



RON CHAPMAN, MD, MPH  
Director & State Health Officer

State of California—Health and Human Services Agency  
California Department of Public Health



EDMUND G. BROWN JR.  
Governor

December 6, 2013

John Richardson, Receiver  
Yermo Water Company  
5161 Soquel Drive Suite F  
Soquel, CA 95073

Dear Mr. Richardson:

**CITATION NO. 05-13-13C-004**  
**YERMO WATER COMPANY (SYSTEM NO. 3610118)**

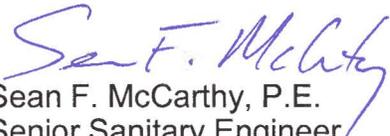
The Department of Public Health (Department) hereby issues a citation to the Yermo Water Company (Company) for the following violations:

- 1) Title 22, California Code of Regulations (CCR), Section 64426.1(b)(2). Specifically, the Company failed to meet the Primary Drinking Water Standards for bacteriological quality in the months of October 2012 and August 2013. A public water system which collects fewer than 40 samples per month is in violation of the Total Coliform Maximum Contaminant Level (MCL) when more than one (1) sample collected during a single month is total coliform-positive.
- 2) Title 22, California Code of Regulations (CCR), Section 64424(d). Specifically, the Company failed to collect a minimum of five routine samples in the months of April 2012, September 2012, November 2012, and September 2013, following total coliform-positive samples in the preceding months.
- 3) Title 22, California Code of Regulations (CCR), Section 64423.1(c). Specifically, the Company consistently failed to submit the required Monthly Summary of Distribution System Coliform Monitoring Reports and Coliform Lab results, in 2012.
- 4) Title 22, California Code of Regulations (CCR), Section 64423((a)(1). Specifically, the Company failed to collect the required number of routine samples in the month of January 2013.

- 5) Title 22, California Code of Regulations (CCR), Section 64675(a). Specifically, the Company failed to collect lead and copper samples in the 1<sup>st</sup> six months of 2013.
  
- 6) Title 22, California Code of Regulations (CCR), Section 64430 (Addendum A, 141.402(a)(2)). Specifically, the Company failed to collect a groundwater source sample within 24 hours of the distribution system routine total coliform positive on August 5, 2013.

If you have any questions regarding this letter, please contact Eric Zúñiga at (909) 383-5289.

Sincerely,

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

Enclosure: Citation No. 05-13-13C-004

## **ENCLOSURE**

---

CITATION NO. 05-13-13C-004



1 one (1) sample collected during a single month is total coliform-positive. In the  
2 months of October 2012 and August 2013, two or more of the Company's  
3 distribution system samples had a presence of total coliform, but were absent of  
4 *E.coli*.

5  
6 2) Title 22, California Code of Regulations (CCR), Section 64424(d). Specifically, the  
7 Company failed to collect a minimum of five (5) routine samples following total  
8 coliform-positive results in the months of March 2012, August 2012, October 2012  
9 and August 2013. The Company had one or more total coliform-positive samples in  
10 the distribution system, and therefore, was required to collect a minimum of five  
11 routine samples in the months April 2012, September 2012, November 2012, and  
12 September 2013.

13  
14 3) Title 22, California Code of Regulations (CCR), Section 64423.1(c). Specifically, the  
15 Company consistently failed to submit the required Monthly Summary of  
16 Distribution System Coliform Monitoring Reports and Coliform Lab results, in 2012.  
17 The Company is required to submit all monthly reports, to the Department, by the  
18 10<sup>th</sup> day of the month in which samples are collected.

19  
20 4) Title 22, California Code of Regulations (CCR), Section 64423(a)(1). Specifically,  
21 the Company failed to collect the required number of routine samples in the month  
22 of January 2013. The Company is required to collect a minimum of two samples per  
23 month from the distribution system in accordance with Table 64423.A of the CCR.  
24 The Company collected only one routine sample in January 2013.

25  
26 5) Title 22, California Code of Regulations (CCR), Section 64675(a). Specifically, the  
27 Company failed to collect lead and copper samples in the 1st half of 2013. The

1 Company is required to collect a minimum of 20 samples every six months in  
2 accordance with Table 64675-A. The Company did not collect any samples in the  
3 1<sup>st</sup> six months of 2013.  
4

- 5 6) Title 22, California Code of Regulations (CCR), Section 64430 (Addendum A,  
6 141.402(a)(2)). Specifically, the Company failed to collect a groundwater source  
7 sample within 24 hours of the distribution system routine total coliform positive on  
8 August 5, 2013. The Company did not take any well samples during the month of  
9 August 2013.  
10

## 11 HISTORY

12

13 The Yermo Water Company is a community water system that is required to collect two  
14 samples per month for bacteriological quality from the distribution system in accordance  
15 with Table 64423-A, Title 22, California Code of Regulations (CCR). The Company's  
16 Coliform Sample Siting Plan (Plan) currently on file with the Department, dated  
17 December 16, 1992, it is no longer up to date. The Department has made previous  
18 requests to the Company, to submit for review and approval, an updated Coliform  
19 Sample Siting Plan. **(Attachment No. 1)**  
20

21 On December 27, 2012, the Company was issued a Notice of Violation for failure to  
22 collect 20 lead and copper samples in accordance with Title 22, California Code of  
23 Regulations (CCR), Section 64675(a) in the first six-month period of 2012. No samples  
24 were collected in the second six-month period of 2012, nor in the first six-month period  
25 of 2013. Therefore, the Company is in violation of the monitoring requirements of Title  
26 22, California Code of Regulations (CCR), Section 64675(a). A round of sampling was  
27

1 completed on November 11, 2013, however only 5 locations were sampled and 20  
2 locations are required.

3  
4 On January 30, 2013, the Department contacted the Company's laboratory, Geo-  
5 Monitor, Inc., to request missing bacteriological lab results for the entire year of 2012. A  
6 review of the lab results indicated that the Company had incurred several violations  
7 throughout the year of 2012, including a TCR MCL exceedance, which occurred in  
8 October 2012. **(Attachment No. 2)**

9  
10 On October 1, 2012, the Company collected two routine distribution system samples for  
11 bacteriological analyses. One of the samples, located at 35714 Frontier Road, was total  
12 coliform-positive, but absent of *E.coli*. The Company collected five repeat samples from  
13 the distribution system, and one at the source (Helbro Well No. 4), within the required  
14 24 hour period.

15  
16 On October 4, 2012, the Company was notified by Geo-Monitor Laboratory that one of  
17 the repeat samples, located at 35744 Frontier Road, was total coliform-positive, but  
18 absent of *E.coli*. The Company had a total of two total coliform-positive samples in the  
19 month of October, which constitutes a violation of the TCR MCL. The Company  
20 collected four additional repeat samples from the distribution system, but no  
21 confirmation sample from the source. All samples were absent of total coliform and  
22 *E.coli*. The Company failed to notify the Department of the Total Coliform Rule MCL  
23 exceedance.

24  
25 On August 5, 2013, the Company collected two routine distribution system samples for  
26 bacteriological analyses. One of the samples, located at 36045 Skyview St. (a sample  
27 site used since January 2013 but not listed as a routine sample site), was total coliform-

1 positive, but absent of *E.coli*. The Company collected three repeat samples from the  
2 distribution system on August 7, 2013 at 36045, 36037, and 36061 Skyview St. The  
3 samples at 36037 and 36061 Skyview St. were total coliform-positive, but absent for  
4 *E.coli*. The Company collected a total of 18 samples in the month of August 2013, and 4  
5 of the samples were total coliform positive (but *E.coli* negative). However, the second  
6 total coliform-positive sample caused the Company to violate the TCR MCL, in which  
7 two or more positive total coliform samples a month constitutes an exceedance of the  
8 Total Coliform MCL. **(Attachment No. 3)**

9  
10 No source samples were taken from groundwater sources during the month of August  
11 2013, which is a violation of the Groundwater Rule. Title 22, California Code of  
12 Regulations (CCR), Section 64430 (Addendum A, 141.402(a)(2)) which states that a  
13 groundwater system must collect within 24 hours of notification of the total coliform-  
14 positive sample, at least one groundwater source sample from each groundwater  
15 source in use at the time the total coliform-positive sample was collected.

16  
17 Furthermore, per Title 22, California Code of Regulations (CCR), Section 64424(d),  
18 whenever a water system serving less than 10,000 persons, has one or more total  
19 coliform-positive samples in the distribution system, they must collect a minimum of five  
20 routine samples from the distribution system, in the following month.

21  
22 In the months of March, August, October 2012, and August 2013, the Company had at  
23 least one total coliform-positive sample in their distribution system. The Company failed  
24 to collect a minimum of five routine samples in the consequential months following total  
25 coliform-positive samples.

1 Finally, the Company is required to provide all monthly reports, including coliform  
2 laboratory results, to the Department, by the 10<sup>th</sup> day of the month in which samples are  
3 collected. The Department has delivered letters on May 7th, July 27th, and September  
4 10th, 2012 attempting to obtain such documents as the Monthly Summary of  
5 Distribution System Coliform Monitoring report and bacteriological lab results. The  
6 Monthly Summary for the month of September 2013 is also missing. Failure to comply  
7 with these requirements is a procedural violation.

8  
9 The Company is currently undergoing a potential change in ownership, and is presently  
10 under the direction of Mr. John Richardson, the Receiver, until all efforts have been  
11 established and finalized. However, during the transitional period, the integrity of the  
12 Yermo Water System shall not be compromised at any time. The customers being  
13 served shall receive drinking water that is safe for consumption and free of pathogens at  
14 all times. Should there be a future MCL exceedance of the Total Coliform Rule, the  
15 Company shall comply with the requirements of the California Safe Drinking Water Act,  
16 including, but not limited to; notifying the Department of the exceedance, and providing  
17 public notification to its customers within the required timeframe.

18  
19 **DIRECTIVES:**

20  
21 The System is hereby directed to take the following action:

- 22  
23 1. By December 31, 2013, the Company shall notify it's consumers of the  
24 bacteriological water quality failure in conformance with Section [64426.1(b)(2)], Title  
25 22, CCR.  
26  
27



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  
27

**CIVIL PENALTIES**

Section 116650 (d) and (e) of the H&S Code allow for the assessment of a civil penalty for failure to comply with requirements of the Safe Drinking Water Act. Failure to comply with any provision in this citation will result in the Department imposing an administrative penalty of up to \$1000.00 (one thousand dollars) per day as of the date of violation of any provision of this citation.

December 6, 2013  
Date

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

Attachments (5)

Attachment No. 1

---

COMPANY'S CSSP  
DATED DECEMBER 16, 1992



Attachment No. 2

---

MONTHLY COLIFORM MONITORING REPORTS  
AND LAB RESULTS  
(2012)

## 2012 BACTERIOLOGICAL SUMMARY

STATE OF CALIFORNIA  
DRINKING WATER FIELD OPERATIONS BRANCH

DEPARTMENT OF PUBLIC HEALTH  
SAN BERNARDINO DISTRICT

System Name: YERMO WC System No.: 3610118  
 Engineer: ERIC ZUNIGA Last Sanitary Survey: 10/31/2006  
 Laboratory: CLINICAL LAB OF SAN BERNARDINO ELAP Cert#: 1088  
 Primary Water Source: GW State WS Type: SWS Population: 1100 SC: 329

Buys from: NO WATER PURCHASES

Sells to: NO BUYERS

MINIMUM NUMBER OF ROUTINE TOTAL COLIFORM SAMPLES REQUIRED (PER SECTION 64423-A): <u>2/mo</u>							
MONTH	Number of Samples Collected	Number of Samples Total Coliform Positive	Percent of Samples Total Coliform Positive	Number of Fecal/E. Coli Positives From Repeat Samples	Number of Fecal/E. Coli Positives From Routine Samples	In Compliance with Monthly MCL?	Triggered Source Monitoring Following TC+
January	2	0	NA	0	0	Y	
February	2	0	NA	0	0	Y	
March	2	1	NA	0	0	Y	Y
April	2	0	NA	0	0	Y	
May	2	0	NA	0	0	Y	
June	2	0	NA	0	0	Y	
July	2	0	NA	0	0	Y	
August	7	1	NA	0	0	Y	Y
September	2	0	NA	0	0	Y	
October	11	2	NA	0	0	N	Y
November	2	0	NA	0	0	Y	
December	2	0	NA	0	0	Y	
Total Samples Collected in 2012	<b>38</b>	<b>4</b>	<b>NA</b>	<b>0</b>	<b>0</b>		

Total Samples Required for 2012	<b>36</b>
---------------------------------	-----------

**Comments:**

Exceeded TCR MCL; Failure to collect a min of 5, following TC positives; Failure to submit monthly reports; Failure to collect enough routine samples in a month. (ACTION PENDING-CHANGE OF OWNERSHIP IN PROGRESS)

# Geo-Monitor, Inc.



*Client:* Yermo Water Company  
38505 Williams Street  
Yermo, CA 92398

*Contact:* Marvin Hardy  
*Phone:* (760) 254-2130  
*Fax:*  
*System No:* 3610118

*Project:*

*Sampler:* Tim Moore  
*Date Sampled:* December 3, 2012  
*Date/Time Setup:* December 3, 2012 1545  
*Date/Time Read:* December 4, 2012 1600  
*Date Reported:* December 5, 2012

## Results

Laboratory ID	Sample Time	Sample Location	Cl Res (mg/L)	Sample Type	SM 9223		SM 9215B
					Total Coliform	E. coli	HPC cfu / 1 mL
B43	13:20	OSHB @ 40 School Rd.		1-D	Absent		
B44	13:26	OSHB @ 35714 Frontier Rd.		1-D	Absent		

### Sample Types

- 1 = routine
- 2 = repeat
- 3 = replacement
- 4 = special
- W = well
- D = distribution

*Director:* \_\_\_\_\_

# Geo-Monitor, Inc.



*Client:* Yermo Water Company  
38505 Williams Street  
Yermo, CA 92398

*Contact:* Marvin Hardy  
*Phone:* (760) 254-2130  
*Fax:*  
*System No.:* 3610118

*Project:*

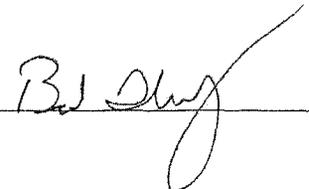
*Sampler:* Tim Moore  
*Date Sampled:* November 5, 2012  
*Date/Time Setup:* November 5, 2012 1630  
*Date/Time Read:* November 6, 2012 1630  
*Date Reported:* November 7, 2012

## Results

Laboratory ID	Sample Time	Sample Location	Cl Res (mg/L)	Sample Type	SM 9223		SM 9215B
					Total Coliform	E. coli	HPC cfu / 1 mL
B56	13:57	OSHB @ 40 School Rd.		1-D	Absent		
B57	14:05	OSHB @ 35714 Frontier Rd.		1-D	Absent		

### Sample Types

- 1 = routine
- 2 = repeat
- 3 = replacement
- 4 = special
- W = well
- D = distribution

Director: 

# Geo-Monitor, Inc.



*Client:* Yermo Water Company  
38505 Williams Street  
Yermo, CA 92398

*Contact:* Marvin Hardy  
*Phone:* (760) 254-2130  
*Fax:*  
*System No:* 3610118

*Project:*

*Sampler:* Tim Moore  
*Date Sampled:* October 1, 2012  
*Date/Time Setup:* October 1, 2012 1600  
*Date/Time Read:* October 2, 2012 1600  
*Date Reported:* October 3, 2012

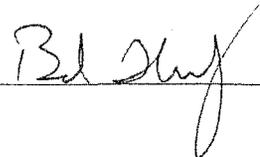
## Results

Laboratory ID	Sample Time	Sample Location	Cl Res (mg/L)	Sample Type	SM 9223		SM 9215B
					Total Coliform	E. coli	HPC cfu / 1 mL
B45	13:54	OSHB @ 40 School Rd.		1-D	Absent		
B46	14:00	OSHB @ 35714 Frontier Rd.		1-D	Present (1)	Absent	

(1) Notified Marvin 10-2-12 @ 14:05

### Sample Types

- 1 = routine
- 2 = repeat
- 3 = replacement
- 4 = special
- W = well
- D = distribution

*Director:* 

# Geo-Monitor, Inc.



*Client:* Yermo Water Company  
38505 Williams Street  
Yermo, CA 92398

*Contact:* Marvin Hardy  
*Phone:* (760) 254-2130  
*Fax:*  
*System No.:* 3610118

*Project:* Don Walker

*Sampler:* Bob Burke & Marvin H.  
*Date Sampled:* October 3, 2012  
*Date/Time Setup:* October 3, 2012 1100  
*Date/Time Read:* October 4, 2012 1100  
*Date Reported:* October 4, 2012

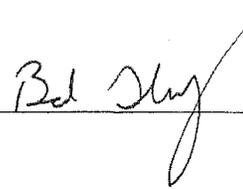
## Results

<i>Laboratory ID</i>	<i>Sample Time</i>	<i>Sample Location</i>	<i>Cl Res (mg/L)</i>	<i>Sample Type</i>	<i>SM 9223</i>		<i>SM 9215B</i>
					<i>Total Coliform</i>	<i>E. coli</i>	<i>HPC cfu / 1 mL</i>
B98	8:09	35724 Frontier			Absent		
B99	8:11	35714 Frontier			Absent		
B100	8:12	35744 Frontier			Present (1)	Absent	
B101	8:20	37380 Yermo			Absent		
B102	8:21	37430 Yermo			Absent		
B103	8:25	Helbro Well 4			Absent		

(1) Notified Marvin H. 10-04-12 @ 12:30

### Sample Types

1 = routine  
2 = repeat  
3 = replacement  
4 = special  
W = well  
D = distribution

*Director:* 

# Geo-Monitor, Inc.



*Client:* Yermo Water Company  
38505 Williams Street  
Yermo, CA 92398

*Contact:* Marvin Hardy  
*Phone:* (760) 254-2130  
*Fax:*  
*System No:* 3610118

*Project:*

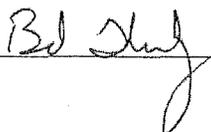
*Sampler:* B.B. & Marvin H.  
*Date Sampled:* October 5, 2012  
*Date/Time Setup:* October 5, 2012 1430  
*Date/Time Read:* October 6, 2012 1540  
*Date Reported:* October 8, 2012

## Results

Laboratory ID	Sample Time	Sample Location	Cl Res (mg/L)	Sample Type	SM 9223		SM 9215B
					Total Coliform	E. coli	HPC cfu / 1 mL
B166	8:10	35755 Frontier		2-D	Absent		
B167		35744 Frontier		2-D	Absent		
B168		35724 Frontier		2-D	Absent		
B169		35254 Frontier		2-D	Absent		

### Sample Types

- 1 = routine
- 2 = repeat
- 3 = replacement
- 4 = special
- W = well
- D = distribution

*Director:* 

# Geo-Monitor, Inc.



*Client:* Yermo Water Company  
38505 Williams Street  
Yermo, CA 92398

*Contact:* Marvin Hardy  
*Phone:* (760) 254-2130  
*Fax:*  
*System No:* 3610118

*Project:*

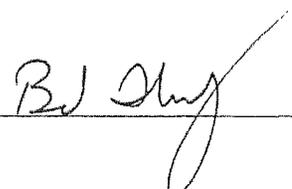
*Sampler:* Tim Moore  
*Date Sampled:* September 7, 2012  
*Date/Time Setup:* September 7, 2012 1520  
*Date/Time Read:* September 8, 2012 0945  
*Date Reported:* September 10, 2012

## Results

Laboratory ID	Sample Time	Sample Location	Cl Res (mg/L)	Sample Type	SM 9223		SM 9215B
					Total Coliform	E. coli	HPC cfu / 1 mL
B130	13:10	OSHB @ 40 School Rd.		1-D	Absent		
B131	13:20	OSHB @ 35714 Frontier Rd.		1-D	Absent		

### Sample Types

1 = routine  
2 = repeat  
3 = replacement  
4 = special  
W = well  
D = distribution

*Director:* 

# Geo-Monitor, Inc.



*Client:* Yermo Water Company  
38505 Williams Street  
Yermo, CA 92398

*Contact:* Marvin Hardy  
*Phone:* (760) 254-2130  
*Fax:*  
*System No:* 3610118

*Project:*

*Sampler:* Tim Moore  
*Date Sampled:* August 6, 2012  
*Date/Time Setup:* August 6, 2012 1600  
*Date/Time Read:* August 7, 2012 1000  
*Date Reported:* August 7, 2012

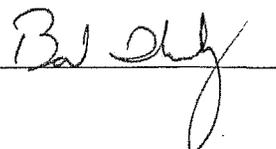
## Results

Laboratory ID	Sample Time	Sample Location	Cl Res (mg/L)	Sample Type	SM 9223		SM 9215B
					Total Coliform	E. coli	HPC cfu / 1 mL
B122	12:53	OSHB @ 40 School Rd.		1-D	Present (1)	Absent	
B123	13:00	OSHB @ 35714 Frontier Rd.		1-D	Absent		

(1) Notified Pat & Marvin 08-07-12 @ 10:30

### Sample Types

- 1 = routine
- 2 = repeat
- 3 = replacement
- 4 = special
- W = well
- D = distribution

*Director:* 

# Geo-Monitor, Inc.



*Client:* Yermo Water Company  
38505 Williams Street  
Yermo, CA 92398

*Contact:* Marvin Hardy  
*Phone:* (760) 254-2130  
*Fax:*  
*System No:* 3610118

*Project:*

*Sampler:* B.B.  
*Date Sampled:* August 7, 2012  
*Date/Time Setup:* August 7, 2012 1635  
*Date/Time Read:* August 8, 2012 1045  
*Date Reported:* August 8, 2012

## Results

<i>Laboratory ID</i>	<i>Sample Time</i>	<i>Sample Location</i>	<i>Cl Res (mg/L)</i>	<i>Sample Type</i>	<i>SM 9223</i>		<i>SM 9215B</i>
					<i>Total Coliform</i>	<i>E. coli</i>	<i>HPC cfu / 1 mL</i>
B191	13:15	OSHB @ 40 School Rd.			Absent		
B192	13:30	46 School Rd.			Absent		
B193	13:00	Marine 1			Absent		
B194	13:10	473 Gleason			Absent		
B195	13:20	48 School Rd.			Absent		
B196	12:49	35910 School Rd.			Absent		

### Sample Types

1 = routine  
2 = repeat  
3 = replacement  
4 = special  
W = well  
D = distribution

*Director:* \_\_\_\_\_

# Geo-Monitor, Inc.



*Client:* Yermo Water Company  
38505 Williams Street  
Yermo, CA 92398

*Contact:* Marvin Hardy  
*Phone:* (760) 254-2130  
*Fax:*  
*System No.:* 3610118

*Project:*

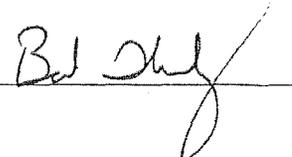
*Sampler:* Tim Moore  
*Date Sampled:* July 2, 2012  
*Date/Time Setup:* July 2, 2012 1530  
*Date/Time Read:* July 3, 2012 1530  
*Date Reported:* July 5, 2012

## Results

<i>Laboratory ID</i>	<i>Sample Time</i>	<i>Sample Location</i>	<i>Cl Res (mg/L)</i>	<i>Sample Type</i>	<i>SM 9223</i>		<i>SM 9215B</i>	
					<i>Total Coliform</i>	<i>E. coli</i>	<i>HPC</i>	<i>cfu / 1 mL</i>
B55	13:27	OSHB @ 40 School Rd.			Absent			
B56	13:35	OSHB @ 35714 Frontier Rd.			Absent			

### Sample Types

- 1 = routine
- 2 = repeat
- 3 = replacement
- 4 = special
- W = well
- D = distribution

*Director:* 

# GEO-MONITOR, INC.



*Client:* Yermo Water Company  
38505 Williams Street  
Yermo, CA 92398

*Contact:* Marvin Hardy  
*Phone:* (760) 254-2130  
*Fax:*  
*System No:* 3610118

*Project:*

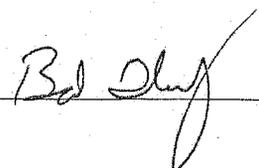
*Sampler:* Kristal Rodriguez  
*Date Sampled:* June 4, 2012  
*Date/Time Setup:* June 4, 2012 1530  
*Date/Time Read:* June 5, 2012 0930  
*Date Reported:* June 5, 2012

## Results

<i>Laboratory ID</i>	<i>Sample Time</i>	<i>Sample Location</i>	<i>Cl Res (mg/L)</i>	<i>Sample Type</i>	<i>SM 9223</i>		<i>SM 9215B</i>	
					<i>Total Coliform</i>	<i>E. coli</i>	<i>HPC cfu / 1 mL</i>	
B28	13:30	40 School Rd.			Absent			
B29	13:35	35714 Frontier Rd.			Absent			

### Sample Types

- 1 = routine
- 2 = repeat
- 3 = replacement
- 4 = special
- W = well
- D = distribution

*Director:* 

## MONTHLY SUMMARY OF DISTRIBUTION SYSTEM COLIFORM MONITORING

System Name <b>Yermo Water Co</b>	System Number <b>3410118</b>
Sampling Period <b>May</b>	Year <b>2012</b>
Month	

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/ E.coli Positives
1. Routine Samples (see note 1)	<u>2</u>	<u>2</u>	<u>0</u>	<u>0</u>
2. Repeat Samples Following Samples Which are Total Coliform Positive and Fecal/E.coli <i>Negative</i> (see notes 5 and 6)		<u>0</u>	<u>0</u>	<span style="border: 1px solid black; padding: 2px;">0</span>
3. Repeat Samples Following Routine Samples Which are Total Coliform <i>Positive</i> and Fecal/E.coli Positive (see notes 5 and 6)		<u>0</u>	<span style="border: 1px solid black; padding: 2px;">0</span>	<span style="border: 1px solid black; padding: 2px;">0</span>
4. MCL Computation For Total Coliform Positive Samples				
a. Totals (sum of columns)	<u>2</u>	<u>0</u>	<u>0</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]				<b>RECEIVED</b>
c. Is system in compliance...with fecal/E. coli MCL? (see notes 2 and 3)	<input checked="" type="checkbox"/> Yes			<b>MAY 29 2012</b>
...with monthly MCL? (see note 4)	<input checked="" type="checkbox"/> Yes			<b>DRINKING WATER PROGRAM SAN BERNARDINO DISTRICT</b>

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 <b>A. R. Walker</b>	Title <b>President</b>	Date <b>5/17/12</b>
----------------------------------	---------------------------	------------------------

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.
- CDPH 8477 (10/2007)



Client: Yermo Water Company  
 38505 Williams Street  
 Yermo, CA 92398

Contact: Marvin Hardy  
 Phone: (760) 254-2130  
 Fax:  
 System No: 3610118

Project:

Sampler: Tim Moore  
 Date Sampled: May 7, 2012  
 Date/Time Setup: May 7, 2012 1530  
 Date/Time Read: May 8, 2012 1530  
 Date Reported: May 9, 2012

## Results

Laboratory ID	Sample Time	Sample Location	Cl Res (mg/L)	Sample Type	SM 9223		SM 9215B
					Total Coliform	E. coli	HPC cfu / 1 mL
B104	13:50	OSHB @ 40 School Rd.			Absent		
B105	14:00	OSHB 35714 Frontier			Absent		

Sample Types

- 1 = routine
- 2 = repeat
- 3 = replacement
- 4 = special
- W = well
- D = distribution

Director: Bar Hardy

**MONTHLY SUMMARY OF DISTRIBUTION SYSTEM  
COLIFORM MONITORING**

System Name <b>Yermo Water Co.</b>	System Number <b>3610118</b>
Sampling Period <b>April</b>	Year <b>2012</b>

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/ E.coli Positives
1. Routine Samples (see note 1)	<u>2</u>	<u>2</u>	<u>0</u>	<u>0</u>
2. Repeat Samples Following Samples Which are Total Coliform Positive and Fecal/E.coli <i>Negative</i> (see notes 5 and 6)		<u>0</u>	<u>0</u>	<span style="border: 1px solid black; padding: 2px;">0</span>
3. Repeat Samples Following Routine Samples Which are Total Coliform <i>Positive</i> and Fecal/E.coli Positive (see notes 5 and 6)		<u>0</u>	<span style="border: 1px solid black; padding: 2px;">0</span>	<span style="border: 1px solid black; padding: 2px;">0</span>
4. MCL Computation For Total Coliform Positive Samples				
a. Totals (sum of columns)	<u>2</u>	<u>0</u>	<u>0</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]				
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 <b>President</b>	Date <b>4/16/12</b>
---------------	---------------------------	------------------------

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.
- CDPH 8477 (10/2007)

# Geo-Monitor, Inc.



*Client:* Yermo Water Company  
38505 Williams Street  
Yermo, CA 92398

*Contact:* Marvin Hardy  
*Phone:* (760) 254-2130  
*Fax:*  
*System No:* 3610118

*Project:*

*Sampler:* Kristal Rodriguez  
*Date Sampled:* April 2, 2012  
*Date/Time Setup:* April 2, 2012 1630  
*Date/Time Read:* April 3, 2012 1030  
*Date Reported:* April 3, 2012

## Results

Laboratory ID	Sample Time	Sample Location	Cl Res (mg/L)	Sample Type	SM 9223		SM 9215B
					Total Coliform	E. coli	HPC cfu / 1 mL
B53	14:09	OSHB @ 40 School Rd.		1-D	Absent		
B54	14:20	OSHB @ 35714 Frontier		1-D	Absent		

### Sample Types

1 = routine  
2 = repeat  
3 = replacement  
4 = special  
W = well  
D = distribution

*Director:* Bob Shuy

### MONTHLY SUMMARY OF DISTRIBUTION SYSTEM COLIFORM MONITORING

System Name <span style="font-size: 1.5em; font-family: cursive;">Yermo Water Company</span>	System Number <span style="font-size: 1.5em; font-family: cursive;">3610118</span>
Sampling Period <span style="font-size: 1.5em; font-family: cursive;">March</span>	Year <span style="font-size: 1.5em; font-family: cursive;">2012</span>
Month	

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

RECEIVED

MAY 29 2012

DRINKING WATER PROGRAM  
SAN BERNARDINO DISTRICT

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 <span style="font-size: 1.5em; font-family: cursive;">WR Walker</span>	Title <span style="font-size: 1.5em; font-family: cursive;">president</span>	Date <span style="font-size: 1.5em; font-family: cursive;">3/19/12</span>
---	---	--

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.

# Geo-Monitor, Inc.



**Client:** Yermo Water Company  
38505 Williams Street  
Yermo, CA 92398

**Contact:** Marvin Hardy  
**Phone:** (760) 267-5037  
**Fax:**  
**System No:** 3610118

**Project:**

**Sampler:** Tim Moore  
**Date Sampled:** March 5, 2012  
**Date/Time Setup:** March 5, 2012 1615  
**Date/Time Read:** March 6, 2012 1615  
**Date Reported:** March 6, 2012

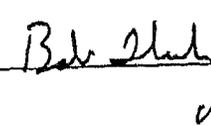
**Results**

Laboratory ID	Sample Time	Sample Location	Cl Res (mg/L)	Sample Type	SM 9223		SM 9215B
					Total Coliform	E. coli	HPC cfu / 1 mL
B81	14:28	OSHB @ 40 School Rd.		1-D	Present	Absent	
B82	14:36	OSHB @ 35714 Frontier		1-D	Absent		

Notified Marvin Hardy 03-06-2012 @ 14:17

**Sample Types**

- 1 = routine
- 2 = repeat
- 3 = replacement
- 4 = special
- W = well
- D = distribution

Director: 

# Geo-Monitor, Inc.



**Client:** Yermo Water Company  
 38505 Williams Street  
 Yermo, CA 92398

**Contact:** Marvin Hardy  
**Phone:** (760) 254-2130 / (760) 267-5037  
**Fax:**  
**System No:** 3610118

**Project:**

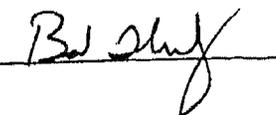
**Sampler:** B.B. & M.H.  
**Date Sampled:** March 7, 2012  
**Date/Time Setup:** March 7, 2012 1630  
**Date/Time Read:** March 8, 2012 1030  
**Date Reported:** March 8, 2012

## Results

Laboratory ID	Sample Time	Sample Location	Cl Res (mg/L)	Sample Type	SM 9223		SM 9215B
					Total Coliform	E. coli	HPC cfu / 1 mL
B139	13:00	Marine Well 1			Absent		
B140	13:17	40 School Rd.			Absent		
B141	13:15	35910 School Rd.			Absent		
B142	13:20	473 Gleason			Absent		
B143	13:27	48 School Rd.			Absent		
B144	13:30	46 School Rd.			Absent		

Sample Types

- 1 = routine
- 2 = repeat
- 3 = replacement
- 4 = special
- W = well
- D = distribution

Director: 

## MONTHLY SUMMARY OF DISTRIBUTION SYSTEM COLIFORM MONITORING

System Name <h1 style="text-align: center; margin: 0;">YERMO WATER COMPANY</h1>	System Number <h1 style="text-align: center; margin: 0;">3610118</h1>
Sampling Period <h1 style="text-align: center; margin: 0;">February</h1>	Year <h1 style="text-align: center; margin: 0;">2012</h1>

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/ E.coli Positives
1. Routine Samples (see note 1)	<u>2</u>	<u>2</u>	<u>0</u>	<u>0</u>
2. Repeat Samples Following Samples Which are Total Coliform Positive and Fecal/E.coli <i>Negative</i> (see notes 5 and 6)		<u>0</u>	<u>0</u>	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">0</span>
3. Repeat Samples Following Routine Samples Which are Total Coliform <i>Positive</i> and Fecal/E.coli Positive (see notes 5 and 6)		<u>0</u>	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">0</span>	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">0</span>
4. MCL Computation For Total Coliform Positive Samples				
a. Totals (sum of columns)	<u>2</u>	<u>2</u>	<u>0</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]

c. Is system in compliance. ...with fecal/E. coli MCL? (see notes 2 and 3)

...with monthly MCL? (see note 4)

Yes  
 Yes

No  
 No

RECEIVED

MAY 29 2012  
DRINKING WATER PROGRAM  
SAN BERNARDINO DISTRICT

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 <u>president</u>	Date <u>2/19/12</u>
---------------	---------------------------	------------------------

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.
 Positive results and their associated repeat samples must be tracked on the worksheet on the other side.  
 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.

# Geo-Monitor, Inc.



*Client:* Yermo Water Company  
38505 Williams Street  
Yermo, CA 92398

*Contact:* Bob Burke  
*Phone:* (760) 447-6557  
*Fax:*  
*System No:* 3610118

*Project:*

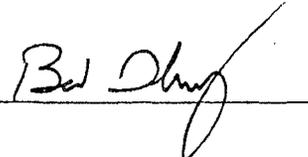
*Sampler:* Kristal Rodriguez  
*Date Sampled:* February 6, 2012  
*Date/Time Setup:* February 6, 2012 1630  
*Date/Time Read:* February 7, 2012 1630  
*Date Reported:* February 8, 2012

## Results

Laboratory ID	Sample Time	Sample Location	Cl Res (mg/L)	Sample Type	SM 9223		SM 9215B
					Total Coliform	E. coli	HPC cfu / 1 mL
B99	14:15	35714 Frontier		1-D	Absent		
B100	14:21	40 School Rd.		1-D	Absent		

### Sample Types

1 = routine  
2 = repeat  
3 = replacement  
4 = special  
W = well  
D = distribution

Director: 

MONTHLY SUMMARY OF DISTRIBUTION SYSTEM  
COLIFORM MONITORING

System Name <b>YERMO WATER COMPANY</b>	System Number <b>3610118</b>
Month <b>January</b>	Year <b>2012</b>

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/E.coli Positives
Routine Samples (see note 1)	2	2	0	0
2. Repeat Samples Following Samples Which are Total Coliform Positive and Fecal/E. coli <i>Negative</i> (see notes 5 and 6)		0	0	0
3. Repeat Samples Following Routine Samples Which are Total Coliform Positive and Fecal/E. coli Positive (see notes 5 and 6)		0	0	0
4. MCL Computation For Total Coliform Positive Samples	2	2	0	
Totals (sum of columns)				

RECEIVED

MAY 29 2012

Yes

No

Yes

No

DRINKING WATER PROGRAM  
SAN BERNARDINO DISTRICT

b. If 40 or more samples collected in month, determine percent of samples that are total coliform positive  $[(\text{total number positive} / \text{total number collected}) \times 100]$

13. System in compliance... with fecal/E. coli MCL? (see notes 2 and 3)

...with monthly MCL? (see note 4)

14. 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 <i>R.R. Walker</i>	Title <i>president</i>	Date <i>1/18/12</i>
---------------------------------	---------------------------	------------------------

NOTES AND INSTRUCTIONS:

1. Repeat sample method
2. 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.
3. Extra samples required for systems collecting less than five routine samples per month that had one or more total coliform positives in previous month;
4. 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;
5. 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).
6. 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 64426.7).
7. 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.
8. Positive results and their associated repeat samples must be tracked on the worksheet on the other side
9. 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.
10. For systems collecting one or less routine samples per month, two repeat samples must be collected for each total coliform positive sample.

# Geo-Monitor, Inc.



*Client:* Yermo Water Company  
38505 Williams Street  
Yermo, CA 92398

*Contact:* Bob Burke  
*Phone:* (760) 447-6557  
*Fax:*  
*System No:* 3610118

*Project:*

*Sampler:* Tim Moore  
*Date Sampled:* January 9, 2012  
*Date/Time Setup:* January 9, 2012 1515  
*Date/Time Read:* January 10, 2012 1515  
*Date Reported:* January 10, 2012

## Results

Laboratory ID	Sample Time	Sample Location	Cl Res (mg/L)	Sample Type	SM 9223		SM 9215B
					Total Coliform	E. coli	HPC cfu / 1 mL
B160	13:06	40 School Rd.		1-D	Absent		
B161	13:15	35714 Frontier		1-D	Absent		

### Sample Types

1 = routine  
2 = repeat  
3 = replacement  
4 = special  
W = well  
D = distribution

Director: \_\_\_\_\_

Attachment No. 3

---

MONTHLY COLIFORM MONITORING REPORTS  
AND LAB RESULTS  
(2013)

## 2013 BACTERIOLOGICAL SUMMARY

STATE OF CALIFORNIA  
DRINKING WATER FIELD OPERATIONS BRANCH

DEPARTMENT OF PUBLIC HEALTH  
SAN BERNARDINO DISTRICT

System Name: YERMO WC System No.: 3610118

Engineer: ERIC ZUNIGA Last Sanitary Survey: 10/31/2006

Laboratory: CLINICAL LAB OF SAN BERNARDINO ELAP Cert#: 1088

Primary Water Source: GW State WS Type: SWS Population: 1100 SC: 329

Buys from: NO WATER PURCHASES

Sells to: NO BUYERS

MINIMUM NUMBER OF ROUTINE TOTAL COLIFORM SAMPLES REQUIRED (PER SECTION 64423-A): <u>2/mo</u>							
MONTH	Number of Samples Collected	Number of Samples Total Coliform Positive	Percent of Samples Total Coliform Positive	Number of Fecal/E. Coli Positives From Repeat Samples	Number of Fecal/E. Coli Positives From Routine Samples	In Compliance with Monthly MCL?	Triggered Source Monitoring Following TC+
January	2	0	NA	0	0	Y	
February	2	0	NA	0	0	Y	
March	2	0	NA	0	0	Y	
April	2	0	NA	0	0	Y	
May	2	0	NA	0	0	Y	
June	2	0	NA	0	0	Y	
July	2	0	NA	0	0	Y	
August	18	4	NA	0	0	N	N
September	*2	0	NA	0	0	Y	
October	2	0	NA	0	0	Y	
November							
December							
Total Samples Collected in 2013	<b>36</b>	<b>0</b>	<b>NA</b>	<b>0</b>	<b>0</b>		

Total Samples Required for 2013	<b>36</b>
---------------------------------	-----------

**Comments:**

Exceeded TCR MCL in August 2013; Failed to conduct triggered source monitoring; Failed to collect a min of 5 in September, following TC positives; Failed to submit Monthly Summary Report for September (\*lab results received).

## MONTHLY SUMMARY OF DISTRIBUTION SYSTEM COLIFORM MONITORING

(including triggered source monitoring for systems subject to the Groundwater Rule)

System Name <b>Yermo Community Services District</b>	System Number <b>3610118</b>
Sampling Period <b>Oct</b>	Year <b>2013</b>
Month	

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/E.coli Positives
1. Routine Samples (see note 1)	<u>2</u>	<u>2</u>	<u>0</u>	<u>0</u>
2. Repeat Samples following Samples that are Total Coliform Positive and Fecal/E.coli <i>Negative</i> (see notes 5 and 6)		<u>0</u>	<u>0</u>	<input type="text"/>
3. Repeat Samples following Routine Samples that are Total Coliform <i>Positive</i> and Fecal/E.coli Positive (see notes 5 and 6)		<u>0</u>	<input type="text"/>	<input type="text"/>
4. MCL Computation for Total Coliform Positive Samples		<u>0</u>		
a. Totals (sum of columns)		<u>0</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. Source Samples Triggered by Routine Samples that are Total Coliform Positive (This applies <b>only</b> to systems subject to the Groundwater Rule - see notes 7 and 8)		<u>0</u>	<u>0</u>	<input type="text"/>
6. Invalidated Samples (Note what samples, if any, were invalidated; who authorized the invalidation; and when replacement samples were collected. Attach additional sheets, if necessary.)				

RECEIVED

OCT 21 2013

Drinking Water Program  
San Bernardino District

7. Summary Completed By:

Signature 	Title <b>Director</b>	Date <b>10/18/13</b>
---------------	--------------------------	-------------------------

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 are 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 are to be tracked on the Coliform Monitoring Worksheet.
6. Repeat samples must be collected within 24 hours of being notified of the positive results. For systems collecting more than one routine sample per month, three repeat samples must be collected for each total coliform positive sample. For systems collecting one or fewer routine samples per month, four repeat samples must be collected for each total coliform positive sample.
7. For systems subject to the Groundwater Rule: Positive results and the associated triggered source samples are to be tracked on the Coliform Monitoring Worksheet.
8. For triggered sample(s) required as a result of a total coliform routine positive sample, an *E.coli*, enterococci, or coliphage positive triggered sample (boxed entry) **requires immediate notification to the Department, Tier 1 public notification, and corrective action.**

# Geo-Monitor, Inc.



*Client:* Yermo CSD  
P.O. Box 910  
Yermo, CA 92398

*Contact:* Geoff Berner  
*Phone:* (760) 668-1649  
*Fax:*  
*System No:* 3610118

*Project:*

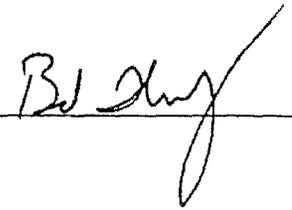
*Sampler:* Tim Moore  
*Date Sampled:* September 12, 2013  
*Date/Time Setup:* September 12, 2013 1600  
*Date/Time Read:* September 13, 2013 1000  
*Date Reported:* September 13, 2013

## Results

Laboratory ID	Sample Time	Sample Location	Cl Res (mg/L)	Sample Type	SM 9223		SM 9215B
					Total Coliform	E. coli	HPC cfu / 1 mL
B291	13:55	OSHB @ 36045 Skyview St.		1-D	Absent		
B292	14:05	OSHB @ 3574 Frontier		1-D	Absent		

### Sample Types

1 = routine  
2 = repeat  
3 = replacement  
4 = special  
W = well  
D = distribution

Director: 

*Citation*

**MONTHLY SUMMARY OF DISTRIBUTION SYSTEM COLIFORM MONITORING**  
**(including triggered source monitoring for systems subject to the Groundwater Rule)**

System Name <p style="text-align: center;">Yermo Community Services District</p>	System Number <p style="text-align: center;">3610118</p>
Sampling Period <p style="text-align: center;">August</p>	Year <p style="text-align: center;">2013</p>

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/E.coli Positives
1. Routine Samples (see note 1)	<u>2</u>	<u>2</u>	<u>1</u>	<u>0</u>
2. Repeat Samples following Samples that are Total Coliform Positive and Fecal/E.coli <i>Negative</i> (see notes 5 and 6)		<u>6</u>	<u>2</u>	<span style="border: 1px solid black; padding: 2px;">0</span>
3. Repeat Samples following Routine Samples that are Total Coliform <i>Positive</i> and Fecal/E.coli Positive (see notes 5 and 6)		<u>6</u>	<span style="border: 1px solid black; padding: 2px;">0</span>	<span style="border: 1px solid black; padding: 2px;">0</span>
4. MCL Computation for Total Coliform Positive Samples				
a. Totals (sum of columns)		<u>14</u>	<u>        </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] = _____ %				
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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
5. Source Samples Triggered by Routine Samples that are Total Coliform Positive (This applies <b>only</b> to systems subject to the Groundwater Rule - see notes 7 and 8)				<span style="border: 1px solid black; padding: 2px;">        </span>

SEP 11 2013

6. Invalidated Samples

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

7. Summary Completed By:

Signature 	Title <p style="text-align: center;">Director</p>	Date <p style="text-align: center;">9/9/2013</p>
---------------	--	---

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 are 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 are to be tracked on the Coliform Monitoring Worksheet.
6. Repeat samples must be collected within 24 hours of being notified of the positive results. For systems collecting more than one routine sample per month, three repeat samples must be collected for each total coliform positive sample. For systems collecting one or fewer routine samples per month, four repeat samples must be collected for each total coliform positive sample.
7. For systems subject to the Groundwater Rule: Positive results and the associated triggered source samples are to be tracked on the Coliform Monitoring Worksheet.
8. For triggered sample(s) required as a result of a total coliform routine positive sample, an *E.coli*, enterococci, or coliphage positive triggered sample (boxed entry) **requires immediate notification to the Department, Tier 1 public notification, and corrective action.**

# COLIFORM MONITORING WORKSHEET

( COMPLETED FOR POSITIVE ROUTINE SAMPLES, ALL REPEAT SAMPLES, AND ALL TRIGGERED SOURCE SAMPLES)

Page \_\_\_\_\_ of \_\_\_\_\_  
Report Month \_\_\_\_\_ Year \_\_\_\_\_

Routine Samples <sup>9</sup>			Repeat Samples <sup>6</sup>					Triggered Source Samples <sup>8</sup>				
TC+ Sample Date	TC+ Sample Site ID	<sup>12</sup> EC/FC Results	Repeat Collection Date	Repeat Sample Site IDs <sup>10</sup>	Coliform Results (Check one box)			Source Sample Date	Groundwater Source(s) Sampled	<sup>12</sup> TC Results	<sup>11,12</sup> E. coli Results	
					TC-	TC+ BUT FC/EC-	TC+ AND FC/EC+					
8/19/2013	B441	0		1						(+ / -)	(+ / -)	
				2						(+ / -)	(+ / -)	
				3							(+ / -)	(+ / -)
				4							(+ / -)	(+ / -)
8/19/2013	B442	0		1						(+ / -)	(+ / -)	
				2						(+ / -)	(+ / -)	
				3							(+ / -)	(+ / -)
				4							(+ / -)	(+ / -)
8/19/2013	B443	0		1						(+ / -)	(+ / -)	
				2						(+ / -)	(+ / -)	
				3							(+ / -)	(+ / -)
				4							(+ / -)	(+ / -)
8/19/2013	B444	0	8/23/2013	B527		0				(+ / -)	(+ / -)	
				2						(+ / -)	(+ / -)	
				3							(+ / -)	(+ / -)
				4							(+ / -)	(+ / -)
8/19/2013	B445	POSITIVE	8/23/2013	B525		0				(+ / -)	(+ / -)	
				2						(+ / -)	(+ / -)	
				3							(+ / -)	(+ / -)
				4							(+ / -)	(+ / -)
8/23/2013	B523	0		1						(+ / -)	(+ / -)	
				2						(+ / -)	(+ / -)	
				3							(+ / -)	(+ / -)
				4							(+ / -)	(+ / -)
8/23/2013	B524	0		1						(+ / -)	(+ / -)	
				2						(+ / -)	(+ / -)	
				3							(+ / -)	(+ / -)
				4							(+ / -)	(+ / -)
8/23/13	B526	0		1						(+ / -)	(+ / -)	
				2						(+ / -)	(+ / -)	
				3							(+ / -)	(+ / -)
				4							(+ / -)	(+ / -)
		(+ / -)		1						(+ / -)	(+ / -)	
				2						(+ / -)	(+ / -)	
				3							(+ / -)	(+ / -)
				4							(+ / -)	(+ / -)

Comments:

**NOTES AND INSTRUCTIONS:**

6. Repeat samples must be collected within 24 hours of being notified of the positive results. For systems collecting more than one routine sample per month, three repeat samples must be collected for each total coliform positive sample. For systems collecting one or fewer routine samples per month, four repeat samples must be collected for each total coliform positive sample.
8. For triggered sample(s) required as a result of a total coliform routine positive sample, an *E. coli*, enterococci, or coliphage positive triggered sample (boxed entry) requires immediate notification to the Department, Tier 1 public notification, and corrective action.
9. Also include any data for positive samples that occurred in the previous month that led to repeat monitoring occurring in the reporting month. Include location and indicate if the routine sample was either positive or negative for *E. coli* or Fecal Coliforms.
10. For systems serving ≤ 1000 persons that collect one or fewer routine samples per month, a triggered source water sample may be used as the fourth repeat, as noted in an approved plan, if *E. coli* was the indicator used. Show result in GW source column too.
11. The Department recommends using *E. coli* (see note 8). If enterococci or coliphage is used, note which in the comment box below.
12. Circle the appropriate result.

# Geo-Monitor, Inc.



**Client:** Yermo CSD  
 P.O. Box 910  
 Yermo, CA 92398

**Contact:** Geoff Berner  
**Phone:** (760) 668-1649  
**Fax:**  
**System No:** 3610118

**Project:**

**Sampler:** Tim Moore  
**Date Sampled:** August 5, 2013  
**Date/Time Setup:** August 5, 2013 1630  
**Date/Time Read:** August 6, 2013 1030  
**Date Reported:** August 6, 2013

**Results**

Laboratory ID	Sample Time	Sample Location	Cl Res (mg/L)	Sample Type	SM 9223		SM 9215B
					Total Coliform	E. coli	HPC cfu / 1 mL
B56	14:26	OSHB @ 36045 Skyview St.		1-D	Present (1)	Absent	
B57	14:36	OSHB @ 3574 Frontier		1-D	Absent		

(1) Notified G. Berner 8-6-13 @ 11:05

Sample Types

- 1 = routine
- 2 = repeat
- 3 = replacement
- 4 = special
- W = well
- D = distribution

Director: \_\_\_\_\_

**Geo-Monitor, Inc.**

**Client:** Yermo CSD  
P.O. Box 910  
Yermo, CA 92398

**Contact:** Geoff Berner  
**Phone:** (760) 668-1649  
**Fax:**  
**System No:** 3610118

**Project:**

**Sampler:** Tim Moore  
**Date Sampled:** August 7, 2013  
**Date/Time Setup:** August 7, 2013 1630  
**Date/Time Read:** August 8, 2013 1030  
**Date Reported:** August 8, 2013

**Results**

Laboratory ID	Sample Time	Sample Location	Cl Res (mg/L)	Sample Type	SM 9223		SM 9215B
					Total Coliform	E. coli	HPC cfu / 1 mL
B151	12:52	OSHB @ 36045 Skyview St.		2-D	Absent		
B152	13:00	OSHB @ 36037 Skyview St.		4-D	Present (1)	Absent	
B153	13:06	OSHB @ 36061 Skyview St.		4-D	Present (1)	Absent	

(1) Notified G. Berner 8-8-13 @ 11:00

**Sample Types**

- 1 = routine
- 2 = repeat
- 3 = replacement
- 4 = special
- W = well
- D = distribution

Director: BJ Dy

# Geo-Monitor, Inc.



*Client:* Yermo CSD  
P.O. Box 910  
Yermo, CA 92398

*Contact:* Geoff Berner  
*Phone:* (760) 668-1649  
*Fax:*  
*System No:* 3610118

*Project:*

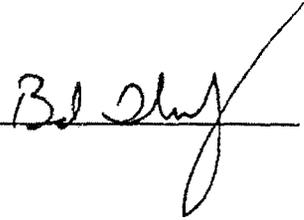
*Sampler:* Toye Moore  
*Date Sampled:* August 9, 2013  
*Date/Time Setup:* August 9, 2013 1500  
*Date/Time Read:* August 10, 2013 1515  
*Date Reported:* August 12, 2013

## Results

<i>Laboratory ID</i>	<i>Sample Time</i>	<i>Sample Location</i>	<i>Cl Res (mg/L)</i>	<i>Sample Type</i>	<i>SM 9223</i>		<i>SM 9215B</i>
					<i>Total Coliform</i>	<i>E. coli</i>	<i>HPC cfu / 1 mL</i>
B198	12:30	OSHB @ 36045 Skyview St.		2 - D	Absent		
B199	12:38	OSHB @ 36037 Skyview St.		4 - D	Absent		
B200	12:43	OSHB @ 36061 Skyview St.		4 - D	Absent		

Sample Types

- 1 = routine
- 2 = repeat
- 3 = replacement
- 4 = special
- W = well
- D = distribution

*Director:* 

# Geo-Monitor, Inc.



Client: Yermo CSD  
P.O. Box 910  
Yermo, CA 92398

Contact: Geoff Berner  
Phone: (760) 668-1649  
Fax:  
System No: 3610118

Project:

Sampler: Geoff Berner  
Date Sampled: August 19, 2013  
Date/Time Setup: August 19, 2013 1715  
Date/Time Read: August 20, 2013 1130  
Date Reported: August 20, 2013

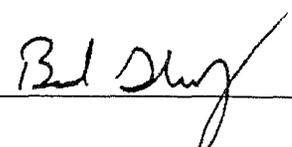
## Results

Laboratory ID	Sample Time	Sample Location	Cl Res (mg/L)	Sample Type	SM 9223		SM 9215B
					Total Coliform	E. coli	HPC cfu / 1 mL
B441	15:18	38057 Fairway			Absent		
B442	15:29	36021 Dividing Line			Absent		
B443	15:40	301 N. Yermo RD			Absent		
B444	15:51	240 N. Thrid			Absent		
B445	16:00	38731 E. Williams			Present (1)	Absent	

(1) Notified G. Berner 8-20-13 @ 11:48

### Sample Types

1 = routine  
2 = repeat  
3 = replacement  
4 = special  
W = well  
D = distribution

Director: 

# Geo-Monitor, Inc.



*Client:* Yermo CSD  
P.O. Box 910  
Yermo, CA 92398

*Contact:* Geoff Berner  
*Phone:* (760) 668-1649  
*Fax:*  
*System No:* 3610118

*Project:*

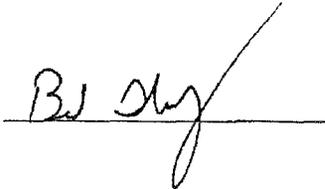
*Sampler:* Tim Moore  
*Date Sampled:* August 23, 2013  
*Date/Time Setup:* August 23, 2013 1550  
*Date/Time Read:* August 24, 2013 1000  
*Date Reported:* August 26, 2013

## Results

Laboratory ID	Sample Time	Sample Location	Cl Res (mg/L)	Sample Type	SM 9223		SM 9215B	
					Total Coliform	E. coli	HPC	cfu / 1 mL
B523	14:32	OSHB @ 36045 Skyview St.		2-D	Absent			
B524	14:25	OSHB 37904 Grandview		2-D	Absent			
B525	13:43	OSHB 38731 E. Williams		2-D	Absent			
B526	14:17	OSHB 35966 Hillview		2-D	Absent			
B527	13:50	OSHB 240 Third St.		2-D	Absent			

### Sample Types

- 1 = routine
- 2 = repeat
- 3 = replacement
- 4 = special
- W = well
- D = distribution

Director: 

## MONTHLY SUMMARY OF DISTRIBUTION SYSTEM COLIFORM MONITORING (including triggered source monitoring for systems subject to the Groundwater Rule)

System Name <b>Yermo Community Services District</b>	System Number <b>3610118</b>
Sampling Period <b>July</b>	Year <b>2013</b>

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/E.coli Positives
1. Routine Samples (see note 1)	<u>2</u>	<u>2</u>	<u>0</u>	<u>0</u>
2. Repeat Samples following Samples that are Total Coliform Positive and Fecal/E.coli <i>Negative</i> (see notes 5 and 6)		<u>0</u>	<u>0</u>	<input type="text"/>
3. Repeat Samples following Routine Samples that are Total Coliform <i>Positive</i> and Fecal/E.coli Positive (see notes 5 and 6)		<u>0</u>	<input type="text"/>	<input type="text"/>
4. MCL Computation for Total Coliform Positive Samples				
a. Totals (sum of columns)		<u>0</u>	<input type="text"/>	<input type="text"/>
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. Source Samples Triggered by Routine Samples that are Total Coliform Positive (This applies <b>only</b> to systems subject to the Groundwater Rule - see notes 7 and 8)		<u>0</u>	<u>0</u>	<input type="text"/>
6. Invalidated Samples (Note what samples, if any, were invalidated; who authorized the invalidation; and when replacement samples were collected. Attach additional sheets, if necessary.)				

RECEIVED

JUL 22 2013

Drinking Water Program  
San Bernardino District

7. Summary Completed By:

Signature 	Title <b>Director</b>	Date <b>7/19/13</b>
---------------	--------------------------	------------------------

**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 are 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 are to be tracked on the Coliform Monitoring Worksheet.
6. Repeat samples must be collected within 24 hours of being notified of the positive results. For systems collecting more than one routine sample per month, three repeat samples must be collected for each total coliform positive sample. For systems collecting one or fewer routine samples per month, four repeat samples must be collected for each total coliform positive sample.
7. For systems subject to the Groundwater Rule: Positive results and the associated triggered source samples are to be tracked on the Coliform Monitoring Worksheet.
8. For triggered sample(s) required as a result of a total coliform routine positive sample, an *E.coli*, enterococci, or coliphage positive triggered sample (boxed entry) **requires immediate notification to the Department, Tier 1 public notification, and corrective action.**

## MONTHLY SUMMARY OF DISTRIBUTION SYSTEM COLIFORM MONITORING (including triggered source monitoring for systems subject to the Groundwater Rule)

System Name <b>Yermo Community Services District</b>	System Number <b>3610118</b>
Sampling Period <b>June</b>	Year <b>2013</b>
Month	

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/E.coli Positives
1. Routine Samples (see note 1)	<u>2</u>	<u>2</u>	<u>0</u>	<u>0</u>
2. Repeat Samples following Samples that are Total Coliform Positive and Fecal/E.coli <i>Negative</i> (see notes 5 and 6)		<u>0</u>	<u>0</u>	<input type="text"/>
3. Repeat Samples following Routine Samples that are Total Coliform <i>Positive</i> and Fecal/E.coli Positive (see notes 5 and 6)		<u>0</u>	<input type="text"/>	<input type="text"/>
4. MCL Computation for Total Coliform Positive Samples				
a. Totals (sum of columns)		<u>0</u>	<u>          </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. Source Samples Triggered by Routine Samples that are Total Coliform Positive (This applies <b>only</b> to systems subject to the Groundwater Rule - see notes 7 and 8)		<u>0</u>	<u>0</u>	<input type="text"/>
6. Invalidated Samples (Note what samples, if any, were invalidated; who authorized the invalidation; and when replacement samples were collected. Attach additional sheets, if necessary.)				

RECEIVED

JUN 20 2013

Drinking Water Program  
State of California

7. Summary Completed By:

Signature 	Title <b>Director</b>	Date <b>6/19/13</b>
---------------	--------------------------	------------------------

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 are 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 are to be tracked on the Coliform Monitoring Worksheet.
6. Repeat samples must be collected within 24 hours of being notified of the positive results. For systems collecting more than one routine sample per month, three repeat samples must be collected for each total coliform positive sample. For systems collecting one or fewer routine samples per month, four repeat samples must be collected for each total coliform positive sample.
7. For systems subject to the Groundwater Rule: Positive results and the associated triggered source samples are to be tracked on the Coliform Monitoring Worksheet.
8. For triggered sample(s) required as a result of a total coliform routine positive sample, an *E.coli*, enterococci, or coliphage positive triggered sample (boxed entry) **requires immediate notification to the Department, Tier 1 public notification, and corrective action.**

## MONTHLY SUMMARY OF DISTRIBUTION SYSTEM COLIFORM MONITORING (including triggered source monitoring for systems subject to the Groundwater Rule)

System Name <b>Yermo Community Services District</b>	System Number <b>3610118</b>
Sampling Period <b>June</b>	Year <b>2013</b>
Month	

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/E.coli Positives
1. Routine Samples (see note 1)	<u>2</u>	<u>2</u>	<u>0</u>	<u>0</u>
2. Repeat Samples following Samples that are Total Coliform Positive and Fecal/E.coli <i>Negative</i> (see notes 5 and 6)		<u>0</u>	<u>0</u>	<input type="text"/>
3. Repeat Samples following Routine Samples that are Total Coliform <i>Positive</i> and Fecal/E.coli Positive (see notes 5 and 6)		<u>0</u>	<input type="text"/>	<input type="text"/>
4. MCL Computation for Total Coliform Positive Samples				
a. Totals (sum of columns)		<u>0</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. Source Samples Triggered by Routine Samples that are Total Coliform Positive (This applies <b>only</b> to systems subject to the Groundwater Rule - see notes 7 and 8)		<u>0</u>	<u>0</u>	<input type="text"/>
6. Invalidated Samples (Note what samples, if any, were invalidated; who authorized the invalidation; and when replacement samples were collected. Attach additional sheets, if necessary.)				

RECEIVED  
JUL - 8 2013

7. Summary Completed By:

Signature 	Title <b>Director</b>	Date <b>6/19/13</b>
---------------	--------------------------	------------------------

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 are 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 are to be tracked on the Coliform Monitoring Worksheet.
6. Repeat samples must be collected within 24 hours of being notified of the positive results. For systems collecting more than one routine sample per month, three repeat samples must be collected for each total coliform positive sample. For systems collecting one or fewer routine samples per month, four repeat samples must be collected for each total coliform positive sample.
7. For systems subject to the Groundwater Rule: Positive results and the associated triggered source samples are to be tracked on the Coliform Monitoring Worksheet.
8. For triggered sample(s) required as a result of a total coliform routine positive sample, an *E.coli*, enterococci, or coliphage positive triggered sample (boxed entry) requires immediate notification to the Department, Tier 1 public notification, and corrective action.

## MONTHLY SUMMARY OF DISTRIBUTION SYSTEM COLIFORM MONITORING

(including triggered source monitoring for systems subject to the Groundwater Rule)

System Name <b>Yermo Community Services District</b>	System Number <b>3610118</b>
Sampling Period <b>May</b>	Year <b>2013</b>

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/E.coli Positives
1. Routine Samples (see note 1)	<u>2</u>	<u>2</u>	<u>0</u>	<u>0</u>
2. Repeat Samples following Samples that are Total Coliform Positive and Fecal/E.coli <i>Negative</i> (see notes 5 and 6)		<u>0</u>	<u>0</u>	<input type="text"/>
3. Repeat Samples following Routine Samples that are Total Coliform <i>Positive</i> and Fecal/E.coli Positive (see notes 5 and 6)		<u>0</u>	<input type="text"/>	<input type="text"/>
4. MCL Computation for Total Coliform Positive Samples		<u>0</u>		
a. Totals (sum of columns)		<u>0</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. Source Samples Triggered by Routine Samples that are Total Coliform Positive (This applies <b>only</b> to systems subject to the Groundwater Rule - see notes 7 and 8)		<u>0</u>	<u>0</u>	<input type="text"/>
6. Invalidated Samples (Note what samples, if any, were invalidated; who authorized the invalidation; and when replacement samples were collected. Attach additional sheets, if necessary.)				

RECEIVED  
 MAR 17 2013  
 San Bernardino District  
 Drinking Water Program

7. Summary Completed By:

Signature 	Title <b>Director</b>	Date <b>5/16/13</b>
---------------	--------------------------	------------------------

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 are 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 are to be tracked on the Coliform Monitoring Worksheet.
6. Repeat samples must be collected within 24 hours of being notified of the positive results. For systems collecting more than one routine sample per month, three repeat samples must be collected for each total coliform positive sample. For systems collecting one or fewer routine samples per month, four repeat samples must be collected for each total coliform positive sample.
7. For systems subject to the Groundwater Rule: Positive results and the associated triggered source samples are to be tracked on the Coliform Monitoring Worksheet.
8. For triggered sample(s) required as a result of a total coliform routine positive sample, an *E.coli*, enterococci, or coliphage positive triggered sample (boxed entry) **requires immediate notification to the Department, Tier 1 public notification, and corrective action.**

# Geo-Monitor, Inc.



*Client:* Yermo CSD  
P.O. Box 910  
Yermo, CA 92398

*Contact:* Geoff Berner  
*Phone:* (760) 668-1649  
*Fax:*  
*System No:* 3610118

*Project:*

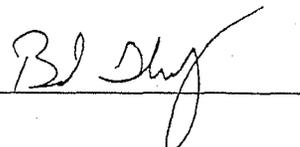
*Sampler:* Tim Moore  
*Date Sampled:* May 6, 2013  
*Date/Time Setup:* May 6, 2013 1530  
*Date/Time Read:* May 7, 2013 1530  
*Date Reported:* May 8, 2013

## Results

Laboratory ID	Sample Time	Sample Location	Cl Res (mg/L)	Sample Type	SM 9223		SM 9215B
					Total Coliform	E. coli	HPC cfu / 1 mL
B94	13:50	OSHB @ 36045 Skyview St.		1-D	Absent		
B95	13:55	OSHB @ 3574 Frontier		1-D	Absent		

### Sample Types

1 = routine  
2 = repeat  
3 = replacement  
4 = special  
W = well  
D = distribution

Director: 

## MONTHLY SUMMARY OF DISTRIBUTION SYSTEM COLIFORM MONITORING (including triggered source monitoring for systems subject to the Groundwater Rule)

System Name <b>Yermo Community Services District</b>	System Number <b>3610118</b>
Sampling Period <b>April</b>	Year <b>2013</b>
Month	

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/E.coli Positives
1. Routine Samples (see note 1)	<u>2</u>	<u>2</u>	<u>0</u>	<u>0</u>
2. Repeat Samples following Samples that are Total Coliform Positive and Fecal/E.coli <i>Negative</i> (see notes 5 and 6)		<u>0</u>	<u>0</u>	<input type="text"/>
3. Repeat Samples following Routine Samples that are Total Coliform <i>Positive</i> and Fecal/E.coli Positive (see notes 5 and 6)		<u>0</u>	<input type="text"/>	<input type="text"/>
4. MCL Computation for Total Coliform Positive Samples				
a. Totals (sum of columns)		<u>0</u>	<input type="text"/>	
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. Source Samples Triggered by Routine Samples that are Total Coliform Positive (This applies only to systems subject to the Groundwater Rule - see notes 7 and 8)		<u>0</u>	<u>0</u>	<input type="text"/>
6. Invalidated Samples (Note what samples, if any, were invalidated; who authorized the invalidation; and when replacement samples were collected. Attach additional sheets, if necessary.)				

7. Summary Completed By:

Signature 	Title <b>Director</b>	Date <b>4/25/13</b>
---------------	--------------------------	------------------------

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 are 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 are to be tracked on the Coliform Monitoring Worksheet.
6. Repeat samples must be collected within 24 hours of being notified of the positive results. For systems collecting more than one routine sample per month, three repeat samples must be collected for each total coliform positive sample. For systems collecting one or fewer routine samples per month, four repeat samples must be collected for each total coliform positive sample.
7. For systems subject to the Groundwater Rule: Positive results and the associated triggered source samples are to be tracked on the Coliform Monitoring Worksheet.
8. For triggered sample(s) required as a result of a total coliform routine positive sample, an *E.coli*, enterococci, or coliphage positive triggered sample (boxed entry) requires immediate notification to the Department, Tier 1 public notification, and corrective action.

# Geo-Monitor, Inc.



**Client:** Yermo CSD  
P.O. Box 910  
Yermo, CA 92398

**Contact:** Geoff Berner  
**Phone:** (760) 668-1649  
**Fax:**  
**System No:** 3610118

**Project:**

**Sampler:** Tim Moore  
**Date Sampled:** April 1, 2013  
**Date/Time Setup:** April 1, 2013 1500  
**Date/Time Read:** April 2, 2013 1500  
**Date Reported:** April 2, 2013

## Results

Laboratory ID	Sample Time	Sample Location	Cl Res (mg/L)	Sample Type	SM 9223		SM 9215B
					Total Coliform	E. coli	HPC cfu / 1 mL
B62	12:58	OSHB @ 36045 Skyview St.		1-D	Absent		

### Sample Types

1 = routine  
2 = repeat  
3 = replacement  
4 = special  
W = well  
D = distribution

Director: BJ Shy

# Geo-Monitor, Inc.



*Client:* Yermo CSD  
P.O. Box 910  
Yermo, CA 92398

*Contact:* Geoff Berner  
*Phone:* (760) 668-1649  
*Fax:*  
*System No:* 3610118

*Project:*

*Sampler:* Tim Moore  
*Date Sampled:* April 3, 2013  
*Date/Time Setup:* April 3, 2013 1500  
*Date/Time Read:* April 4, 2013 1500  
*Date Reported:* April 4, 2013

## Results

<i>Laboratory ID</i>	<i>Sample Time</i>	<i>Sample Location</i>	<i>Cl Res (mg/L)</i>	<i>Sample Type</i>	<i>SM 9223</i>		<i>SM 9215B</i>
					<i>Total Coliform</i>	<i>E. coli</i>	<i>HPC cfu / 1 mL</i>
B123	12:57	OSHB @ 3574 Frontier		1-D	Absent		

### Sample Types

1 = routine  
2 = repeat  
3 = replacement  
4 = special  
W = well  
D = distribution

*Director:* \_\_\_\_\_

## MONTHLY SUMMARY OF DISTRIBUTION SYSTEM COLIFORM MONITORING

(including triggered source monitoring for systems subject to the Groundwater Rule)

System Name <b>Yermo Community Services District</b>	System Number <b>3610118</b>
Sampling Period <b>March</b>	Year <b>2013</b>

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/ E.coli Positives
1. Routine Samples (see note 1)	<u>2</u>	<u>2</u>	<u>0</u>	<u>0</u>
2. Repeat Samples following Samples that are Total Coliform Positive and Fecal/E.coli <i>Negative</i> (see notes 5 and 6)		<u>0</u>	<u>0</u>	<input type="text"/>
3. Repeat Samples following Routine Samples that are Total Coliform <i>Positive</i> and Fecal/E.coli Positive (see notes 5 and 6)		<u>0</u>	<input type="text"/>	<input type="text"/>
4. MCL Computation for Total Coliform Positive Samples				
a. Totals (sum of columns)		<u>0</u>	<u>        </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. Source Samples Triggered by Routine Samples that are Total Coliform Positive (This applies only to systems subject to the Groundwater Rule - see notes 7 and 8)		<u>0</u>	<u>0</u>	<input type="text"/>
6. Invalidated Samples (Note what samples, if any, were invalidated; who authorized the invalidation; and when replacement samples were collected. Attach additional sheets, if necessary.)				
7. Summary Completed By:				

Signature 	Title <b>Director</b>	Date <b>4/25/13</b>
---------------	--------------------------	------------------------

**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 are 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 are to be tracked on the Coliform Monitoring Worksheet.
6. Repeat samples must be collected within 24 hours of being notified of the positive results. For systems collecting more than one routine sample per month, three repeat samples must be collected for each total coliform positive sample. For systems collecting one or fewer routine samples per month, four repeat samples must be collected for each total coliform positive sample.
7. For systems subject to the Groundwater Rule: Positive results and the associated triggered source samples are to be tracked on the Coliform Monitoring Worksheet.
8. For triggered sample(s) required as a result of a total coliform routine positive sample, an *E.coli*, enterococci, or coliphage positive triggered sample (boxed entry) requires immediate notification to the Department, Tier 1 public notification, and corrective action.

# Geo-Monitor, Inc.



*Client:* Yermo CSD  
P.O. Box 910  
Yermo, CA 92398

*Contact:* Geoff Bruner  
*Phone:* (760) 668-1649  
*Fax:*  
*System No:* 3610118

*Project:*

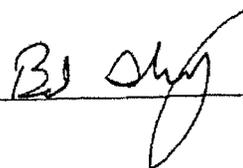
*Sampler:* Kristal Rodriguez  
*Date Sampled:* March 6, 2013  
*Date/Time Setup:* March 6, 2013 1600  
*Date/Time Read:* March 7, 2013 1600  
*Date Reported:* March 8, 2013

## Results

Laboratory ID	Sample Time	Sample Location	Cl Res (mg/L)	Sample Type	SM 9223	SM 9215B
					Total Coliform	E. coli HPC cfu / 1 mL
B104	13:15	OSHB @ 36045 Skyview St.		1-D	Absent	
B105	13:24	OSHB @ 35745 Frontier		1-D	Absent	

Sample Types

- 1 = routine
- 2 = repeat
- 3 = replacement
- 4 = special
- W = well
- D = distribution

*Director:* 

## MONTHLY SUMMARY OF DISTRIBUTION SYSTEM COLIFORM MONITORING

(including triggered source monitoring for systems subject to the Groundwater Rule)

System Name <b>Yermo Community Services District</b>	System Number <b>3610118</b>
Sampling Period <b>February</b>	Year <b>2013</b>

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/E.coli Positives
1. Routine Samples (see note 1)	<u>2</u>	<u>2</u>	<u>0</u>	<u>0</u>
2. Repeat Samples following Samples that are Total Coliform Positive and Fecal/E.coli <i>Negative</i> (see notes 5 and 6)		<u>0</u>	<u>0</u>	<input type="text"/>
3. Repeat Samples following Routine Samples that are Total Coliform <i>Positive</i> and Fecal/E.coli Positive (see notes 5 and 6)		<u>0</u>	<input type="text"/>	<input type="text"/>
4. MCL Computation for Total Coliform Positive Samples		<u>0</u>		
a. Totals (sum of columns)		<u>0</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. Source Samples Triggered by Routine Samples that are Total Coliform Positive (This applies only to systems subject to the Groundwater Rule - see notes 7 and 8)		<u>0</u>	<u>0</u>	<input type="text"/>
6. Invalidated Samples (Note what samples, if any, were invalidated; who authorized the invalidation; and when replacement samples were collected. Attach additional sheets, if necessary.)				

7. Summary Completed By:

Signature 	Title <b>Director</b>	Date <b>4/25/13</b>	Date
---------------	--------------------------	------------------------	------

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 are 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 are to be tracked on the Coliform Monitoring Worksheet.
6. Repeat samples must be collected within 24 hours of being notified of the positive results. For systems collecting more than one routine sample per month, three repeat samples must be collected for each total coliform positive sample. For systems collecting one or fewer routine samples per month, four repeat samples must be collected for each total coliform positive sample.
7. For systems subject to the Groundwater Rule: Positive results and the associated triggered source samples are to be tracked on the Coliform Monitoring Worksheet.
8. For triggered sample(s) required as a result of a total coliform routine positive sample, an *E.coli*, enterococci, or coliphage positive triggered sample (boxed entry) requires immediate notification to the Department, Tier 1 public notification, and corrective action.

# Geo-Monitor, Inc.



*Client:* Yermo CSD  
P.O. Box 910  
Yermo, CA 92398

*Contact:* Geoff Bruner  
*Phone:* (760) 668-1649  
*Fax:*  
*System No:* 3610118

*Project:*

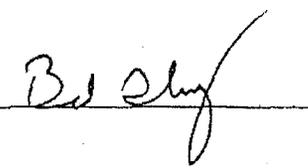
*Sampler:* Tim Moore  
*Date Sampled:* February 4, 2013  
*Date/Time Setup:* February 4, 2013 1630  
*Date/Time Read:* February 5, 2013 1030  
*Date Reported:* February 6, 2013

## Results

Laboratory ID	Sample Time	Sample Location	Cl Res (mg/L)	Sample Type	SM 9223		SM 9215B
					Total Coliform	E. coli	HPC cfu / 1 mL
B64	14:45	OSHB @ 36045 Skyview St.		1-D	Absent		
B65	14:52	OSHB @ 35745 Frontier		1-D	Absent		

### Sample Types

1 = routine  
2 = repeat  
3 = replacement  
4 = special  
W = well  
D = distribution

*Director:* 

## MONTHLY SUMMARY OF DISTRIBUTION SYSTEM COLIFORM MONITORING

(including triggered source monitoring for systems subject to the Groundwater Rule)

System Name <b>Yermo Community Services District</b>	System Number <b>3610118</b>
Sampling Period <b>January</b>	Year <b>2013</b>

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/E.coli Positives
1. Routine Samples (see note 1)	<u>2</u>	<u>2</u> <i>98</i>	<u>0</u>	<u>0</u>
2. Repeat Samples following Samples that are Total Coliform Positive and Fecal/E.coli <i>Negative</i> (see notes 5 and 6)		<u>0</u>	<u>0</u>	<input style="width: 40px; height: 20px;" type="text"/>
3. Repeat Samples following Routine Samples that are Total Coliform <i>Positive</i> and Fecal/E.coli Positive (see notes 5 and 6)		<u>0</u>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
4. MCL Computation for Total Coliform Positive Samples				
a. Totals (sum of columns)		<u>0</u>	<u>          </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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
5. Source Samples Triggered by Routine Samples that are Total Coliform Positive (This applies only to systems subject to the Groundwater Rule - see notes 7 and 8)		<u>0</u>	<u>0</u>	<input style="width: 40px; height: 20px;" type="text"/>
6. Invalidated Samples (Note what samples, if any, were invalidated; who authorized the invalidation; and when replacement samples were collected. Attach additional sheets, if necessary.)				

7. Summary Completed By:

Signature 	Title <b>Director</b>	Date <b>4/25/13</b>	Date
---------------	--------------------------	------------------------	------

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 are 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 are to be tracked on the Coliform Monitoring Worksheet.
6. Repeat samples must be collected within 24 hours of being notified of the positive results. For systems collecting more than one routine sample per month, three repeat samples must be collected for each total coliform positive sample. For systems collecting one or fewer routine samples per month, four repeat samples must be collected for each total coliform positive sample.
7. For systems subject to the Groundwater Rule: Positive results and the associated triggered source samples are to be tracked on the Coliform Monitoring Worksheet.
8. For triggered sample(s) required as a result of a total coliform routine positive sample, an *E.coli*, enterococci, or coliphage positive triggered sample (boxed entry) requires immediate notification to the Department, Tier 1 public notification, and corrective action.

# Geo-Monitor, Inc.



**Client:** Yermo Water Company  
38505 Williams Street  
Yermo, CA 92398

**Contact:** Marvin Hardy  
**Phone:** (760) 254-2130  
**Fax:**  
**System No:** 3610118

**Project:**

**Sampler:** Tim Moore  
**Date Sampled:** January 7, 2013  
**Date/Time Setup:** January 7, 2013 1500  
**Date/Time Read:** January 8, 2013 1500  
**Date Reported:** January 9, 2013

## Results

Laboratory ID	Sample Time	Sample Location	Cl Res (mg/L)	Sample Type	SM 9223		SM 9215B
					Total Coliform	E. coli	HPC cfu / 1 mL
B150	12:55	OSHB @ 40 School Rd.		1-D	Absent		

### Sample Types

- 1 = routine
- 2 = repeat
- 3 = replacement
- 4 = special
- W = well
- D = distribution

Director: BJ Shuf

Attachment No. 4

---

TIER 2 PUBLIC NOTICE TEMPLATE  
AND  
PROOF OF NOTIFICATION FORM

## 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 Department for approval prior to distribution or posting, unless otherwise directed by the Department [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 <sup>(a)</sup>	Publication in a local newspaper
		Posting <sup>(b)</sup> in 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 <sup>(b)</sup>	Publication in a local newspaper or newsletter distributed to customers
		Email message to employees or students
		Posting <sup>(b)</sup> 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

Spanish. Each public notice must contain information in Spanish regarding (1) the importance of the notice or (2) contain a telephone number or address where Spanish-speaking residents may contact the water system to obtain a translated copy of the public notice or assistance in Spanish.

Non-English Speaking Groups Other than Spanish-Speaking. For each group that exceeds 1,000 residents or 10% of the residents in the community served, whichever is less, the public notice must (1) contain information in the appropriate language(s) regarding the importance of the notice or (2) contain a telephone number or address where such residents may contact the water system to obtain a translated copy of the notice 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.

<b><u>If You Take Fewer Than 40 Samples a Month</u></b>	<b><u>If You Take 40 or More Samples a Month</u></b>
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 Department 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 our 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: \_\_\_\_\_.

## Drinking Water Notification to Consumers

### PROOF OF NOTIFICATION

Name of Water System: \_\_\_\_\_

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

Consumers Notified \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, Explain: \_\_\_\_\_  
\_\_\_\_\_

Date of Notification: \_\_\_\_\_

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

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

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

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

\_\_\_\_\_ Posted on a public bulletin board, that will be seen by each of the consumers (for small, non-community water systems with prior Department approval). Attach copy of Notice.

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Serving Notice

**\*\*Notice:** Complete this Proof of Notification and return it along with a copy of the notification to the Department 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. 5

---

INSTRUCTIONS FOR COLIFORM SAMPLE SITING  
PLAN/GROUNDWATER RULE AMENDMENT

## BACTERIOLOGICAL SAMPLE SITING PLAN REQUIREMENTS

### Department of Public Health DRINKING WATER FIELD OPERATIONS BRANCH

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

#### GENERAL REQUIREMENT

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

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

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

#### SYSTEM MAP

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

The system map must identify/locate the following:

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

NOTE:

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

OTHER

The bacteriological sample siting plan must also include the following:

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

General Note:

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

## GROUNDWATER RULE (GWR) AMENDMENT

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

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

## 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: \_\_\_\_\_ 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 CDPH )  
 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:**

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:**

2. \_\_\_\_\_

**Upstream Sample Location(within 5 service connections):**

\_\_\_\_\_

**Down Stream Sample Location(within 5 service connections):**

\_\_\_\_\_

**Routine Sample Location:**

3. \_\_\_\_\_

**Upstream Sample Location(within 5 service connections):**

\_\_\_\_\_

**Down Stream Sample Location(within 5 service connections):**

\_\_\_\_\_

**Routine Sample Location:**

4. \_\_\_\_\_

**Upstream Sample Location(within 5 service connections):**

\_\_\_\_\_

**Down Stream Sample Location(within 5 service connections):**

\_\_\_\_\_

**Sources Influencing Location:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Routine Sample Location:**

5. \_\_\_\_\_

**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:**

6. \_\_\_\_\_

**Upstream Sample Location**(within 5 service connections):

\_\_\_\_\_

**Down Stream Sample Location**(within 5 service connections):

**Routine Sample Location:**

7. \_\_\_\_\_

**Upstream Sample Location**(within 5 service connections):

\_\_\_\_\_

**Down Stream Sample Location**(within 5 service connections):

**Routine Sample Location:**

8. \_\_\_\_\_

**Upstream Sample Location**(within 5 service connections):

\_\_\_\_\_

**Down Stream Sample Location**(within 5 service connections):

\_\_\_\_\_

**Sources Influencing Location:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Report Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_