STATE OF CALIFORNIA

WATER RESOURCES CONTROL BOARD

DIVISION OF DRINKING WATER

TO: California Rehabilitation Center - Norco
P.O. Box 1841
Norco, CA 92860-0991

Attn: Cynthia Y. Tampkins, Warden
California Rehabilitation Center - Norco

CITATION FOR VIOLATION OF CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 64533(a) - WATER SYSTEM NO. 3310800

C I T A T I O N NO. 05-20-15C-001

Issued on January 16, 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 California Rehabilitation Center – Norco (hereinafter, "CRC") (P.O. Box 1841, Norco,

COURT PAPER
STATE OF CALIFORNIA
STD. 113 (REV. 3-95)
OSP 98 10924

CA 92860-0991) for violation of California Code of Regulations (CCR), Title 22, Section 64533 subsection (a).

APPLICABLE AUTHORITIES

Section 116650 of California Health and Safety Code provides:

(a) If the department 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 department 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 department 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.

California Code of Regulations, Title 22, Section 64533, subsection (a) provides, in relevant part:

(a) Using the monitoring and calculation methods specified in sections 64534, 64534.2, 64535, and 64535.2, the primary MCLs for the disinfection byproducts shown in table **64533-A** shall not be exceeded in drinking water supplied to the public.

Table 64533-A

Maximum Contaminant Levels and Detection Limits for Purposes of Reporting Disinfection Byproducts

Disinfection Byproduct	*Maximum Contaminant Level (mg/L)*	*Detection Limit for Purposes of Reporting (mg/L)*
Total trihalomethanes (TTHM)	0.080	
Bromodichloromethane		0.0010
Bromoform		0.0010
Chloroform		0.0010
Dibromochloromethane		0.0010

STATEMENT OF FACTS

The CRC water system is operated under Water Supply Permit No. 05-20-07P-004, issued on January 29, 2007.

CRC serves water to approximately 5,400 staff and inmates at the Rehabilitation Center in Norco, CA. Water is also supplied to the Center Force (Hospitality House), and the Department of Forestry (Camp Norco). CRC is located within the City of Norco in the northwestern portion of Riverside County, and receives all of its potable water from two service connections with the City of Norco (City). CRC has two

reservoirs, one booster station at Reservoir No. 1, and a chlorination station also located at Reservoir No. 1. The water supplied by the City consists primarily of groundwater produced by the City's wells and, depending on system demand and availability, treated groundwater purchased from Western Municipal Water District (WMWD). CRC provides continuous disinfection treatment for the water it receives to ensure that a chorine residual is present in the distribution system.

Pursuant to Title 22, CCR, Section 64534.2(d), CRC is required to collect two distribution system samples per quarter for TTHM analyses in accordance with their approved Stage 2 DBPR Monitoring Plan, dated February 24, 2012. Under Title 22, CCR, Section 64535.2(b)(1), compliance with the TTHM MCL of 0.080 mg/L is based on a running annual average, calculated quarterly, for each monitoring location. The following enforcement actions were previously issued to this system for a similar violation:

August 1, 2014: Citation No. 05-20-14C-007 was issued for exceedance of the TTHM MCL at the Warehouse and Unit IV sample sites, based on the four-quarter LRAAs calculated at the end of the second quarter of 2014.

May 7, 2014: Citation No. 05-20-14C-004 was issued for exceedance of the TTHM MCL at the Warehouse and Unit IV sample sites, based on the four-quarter LRAAs calculated at the end of the first quarter of 2014.

January 22, 2014: Citation No. 05-20-14C-002 was issued for exceedance of the TTHM MCL at the Warehouse sample site, based on the four-quarter LRAA calculated at the end of the fourth quarter of 2013.

October 29, 2013: Citation No. 05-20-13C-006 was issued for exceedance of the TTHM MCL at the Warehouse and Unit IV sample sites, based on the four-quarter LRAAs calculated at the end of the third quarter of 2013.

September 12, 2013: Citation No. 05-20-13C-005 was issued for exceedance of the TTHM MCL at the Warehouse sample site, based on the four-quarter LRAA calculated at the end of the second quarter of 2013, and failure to report the results within 10 days of the end of the second quarter.

February 1, 2007: Citation No. 05-20-07C-002 was issued for exceedance of the TTHM MCL at the end of the third quarter of 2006, based on a four-quarter system - wide RAA, and failure to notify our office and the public of the violation within the required timeframe.

The following is a chronology of events that occurred leading up to the TTHM MCL failure. The laboratory reports are included as Attachment No. 1.

1st Quarter 2014: CRC collected a dual sample set on March 12, 2014, at the Unit IV and Warehouse sample sites. The TTHM levels in the Unit IV and Warehouse samples were 109 µg/L and 69 µg/L, respectively. The resultant TTHM LRAA for the Unit IV sample site was 84.5 µg/L, and the resultant TTHM LRAA for the Warehouse sample site was 84.1 µg/L. Both sample sites were in violation of the TTHM MCL. CRC was issued a citation for failing the TTHM MCL at both sampling locations.

2nd Quarter 2014: CRC collected a dual sample set on June 11, 2014, at the Unit IV and Warehouse sample sites. The TTHM levels in the Unit IV and Warehouse samples were 69 µg/L and 75.7 µg/L, respectively. The resultant TTHM LRAA for the

Unit IV sample site was 93.7 µg/L. The resultant TTHM LRAA for the Warehouse sample site was 75 µg/L. Based on these results, the Unit IV site was in violation of the TTHM MCL. CRC was issued a citation for failing the TTHM MCL at the Unit IV sampling location.

3rd Quarter 2014: CRC collected a dual sample set on September 24, 2014, at the Unit IV and Warehouse sample sites. The TTHM levels in the Unit IV and Warehouse samples were 89.6 µg/L and 65.2 µg/L, respectively. The resultant TTHM LRAA for the Unit IV sample site was 74.1 µg/L. The resultant TTHM LRAA for the Warehouse sample site was 62.6 µg/L. Based on these results, both sites were in compliance with the TTHM MCL.

4th Quarter 2014: CRC collected a dual sample set on December 10, 2014, at the Unit IV and Warehouse sample sites. The TTHM levels in the Unit IV and Warehouse samples were 123 µg/L and 77.7 µg/L, respectively. The resultant TTHM LRAA for the Unit IV sample site was 97.7 µg/L. The resultant TTHM LRAA for the Warehouse sample site was 71.9 µg/L. Based on these results, the Unit IV site was in violation of the TTHM MCL. Additionally, the TTHM operational evaluation level (OEL) was also exceeded at the Unit IV site.

DETERMINATION

The Division has determined that CRC failed to comply with the Maximum Contaminant Level (MCL) for total trihalomethanes (TTHM) at the Unit IV sample site for the four-quarter monitoring period of January 1, 2014, through December 31, 2014. For a public water system monitoring quarterly, each locational running annual average (LRAA), computed quarterly, shall not exceed the MCL of 0.080 mg/L (80 µg/L) for total trihalomethanes, consisting of chloroform, bromodichloromethane,

COURT PAPER
STATE OF CALIFORNIA
STD. 113 (REV. 3-95)
OSP 98 10924

dibromochloromethane, and bromoform. The TTHM LRAA for the four-quarter monitoring period of January 1, 2014, through December 31, 2014, was 97.7 µg/L at the Unit IV sample site.

DIRECTIVES

CRC is hereby directed to take the following actions:

1. Forthwith, CRC shall cease and desist from failing to comply with the MCL for total trihalomethanes (TTHM).

2. By February 5, 2015, CRC shall provide notice of the TTHM MCL violation by posting at the Unit IV site and conspicuous locations throughout the facility. The notices must remain posted until such time the Division notifies CRC that monitoring results indicate that CRC has returned to compliance with the TTHM MCL.

3. Within 30 days of receipt of this Citation, CRC shall provide to the Division certification of public notification using the enclosed form (Attachment No. 2). The certification of notification must identify the number of notices posted and the locations where the notices were posted.

4. CRC shall include information regarding the TTHM MCL violation identified in this Citation in the 2014 Consumer Confidence Report, which must be completed and distributed to staff and inmates by July 1, 2015. A draft of the 2014 Consumer Confidence Report shall be submitted to the Division for review and approval prior to distribution and/or posting.

COURT PAPER
STATE OF CALIFORNIA
STD. 113 (REV. 3-95)
OSP 98 10924

5. By March 15, 2015, CRC shall provide a report documenting an evaluation of CRC's operations to identify factors contributing to the MCL exceedance. Completion of the enclosed Operational Evaluation forms will satisfy the report requirement.

The Division reserves the right to make such modifications to this Citation as it may deem necessary to protect public health and safety. Such modifications may be issued as amendments to this Citation, and shall be deemed effective upon issuance.

Nothing in this Citation relieves CRC of its obligation to meet the requirements of the California Safe Drinking Water Act, or of any regulation, permit, standard, or order issued or adopted thereunder.

All submittals required by this Citation shall be submitted to the Division at the following address:

J. Steven Williams, P.E.
District Engineer
State Water Resources Control Board
Division of Drinking Water
1350 Front Street, Room 2050
San Diego, CA 92101

PARTIES BOUND

This Citation shall apply to and be binding upon CRC, its officers, directors, shareholders, agents, employees, contractors, successors, and assignees.

SEVERABILITY

The Directives of this Citation are severable, and CRC shall comply with each and every provision thereof, notwithstanding the effectiveness of any other provision.

FURTHER ENFORCEMENT ACTION

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

1-16-15
Date

J. Steven Williams, P.E.,
District Engineer
Division of Drinking Water
State Water Resources Control Board

COURT PAPER
STATE OF CALIFORNIA
STD. 113 (REV 3-95)
OSP 98 10924

Attachments:

1. Quarterly DBP Monitoring Results (1st Quarter 2014 – 4th Quarter 2014)
2. Proof of Notification Form
3. Operational Evaluation Forms

cc: County of Riverside, Department of Environmental Health (w/o attachments)

Deanna Rogers, Capital Outlay Analyst, Department of Corrections and Rehabilitation, Facilities Management Division, Capital Outlay Section, P.O. Box 942883, Sacramento, CA 94283-0001 (w/out attachments)

Kimberly Hughes, Associate Warden – Business Services, California Rehabilitation Center - Norco, P.O. Box 1841, Norco, CA 92860-0991 (w/out attachments)

Hector Lopez, Correctional Business Manager, California Rehabilitation Center - Norco, P.O. Box 1841, Norco, CA 92860-0991 (w/ attachments)

COURT PAPER
STATE OF CALIFORNIA
STD. 113 (REV. 3-95)
OSP 98 10924

Attachment No. 1

State of California
Water Resources Control Board

Division of Drinking Water

Stage 2 DDBPR Quarterly TTHM Report for Disinfection Byproducts Compliance (in µg/L or ppb)

System Name: CRC-Norco System No.: 3310800 Year: 2014 Quarter: 4 TTHM MCL = 0.080 mg/L or 80 ug/L

Year:		2012				2013				2014				2015				2016			
Quarter:		1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Sample Date (month/day):			6/12	9/17	12/17	3/11	6/10	9/11	12/11	3/12	6/11	9/24	12/10								
#	Monitoring Location	TTHM Results (ug/L)																			
1	Unit IV		35.0	110.6	80.1	87.3	32.5	168.0	28.6	109.0	69.0	89.6	123.0								
2	Warehouse		1.0	116.0	44.6	89.8	112.0	115.0	40.4	69.0	75.7	65.2	77.7								
3																					
4																					
Number of Samples Taken			2	2	2	2	2	2	2	2	2	2	2								
#	Monitoring Location	TTHM OEL (ug/L)																			
1	Unit IV				76.5	91.3	58.1	114.0	64.4	103.7	68.9	89.3	101.2								
2	Warehouse				51.6	85.1	89.6	108.0	77.0	73.4	65.2	68.8	74.1								
3																					
4																					
Is OEL ≤ MCL for all monitoring locations?					Y	N	N	N	Y	N	Y	N	N								
If no, list monitoring location # where MCL not met (a)						1, 2	2	1, 2		1		1	1								
#	Monitoring Location	TTHM LRAA (ug/L)																			
1	Unit IV					78.3	77.6	**92.0**	79.1	**84.5**	**93.7**	74.1	**97.7**								
2	Warehouse					62.9	**90.6**	**90.4**	**89.3**	**84.1**	75.0	62.6	71.9								
3																					
4																					
Meets standard for all monitoring locations (i.e., LRAA ≤ MCL)?						Y	N	N	N	N	N	Y	N								
If no, list monitoring location # where MCL not met (b)							2	1, 2	2	1, 2	1		1								
Will LRAA calc based on <4 qtrs of data be >MCL regardless of the monitoring results of subsequent qtrs, for all mon. locations? (c)																					
If yes, list monitoring location # where MCL not met (b)																					

(a) If the OEL exceeds theTTHM MCL, system must conduct an operational evaluation and submit a report to CDPH no later than 90 days after being notified of the analytical result that caused the OEL exceedance.

(b) If LRAA exceeds the TTHM MCL, system must conduct public notification. For the initial 3 qtrs of monitoring, system must meet the following: (1) Average of First Qtr Result is ≤4 MCL, (2) Average of 1st and 2nd Qtr Results is ≤ 2MCL, and (3) Average of 1st, 2nd, and 3rd Qtr Results is ≤1.33 MCL.

(c) If any individual quarter's result will cause the LRAA to exceed the TTHM MCL, the system is out of compliance at the end of that quarter.

Comments:

Signature

Date

State of California
Water Resources Control Board

Division of Drinking Water

Stage 2 DDBPR Quarterly HAA5 Report for Disinfection Byproducts Compliance (in μg/L or ppb)

System Name: CRC-Norco System No.: 3310800 Year: 2014 Quarter: 4 HAA5 MCL = 0.060 mg/L or 60 ug/L

Year:		2012				2013				2014				2015				2016			
Quarter:		1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Sample Date (month/day):			6/12	9/17	12/17	3/11	6/10	9/11	12/11	3/12	6/11	9/24	12/10								
#	Monitoring Location	HAA5 Results (ug/L)																			
1	Unit IV		17.0	13.6	5.0	15.1	2.7	16.6	6.6	15.8	3.8	16.4	13.9								
2	Warehouse		1.8	10.6	5.9	10.4	3.6	4.6	6.7	2.5	9.4	5.9	2.2								
3																					
4																					
Number of Samples Taken			2	2	2	2	2	2	2	2	2	2	2								
#	Monitoring Location	HAA5 OEL (ug/L)																			
1	Unit IV				10.2	12.2	6.4	12.8	8.1	13.7	7.5	13.1	12.0								
2	Warehouse				6.1	9.3	5.9	5.8	5.4	4.1	7.0	5.9	4.9								
3																					
4																					
Is OEL ≤ MCL for all monitoring locations?					Y	Y	Y	Y	Y	Y	Y	Y	Y								
If no, list monitoring location # where MCL not met (a)																					
#	Monitoring Location	HAA5 LRAA (ug/L)																			
1	Unit IV					12.7	9.1	9.9	10.3	10.4	10.7	10.6	12.5								
2	Warehouse					7.2	7.6	6.1	6.3	4.3	5.8	6.1	5.0								
3																					
4																					
Meets standard for all monitoring locations (i.e., LRAA ≤ MCL)?						Y	Y	Y	Y	Y	Y	Y	Y								
If no, list monitoring location # where MCL not met (b)																					
Will LRAA calc based on <4 qtrs of data be >MCL regardless of the monitoring results of subsequent qtrs, for all mon. locations? (c)																					
If yes, list monitoring location # where MCL not met (b)																					

(a) If the OEL exceeds the HAA5 MCL, system must conduct an operational evaluation and submit a report to CDPH no later than 90 days after being notified of the analytical result that caused the OEL exceedance.

(b) If LRAA exceeds the HAA5 MCL, system must conduct public notification. For the initial 3 qtrs of monitoring, system must meet the following: (1) Average of First Qtr Result is ≤4 MCL, (2) Average of 1st and 2nd Qtr Results is ≤ 2MCL, and (3) Average of 1st, 2nd, and 3rd Qtr Results is ≤1.33 MCL.

(c) If any individual quarter's result will cause the LRAA to exceed the HAA5 MCL, the system is out of compliance at the end of that quarter.

Comments:

Signature

Date

TRUESDAIL LABORATORIES, INC.
EXCELLENCE IN INDEPENDENT TESTING
Established 1931
14201 FRANKLIN AVENUE
TUSTIN, CALIFORNIA 92780-7008
(714) 730-6239 · FAX (714) 730-6462
www.truesdail.com

REPORT

Client: **California Rehabilitation Center**
5th and Western Avenue
Norco, CA 91760
Attention: Singh Rai
Project Name: Weekly Routine
Project Number: Agmnt #5600003884
P.O. Number: 4400002277
Release Number:

Laboratory No. 812610

Printed 3/31/2014

Samples Received on 3/12/2014 2:45:00 PM

Field ID	Lab ID	Collected	Matrix
Warehouse	812610-001	03/12/2014 09:30	W
Unit IV	812610-002	03/12/2014 10:00	W
Navy	812610-003	03/12/2014 10:30	W
Reservoir	812610-004	03/12/2014 09:00	W

Comments:
Total Coliforms and HPC analyzed by PA. HAA by EPA 552.2 analyzed by JG. THMs by EPA 524.2 analyzed by KD. General Physical analyzed by FM. MBAS analzyed by AL. pH analyzed by HV. TDS and EC analyzed by JT.

Coliform P/A Test - Colisure (24h) Batch ColisurePA 3/12/2014

Parameter	Unit	Analyzed	DF	MDL	RL	Result
812610-001 Coliforms, Total	P/A/100mL	03/13/2014 15:00	1	1.00	1.00	Abse00
812610-002 Coliforms, Total	P/A/100mL	03/13/2014 15:00	1	1.00	1.00	Abse00
812610-003 Coliforms, Total	P/A/100mL	03/13/2014 15:00	1	1.00	1.00	Abse00
812610-004 Coliforms, Total	P/A/100mL	03/13/2014 15:00	1	1.00	1.00	Abse00

Heterotrophic Plate Count HPC SM 9215B Batch HPC-PCA 3/12/2014

Parameter	Unit	Analyzed	DF	MDL	RL	Result
812610-001 Plate Count	CFU/mL	03/14/2014 15:00	1	1.00	1.00	ND
812610-002 Plate Count	CFU/mL	03/14/2014 15:00	1	1.00	1.00	170
812610-003 Plate Count	CFU/mL	03/14/2014 15:00	1	1.00	1.00	ND
812610-004 Plate Count	CFU/mL	03/14/2014 15:00	1	1.00	1.00	ND

This report applies only to the sample, or samples, investigated and is not necessarily indicative of the quality or condition of apparently identical or similar products. As a mutual protection to clients, the public, and these laboratories, this report is submitted and accepted for the exclusive use of the client to whom it is addressed and upon the condition that it is not to be used, in whole or in part, in any advertising or publicity matter without prior written authorization from Truesdail Laboratories.

Client: California Rehabilitation Center Project Name: Weekly Routine Page 5 of 10
Project Number: Agmnt #5600003884 Printed 3/31/2014

EPA 552 HAA's

Batch 710783

Parameter		Unit	Analyzed	DF	MDL	RL	Result
812610-001	Dibromoacetic acid	ug/L	03/14/2014	1.00	0.226	1.00	2.47
	Dibromopropionic Acid	%	03/14/2014	1.00	0	70.0	117
	Dichloroacetic acid	ug/L	03/14/2014	1.00	0.342	1.00	ND
	Monobromacetic acid	ug/L	03/14/2014	1.00	0.297	1.00	ND
	Monochloracetic acid	ug/L	03/14/2014	1.00	0.389	1.00	ND
	Total Haloacetic Acids (HAA5)	ug/L	03/14/2014	1.00	0.844	1.00	2.47
	Trichloroacetic acid	ug/L	03/14/2014	1.00	0.153	1.00	ND
812610-002	Dibromoacetic acid	ug/L	03/14/2014	1.00	0.226	1.00	10.3
	Dibromopropionic Acid	%	03/14/2014	1.00	0	70.0	108
	Dichloroacetic acid	ug/L	03/14/2014	1.00	0.342	1.00	1.30
	Monobromacetic acid	ug/L	03/14/2014	1.00	0.297	1.00	1.50
	Monochloracetic acid	ug/L	03/14/2014	1.00	0.389	1.00	ND
	Total Haloacetic Acids (HAA5)	ug/L	03/14/2014	1.00	0.844	1.00	15.8
	Trichloroacetic acid	ug/L	03/14/2014	1.00	0.153	1.00	2.68

Method Blank

Parameter	Unit	DF	Result
Monochloracetic acid	ug/L	1.00	ND
Dichloroacetic acid	ug/L	1.00	ND
Trichloroacetic acid	ug/L	1.00	ND
Monobromacetic acid	ug/L	1.00	ND
Dibromoacetic acid	ug/L	1.00	ND
Dibromopropionic Acid	%	1.00	108
Total Haloacetic Acids (HAA5)	ug/L	1.00	ND

Lab Control Sample

Parameter	Unit	DF	Result	Expected	Recovery	Acceptance Range
Monochloracetic acid	ug/L	1.00	27.3	30.0	91.0	70 - 130
Dichloroacetic acid	ug/L	1.00	29.1	30.0	97.0	70 - 130
Trichloroacetic acid	ug/L	1.00	10.5	10.0	105	70 - 130
Monobromacetic acid	ug/L	1.00	20.0	20.0	100	70 - 130
Dibromoacetic acid	ug/L	1.00	10.1	10.0	101	70 - 130
Dibromopropionic Acid	%	1.00	24.7	25.0	98.8	70 - 130

This report applies only to the sample, or samples, investigated and is not necessarily indicative of the quality or condition of apparently identical or similar products. As a mutual protection to clients, the public, and these laboratories, this report is submitted and accepted for the exclusive use of the client to whom it is addressed and upon the condition that it is not to be used, in whole or in part, in any advertising or publicity matter without prior written authorization from Truesdail Laboratories.

Lab Control Sample Duplicate

Parameter	Unit	DF	Result	Expected	Recovery	Acceptance Range
Monochloracetic acid	ug/L	1.00	30.0	30.0	100	70 - 130
Dichloroacetic acid	ug/L	1.00	30.7	30.0	102	70 - 130
Trichloroacetic acid	ug/L	1.00	11.2	10.0	112	70 - 130
Monobromacetic acid	ug/L	1.00	19.9	20.0	99.5	70 - 130
Dibromoacetic acid	ug/L	1.00	10.8	10.0	108	70 - 130
Dibromopropionic Acid	%	1.00	27.3	25.0	109	70 - 130

MRCVS - Primary

Parameter	Unit	DF	Result	Expected	Recovery	Acceptance Range
Monochloracetic acid	ug/L	1.00	10.0	10.0	100	70 - 130
Dichloroacetic acid	ug/L	1.00	9.14	10.0	91.4	70 - 130
Trichloroacetic acid	ug/L	1.00	7.67	10.0	76.7	70 - 130
Monobromacetic acid	ug/L	1.00	8.98	10.0	89.8	70 - 130
Dibromoacetic acid	ug/L	1.00	8.95	10.0	89.5	70 - 130
Dibromopropionic Acid	%	1.00	25.0	25.0	100	70 - 130

This report applies only to the sample, or samples, investigated and is not necessarily indicative of the quality or condition of apparently identical or similar products. As a mutual protection to clients, the public, and these laboratories, this report is submitted and accepted for the exclusive use of the client to whom it is addressed and upon the condition that it is not to be used, in whole or in part, in any advertising or publicity matter without prior written authorization from Truesdail Laboratories.

Client: California Rehabilitation Center Project Name: Weekly Routine Page 7 of 10
Project Number: Agmnt #5600003884 Printed 3/31/2014

EPA 524.2 - GC/MS Batch 710781

Parameter		Unit	Analyzed	DF	MDL	RL	Result
812610-001	Bromodichloromethane	ug/L	03/15/2014	1.00	0.0630	0.500	4.42
	Bromofluorobenzene	%	03/15/2014	1.00	80.0	70.0	95.2
	Bromoform	ug/L	03/15/2014	1.00	0.0910	0.500	44.6
	Chloroform	ug/L	03/15/2014	1.00	0.0900	0.500	0.517
	Dibromochloromethane	ug/L	03/15/2014	1.00	0.104	0.500	19.5
	Total Trihalomethanes	ug/L	03/15/2014	1.00	0.0920	0.500	69.0
812610-002	Bromodichloromethane	ug/L	03/15/2014	1.00	0.0630	0.500	7.07
	Bromofluorobenzene	%	03/15/2014	1.00	80.0	70.0	94.2
	Bromoform	ug/L	03/15/2014	1.00	0.0910	0.500	68.1
	Chloroform	ug/L	03/15/2014	1.00	0.0900	0.500	1.07
	Dibromochloromethane	ug/L	03/15/2014	1.00	0.104	0.500	32.3
	Total Trihalomethanes	ug/L	03/15/2014	1.00	0.0920	0.500	109

Method Blank

Parameter	Unit	DF	Result
Bromodichloromethane	ug/L	1.00	ND
Bromoform	ug/L	1.00	ND
Chloroform	ug/L	1.00	ND
Dibromochloromethane	ug/L	1.00	ND
Total Trihalomethanes	ug/L	1.00	ND
Bromofluorobenzene	%	1.00	97.0

Lab Control Sample

Parameter	Unit	DF	Result	Expected	Recovery	Acceptance Range
Benzene				0		
Bromodichloromethane	ug/L	1.00	4.97	5.00	99.4	80 - 120
Bromoform	ug/L	1.00	4.73	5.00	94.6	80 - 120
Chlorobenzene				0		
Chloroform	ug/L	1.00	4.95	5.00	99.0	80 - 120
Dibromochloromethane	ug/L	1.00	5.00	5.00	100	80 - 120
1,1-Dichloroethene				0		
Toluene				0		
Trichloroethene (TCE)				0		
Bromofluorobenzene	%	1.00	4.76	5.00	95.2	80 - 120
Toluene-d8				0		
Dibromofluoromethane				0		

This report applies only to the sample, or samples, investigated and is not necessarily indicative of the quality or condition of apparently identical or similar products. As a mutual protection to clients, the public, and these laboratories, this report is submitted and accepted for the exclusive use of the client to whom it is addressed and upon the condition that it is not to be used, in whole or in part, in any advertising or publicity matter without prior written authorization from Truesdail Laboratories.

EDT

ORGANIC CHEMICAL ANALYSIS (9/99)

Date of Report: 14/06/30 Sample ID No.14F0197-01

Laboratory Signature Lab

Name: TRUESDAIL LABS Director: _____

Name of Sampler:Michael Sullivan Employed By: CDCR-CRC

Date/Time Sample Collected:14/06/11/0800 | Date/Time Sample Received @ Lab:14/06/11/1625 | Date Analyses Completed:14/06/19

System Name:CALIFORNIA REHABILITATION CENTER - NORCO | System Number: 3310800

Name or Number of Sample Source:WAREHOUSE SAMPLE TAP - STG2 DBP

User ID: WAT | Station Number: 3310800-802

Date/Time of Sample: |14|06|11|0800| (YY MM DD TTTT) | Laboratory Code: 9469

Date Analysis completed: |14|06|19| (YY MM DD)

Submitted by: Shelly Brady | Phone #: 714) 730 6259

Page 1 of 1

REGULATED ORGANIC CHEMICALS

TEST METHOD	CHEMICAL ALL CHEMICALS REPORTED ug/L	ENTRY #	ANALYSES RESULTS	MCL ug/L	DLR ug/L
	Total Trihalomethanes (TTHMs)	82080	75.7	80	
	Bromodichloromethane	32101	5.75		1.0
	Bromoform	32104	45.2		1.0
	Chloroform (Trichloromethane)	32106	1.14		1.0
	Dibromochloromethane	32105	23.6		1.0
	Haloacetic Acids (five)(HAA5)	A-049	9.44	60	
	Monochloroacetic Acid (MCAA)	A-042	ND		2.0
	Dichloroacetic Acid (DCAA)	77288	1.68		1.0
	Trichloroacetic Acid (TCAA)	82723	ND		1.0
	Monobromoacetic Acid (MBAA)	A-041	ND		1.0
	Dibromoacetic Acid (DBAA)	82721	7.76		1.0

ORGANIC CHEMICAL ANALYSIS (9/99)

Date of Report: 14/06/30 Sample ID No.14F0197-05

Laboratory Signature Lab

Name: TRUESDAIL LABS Director:_____

Name of Sampler:Michael Sullivan Employed By: CDCR-CRC

Date/Time Sample Collected:14/06/11/0830 | Date/Time Sample Received @ Lab:14/06/11/1625 | Date Analyses Completed:14/06/19

System Name:CALIFORNIA REHABILITATION CENTER - NORCO | System Number: 3310800

Name or Number of Sample Source:UNIT IV KITCHEN SINK - STG2 DBP

* User ID: WAT Station Number: 3310800-801 *

* Date/Time of Sample: |14|06|11|0830| YY MM DD TTTT Laboratory Code: 9469 *

* YY MM DD *

* Date Analysis completed: |14|06|19| *

* Submitted by: Shelly Bradley Phone #: 714 730 6239 *

Page 1 of 1

REGULATED ORGANIC CHEMICALS

TEST METHOD	CHEMICAL ALL CHEMICALS REPORTED ug/L	ENTRY #	ANALYSES RESULTS	MCL ug/L	DLR ug/L
	Total Trihalomethanes (TTHMs)	82080	69.0	80	
	Bromodichloromethane	32101	5.02		1.0
	Bromoform	32104	42.8		1.0
	Chloroform (Trichloromethane)	32106	0.799		1.0
	Dibromochloromethane	32105	20.4		1.0
	Haloacetic Acids (five)(HAA5)	A-049	3.78	60	
	Monochloroacetic Acid (MCAA)	A-042	ND		2.0
	Dichloroacetic Acid (DCAA)	77288	ND		1.0
	Trichloroacetic Acid (TCAA)	82723	ND		1.0
	Monobromoacetic Acid (MBAA)	A-041	ND		1.0
	Dibromoacetic Acid (DBAA)	82721	3.78		1.0

TRUESDAIL LABORATORIES, INC.
EXCELLENCE IN INDEPENDENT TESTING
Established 1931
14201 FRANKLIN AVENUE
TUSTIN, CALIFORNIA 92780-7008
(714) 730-6239 · FAX (714) 730-6462
www.truesdail.com

REPORT

Client: **California Dept. Corrections & Rehab (CDCR)-CRC**
P.O. Box 1841
Norco, CA 91760
Attention: Singh Rai
Project Name: Weekly Routine

Work Order No.: 14I0353
Printed: 10/06/2014

CASE NARRATIVE

SAMPLE RECEIPT SUMMARY

Sample ID	Laboratory ID	Matrix	Type	Date Sampled	Date Received
Plant Ops	14I0353-01	Water	Grab	09/24/2014 08:00	09/24/2014 14:10
Warehouse	14I0353-02	Water	Grab	09/24/2014 08:30	09/24/2014 14:10
Unit IV	14I0353-03	Water	Grab	09/24/2014 10:00	09/24/2014 14:10
Navy	14I0353-04	Water	Grab	09/24/2014 09:30	09/24/2014 14:10
Reservoir	14I0353-05	Water	Grab	09/24/2014 09:00	09/24/2014 14:10

DEFINITIONS

Symbol	Definition
_A	Absent
DF	Dilution Factor
MDL	Method Detection Limit
ND	Not Detected
RL	Reporting Limit

Respectfully yours,

Shelly Brady
Project Manager

This report applies only to the sample, or samples, investigated and is not necessarily indicative of the quality or condition of apparently identical or similar products. As a mutual protection to clients, the public and these laboratories, this report is submitted and accepted for the exclusive use of the client to whom it is addressed and upon the condition that it is not to be used, in whole or in part, in any advertising or publicity matter without prior written authorization from Truesdail Laboratories.

Warehouse (Continued)

14I0353-02 (Water) (Continued)

Analyte	Result	RL	Units	DF	Batch	Analyzed	Analyst	Method	Notes
Truesdail Laboratories, Inc									
Haloacetic Acids by EPA 552.2									
Monochloracetic acid	ND	1.00	ug/L	1	1409467	10/01/2014 10:42	Jos	EPA 552.2	
Dichloroacetic acid	ND	1.00	ug/L	1	1409467	10/01/2014 10:42	Jos	EPA 552.2	
Trichloroacetic acid	ND	1.00	ug/L	1	1409467	10/01/2014 10:42	Jos	EPA 552.2	
Monobromacetic acid	ND	1.00	ug/L	1	1409467	10/01/2014 10:42	Jos	EPA 552.2	
Dibromoacetic acid	**5.94**	1.00	ug/L	1	1409467	10/01/2014 10:42	Jos	EPA 552.2	
Total Haloacetic Acids (HAA5)	**5.94**	1.00	ug/L	1	[CALC]	10/01/2014 10:42	Jos	EPA 552.2	
Trihalomethanes									
Bromoform	**41.6**	0.500	ug/L	1	1410005	10/01/2014 18:00	KD	EPA 524.2	
Chloroform	**0.748**	0.500	ug/L	1	1410005	10/01/2014 18:00	KD	EPA 524.2	
Dibromochloromethane	**18.6**	0.500	ug/L	1	1410005	10/01/2014 18:00	KD	EPA 524.2	
Bromodichloromethane	**4.29**	0.500	ug/L	1	1410005	10/01/2014 18:00	KD	EPA 524.2	
Total Trihalomethanes	**65.2**	0.500	ug/L	1	1410005	10/01/2014 18:00	KD	EPA 524.2	

Unit IV

14I0353-03 (Water)

Analyte	Result	RL	Units	DF	Batch	Analyzed	Analyst	Method	Notes
Truesdail Laboratories, Inc									
Field Measurements									
Chlorine, Residual	**0.58**	0.00	mg/L	1	1409401	09/24/2014 10:00	AW	Field	
Haloacetic Acids by EPA 552.2									
Monochloracetic acid	ND	1.00	ug/L	1	1409467	10/01/2014 11:04	Jos	EPA 552.2	
Dichloroacetic acid	**1.53**	1.00	ug/L	1	1409467	10/01/2014 11:04	Jos	EPA 552.2	
Trichloroacetic acid	ND	1.00	ug/L	1	1409467	10/01/2014 11:04	Jos	EPA 552.2	
Monobromacetic acid	ND	1.00	ug/L	1	1409467	10/01/2014 11:04	Jos	EPA 552.2	
Dibromoacetic acid	**14.9**	1.00	ug/L	1	1409467	10/01/2014 11:04	Jos	EPA 552.2	
Total Haloacetic Acids (HAA5)	**16.4**	1.00	ug/L	1	[CALC]	10/01/2014 11:04	Jos	EPA 552.2	
Trihalomethanes									
Bromoform	**52.9**	0.500	ug/L	1	1410005	10/01/2014 18:42	KD	EPA 524.2	
Chloroform	**1.11**	0.500	ug/L	1	1410005	10/01/2014 18:42	KD	EPA 524.2	
Dibromochloromethane	**29.1**	0.500	ug/L	1	1410005	10/01/2014 18:42	KD	EPA 524.2	
Bromodichloromethane	**6.45**	0.500	ug/L	1	1410005	10/01/2014 18:42	KD	EPA 524.2	
Total Trihalomethanes	**89.6**	0.500	ug/L	1	1410005	10/01/2014 18:42	KD	EPA 524.2	

This report applies only to the sample, or samples, investigated and is not necessarily indicative of the quality or condition of apparently identical or similar products. As a mutual protection to clients, the public and these laboratories, this report is submitted and accepted for the exclusive use of the client to whom it is addressed and upon the condition that it is not to be used, in whole or in part, in any advertising or publicity matter without prior written authorization from Truesdail Laboratories.

TRUESDAIL LABORATORIES, INC.
EXCELLENCE IN INDEPENDENT TESTING
Established 1931
14201 FRANKLIN AVENUE
TUSTIN, CALIFORNIA 92780-7008
(714) 730-6239 · FAX (714) 730-6462
www.truesdail.com

REPORT

Client: **California Dept. Corrections & Rehab (CDCR)-CRC**
P.O. Box 1841
Norco, CA 91760
Attention: Singh Rai
Project Name: Weekly Routine

Work Order No.: 14L0269
Printed: 01/04/2015

CASE NARRATIVE

SAMPLE RECEIPT SUMMARY

Sample ID	Laboratory ID	Matrix	Type	Date Sampled	Date Received
Warehouse	14L0269-01	Water	Grab	12/10/2014 08:00	12/10/2014 14:10
Visitor Processing	14L0269-02	Water	Grab	12/10/2014 08:30	12/10/2014 14:10
Unit IV	14L0269-03	Water	Grab	12/10/2014 09:00	12/10/2014 14:10
Navy	14L0269-04	Water	Grab	12/10/2014 09:30	12/10/2014 14:10
Reservoir	14L0269-05	Water	Grab	12/10/2014 10:00	12/10/2014 14:10

DEFINITIONS

Symbol	Definition
H1	The sample was originally analyzed within the analyte's hold time. The re-extract and/or re-analysis of the sample was analyzed outside of the analyte's hold time.
_A	Absent
DF	Dilution Factor
MDL	Method Detection Limit
ND	Not Detected
RL	Reporting Limit

Respectfully yours,

Shelly Brady
Project Manager

This report applies only to the sample, or samples, investigated and is not necessarily indicative of the quality or condition of apparently identical or similar products. As a mutual protection to clients, the public and these laboratories, this report is submitted and accepted for the exclusive use of the client to whom it is addressed and upon the condition that it is not to be used, in whole or in part, in any advertising or publicity matter without prior written authorization from Truesdail Laboratories.

Warehouse

14L0269-01 (Water)

Analyte	Result	RL	Units	DF	Batch	Analyzed	Analyst	Method	Notes
Truesdail Laboratories, Inc									
Field Measurements									
Chlorine, Residual	**0.38**	0.00	mg/L	1	1412255	12/10/2014 08:00	LS	Field	
Microbiology									
Total Coliforms	Absent	1.00	P/A	1	1412330	12/11/2014 14:30	PA	SM 9223 B	_A
Plate Count	ND	1.00	CFU/mL	1	1412330	12/12/2014 14:30	PA	SM 9215 B	
E. Coli	Absent	1.00	P/A	1	1412330	12/11/2014 14:30	PA	SM 9223 B	_A
Wet Chemistry									
Color	0.00		CU	1	1412318	12/11/2014 09:02	NE	SM 2120 A	
Odor	ND	1.00	TON	1	1412318	12/11/2014 08:47	NE	EPA 140.1	
pH	**7.66**		N/A	1	1412292	12/11/2014 07:57	JT1	SM 4500-H+ B	
Specific Conductivity	**890**	2.00	umho/cm	1	1412192	12/15/2014 00:00	JT	SM 2510 B	
MBAS	ND	0.0500	mg/L	1	1412262	12/11/2014 11:20	al	SM 5540 C	
Total Dissolved Solids	**489**	25.0	mg/L	1	1412209	12/10/2014 12:00	JT	SM 2540 C	
Turbidity	**0.231**	0.100	NTU	1	1412318	12/11/2014 08:37	NE	EPA 180.1	
Haloacetic Acids by EPA 552.2									
Monochloracetic acid	ND	1.00	ug/L	1	1412260	12/12/2014 21:30	JG	EPA 552.2	
Dichloroacetic acid	ND	1.00	ug/L	1	1412260	12/12/2014 21:30	JG	EPA 552.2	
Trichloroacetic acid	ND	1.00	ug/L	1	1412260	12/12/2014 21:30	JG	EPA 552.2	
Monobromacetic acid	ND	1.00	ug/L	1	1412260	12/12/2014 21:30	JG	EPA 552.2	
Dibromoacetic acid	**2.24**	1.00	ug/L	1	1412260	12/12/2014 21:30	JG	EPA 552.2	
Surrogate: 2,3-Dibromopropionic acid		*114%*	*70-130*		*1412260*	12/12/2014 21:30	JG	*EPA 552.2*	
Total Haloacetic Acids (HAA5)	**2.24**	1.00	ug/L	1	[CALC]	12/12/2014 21:30	JG	EPA 552.2	

This report applies only to the sample, or samples, investigated and is not necessarily indicative of the quality or condition of apparently identical or similar products. As a mutual protection to clients, the public and these laboratories, this report is submitted and accepted for the exclusive use of the client to whom it is addressed and upon the condition that it is not to be used, in whole or in part, in any advertising or publicity matter without prior written authorization from Truesdail Laboratories.

Warehouse (Continued)

14L0269-01 (Water) (Continued)

Analyte	Result	RL	Units	DF	Batch	Analyzed	Analyst	Method	Notes
Truesdail Laboratories, Inc									
Trihalomethanes									
Bromoform	**48.5**	0.500	ug/L	1	1412466	12/26/2014 19:20	KD	EPA 524.2	H1
Chloroform	**1.66**	0.500	ug/L	1	1412466	12/26/2014 19:20	KD	EPA 524.2	H1
Dibromochloromethane	**21.8**	0.500	ug/L	1	1412466	12/26/2014 19:20	KD	EPA 524.2	H1
Bromodichloromethane	**5.68**	0.500	ug/L	1	1412466	12/26/2014 19:20	KD	EPA 524.2	H1
Total Trihalomethanes	**77.7**	0.500	ug/L	1	1412466	12/26/2014 19:20	KD	EPA 524.2	H1
Surrogate: Dibromofluoromethane	*115%*	*70-130*			*1412466*	12/26/2014 19:20	KD	*EPA 524.2*	*H1*
Surrogate: Toluene-d8	*91%*	*70-130*			*1412466*	12/26/2014 19:20	KD	*EPA 524.2*	*H1*
Surrogate: Bromofluorobenzene	*86%*	*70-130*			*1412466*	12/26/2014 19:20	KD	*EPA 524.2*	*H1*

Visitor Processing

14L0269-02 (Water)

Analyte	Result	RL	Units	DF	Batch	Analyzed	Analyst	Method	Notes
Truesdail Laboratories, Inc									
Field Measurements									
Chlorine, Residual	**0.28**	0.00	mg/L	1	1412255	12/10/2014 08:30	LS	Field	
Microbiology									
Total Coliforms	Absent	1.00	P/A	1	1412330	12/11/2014 14:30	PA	SM 9223 B	_A
Plate Count	ND	1.00	CFU/mL	1	1412330	12/12/2014 14:30	PA	SM 9215 B	
E. Coli	Absent	1.00	P/A	1	1412330	12/11/2014 14:30	PA	SM 9223 B	_A
Wet Chemistry									
Color	0.00		CU	1	1412318	12/11/2014 09:03	NE	SM 2120 A	
Odor	ND	1.00	TON	1	1412318	12/11/2014 08:47	NE	EPA 140.1	
pH	**7.71**		N/A	1	1412292	12/11/2014 07:58	JT1	SM 4500-H+ B	
Specific Conductivity	**908**	2.00	umho/cm	1	1412192	12/15/2014 00:00	JT	SM 2510 B	
MBAS	ND	0.0500	mg/L	1	1412262	12/11/2014 11:30	al	SM 5540 C	
Total Dissolved Solids	**508**	25.0	mg/L	1	1412209	12/10/2014 12:00	JT	SM 2540 C	
Turbidity	**0.168**	0.100	NTU	1	1412318	12/11/2014 08:38	NE	EPA 180.1	

This report applies only to the sample, or samples, investigated and is not necessarily indicative of the quality or condition of apparently identical or similar products. As a mutual protection to clients, the public and these laboratories, this report is submitted and accepted for the exclusive use of the client to whom it is addressed and upon the condition that it is not to be used, in whole or in part, in any advertising or publicity matter without prior written authorization from Truesdail Laboratories.

Unit IV

14L0269-03 (Water)

Analyte	Result	RL	Units	DF	Batch	Analyzed	Analyst	Method	Notes
Truesdail Laboratories, Inc									
Field Measurements									
Chlorine, Residual	**0.41**	0.00	mg/L	1	1412255	12/10/2014 08:30	LS	Field	
Haloacetic Acids by EPA 552.2									
Monochloracetic acid	ND	1.00	ug/L	1	1412260	12/12/2014 21:51	JG	EPA 552.2	
Dichloroacetic acid	ND	1.00	ug/L	1	1412260	12/12/2014 21:51	JG	EPA 552.2	
Trichloroacetic acid	ND	1.00	ug/L	1	1412260	12/12/2014 21:51	JG	EPA 552.2	
Monobromacetic acid	ND	1.00	ug/L	1	1412260	12/12/2014 21:51	JG	EPA 552.2	
Dibromoacetic acid	**13.9**	1.00	ug/L	1	1412260	12/12/2014 21:51	JG	EPA 552.2	
Surrogate: 2,3-Dibromopropionic acid	*110%*	*70-130*			*1412260*	12/12/2014 21:51	JG	*EPA 552.2*	
Total Haloacetic Acids (HAA5)	**13.9**	1.00	ug/L	1	[CALC]	12/12/2014 21:51	JG	EPA 552.2	
Trihalomethanes									
Bromoform	**79.8**	0.500	ug/L	1	1412466	12/26/2014 20:01	KD	EPA 524.2	H1
Chloroform	**1.95**	0.500	ug/L	1	1412466	12/26/2014 20:01	KD	EPA 524.2	H1
Dibromochloromethane	**34.0**	0.500	ug/L	1	1412466	12/26/2014 20:01	KD	EPA 524.2	H1
Bromodichloromethane	**7.60**	0.500	ug/L	1	1412466	12/26/2014 20:01	KD	EPA 524.2	H1
Total Trihalomethanes	**123**	0.500	ug/L	1	1412466	12/26/2014 20:01	KD	EPA 524.2	H1
Surrogate: Dibromofluoromethane	*116%*	*70-130*			*1412466*	12/26/2014 20:01	KD	*EPA 524.2*	*H1*
Surrogate: Toluene-d8	*90%*	*70-130*			*1412466*	12/26/2014 20:01	KD	*EPA 524.2*	*H1*
Surrogate: Bromofluorobenzene	*87%*	*70-130*			*1412466*	12/26/2014 20:01	KD	*EPA 524.2*	*H1*

Navy

14L0269-04 (Water)

Analyte	Result	RL	Units	DF	Batch	Analyzed	Analyst	Method	Notes
Truesdail Laboratories, Inc									
Field Measurements									
Chlorine, Residual	**0.57**	0.00	mg/L	1	1412255	12/10/2014 08:30	LS	Field	
Microbiology									
Total Coliforms	Absent	1.00	P/A	1	1412330	12/11/2014 14:30	PA	SM 9223 B	_A
Plate Count	ND	0.00	CFU/mL	1	1412330	12/12/2014 14:30	AL	SM 9215 B	
E. Coli	Absent	1.00	P/A	1	1412330	12/11/2014 14:30	PA	SM 9223 B	_A

This report applies only to the sample, or samples, investigated and is not necessarily indicative of the quality or condition of apparently identical or similar products. As a mutual protection to clients, the public and these laboratories, this report is submitted and accepted for the exclusive use of the client to whom it is addressed and upon the condition that it is not to be used, in whole or in part, in any advertising or publicity matter without prior written authorization from Truesdail Laboratories.

Attachment No. 2

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 State Water Resources Control Board, Division of Drinking Water (Division) within **10 days** of receipt of giving public notice.

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

Attachment No. 3

Operational Evaluation Reporting Form

I. GENERAL INFORMATION

A. Facility Information

Facility Name: _____ PWSID: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

B. Report Prepared by:

(Print): _____ Date prepared: _____

(Signature): _____

Contact Telephone Number: _____

II. MONITORING RESULTS

A. Provide the Compliance Monitoring Site(s) where the OEL was Exceeded.

_____

Note: The site name or number should correspond to a site in your Stage 2 DBPR compliance monitoring plan.

B. Monitoring Results for the Site(s) Identified in II.A (include duplicate pages if there was more than one exceedance)

1. Check TTHM or HAA5 to indicate which result caused the OEL exceedance. ☐ TTHM ☐ HAA5

2. Enter your results for TTHM or HAA5 (whichever you checked above).

	Quarter			**Operational Evaluation Value**
	Results from Two Quarters Ago	Prior Quarter's Results	Current Quarter	
	A	B	C	D = (A+B+(2*C))/4
Date sample was collected				
TTHM (mg/L)				
HAA5 (mg/L)				

Note: *The operational evaluation value is calculated by summing the two previous quarters of TTHM or HAA5 values plus twice the current quarter value, divided by four. If the value exceeds 0.080 mg/L for TTHM or 0.060 mg/L for HAA5, an OEL exceedance has occurred.*

C. Has an OEL exceedance occurred at this location in the past?	☐ Yes	☐ No
If NO, proceed to item D. If YES, when did exceedance occur?		
Was the cause determined for the previous exceedance(s)?	☐ Yes	☐ No
Are the previous evaluations/determinations applicable to the current OEL exceedance?	☐ Yes	☐ No

Operational Evaluation Reporting Form

III. OPERATIONAL EVALUATION FINDINGS

A. Did the State allow you to limit the scope of the operational evaluation? ☐ Yes ☐ No

If NO, proceed to item B. If YES, attach written correspondence from the State.

B. Did **the distribution system** cause or contribute to your OEL exceedance(s)? ☐ Yes ☐ No ☐ Possibly

If NO, proceed to item C. If YES or POSSIBLY, explain (attach additional pages if necessary):

C. Did the **treatment** system cause or contribute to your OEL exceedance(s)? ☐ Yes ☐ No ☐ Possibly

If NO, proceed to item D. If YES or POSSIBLY, explain (attach additional pages if necessary):

D. Did **source water quality** cause or contribute to your OEL exceedance(s)? ☐ Yes ☐ No ☐ Possibly

If NO, proceed to item E. If YES or POSSIBLY, explain (attach additional pages if necessary):

E. Attach all supporting operational or other data that support the determination of the cause(s) of your OEL exceedance(s).

F. If you are unable to determine the cause(s) of the OEL exceedance(s), list the steps that you can use to better identify the cause(s) in the future (attach additional pages if necessary):

G. List steps that could be considered to minimize future OEL exceedances (attach additional pages if necessary)

H. Total **Number of Pages** Submitted, Including Attachments and Checklists: _____

Distribution System Evaluation Checklist

System Name: _____

Checklist Completed by: _____ Date: _____

A. Do you have disinfectant residual or temperature data for the monitoring location where you experienced the OEL exceedance? ☐ Yes ☐ No

If NO, proceed to item B. If YES, answer the following questions for the period in which an OEL exceedance occurred:

Yes	No	
☐	☐	Was the water temperature higher than normal for that time of the year at that location?
☐	☐	Was the disinfectant residual lower than normal for that time of the year at that location?
☐	☐	Was the disinfectant residual higher than normal for that time of the year at that location?

B. Do you have maintenance records available for the time period just prior to the OEL exceedance? ☐ Yes ☐ No

If NO, proceed to item C. If YES, answer the following questions:

Yes	No	
☐	☐	Did any line breaks or replacements occur in the vicinity of the exceedance?
☐	☐	Were any storage tanks or reservoirs taken off-line and cleaned?
☐	☐	Did flushing or other hydraulic disturbances (e.g., fires) occur in the vicinity of the exceedance?
☐	☐	Were any valves operated in the vicinity of the OEL exceedances?

C. If your system is metered, do you have access to historical records showing water use at individual service connections? ☐ Yes ☐ No

If NO, proceed to item D. If YES, was overall water use in your system unusually low, indicating higher than normal water age? ☐ Yes ☐ No

D. Do you have high-volume customers in your system (e.g., an industrial processing plant)? ☐ Yes ☐ No

If NO, proceed to item E. If YES, was there a change in water use by a high-volume customer? ☐ Yes ☐ No

E. Is there a finished water storage facility hydraulically upstream from the monitoring location where you experienced the OEL exceedance? ☐ Yes ☐ No

If NO, proceed to item F. If YES, review storage facility operations and water quality data to answer the following questions for the period in which the OEL exceedance occurred:

Yes	No	
☐	☐	Was a disinfectant residual detected in the stored water or at the tank outlet?
☐	☐	Do you know of any mixing problems with the tank or reservoir?
☐	☐	Does the facility operate in “last in-first out” mode?
☐	☐	Was the tank or reservoir drawn down more than usual prior to OEL exceedance, indicating a possible discharge of stagnant water?
☐	☐	Was there a change in water level fluctuations that would have resulted in increased water age within the tank or reservoir?

Distribution System Evaluation Checklist

F. Does your system practice booster chlorination? ☐ Yes ☐ No

If NO, proceed to item G. If YES, was there an increase in booster chlorination feed rates? ☐ Yes ☐ No

G. Did you have customer complaints in the vicinity of the OEL exceedance? ☐ Yes ☐ No

If NO, proceed to item H. If YES, explain.

H. Did concern about complying with a rule other than Stage 2 DBPR, such as the Lead and Copper rule, the TCR, or any other rule constrain your options to reduce the DBP levels at this site? For example, are you limited by the need to maintain a detectable disinfectant residual in your ability to control DBP levels in the distribution system? ☐ Yes ☐ No

If NO, proceed to item I. If YES, explain below and consult EPA's *Simultaneous Compliance Guidance Manual* for alternative compliance approaches.

I. Conclusion

Did the distribution system cause or contribute to the OEL exceedance(s)? ☐ Yes ☐ No ☐ Possibly

If NO, proceed to evaluations of treatment systems and source water. If YES or POSSIBLY, explain below.

Source Water Evaluation Checklist

☐ **NO DATA AVAILABLE**

System Name: _____

Checklist Completed by: _____ Date: _____

A. Do you have source water temperature data? ☐ Yes ☐ No

If NO, proceed to item B. If YES, was the source water temperature high? ☐ Yes ☐ No

If NO, proceed to item B. If YES, answer the following questions for the time period prior to the OEL exceedance.

Yes	No	
☐	☐	Was the raw water storage time longer than usual?
☐	☐	Did you place another water source on-line?
☐	☐	Were river/reservoir flow rates lower than usual? If yes, indicate the location of lower flow rates and the anticipated impact on the OEL exceedance.
☐	☐	Did point or non-point sources in the watershed contribute to the OEL exceedance?

B. Do you have data that characterizes organic matter in your source water (e.g., TOC, DOC, SUVA, color, THM formation potential)? ☐ Yes ☐ No

If NO, proceed to item C. If YES, were these values higher than normal? ☐ Yes ☐ No

If NO, proceed to item C. If YES, answer the following questions for the time period prior to the OEL exceedance.

Yes	No	
☐	☐	Did heavy rainfall or snowmelt occur in the watershed?
☐	☐	Did you place another water source on-line?
☐	☐	Did lake or reservoir turnover occur?
☐	☐	Did point or non-point sources in the watershed contribute to the OEL exceedance?
☐	☐	Did an algal bloom occur in the source water?
☐	☐	If algal blooms were present, were appropriate algae control measures employed (e.g. addition of copper sulfate)?
☐	☐	Did a taste and odor incident occur?

C. Do you have source water bromide data? ☐ Yes ☐ No

If NO, proceed to item D. If YES, were the bromide levels higher or lower than normal? ☐ Yes ☐ No

If NO, proceed to item D. If YES, answer the following questions for the time period prior to the OEL exceedance.

Yes	No	
☐	☐	Has saltwater intrusion occurred?
☐	☐	Are you experiencing a long-term drought?
☐	☐	Did heavy rainfall or snowmelt occur in the watershed?
☐	☐	Did you place another water source on-line?
☐	☐	Are you aware of any industrial spills in the watershed?

Source Water Evaluation Checklist

D. Do you have source water turbidity or particle count data? ☐ Yes ☐ No

If NO, proceed to item E. If YES, were the turbidity values or particle counts higher than normal? ☐ Yes ☐ No

If NO, proceed to item E. If YES, answer the following questions for the time period prior to the OEL exceedance.

Yes	No	
☐	☐	Did lake or reservoir turnover occur?
☐	☐	Did heavy rainfall or snowmelt occur in the watershed?
☐	☐	Did logging, fires, or landslides occur in the watershed?
☐	☐	Were river/reservoir flow rates higher than normal?

E. Do you have source water pH or alkalinity data? ☐ Yes ☐ No

If NO, proceed to item F. If YES, was the pH or alkalinity different from normal values? ☐ Yes ☐ No

If NO, proceed to item F. If YES, answer the following questions for the time period prior to the OEL exceedance.

Yes	No	
☐	☐	Was there an algal bloom in the source water?
☐	☐	If algal blooms were present, were algae control measures employed?
☐	☐	Did heavy rainfall or snowmelt occur in the watershed?
☐	☐	Has the PWS experienced diurnal pH changes in source water?

F. Conclusion

Did source water quality factors contribute to your OEL exceedance? ☐ Yes ☐ No ☐ Possibly

If YES or POSSIBLY, explain below.

_____

_____

_____

_____

_____

_____

_____

_____

_____