Control Board, acting by and through its Division of Drinking Water (Division), hereby issues a citation to United States Marine Corps – Mountain Warfare Training Centre Housing Coleville (hereinafter, USMC–MWTC Housing Coleville) for the following violations:

- Title 22, California Code of Regulations (CCR), Section 64426.1(b)(2). Specifically, USMC–MWTC Housing Coleville failed to meet the Primary Drinking Water Standards for bacteriological quality in the month of August 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.
- Title 22, CCR, Sections 64424(a)(1) and (b). Specifically, USMC–MWTC Housing Coleville failed to collect repeat samples within five service connections upstream and downstream of the original site that was total coliform positive.
- Title 22, CCR, Sections 64424(d). Specifically, USMC–MWTC Housing Coleville failed to collect five (5) routine samples the following month (September) when routine total coliform-positive samples were collected in August.

USMC–MWTC Housing Coleville must take the directives in this citation. If you have any questions in regards to this letter, please contact Mr. Wei Chang at (909) 383-6029 or by e-mail at wei.chang@waterboards.ca.gov

Sincerely,



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

October 27, 2015

Enclosure: Citation No. 05-13-15C-013

ENCLOSURE

CITATION NO. 05-13-15C-013

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

STATE OF CALIFORNIA
WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER

TO: United States Marine Corps – Mountain Warfare Training Centre Housing Coleville
HC83, Bldg 2001
Bridgeport, CA 93517

ATTN: Melanie Bengtson
Environmental Director

**CITATION FOR VIOLATION OF CALIFORNIA CODE OF REGULATIONS,
TITLE 22, SECTIONS 64426.1 (b)(2), 64424(a)(1), 64424(b), and 64424(d)**

WATER SYSTEM NO. 2610701

CITATION NO. 05-13-15C-013

Issued on November 9, 2015

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

The State Water Resources Control Board, acting by and through its Division of Drinking Water (hereinafter “Division”) and the Deputy Director for the Division (hereinafter “Deputy Director”), hereby issues a citation to United States Marine Corps – Mountain Warfare Training Centre Housing Coleville (hereinafter USMC–MWTC Housing Coleville) for the following violations:

- 1 • Title 22, California Code of Regulations (CCR), Section 64426.1(b)(2). Specifically,
2 USMC–MWTC Housing Coleville failed to meet the Primary Drinking Water Standards for
3 bacteriological quality in the month of August 2015. A public water system who collects
4 fewer than 40 samples per month is in violation of the Total Coliform Maximum
5 Contaminant Level (MCL) when more than one (1) sample collected during a single month
6 is total coliform-positive.
- 7 • Title 22, CCR, Sections 64424(a)(1) and (b). Specifically, USMC–MWTC Housing
8 Coleville failed to collect repeat samples within five (5) service connections upstream and
9 downstream of the original site that was total coliform positive.
- 10 • Title 22, CCR. Sections 64424(d). Specifically, USMC–MWTC Housing Coleville failed to
11 collect five (5) routine samples the following month (September) when routine total
12 coliform-positive samples were collected in August.
- 13
- 14

15 In the month of August 2015, USMC–MWTC Housing Coleville collected two routine distribution
16 system samples for bacteriological analysis. Both routine samples resulted present for total
17 coliform but absent for *E.coli*. A total of two (2) repeat samples and four (4) triggered source
18 samples were collected (**see Attachment No 1**). All repeats and triggered source samples
19 resulted absent for total coliform and *E.coli*/Fecal except for Well 05 which was positive for total
20 coliform and absent for *E.coli*. Well 05 has been offline for the last five (5) years; therefore,
21 USMC–MWTC Housing Coleville did not take another repeat sample or any corrective actions for
22 Well 05.

23
24
25
26

1 **HISTORY**

2

3 USMC–MWTC Housing Coleville is a community water system supplying water for domestic
4 purposes to approximately 325 persons through 232 service connections. USMC–MWTC
5 Housing Coleville serves residents in the military housing units in Coleville, California, located
6 approximately 30 miles northwest of Bridgeport, California. USMC–MWTC Housing Coleville’s
7 distribution system consists of three (3) storage tanks supplying water to two (2) pressure zones.
8 USMC–MWTC Housing Coleville collects a minimum of two (2) routine distribution system
9 samples per month. Currently, water is produced from three (3) active wells, Well Nos. 01, 04,
10 and 06. Although Well No. 05 is also active, USMC–MWTC Housing Coleville took Well 05 off
11 line around five years ago due to some water quality concerns. All active Wells are routinely
12 sampled for total coliform. Continuous chlorination is provided at the arsenic treatment plant.
13 The water system is currently operating by authority of Domestic Water Permit No. 05-13-12P-
14 012 issued by the Division on December 14, 2012.

15

16 On August 12, 2015, USMC–MWTC Housing Coleville collected two (2) routine samples from the
17 distribution system for bacteriological analyses. Both routine samples resulted present for total
18 coliform and absent for *E.coli*/Fecal. USMC–MWTC Housing Coleville also collected four (4)
19 source samples for bacteriological analyses. All source samples resulted present for total
20 coliform and absent for *E.coli*/Fecal.

21

22 The laboratory notified USMC–MWTC Housing Coleville of the positive samples timely; therefore,
23 on August 14, 2015, USMC–MWTC Housing Coleville proceeded to collect two (2) repeat
24 samples from the distribution system and all four (4) active wells for bacteriological analyses. All
25 repeat distribution and source samples resulted absent for total coliform and *E.coli*/Fecal except
26 for Well 05 that was positive for total coliform and absent for *E.coli*/Fecal.

1

2 Pursuant to Section 64426.1(b), a public water system who collects fewer than 40 samples per
3 month and if more than one sample collected during any month is total coliform-positive, is in
4 violation of the total coliform Maximum Contaminant Level (MCL). Therefore, USMC–MWTC
5 Housing Coleville is in violation of the Total Coliform MCL, because more than one sample
6 collected during the month of August 2015 was total coliform-positive.

7

8 Pursuant to Sections 64424(a)(1) and (b), a water supplier who normally collects more than one
9 routine sample per month, a repeat sample set shall be at least three samples for each total
10 coliform-positive sample. When collecting the repeat sample set, the water supplier shall collect
11 at least one repeat sample from the sampling tap where the original total coliform-positive sample
12 was taken. Other repeat samples shall be collected within five (5) service connections upstream
13 or downstream of the original site. At least one sample shall be from upstream and one from
14 downstream unless there is no upstream and/or downstream service connection. Therefore,
15 USMC–MWTC Housing Coleville is in violation, because no samples were collected from the
16 upstream and downstream of the routine sites that were total coliform-positive during the month of
17 August 2015.

18

19 Pursuant to 64424(d), if a public water system for which fewer than five routine samples/month
20 are collected has one or more total coliform-positive samples, the water supplier shall collect at
21 least five (5) routine samples the following month. USMC–MWTC Housing Coleville collected two
22 (2) routine samples from the distribution system and four (4) source samples for bacteriological
23 analyses during the month of September. Therefore, USMC–MWTC Housing Coleville is in
24 violation, because only two (2) routine samples were collected during the month of September
25 **(Attachment No. 2).**

26

1 **DIRECTIVES**

2

3 USMC–MWTC Housing Coleville is hereby directed to take the following actions:

4

5 1. USMC–MWTC Housing Coleville shall notify its consumers of the bacteriological water
6 quality failure (Total Coliform MCL violation) in conformance with Section 64426.1(c), Title
7 22, CCR: A Tier 2 Resolved Total Coliform Notice.

8 • The notice shall be issued to consumers by mail or direct delivery, including those
9 that provide their drinking water to others (e.g. schools, or apartment building
10 owners), and other service connections to which water is delivered by the water
11 system. When consumers are not likely to be reached by mail or directly delivery,
12 the notice shall be published in a local newspaper, posted in conspicuous public
13 places served by the water system, or on the Internet; or delivered to community
14 organizations. A Tier 2 Public Notice Template is attached. **(Attachment No. 3)**

15 • USMC–MWTC shall give the notice as soon as possible within 30 days upon receipt
16 of the citation. An extension up to 60 days for providing the notice can be requested
17 subject to the Division’s approval in conformance with Section 64463.4(b), Title 22,
18 CCR.

19

20 2. USMC–MWTC Housing Coleville shall notify its consumers of the insufficient repeat sample
21 monitoring in conformance with Section 64463.7(a): A Tier 3 Public Notification.

22 • The notice shall be issued with the same methods as indicated in Directive No. 1
23 above. Alternatively, USMC–MWTC Housing Coleville can notify its consumers
24 using the 2015 Consumer Confidence Report. A Tier 3 Public Notice Template is
25 attached. **(Attachment No. 4)**. USMC–MWTC shall give the notice within one (1)
26 year upon receipt of the citation.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

3. USMC–MWTC Housing Coleville shall send both Tier 2 and Tier 3 Public Notices to the Division for approval prior to distribution or posting.
4. USMC–MWTC Housing Coleville shall submit Proof of Notification that all the public notice requirements have been met pursuant to Section 64469(d), Title 22, CCR. A Proof of Notification Form is attached. **(Attachment No. 5)**
5. By November 10, 2015, USMC–MWTC Housing Coleville shall submit a monthly bacteriological report for the month of October 2015 showing five (5) distribution bacteriological samples were collected. **(An email requesting such monitoring was sent on October 19, 2015, see Attachment No. 6)**
6. By December 7, 2015, USMC–MWTC Housing Coleville must submit a completed Positive Total Coliform Rule Investigation report to the Division. **(Attachment No. 7).**
7. USMC–MWTC Housing Coleville shall review the current bacteriological sample siting plan on file **(Attachment No. 8)**. If there is a change to the plan, USMC–MWTC Housing Coleville shall submit an updated plan to the Division, within 30 days upon receipt of the citation. A blank form is also included in **Attachment No. 8**.

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

2

3

Sean F. McCarthy, P.E.

4

Senior Sanitary Engineer

5

State Water Resources Control Board

6

Division of Drinking Water

7

464 W. 4th Street, Suite 437

8

San Bernardino, CA 92401

9

10 **CIVIL PENALTIES**

11

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

16

17

18

November 9, 2015

Date

19

Sean F. McCarthy

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

20

21

22

Attachments (8)

23

24

25

26



Attachment No. 1

August 2015 Monthly Coliform Monitoring Report/Lab Results

WC

**MONTHLY SUMMARY OF DISTRIBUTION SYSTEM
COLIFORM MONITORING**

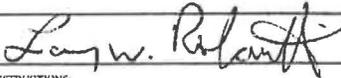
System Name	MCMWTC Housing Coleville	System Number	2610701
Sampling Period		Year	2015
Month	AUGUST		

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/E.coli Positives
1 Routine Samples (see note 1)	1	2	2	0
2 Repeat Samples Following Samples Which are Total Coliform Positive and Fecal/E.coli <i>Negative</i> (see notes 5 and 6)		2	0	0
3 Repeat Samples Following Routine Samples Which are Total Coliform <i>Positive</i> 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	4	2	
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)		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
with monthly MCL? (see note 4)		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

5 Invalidated Samples

(Note what samples, if any, were invalidated, who authorized the invalidation, and when replacement samples were collected. Attach additional sheets, if necessary.)

6 Summary Completed By

Signature		Title	Chief Plant Operator	Date	9/2/2015
-----------	---	-------	----------------------	------	----------

NOTES AND INSTRUCTIONS:

1 Routine samples include:

- a. Samples required pursuant to 22 CCR Section 64423, and any additional samples required by an approved routine sample siting plan established pursuant to 22 CCR Section 64422
- 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 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 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 results.

7 For systems collecting one or less routine samples per month, four repeat samples must be collected for each total coliform positive sample.



WETLAB

WESTERN ENVIRONMENTAL TESTING LABORATORY

Specializing in Soil, Hazardous Waste and Water Analysis.

475 E. Greg Street #1119 | Sparks, Nevada 89431 | www.WETLaboratory.com
tel (775) 355-0202 | fax (775) 355-0817
1084 Lemoille Highway | Elko, Nevada 89801
tel (775) 777-9933 | fax (775) 777-9933
3230 Polaris Ave., Suite 4 | Las Vegas, Nevada 89102
tel (702) 475-8899 | fax (702) 776-8152

WETLAB Order ID. 1508322

Sparks Control # _____

Elko Control # _____

LV Control # _____

Report

Due Date 8-19-15

Page 1 of 1

Client **Black Gold Industries**

Address **527 North Rice Ave**

City, State & Zip **Oxnard, CA 93030**

Contact **Larry Robasciotti/ Troy Doyle**

Phone **805-981-4616**

Collector's Name **ARTURO TAVARES**

Fax _____

PWS/Project Name **MCMWTC-COLEVILLE**

P.O. Number _____

PWS/Project Number **MONTHLY AUG 2015**

Email **larry.robasciotti@usmc.mil**

Billing Address (if different than Client Address)

Company _____
Address _____
City, State & Zip _____
Contact _____
Phone _____ Fax _____
Email **larry.robasciotti@usmc.mil**

Turnaround Time Requirements

Standard
5 Day* (25%) 72 Hour* (50%)
48 Hour* (100%) 24 Hour* (200%)
*Surcharges Will Apply

Samples Collected From Which State?

NV CA
Other

Report Results Via

PDF EDD

Compliance Monitoring?

Yes No

Report to Regulatory Agency?

Yes No

Standard QC Required?

Yes No

Analyses Requested

S A M P L E T Y P E *	NO. O F C O N T A I N E R S **	ARSENIC	FLUORIDE	BAC-T	Analyses Requested										Spl. No.		
	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>													1
	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>													2
	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>													3
	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>													4
	1			<input checked="" type="checkbox"/>													5
	1			<input checked="" type="checkbox"/>													6

Instructions/Comments/Special Requirements: Cl₂ Residual @ 2610701-08002 = 0.88 mg/L

Cl₂ Residual @ 2610701-0815 = 0.58 mg/L

Sample Matrix Key** DW = Drinking Water WW = Wastewater SW = Surface Water MW = Monitoring Well SD = Solid/Sludge SO = Soil HW = Hazardous Waste OTHER: _____

*SAMPLE PRESERVATIVES: 1=Unpreserved 2=H2SO4 3=NaOH 4=HCl 5=HNO3 6=Na2S2O3 7=ZnOAc+NaOH 8=HCl/VOA Vial

Temp	Custody Seal	# of Containers	DATE	TIME	Samples Relinquished By	Samples Received By
°C	Y N None		<u>8/12/15</u>	<u>9:49</u>		
<u>2.20</u>	Y N None		<u>8/12/15</u>	<u>4:25</u>		
°C	Y N None					
°C	Y N None					

WETLAB'S Standard Terms and Conditions apply unless written agreements specify otherwise. Payment terms are Net 30:

Client/Collector attests to the validity and authenticity of this (these) sample(s) and, is (are) aware that tampering with or intentionally mislabeling the sample(s) location, date or time of collection may be considered fraud and subject to legal action (NAC445.0636). Initial
To the maximum extent permitted by law, the Client agrees to limit the liability of WETLAB for the Client's damages to the total compensation received, unless other agreements are made in writing. This limitation shall apply regardless of the cause of action or legal theory pled or asserted. Initial
WETLAB will dispose of samples 90 days from sample receipt. Client may request a longer sample storage time for an additional fee. 301.2E

Western Environmental Testing Laboratory Analytical Report

Black Gold Industries
527 N. Rice Ave.
Oxnard, CA 93030

Attn: Larry Robasciotti / Troy Doyle

Phone: (805) 981-4616 Fax: (805) 981-0105

POAProject: MCMWTC-Coleville/Monthly Aug 2015

Date Printed: 8/14/2015

OrderID: 1508322

Preliminary

Customer Sample ID: 2610701-001

Collect Date/Time: 8/12/2015 09:13

WETLAB Sample ID: 1508322-001

Receive Date: 8/12/2015 16:25

Analyte	Method	Results	Units	DF	RL	Analyzed	EPA MCL	Pass/Fail
Microbiological Analyses								
Total Coliform	SM 9223B (IDEXX	1	/100 mL	1		8/13/2015	0 /100 mL	Fail
Escherichia Coli	SM 9223B (IDEXX	0	/100 mL	1		8/13/2015	0 /100 mL	Pass

Customer Sample ID: 2610701-004

Collect Date/Time: 8/12/2015 09:47

WETLAB Sample ID: 1508322-002

Receive Date: 8/12/2015 16:25

Analyte	Method	Results	Units	DF	RL	Analyzed	EPA MCL	Pass/Fail
Microbiological Analyses								
Total Coliform	SM 9223B (IDEXX	1	/100 mL	1		8/13/2015	0 /100 mL	Fail
Escherichia Coli	SM 9223B (IDEXX	0	/100 mL	1		8/13/2015	0 /100 mL	Pass

Customer Sample ID: 2610701-005

Collect Date/Time: 8/12/2015 09:35

WETLAB Sample ID: 1508322-003

Receive Date: 8/12/2015 16:25

Analyte	Method	Results	Units	DF	RL	Analyzed	EPA MCL	Pass/Fail
Microbiological Analyses								
Total Coliform	SM 9223B (IDEXX	1	/100 mL	1		8/13/2015	0 /100 mL	Fail
Escherichia Coli	SM 9223B (IDEXX	0	/100 mL	1		8/13/2015	0 /100 mL	Pass

Customer Sample ID: 2610701-008

Collect Date/Time: 8/12/2015 09:43

WETLAB Sample ID: 1508322-004

Receive Date: 8/12/2015 16:25

Analyte	Method	Results	Units	DF	RL	Analyzed	EPA MCL	Pass/Fail
Microbiological Analyses								
Total Coliform	SM 9223B (IDEXX	1	/100 mL	1		8/13/2015	0 /100 mL	Fail
Escherichia Coli	SM 9223B (IDEXX	0	/100 mL	1		8/13/2015	0 /100 mL	Pass

DF=Dilution Factor, RL=Reporting Limit, ND=Not Detected or <RL

Page 3 of 4

SPARKS
475 E. Greg Street, Suite 119
Sparks, Nevada 89431
tel (775) 355-0302
fax (775) 355-0817
EPA LAB ID: NV00925 - ELAP No: 2523

ELKO
1084 Larnolite Hwy
Elko, Nevada 89801
tel (775) 777-9933
fax (775) 777-9933
EPA LAB ID: NV00926

LAS VEGAS
3230 Polaris Ave. Suite 4
Las Vegas, Nevada 89102
tel (702) 475-8899
fax (702) 622-2868
EPA LAB ID: NV00932

Customer Sample ID: 2610701-0815

Collect Date/Time: 8/13/2015 09:25

WETLAB Sample ID: 1508322-005

Receive Date: 8/12/2015 16:25

Analyte	Method	Results	Units	DF	RL	Analyzed	EPA MCL	Pass/Fail
Microbiological Analyses								
Total Coliform	SM 9223B (IDEXX)	1	/100 mL	1		8/13/2015	0 /100 mL	Fail
Escherichia Coli	SM 9223B (IDEXX)	0	/100 mL	1		8/13/2015	0 /100 mL	Pass

Customer Sample ID: 2610701-08002

Collect Date/Time: 8/13/2015 09:05

WETLAB Sample ID: 1508322-006

Receive Date: 8/12/2015 16:25

Analyte	Method	Results	Units	DF	RL	Analyzed	EPA MCL	Pass/Fail
Microbiological Analyses								
Total Coliform	SM 9223B (IDEXX)	1	/100 mL	1		8/13/2015	0 /100 mL	Fail
Escherichia Coli	SM 9223B (IDEXX)	0	/100 mL	1		8/13/2015	0 /100 mL	Pass

SPARKS

475 E. Greg Street, Suite 119
 Sparks, Nevada 89431
 tel (775) 355-0202
 fax (775) 355-0817
 EPA LAB ID: NV00925 - ELAP No. 2523

ELKO

1084 Lamoille Hwy
 Elko, Nevada 89801
 tel (775) 777-9933
 fax (775) 777-9933
 EPA LAB ID: NV00926

LAS VEGAS

3230 Polaris Ave, Suite 4
 Las Vegas, Nevada 89102
 tel (702) 475-8899
 fax (702) 622-2868
 EPA LAB ID: NV00932



WETLAB

WESTERN ENVIRONMENTAL TESTING LABORATORY

Specializing in Soil, Hazardous Waste and Water Analysis.

475 E. Greg Street #119 | Sparks, Nevada 89431 | www.WETLaboratory.com
tel (775) 355-0202 | fax (775) 355-0817
1084 Lamoille Highway | Elko, Nevada 89801
tel (775) 777-9933 | fax (775) 777-9933
3230 Polaris Ave., Suite 4 | Las Vegas, Nevada 89102
tel (702) 475-8899 | fax (702) 778-6152

WETLAB Order ID. 1508393

Sparks Control # _____

Elko Control # _____

LV Control # _____

Report Due Date 8-21-15

Page 1 of 1

Client **Black Gold Industries**

Address **527 North Rice Ave**

City, State & Zip **Oxnard, CA 93030**

Contact **Larry Robasciotti/ Troy Doyle**

Phone **805-981-4616**

Collector's Name **ARTURO TAVARES**

Fax **(760) 532-0316**

PWS/Project Name **MCMWTC-COLEVILLE**

P.O. Number _____

PWS/Project Number **RETAKE AUG 2015**

Email **larry.robasciotti@usmc.mil**

Billing Address (if different than Client Address)

Company _____
Address _____
City, State & Zip _____
Contact _____
Phone _____ Fax _____
Email **larry.robasciotti@usmc.mil**

S
A
M
P
L
E
T
Y
P
E
S

N
O.
O
F
C
O
N
T
A
I
N
E
R
S

Turnaround Time Requirements

Standard _____
5 Day* (25%) 72 Hour* (50%)
48 Hour* (100%) 24 Hour* (200%)
*Surcharges Will Apply

Samples Collected From Which State?

NV CA Other

Report Results Via

PDF EDD

Compliance Monitoring?

Yes No

Other _____

Report to Regulatory Agency?

Yes No

Standard QC Required?

Yes No

SAMPLE ID/LOCATION	DATE	TIME	PRES TYPE	S	N	O	F	C	O	N	T	A	I	N	E	R	S	BAC-T	SPI. No.
2610701-001	8/14/15	10:30	6	DW	1	✓													1
2610701-004	8/14/15	10:50	6	DW	1	✓													2
2610701-005	8/14/15	11:05	6	DW	1	✓													3
2610701-008	8/14/15	10:53	6	DW	1	✓													4
2610701-0815	8/14/15	10:40	6	DW	1	✓													5
2610701-08002	8/14/15	10:18	6	DW	1	✓													6
																			1508 6
																			393 6

Instructions/Comments/Special Requirements: Cl₂ Residual @ 2610701-0815 = 0.58mg/L
Cl₂ Residual @ 2610701-08002 = 0.84mg/L

Sample Matrix Key: DW = Drinking Water WW = Wastewater SW = Surface Water MW = Monitoring Well SD = Solid/Sludge SO = Soil HW = Hazardous Waste OTHER: _____

*SAMPLE PRESERVATIVES: 1=Unpreserved 2=H2SO4 3=NaOH 4=HCl 5=HNO3 6=Na2S2O3 7=ZnOAc+NaOH 8=HCl/VOA Via

Temp	Custody Seal	# of Containers	DATE	TIME	Samples Relinquished By	Samples Received By
20 °C	Y N <u>None</u>	1	8/14/15	12:56		
°C	Y N None					
°C	Y N None					
°C	Y N None					

WETLAB'S Standard Terms and Conditions apply unless written agreements specify otherwise. Payment terms are Net-30.

Client/Collector attests to the validity and authenticity of this (these) sample(s) and, is (are) aware that tampering with or intentionally mislabeling the sample(s) location, date or time of collection may be considered fraud and subject to legal action (NAC445.0838). Initial
To the maximum extent permitted by law, the Client agrees to limit the liability of WETLAB for the Client's damages to the total compensation received, unless other agreements are made in writing. This limitation shall apply regardless of the cause of action or legal theory pled or asserted. Initial
WETLAB will dispose of samples 90 days from sample receipt. Client may request a longer sample storage time for an additional fee. 301.2E

Western Environmental Testing Laboratory Analytical Report

Black Gold Industries

527 N. Rice Ave.

Oxnard, CA 93030

Attn: Larry Robasciotti / Troy Doyle

Phone: (805) 981-4616 Fax: (805) 981-0105

PO\Project: MCMWTC-Coleville/Retake Aug 2015

Date Printed: 8/17/2015

OrderID: 1508393

Customer Sample ID: 2610701-001

Collect Date/Time: 8/14/2015 10:30

WETLAB Sample ID: 1508393-001

Receive Date: 8/14/2015 12:56

Analyte	Method	Results	Units	DF	RL	Analyzed	LabID
Microbiological Analyses							
Total Coliform	SM 9223B (IDEXX Colilert)	0	/100 mL	1		8/14/2015	NV00925
Escherichia Coli	SM 9223B (IDEXX Colilert)	0	/100 mL	1		8/14/2015	NV00925

Customer Sample ID: 2610701-004

Collect Date/Time: 8/14/2015 10:50

WETLAB Sample ID: 1508393-002

Receive Date: 8/14/2015 12:56

Analyte	Method	Results	Units	DF	RL	Analyzed	LabID
Microbiological Analyses							
Total Coliform	SM 9223B (IDEXX Colilert)	0	/100 mL	1		8/14/2015	NV00925
Escherichia Coli	SM 9223B (IDEXX Colilert)	0	/100 mL	1		8/14/2015	NV00925

Customer Sample ID: 2610701-005

Collect Date/Time: 8/14/2015 11:05

WETLAB Sample ID: 1508393-003

Receive Date: 8/14/2015 12:56

Analyte	Method	Results	Units	DF	RL	Analyzed	LabID
Microbiological Analyses							
Total Coliform	SM 9223B (IDEXX Colilert)	1	/100 mL	1		8/14/2015	NV00925
Escherichia Coli	SM 9223B (IDEXX Colilert)	0	/100 mL	1		8/14/2015	NV00925

Customer Sample ID: 2610701-008

Collect Date/Time: 8/14/2015 10:53

WETLAB Sample ID: 1508393-004

Receive Date: 8/14/2015 12:56

Analyte	Method	Results	Units	DF	RL	Analyzed	LabID
Microbiological Analyses							
Total Coliform	SM 9223B (IDEXX Colilert)	0	/100 mL	1		8/14/2015	NV00925
Escherichia Coli	SM 9223B (IDEXX Colilert)	0	/100 mL	1		8/14/2015	NV00925

DF=Dilution Factor, RL=Reporting Limit, ND=Not Detected or <RL

Page 3 of 5

SPARKS

475 E. Greg Street, Suite 119
Sparks, Nevada 89431
tel (775) 355-0202
fax (775) 355-9817
EPA LAB ID: NV00925 - ELAP No: 2523

ELKO

1084 Lamolle Hwy
Elko, Nevada 89801
tel (775) 777-9933
fax (775) 777-9933
EPA LAB ID: NV00926

LAS VEGAS

3230 Polaris Ave. Suite 4
Las Vegas, Nevada 89102
tel (702) 475-8699
fax (702) 622-2868
EPA LAB ID: NV00932

Customer Sample ID: 2610701-0815 (Res C12-0.58)

Collect Date/Time: 8/14/2015 10:40

WETLAB Sample ID: 1508393-005

Receive Date: 8/14/2015 12:56

Analyte	Method	Results	Units	DF	RL	Analyzed	LabID
Microbiological Analyses							
Total Coliform	SM 9223B (IDEXX Colilert)	0	/100 mL	1		8/14/2015	NV00925
Escherichia Coli	SM 9223B (IDEXX Colilert)	0	/100 mL	1		8/14/2015	NV00925

Customer Sample ID: 2610701-08002 (Res C12-0.84)

Collect Date/Time: 8/14/2015 10:18

WETLAB Sample ID: 1508393-006

Receive Date: 8/14/2015 12:56

Analyte	Method	Results	Units	DF	RL	Analyzed	LabID
Microbiological Analyses							
Total Coliform	SM 9223B (IDEXX Colilert)	0	/100 mL	1		8/14/2015	NV00925
Escherichia Coli	SM 9223B (IDEXX Colilert)	0	/100 mL	1		8/14/2015	NV00925

SPARKS

475 E. Greg Street, Suite 119
 Sparks, Nevada 89431
 tel (775) 355-0202
 fax (775) 355-0817
 EPA LAB ID: NV00925 - ELAP No: 2523

ELKO

1084 Lamolife Hwy
 Elko, Nevada 89801
 tel (775) 777-9933
 fax (775) 777-9933
 EPA LAB ID: NV00926

LAS VEGAS

3230 Polaris Ave. Suite 4
 Las Vegas, Nevada 89102
 tel (702) 475-8899
 fax (702) 622-2868
 EPA LAB ID: NV00932

Attachment No. 2

September 2015 Monthly Coliform Monitoring Report

**MONTHLY SUMMARY OF DISTRIBUTION SYSTEM
COLIFORM MONITORING**

System Name MCMWTC Housing Colville	System Number 2610701
Sampling Period SEPTEMBER	Year 2015

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/ E.coli Positives
1. Routine Samples (see note 1)	<u>1</u>	<u>2</u>	<u>2</u>	<u>0</u>
2. Repeat Samples Following Samples Which are Total Coliform Positive and Fecal/E.coli Negative (see notes 5 and 6)		<u>0</u>	<u>0</u>	<u>0</u>
3. Repeat Samples Following Routine Samples Which are Total Coliform Positive and Fecal/E.coli Positive (see notes 5 and 6)		<u>0</u>	<u>0</u>	<u>0</u>
4. MCL Computation For Total Coliform Positive Samples				
a. Totals (sum of columns)	<u>1</u>	<u>2</u>	<u>2</u>	
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]		<u>0</u>		
c. Is system in compliance... with fecal/E. coli MCL? (see notes 2 and 3)		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
... with monthly MCL? (see note 4)		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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

6. Summary Completed By:

Signature	Title	Date
	Chief Plant Operator	9/30/2015

NOTES AND INSTRUCTIONS:
1. Routine samples include:

- a. Samples required pursuant to 22 CCR Section 64423, and any additional samples required by an approved routine sampling plan established pursuant to 22 CCR Section 64422.
- b. Extra samples required for systems collecting less than 400 gpd (10 routine samples per month that had one or more total coliform positives in previous month).
- c. Extra samples for systems with high source water turbidity that are using surface water or groundwater under direct influence of surface water and do not produce residuals in compliance with regulations.
- 2. Note: For a repeat sample following a total coliform positive sample, any fecal/E.coli positive report (boxed entry) constitutes an MCL violation and requires immediate notification to the department (22 CCR, Section 64428.1).
- 3. Note: For repeat sample following a fecal/E.coli positive sample, any total coliform positive report (boxed entry) constitutes an MCL violation and requires immediate notification to the department (22 CCR, Section 64428.1).
- 4. Total coliform MCL (Notify Department within 24 hours of MCL violation):
 - a. For systems collecting less than 40 samples, if 1% or more samples are total coliform positive, then the MCL is violated.
 - b. For systems collecting 40 or more samples, if more than 3.0 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.
- 7. For systems collecting one or two routine samples per month, four repeat samples must be collected for each total coliform positive sample. DHS 5477 (10/2004)

Attachment No. 3

Tier 2 Public Notice Template

Instructions for Tier 2 Resolved Total Coliform Notice Template

Template Attached

Since exceeding the total coliform bacteria maximum contaminant level is a Tier 2 violation, you must provide public notice to persons served as soon as practical but within 30 days after you learn of the violation [California Code of Regulations, Title 22, Chapter 15, Section 64463.4(b)]. **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.

<i>If You Are a...</i>	<i>You Must Notify Consumers by...</i>	<i>...and By One or More of the Following Methods to Reach Persons Not Likely to be Reached by the Previous Method...</i>
Community Water System [64463.4(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 [64463.4(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. 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 health effects and notification language in italics unchanged. This language is mandatory [64465].

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.

Description of the Violation

Make sure that the notice is clear about the fact that the coliform problem has been resolved, and there is no current cause for concern. The description of the violation and the MCL vary depending on the number of samples you take. The following table should help you complete the second paragraph of the template.

<u>If You Take Fewer Than 40 Samples a Month</u>	<u>If You Take 40 or More Samples a Month</u>
State the number of samples testing positive for coliform. The standard is that no more than one sample per month may be positive.	State the percentage of samples testing positive for coliform. The standard is that no more than 5.0 percent of samples may test positive each month.

Corrective Action

In your notice, describe corrective actions you have taken. Listed below are some steps commonly taken by water systems with total coliform violations. Use one or more of the following actions, if appropriate, or develop your own:

- “We have increased sampling for coliform bacteria to catch the problem early if it recurs.”
- “The well and/or distribution system has been disinfected and additional samples do not show presence of coliform bacteria.”

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)].

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.

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.

[System] 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 did to correct this situation.

We routinely monitor for drinking water contaminants. We took [number] samples to test for the presence of coliform bacteria during [month year]. [Number/percentage] 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 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 system's 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, and further testing shows that this problem has been resolved.**
- 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 was 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

Tier 3 Public Notice Template

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.

<i>If You Are a...</i>	<i>You Must Notify Consumers by...</i>	<i>...and By One or More of the Following Methods to Reach Persons Not Likely to be Reached by the Previous Method...</i>
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 Report¹. 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

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

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 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.

<i>Contaminant</i>	<i>Required Sampling Frequency</i>	<i>Number of Samples Taken</i>	<i>When All Samples Should Have Been Taken</i>	<i>When Samples Were or Will Be Taken</i>
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.

<i>Contaminant</i>	<i>Required Sampling Frequency</i>	<i>Number of Samples Taken</i>	<i>When All Samples Should Have Been Taken</i>	<i>When Samples Were or Will Be Taken</i>
	[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. 5

Proof of Consumer Notification

Drinking Water Notification to Consumers

PROOF OF NOTIFICATION

Name of Water System: _____

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

Consumers Notified _____ Yes _____ No

If not, Explain: _____

Date of Notification: _____

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

_____ Sending a copy through the U.S. Mail, first class, postage prepaid, addressed to each of the resident(s) at the place where the property is situated, pursuant to the California Civil Code. Attach copy of Notice.

_____ Newspaper (if the problem has been corrected). Attach a copy of Notice.

_____ Personally hand-delivering a copy to each of the consumers. Attach a copy of Notice.

_____ Posted on a public bulletin board, that will be seen by each of the consumers (for small, non-community water systems with prior 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.

Attachment No. 6

Email Request for Five Routine Samples for October 2015

Chang, Wei@Waterboards

From: Chang, Wei@Waterboards
Sent: Monday, October 19, 2015 4:05 PM
To: 'Robasciotti CIV Larry'
Subject: RE: September coliform report

Good afternoon Mr. Larry Robasciotti,

Since USMC Coleville Housing had routine total coliform-positive samples in August, pursuant to Title 22, Section 64424(d), at least five (5) routine samples (in the distribution system) must have been taken in the following month, which is September. In order to fulfill the requirement, please take at least five routine samples this month. Thank you. Hope your days are going well so far. Feel free to contact me if you have any questions, Mr. Robasciotti.

Section 64424(d),
"If a public water system for which fewer than five routine samples/month are collected has one or more total coliform-positive samples, the water supplier shall collect at least five routine samples the following month....."

Regards,

Wei Chang
SWRCB-DDW

-----Original Message-----

From: Robasciotti CIV Larry [<mailto:larry.robasciotti@usmc.mil>]
Sent: Sunday, October 18, 2015 12:05 PM
To: Chang, Wei@Waterboards
Subject: RE: September coliform report

My mistake. I put the numbers in the wrong column, Larry.

-----Original Message-----

From: Chang, Wei@Waterboards [<mailto:Wei.Chang@waterboards.ca.gov>]
Sent: Thursday, October 15, 2015 5:25 PM
To: Robasciotti CIV Larry
Subject: September coliform report

Mr. Robasciotti,

There was an error in your September coliform report. You indicated there were two total coliform positives in September, but in fact there was no TC positives in the distribution system. Therefore, the total number of the coliform positives should be Zero. (Please see the "example 2610701" in the attachment). You don't need to report sources, the Well 5, that had a TC+ on 9/16.

Attachment No. 7

Positive Total Coliform Investigation Form

POSITIVE TOTAL COLIFORM INVESTIGATION

This form is intended to assist public water systems in completing the investigation required by the California Department of Public Health (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

Entity Name: PWSID NUMBER:	System Type:	Name	System Address & Email	Telephone Number
Operator in Responsible Charge (ORC)				
Person that collected TC samples if different than ORC				
System Owner				
Certified Laboratory for Microbiological Analyses				
Date Investigation Completed:				
Month(s) of Total Coliform MCL Failure:				

INVESTIGATION DETAILS

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS <small>(attach additional pages if needed)</small>
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					
2. Inspect and review records for surface water source (if applicable)					
a. Have there been any events in the watershed or near the intake that might have contributed to TC+ or EC+ results? (Describe)					

TREATMENT	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS
1. If you provide continuous chlorination treatment was there any equipment failure?					
a. Did the distribution system maintain chlorine residual?					
b. Was emergency chlorination initiated? If yes, for how long?					
c. Did the distribution system lose chlorine residual?					
2. If you do not provide routine chlorination, was emergency chlorination initiated? If Yes, when?					
3. Inspect each point where disinfectant is added and report					
a. Is the disinfectant feed pump feeding disinfectant?					
b. What is the feed rate of disinfectant in ml/minute?					

POSITIVE TOTAL COLIFORM INVESTIGATION

TREATMENT	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS
c. What is the concentration of the disinfectant solution being fed? (percent or mg/l of chlorine as HOCl)					
d. By what method was the concentration of solution determined? (ex: measured, manufacturer's literature)					
e. What is the age (days) of the disinfectant solution currently being used at this treatment location?					
f. What is the raw water flow rate at the point where disinfectant is added in gallons per minute?					
g. What is the total chlorine residual measured immediately downstream from the point of application?					
h. What is the free chlorine residual measured immediately downstream from the point of application?					
i. What is the contact time in minutes from the point of disinfectant application to the first customer?					

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 an 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 areas 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, and sunny)?				

POSITIVE TOTAL COLIFORM INVESTIGATION

STORAGE	TANK (name)	TANK (name)	TANK (name)	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 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 positive bacti?	
3. Has the distribution system been worked on within the last week? (taps, hydrant flushing, main breaks, mainline 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 & 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?	

POSITIVE TOTAL COLIFORM INVESTIGATION

Page 4 of 4

BOOSTER STATION	Response
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?	

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?	

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.
5. Updated source water assessment(s) (DWSAP) if there have been changes to well construction or potentially contaminating activities (PCA list) since last inspection.

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: _____

Attachment No. 8

USMC–MWTC Housing Coleville Current Bacteriological Sample
Siting Plan and Blank Monitoring Form



State Water Resources Control Board
Division of Drinking Water

San Bernardino District Office, 464 W. 4th Street, Suite 437, San Bernardino, CA 92401, (909) 383-4328

TOTAL COLIFORM AND GROUNDWATER RULE MONITORING FORM

A. System Information:

Name of Facility: System Number:
Street Address: Ph. No.:
Consecutive, Wholesaler or Neither: Fax:
Provide Continuous 4-log treatment of Viruses YES NO
(if yes, only complete part F and submit a Monthly CT Calculation Report to DDW)
Service Connections: Population Served: Coliform Samples/Month:

B. Sample Collection:

All water samples will be collected by:
Name of Laboratory:
Mailing Address:
State Lab Code: Phone #: Fax #:
The Laboratory was sent a copy of this plan on:

C. Map of System:

A map of the distribution system showing the distribution sites and which sources can influence them, pressure zones and storage facilities.
Have you enclosed this map? YES NO
Explain:

D. Consecutive Systems:

Does your system purchase groundwater? YES NO
If yes, contact the wholesaler within 24 hours of notification of a TC+ Distribution Sample.
Wholesaler: Contact: Phone No:
Wholesaler: Contact: Phone No:

E. Wholesaler Systems:

Does your system sell groundwater? YES NO
If yes, collect source(s) samples within 24 hours of being notified by a consecutive system.
If source sample is fecal indicator positive, contact all consecutive systems within 24 hours*:
System Contact Phone No.
System Contact Phone No.
System Contact Phone No.

*A Tier 1 notice is required for all fecal indicator positive source samples

F. Report Prepared by: _____

Signature and Title: _____ Date: _____

G. Sample Locations:

The following describes each routine sample location and the sources which may influence it. If the routine sample location is positive, the source(s) affecting it will be sampled within 24 hours. Only sources in use during the time of initial sampling will be required to be sampled (production log required):

Routine Sample Location:

Sources Influencing Location:

1. _____

Upstream Sample Location(within 5 service connections):

Down Stream Sample Location(within 5 service connections):

Additional Sample Location (if collect 4 repeat samples):

Routine Sample Location:

Sources Influencing Location:

2. _____

Upstream Sample Location(within 5 service connections):

Down Stream Sample Location(within 5 service connections):

Routine Sample Location:

Sources Influencing Location:

3. _____

Upstream Sample Location(within 5 service connections):

Down Stream Sample Location(within 5 service connections):

Routine Sample Location:

Sources Influencing Location:

4. _____

Upstream Sample Location(within 5 service connections):

Down Stream Sample Location(within 5 service connections):

Report Approved by: _____ Date: _____

DEPARTMENT OF PUBLIC HEALTH

DIVISION OF DRINKING WATER AND ENVIRONMENTAL MANAGEMENT

San Bernardino District Office, 464 W. 4th Street, Suite 437, San Bernardino, CA 92401, (909) 383-4328



TOTAL COLIFORM AND GROUNDWATER RULE MONITORING FORM

A. System Information:

Name of Facility: USMC MWTC Coleville Housing System Number: 2610701Street Address: 600 Davenport Court, Coleville, CA 96107 Ph. No.: (530) 495-2647Consecutive, Wholesaler or Neither: Neither Fax No.: (530) 495-2646Provide Continuous 4-log treatment of Viruses YES NO

(if yes, only complete part F and submit a Monthly CT Calculation Report to CDPH)

Service Connections: 116 Population Served: 300 Coliform Samples/Month: 4

B. Sample Collection:

All water samples will be collected by: Licensed DW Treatment Operator or HigherName of Laboratory: Western Environmental Testing LaboratoryMailing Address: 475 E. Greg St, Suite 119, Sparks, NV 89431State Lab Code: 2523 Phone #: (775) 355-0202 Fax #: (775) 355-0817The Laboratory was sent a copy of this plan on: November 5, 2012

C. Map of System:

A map of the distribution system showing the distribution sites and which sources can influence them, pressure zones and storage facilities.

Have you enclosed this map? YES NO

Explain: _____

D. Consecutive Systems:

Does your system purchase groundwater? YES NO

If yes, contact the wholesaler within 24 hours of notification of a TC+ Distribution Sample.

Wholesaler: Not Applicable Contact: _____ Phone No: _____

Wholesaler: _____ Contact: _____ Phone No. _____

E. Wholesaler Systems:

Does your system sell groundwater? YES NO

If yes, collect source(s) samples within 24 hours of being notified by a consecutive system.

If source sample is fecal indicator positive, contact all consecutive systems within 24 hours*:

System _____ Contact _____ Phone No. _____

System _____ Contact _____ Phone No. _____

System _____ Contact _____ Phone No. _____

*A Tier 1 notice is required for all fecal indicator positive source samples

F. Report Prepared by: Joseph Weslock, for Apex Companies, LLC on behalf of CPQH, LLC

Signature and Title: _____

Date: 10/31/2012

G. Sample Locations:

The following describes each routine sample location, upstream sample location, downstream location, and the sources which may influence it. If a routine sample location is positive, the system shall collect three (3) repeats, 1 at the original site of the positive, 1 upstream, and 1 downstream. Along with the repeats a system must also collect samples from the source(s) affecting the sample site, within 24 hours (Ground Water Rule). Only sources in use during the time of initial sampling will be required to be sampled (production log required).

Routine Sample Location:

1. Community Center (ComCenter)

Upstream repeat Sample Location:

304A Kelso or 306D Kelso

Downstream repeat Sample Location:

101A Mausert

Additional Sample Location (if collect 4 repeat samples):

Natorium (Pool Building)

Routine Sample Location:

2. 211 Vittori

Upstream repeat Sample Location:

210 B Vittori or 208 A Vittori

Downstream repeat Sample Location:

209 Vittori

Routine Sample Location:

3. None

Upstream repeat Sample Location:

Downstream repeat Sample Location:

Routine Sample Location:

4. None

Upstream repeat Sample Location:

Downstream repeat Sample Location:

Sources Influencing Location:

All – Groundwater from all wells is blended in treatment prior to distribution

Sources Influencing Location:

All – Groundwater from all wells is blended in treatment prior to distribution

Sources Influencing Location:

Sources Influencing Location:

Report Approved by: 

Date: 11/1/12

