



EDMUND G. BROWN JR.  
GOVERNOR

MATTHEW RODRIGUEZ  
SECRETARY FOR  
ENVIRONMENTAL PROTECTION

## State Water Resources Control Board

Division of Drinking Water

September 22, 2015

Curt Sauer  
General Manager  
Joshua Basin Water District  
P.O. Box 675  
Joshua Tree, CA 92252

**CITATION NO. 05-13-15C-006**  
**JOSHUA BASIN WATER District (SYSTEM NO. 3610025)**

Dear Mr. Sauer:

The State Water Resources Control Board, acting by and through its Division of Drinking Water (Division), hereby issues a citation to the Joshua Basin Water District (hereinafter District) for the following Total Coliform Rule violations:

- Title 22, California Code of Regulations (CCR), Section 64426.1(b)(2). Specifically, the District failed to meet the Primary Drinking Water Standards for bacteriological quality in the month of August 2015. A public water system which collects fewer than 40 samples per month is in violation of the Total Coliform Maximum Contaminant Level (MCL) when more than one (1) sample collected during a single month is total coliform-positive, and;

If you have any questions regarding this letter, please contact Tracy Wassif (909) 383-5184 or Esther Brewer at (909) 383-5468.

Sincerely,

A handwritten signature in blue ink that reads "Sean F. McCarthy".

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

Enclosure: Citation No. 05-13-15C-006

**ENCLOSURE**

---

CITATION NO. 05-13-15C-006



1 District) (mailing address: P.O. Box 675, Joshua Tree, CA 92252) for the following  
2 violations:

- 3  
4 • Title 22, California Code of Regulations (CCR), Section 64426.1(b)(2). Specifically,  
5 the District failed to meet the Primary Drinking Water Standards for bacteriological  
6 quality in the month of August 2015. A public water system which collects fewer than  
7 40 samples per month is in violation of the Total Coliform Maximum Contaminant  
8 Level (MCL) when more than one (1) sample collected during a single month is total  
9 coliform-positive, and;

10  
11 In the month of August 2015, the District collected 25 routine distribution system samples  
12 for bacteriological analysis. Five of the samples were total coliform-positive, but *E.coli*  
13 negative. **(Attachment No. 1)**

14  
15 In accordance with Section 116650 of the H & S Code, the above violation is classified as  
16 a non-continuing violation.

## 17 18 HISTORY

19  
20 The Joshua Basin Water District (District) is a community water system supplying water  
21 for domestic purposes to approximately 9534 persons through 5719 service connections.

22 The Joshua Basin Water District is located in Joshua Tree, along Highway 62, in San  
23 Bernardino County. The District's distribution system consists of 17 reservoirs supplying  
24 water to 17 pressures zones. The District collects a minimum of six routine distribution  
25 system samples per week, rotated amongst 25 sample locations. Water is produced from  
26 five active wells, Well Nos. 10, 14, 15, 16 and 17. Each well in use is sampled once per

1 week. The District provides continuous chlorination at all wells and maintains a detectable  
2 chlorine residual throughout the distribution system. The District must continue  
3 chlorination of all wells supplying the water system to maintain a minimum chlorine  
4 residual of 0.2 mg/L. The District is currently operating by authority of Domestic Water  
5 Permit issued by the Division on April 18, 1967.

6  
7 On August 19, 2015, the District collected six routine samples from the distribution  
8 system for bacteriological analysis. Four of the six samples were total coliform-positive,  
9 but *E.coli* negative. The District is in violation of the Total Coliform Maximum Contaminant  
10 Level (MCL) because more than one sample collected during the month of August was  
11 total coliform-positive.

12  
13 On August 21, 2015, the District collected four (4) repeat sample sets from the distribution  
14 system, and 20 source samples. One repeat samples, collected at the downstream  
15 sample site #63206119, was total coliform-positive, but *E.coli* negative.

16  
17 The District notified the Division of the MCL exceedance within the required 24 hour  
18 notification period, and commenced with follow-up sampling and investigation of the  
19 possible cause of contamination.

20  
21 The District concludes that the contamination may have been due to improper sampling  
22 technique, surrounding environment, or during transportation of the samples. The District  
23 has since modified its sample transportation techniques in an effort to avoid the potential  
24 of contamination during transport, and will be providing training to staff on proper  
25 sampling techniques and procedures on September 24, 2015. The District also plans to  
26

1 implement the use of titanium chlorine injection lines instead of poly injection lines starting  
2 in October, 2015.

3  
4 In accordance with Section 64426.1(b)(2) of Title 22, CCR, the Division has determined  
5 that an MCL Violation of the total coliform MCL occurred in the month of August 2015.

6  
7 **DIRECTIVES**

8  
9 The Joshua Basin Water District is hereby directed to take the following actions:

10  
11 1. By September 30, 2015, the District shall notify it's consumers of the bacteriological  
12 water quality failure in conformance with Section 64426.1(b)(2), Title 22, CCR. The  
13 notice shall be published in a daily newspaper of general circulation in the area  
14 served by the District.

- 15
- 16 • The notice shall contain mandatory health effects language for microbiological  
17 contaminants pursuant to Appendix 64465-A, of Title 22, CCR. The contents of  
18 notice shall be approved by the Division prior to its issuance. A Tier 2 Resolved  
19 Total Coliform Notice Template is attached. **(Attachment No. 2)**

- 20
- 21 • Within 15 days following issuance, the District shall submit a copy of the notice  
22 including certification of its publication, to the Division.

23 2. Within 30 days of issuance of this citation, a detailed investigation of findings is  
24 required. Complete and submit to the Division the Positive Total Coliform  
25 Investigation form, in accordance with Section 64426.1(b)(2) of Title 22, CCR.  
26 **Complied with on September 17, 2015. (Attachment No. 3)**

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

2

3

Sean F. McCarthy, P.E.

4

Senior Sanitary Engineer

5

State Water Resources Control Board

6

Division of Drinking Water

7

464 W. 4th Street, Suite 437

8

San Bernardino, CA 92401

9

10 **CIVIL PENALTIES**

11

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

17

18

19

September 22, 2015

Date

Sean F. McCarthy

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

20

21

22

23 Attachments (3)

24

25

26



Attachment No. 1

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Monthly Coliform Monitoring Report/Lab Results

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

System Name <b>JOSHUA BASIN WATER DISTRICT</b>	System Number <b>36-10-025</b>
Sampling Period <b>August</b>	Year <b>2015</b>

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/ E.coli Positives
1. Routine Samples (see note 1)	<u>12</u>	<u>30</u>	<u>4</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>15</u>	<u>1</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>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>45</u>	<u>5</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)		<u>5</u>	<u>0</u>	

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>Sr. Admin Assistant</b>	Date <b>9/10/2015</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.**

# COLIFORM MONITORING WORKSHEET

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

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+AND FC/EC-	TC+AND FC/EC+				
8/19/2015	66476 WINTERS/COPPER MOON	( - )	8/21/2015	1. 66476 WINTERS/COPPER MOON	X			8/21/2015	Well 10	( - )	( - )
			8/21/2015	2. 63220221 UP	X			8/21/2015	Well 14	( - )	( - )
			8/21/2015	3. 63215107 DOWN	X			8/21/2015	Well 15	( - )	( - )
								8/21/2015	Well 16	( - )	( - )
								8/21/2015	Well 17	( - )	( - )
8/19/2015	1725 SUNFIRE	( - )	8/21/2015	1. 1725 STARFIRE	X			8/21/2015	Well 10	( - )	( - )
			8/21/2015	2. 63113220 UP	X			8/21/2015	Well 14	( - )	( - )
			8/21/2015	3. 63113229 DOWN	X			8/21/2015	Well 15	( - )	( - )
								8/21/2015	Well 16	( - )	( - )
8/19/2015	60565 LATHAN	( - )	8/21/2015	1. 60565 LATHAN	X			8/21/2015	Well 10	( - )	( - )
			8/21/2015	2. 58821323 UP	X			8/21/2015	Well 14	( - )	( - )
			8/21/2015	3. 58821328 DOWN	X			8/21/2015	Well 15	( - )	( - )
								8/21/2015	Well 16	( - )	( - )
8/19/2015	1873 MOUNT SHADOW	( - )	8/21/2015	1. 1873 MTN SHADOW	X			8/21/2015	Well 10	( - )	( - )
			8/21/2015	2. 63206143 UP	X			8/21/2015	Well 14	( - )	( - )
			8/21/2015	3. 63206119 DOWN		X		8/21/2015	Well 15	( - )	( - )
								8/21/2015	Well 16	( - )	( - )
8/21/2015	63206119 DOWN	( - )	8/23/2015	1. 63206119	X					( - )	( - )
			8/23/2015	2. 1873 MTN SHADOW UPSTREAM	X					( - )	( - )
			8/23/2015	3. 63206123	X					( - )	( - )
										( - )	( - )
		( + / - )		1						( + / - )	( + / - )
				2						( + / - )	( + / - )
				3						( + / - )	( + / - )
		( + / - )		1						( + / - )	( + / - )
				2						( + / - )	( + / - )
				3						( + / - )	( + / - )
		( + / - )		1						( + / - )	( + / - )
				2						( + / - )	( + / - )
				3						( + / - )	( + / - )
		( + / - )		1						( + / - )	( + / - )
				2						( + / - )	( + / - )
				3						( + / - )	( + / - )

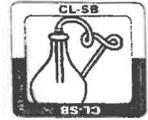
Comments:

**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.

Abbreviations: TC = Total Coliform, FC = Fecal Coliform, EC = *E. coli*

# Clinical Laboratory of San Bernardino, Inc.



**Client:** Joshua Basin Water District  
 P. O. Box 675  
 Joshua Tree CA, 92252

**Contact:** Steve Corbin  
**Phone:** (760) 366-8438  
**Fax:** (760) 366-9528  
**System:** 3610025

**Project:** Routine  
**Sub Project:** Microbiology-General Physical-Nitrate  
**Sampler:** Steve Corbin  
**Sampled:** 08/03/15  
**Received:** 08/03/15 16:45  
**Reported:** 08/06/15

*Received*  
 AUG 10 2015  
 Drinking Water Lab  
 San Bernardino, CA

## RESULTS

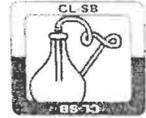
Laboratory ID	Sample Time	Sample Location	Cl Res Free (Field) mg/L	Total Coliform P/A	E. Coli P/A	Plate Count CFU/ml
15H0138-01	12:06	65336 Winters	0.38	A	A	
15H0138-02	8:50	60291 Melton	0.39	A	A	
15H0138-03	10:45	63484 Chickasaw	0.42	A	A	
15H0138-04	11:46	4854 Sunkist	0.58	A	A	
15H0138-05	12:25	4789 Ave Del Sol	0.51	A	A	
15H0138-06	8:19	7029 Conejo	0.36	A	A	
15H0138-07	8:34	60389 Granada	0.41	A	A	
15H0138-08	9:13	Well 14		A	A	17 [1]
15H0138-09	10:06	Well 15		A	A	<1
15H0138-10	11:18	Well 16		A	A	5
15H0138-11	11:03	Well 17		A	A	21

1 = Analysis performed outside of recommended 8 hour hold time but within required 24 hour hold time.

*Pamela Ybarra*

Pamela Ybarra  
 Project Manager

# Clinical Laboratory of San Bernardino, Inc.



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P. O. Box 675  
Joshua Tree CA, 92252

**Contact:** Steve Corbin  
**Phone:** (760) 366-8438  
**Fax:** (760) 366-9528  
**System:** 3610025

**Project:** Routine

**Sub Project:**

**Sampler:** Steve Corbin

**Sampled:** 08/10/15

**Received:** 08/10/15 16:12

**Reported:** 08/12/15

## RESULTS

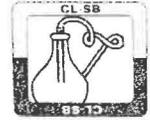
Laboratory ID	Sample Time	Sample Location	Cl Res Free (Field) mg/L	Total Coliform P/A	E. Coli P/A
15H0782-01	9:36	67064 Mars/Hoover	0.47	A	A
15H0782-02	7:42	7840 Wesley	0.30	A	A
15H0782-03	8:33	6655 Mt Shasta	0.46	A	A
15H0782-04	8:41	7084 Mt Lassen	0.64	A	A
15H0782-05	8:17	7222 Hollinger	0.70	A	A
15H0782-06	7:35	7825 Elwood	0.53	A	A
15H0782-07	10:31	Well 14		A	A
15H0782-08	9:56	Well 15		A	A
15H0782-09	9:11	Well 16		A	A
15H0782-10	8:55	Well 17		A	A

*Pamela Ybarra*

Pamela Ybarra

Project Manager

# Clinical Laboratory of San Bernardino, Inc.



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P. O. Box 675  
Joshua Tree CA, 92252

**Contact:** Steve Corbin  
**Phone:** (760) 366-8438  
**Fax:** (760) 366-9528  
**System:** 3610025

**Project:** Routine

**Sub Project:**

**Sampler:** Stephen Corbin

**Sampled:** 08/19/15

**Received:** 08/19/15 17:08

**Reported:** 08/24/15

## RESULTS

Laboratory ID	Sample Time	Sample Location	Cl Res Free (Field) mg/L	Total Coliform P/A	E. Coli P/A	Plate Count CFU/ml
15H1718-01	8:36	66476 Winters/Copper Moon	0.68	P [1]	A	
15H1718-02	9:05	1725 Starfire	0.23	P [1]	A	
15H1718-03	11:47	63605 4th St	0.60	A	A	
15H1718-04	8:22	1873 Mtn Shadow	0.55	P [1]	A	
15H1718-05	9:57	5717 Scheppmann	0.66	A	A	
15H1718-06	10:22	60565 Lathan	0.48	P [1]	A	
15H1718-07	9:38	Well 10		P [1]	A	
15H1718-08	10:38	Well 14		P [1]	A	
15H1718-09	11:05	Well 15		A	A	
15H1718-10	11:56	Well 16		A	A	
15H1718-11	12:17	Well 17		A	A	
15H1718-12	10:12	60341 La Mirada Tr	0.60	A	A	120

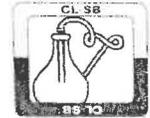
1 = Notified Steve Corbin 8/20/15, 1220

*Pamela Ybarra*

Pamela Ybarra

Project Manager

# Clinical Laboratory of San Bernardino, Inc.



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P. O. Box 675  
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**Contact:** Steve Corbin  
**Phone:** (760) 366-8438  
**Fax:** (760) 366-9528  
**System:** 3610025

**Project:** Routine  
**Sub Project:** Microbiology

**Sampler:** Steve Corbin  
**Sampled:** 08/21/15

**Received:** 08/21/15 15:25

**Reported:** 08/24/15

## RESULTS

Laboratory ID	Sample Time	Sample Location	Cl Res Free (Field) mg/L	Total Coliform P/A	E. Coli P/A
15H1844-01	10:59	66476 Winters/CM	0.62	A	A
15H1844-02	10:53	63220221 UP	0.59	A	A
15H1844-03	10:43	63215107 DOWN	0.60	A	A
15H1844-04	11:48	1725 Starfire	0.27	A	A
15H1844-05	11:38	63113220 UP	0.29	A	A
15H1844-06	12:14	63113229 DOWN	0.27	A	A
15H1844-07	9:56	1873 Mtn Shadow	0.60	A	A
15H1844-08	10:03	63206143 UP	0.55	A	A
15H1844-09	10:23	63206119 DOWN	0.51	P [1]	A
15H1844-10	13:59	60565 Lathan	0.48	A	A
15H1844-11	13:50	58821323 UP	0.40	A	A
15H1844-12	14:10	58821328 DOWN	0.48	A	A

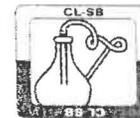
1 = Notified Steve Corbin 8/22/15, 1354

*Pamela Ybarra*

Pamela Ybarra

Project Manager

# Clinical Laboratory of San Bernardino, Inc.



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**Fax:** (760) 366-9528  
**System:** 3610025

**Project:** Routine  
**Sub Project:** Microbiology  
**Sampler:** Steve Corbin  
**Sampled:** 08/21/15  
**Received:** 08/21/15 15:25  
**Reported:** 08/24/15

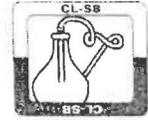
## RESULTS

Laboratory ID	Sample Time	Sample Location	Total Coliform P/A	E. Coli P/A
15H1845-01	8:05	Well 10	A	A
15H1845-02	8:13	Well 10 Downstream Sampler	A	A
15H1845-03	12:42	Well 14	A	A
15H1845-04	12:50	Well 14 Downstream Sampler	A	A
15H1845-05	8:42	Well 15	A	A
15H1845-06	8:31	Well 15 Downstream Sampler	A	A
15H1845-07	9:21	Well 16	A	A
15H1845-08	9:33	Well 16 Downstream Sampler	A	A
15H1845-09	9:40	Well 17	A	A
15H1845-10	9:45	Well 17 Downstream Sampler	A	A

*Pamela Ybarra*

Pamela Ybarra  
Project Manager

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**Fax:** (760) 366-9528  
**System:** 3610025

**Project:** Routine  
**Sub Project:** Microbiology

**Sampler:** Steve Corbin  
**Sampled:** 08/23/15

**Received:** 08/23/15 09:25

**Reported:** 08/26/15

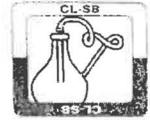
## RESULTS

Laboratory	Sample	Sample	Cl Res Free	Total Coliform	E. Coli	Plate Count
ID	Time	Location	(Field) mg/L	P/A	P/A	CFU/ml
15H1864-01	7:20	63206119	0.52	A	A	<1
15H1864-02	7:35	1873 Mtn Shadow Upstream	0.64	A	A	2
15H1864-03	7:50	63206123	0.57	A	A	<1

*Pamela Ybarra*

Pamela Ybarra  
Project Manager

# Clinical Laboratory of San Bernardino, Inc.



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**Contact:** Steve Corbin  
**Phone:** (760) 366-8438  
**Fax:** (760) 366-9528  
**System:** 3610025

**Project:** Routine

**Sub Project:**

**Sampler:** Steve Corbin

**Sampled:** 08/24/15

**Received:** 08/24/15 17:20

**Reported:** 08/27/15

## RESULTS

Laboratory ID	Sample Time	Sample Location	Cl Res Free (Field) mg/L	Total Coliform P/A	E. Coli P/A
15H1942-01	11:24	61427 Orion	0.48	A	A
15H1942-02	12:04	Copper Mtn College	0.52	A	A
15H1942-03	9:55	61750 Chollita	0.55	A	A
15H1942-04	11:42	2651 Foxy Flats	0.52	A	A
15H1942-05	8:44	61739 Alta Mesa	0.63	A	A
15H1942-06	9:05	63614 Wagon Wheel	0.54	A	A
15H1942-07	8:20	Well 10		A	A
15H1942-08	7:50	Well 14		A	A
15H1942-09	12:30	Well 15		A	A
15H1942-10	12:19	Well 16		A	A
15H1942-11	12:14	Well 17		A	A
15H1942-12	12:35	JBWD Ice Machine		A	A

*Pamela Ybarra*

Pamela Ybarra

Project Manager

Attachment No. 2

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Tier 2 Public Notice/Proof of Notification Template

## Instructions for Tier 2 Resolved Total Coliform Notice Template

### Template Attached

Since exceeding the total coliform bacteria maximum contaminant level is a Tier 2 violation, you must provide public notice to persons served as soon as practical but within 30 days after you learn of the violation [California Code of Regulations, Title 22, Chapter 15, Section 64463.4(b)]. **Each water system required to give public notice must submit the notice to the State Water Resources Control Board, Division of Drinking Water (DDW) for approval prior to distribution or posting, unless otherwise directed by the DDW [64463(b)].**

### Notification Methods

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

<i>If You Are a...</i>	<i>You Must Notify Consumers by...</i>	<i>...and By One or More of the Following Methods to Reach Persons Not Likely to be Reached by the Previous Method...</i>
Community Water System [64463.4(c)(1)]	Mail or direct delivery <sup>(a)</sup>	Publication in a local newspaper
		Posting <sup>(b)</sup> in conspicuous public places served by the water system or on the Internet
		Delivery to community organizations
Non-Community Water System [64463.4(c)(2)]	Posting in conspicuous locations throughout the area served by the water system <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

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

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

### **Population Served**

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

### **Description of the Violation**

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

<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 DDW within ten days after you issue the notice [64469(d)].

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

## IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.  
Tradúzcalo o hable con alguien que lo entienda bien.

### **[System] Has Levels of Coliform Bacteria Above the Drinking Water Standard**

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

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

#### What should I do?

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

#### What happened? What was done?

[Describe corrective action].

For more information, please contact [name of contact] at [phone number] or [mailing address].

*Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.*

**Secondary Notification Requirements**

Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- SCHOOLS: Must notify school employees, students, and parents (if the students are minors).
- RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS (including nursing homes and care facilities): Must notify tenants.
- BUSINESS PROPERTY OWNERS, MANAGERS, OR OPERATORS: Must notify employees of businesses located on the property.

This notice is being sent to you by [system].

State Water System ID#: \_\_\_\_\_. Date distributed: \_\_\_\_\_.

**Drinking Water Notification to Consumers**

**PROOF OF NOTIFICATION**

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

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

\_\_\_\_\_

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

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

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

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

- \_\_\_\_\_ Sending a copy through the U.S. Mail, first class, postage prepaid, addressed to each of the resident(s) at the place where the property is situated, pursuant to the California Civil Code. Attach copy of Notice.
- \_\_\_\_\_ Newspaper (if the problem has been corrected). Attach a copy of Notice.
- \_\_\_\_\_ Personally hand-delivering a copy to each of the consumers. Attach a copy of Notice.
- \_\_\_\_\_ Posted on a public bulletin board, that will be seen by each of the consumers (for small, non-community water systems with prior Division approval). Attach copy of Notice.

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

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

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

**\*\*Notice:** Complete this Proof of Notification and return it along with a copy of the notification to the Division within 10 days of receipt of giving public notice.

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

Attachment No. 3

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Positive Total Coliform Investigation Form  
(Submitted by District - September 17, 2015)



P.O. BOX 675 • 61750 CHOLLITA ROAD • JOSHUA TREE • CALIFORNIA 92252  
TELEPHONE (760) 366-8438 FAX (760) 366-9528 E-mail: customerservice@jbwd.com  
www.jbwd.com

September 17, 2015

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

Subject: August 2015 Joshua Basin Water District System No. 3610025 State Water  
Resources Control Board, Division of Drinking Water Positive Total Coliform  
Investigation

Dear Mr. McCarthy:

Joshua Basin Water District ("JBWD") has completed its investigation required by the State Water Resources Control Board, Division of Drinking Water ("DDW") (Section 64426 (b) of Title 22, California Code of Regulations, as a result of total coliform positive sample results from samples taken during the month of August 2015.

**Background:**

JBWD sampled twenty-five locations during the month of August 2015 from its water system at various approved locations to test for the presence of total coliform bacteria. Four of these sample results indicated the presence of total coliform. The State standard is that no more than one sample may do so.

JBWD performed the required follow-up monitoring by sampling twenty-two locations which included the four locations that initially indicated the presence of total coliform. All four of the follow-up samples, from the locations that initially indicated the presence of total coliform, had results indicating no presence of any bacteria. Of the remaining eighteen follow-up samples, only one indicated the presence of total coliform. This location was resampled and that result indicated no presence of any bacteria.

The JBWD Production Department conducted a comprehensive and thorough review of its system disinfection plan, internal sampling procedures, and sample transporting techniques, to identify any opportunities to mitigate deficiencies within these processes, which may have contributed to the indications of total coliform. It is possible these total coliform indications occurred from improper sampling techniques, surrounding environment, or during transportation of the samples.

**Findings and Action Taken:**

The sampler Steve Corbin did discover that a bag containing ice, and water from melted ice, had torn and allowed water to leak out and submerge sample bottles within the ice chest. The findings of this review initiated the following steps to be implemented by the JBWD Production Department:

1. Modify its sample transportation techniques to avoid the potential for this process to affect future sample results. JBWD implemented the use of blue ice to be used for the cooling of bottles and during transport, in order to avoid the tearing of bags and the leaking of ice and water on sampling bottles during transport. This change was initiated on August 26<sup>th</sup>, 2015
2. Internal research was conducted, and a new sodium hypochlorite vendor was selected. Titration, manufacturer, and chemical transportation data was used to determine this change an implementation. This was initiated on September 2<sup>nd</sup>, 2015.
3. An evaluation of chlorine injector line leaks was conducted. The implementation of the use of titanium chlorine injection lines instead of poly injection lines is scheduled to be implemented starting in October, 2015.
4. In an effort to implement a multiple barrier approach, on March 5, 2015 the first inline chlorine analyzer was installed at Well No. 10. This analyzer is linked to the Supervisory Control and Data Acquisition system so it may shutoff the well if chlorine is not detected at above a particular residual set point. Additional inline analyzers have been ordered. It is JBWD's goal to have an inline analyzer installed at its other four remaining wells within the next twelve months.
5. JBWD has also scheduled for its sampling staff to attend a two hour bacteriological sampling seminar at Clinical Laboratories in San Bernardino on September 24<sup>th</sup>, 2015 to further educate staff on the proper sampling techniques and procedures.

The following additional information suggests that these total coliform indications may have been a result of improper sampling techniques, surrounding environment, or occurred during transportation of the samples:

- There was no coliform detected in any results from samples taken during the month of July 2015.

Mr. Sean McCarthy, P.E.  
Page 3  
September 17, 2015

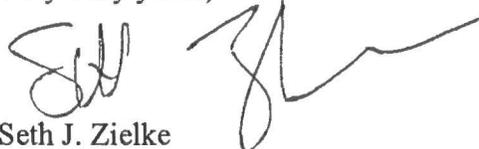
- There is no coliform detected in any results from samples taken, as of date, during the month of September 2015.
- JBWD confirmed there was adequate chlorine disinfection during the time of all sampling.

Please find enclosed the following:

1. A completed Positive Total Coliform Investigation Form provided to JBWD by the DDW
2. A JBWD system map showing sources, reservoirs, and locations of the four total coliform positive sample sites.

Please acknowledge receipt of this letter and enclosures by signing and returning the enclosed copy in the envelope provided. If you have any question or need additional information please contact me at (760) 366-8438.

Very truly yours,



Seth J. Zielke  
Director of Water Resources and Operations

ACKNOWLEDGEMENT

Receipt of this letter and enclosures  
is hereby acknowledged.

STATE WATER RESOURCES CONTROL BOARD

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**COPY**



P.O. BOX 675 • 61750 CHOLLITA ROAD • JOSHUA TREE • CALIFORNIA 92252  
TELEPHONE (760) 366-8438 FAX (760) 366-9528 E-mail: customerservice@jbwd.com  
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September 17, 2015

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Division of Drinking Water  
State Water Resources Control Board  
464 W. 4th Street, Suite 437  
San Bernardino, CA 92401

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Mr. Sean McCarthy, P.E.

Page 2

September 17, 2015

The JBWD Production Department conducted a comprehensive and thorough review of its system disinfection plan, internal sampling procedures, and sample transporting techniques, to identify any opportunities to mitigate deficiencies within these processes, which may have contributed to the indications of total coliform. It is possible these total coliform indications occurred from improper sampling techniques, surrounding environment, or during transportation of the samples.

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Mr. Sean McCarthy, P.E.  
Page 3  
September 17, 2015

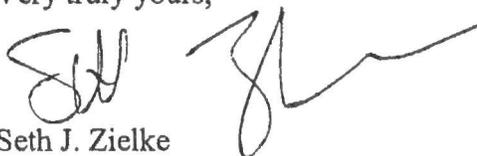
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Please find enclosed the following:

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Please acknowledge receipt of this letter and enclosures by signing and returning the enclosed copy in the envelope provided. If you have any question or need additional information please contact me at (760) 366-8438.

Very truly yours,



Seth J. Zielke  
Director of Water Resources and Operations

ACKNOWLEDGEMENT

Receipt of this letter and enclosures  
is hereby acknowledged.

STATE WATER RESOURCES CONTROL BOARD

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**ATTACHMENT 1**

**POSITIVE TOTAL COLIFORM INVESTIGATION  
FORM**

## POSITIVE TOTAL COLIFORM INVESTIGATION

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

### ADMINISTRATIVE INFORMATION

Entity Name: PWSID NUMBER: 3610025	System Type: CWS	Name JOSHUA BASIN WATER DISTRICT	System Address & Email 61750 CHOLLITA RD, JOSHUA TREE, CA, 92252	Telephone Number 760-366-8438
Operator in Responsible Charge (ORC) D5 #27703		SETH ZIELKE	szielke@jbwd.ocm	760-974-2579
Person that collected TC samples if different than ORC		STEPHEN CORBIN	scorbin@jbwd.com	760-910-4552
System Owner		JOSHUA BASIN WATER DISTRICT		
Certified Laboratory for Microbiological Analyses		CLINICAL LABS		
Date Investigation Completed: 9/16/2015				
Month(s) of Total Coliform MCL Failure: AUGUST				

### INVESTIGATION DETAILS

SOURCE	WELL 10	WELL 14	WELL 15	WELL 16	WELL 17	COMMENTS (attach additional pages if needed)
Inspect each well head for physical defects and report						
a. Is raw water sample tap upstream from point of disinfection?	YES	YES	YES	YES	YES	
b. Is wellhead vent pipe screened?	YES	YES	YES	YES	YES	
c. Is wellhead seal watertight?	YES	YES	YES	YES	YES	
d. Is well head located in pit or is any piping from the wellhead submerged?	NO	NO	NO	NO	NO	
e. Does the ground surface slope towards well head?	NO	NO	NO	NO	NO	
f. Is there evidence of standing water near the wellhead?	NO	NO	NO	NO	NO	
g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)	NO	NO	NO	NO	NO	
h. Is the wellhead secured to prevent unauthorized access?	YES	YES	YES	YES	YES	
i. To what treatment plant (name) does this well pump?	N/A	N/A	N/A	N/A	N/A	JBWD currently has no treatment plant facilities. Wells pump into the system.
j. How often do you take a raw water total coliform (TC) test?	WEEKLY	WEEKLY	WEEKLY	WEEKLY	WEEKLY	JBWD wells are sampled weekly for TC
k. Provide the date and result of the last TC test at this location	7/27/15 ABSENT	8/10/15 ABSENT	8/10/15 ABSENT	8/10/15 ABSENT	8/10/15 ABSENT	These are results from the last TC at these location prior to the positive results from August
Inspect and review records for surface water source (if applicable)	N/A	N/A	N/A	N/A	N/A	
a. Have there been any events in the watershed or near the intake that might have contributed to TC+ or EC+ results? (Describe)	No, none to the knowledge of JBWD		JBWD sources consist solely of groundwater at this time.			

# POSITIVE TOTAL COLIFORM INVESTIGATION

TREATMENT (Cl2 sheds @ Wells)	PLANT 10	PLANT 14	PLANT 15	PLANT 16	PLANT 17	COMMENTS
1. If you provide continuous chlorination treatment was there any equipment failure?	NO	YES	NO	NO	NO	Well No. 14 Chlorine injection line leak discovered on and repaired on 8/18/15
a. Did the distribution system maintain chlorine residual?	YES	YES	YES	YES	YES	
b. Was emergency chlorination initiated? If yes, for how long?	NO	NO	NO	NO	NO	
c. Did the distribution system lose chlorine residual?	NO	NO	NO	NO	NO	
2. If you <b>do not</b> provide routine chlorination, was emergency chlorination initiated? If Yes, when?	N/A	N/A	N/A	N/A	N/A	
3. Inspect each point where disinfectant is added and report						
a. Is the disinfectant feed pump feeding disinfectant?	YES	YES	YES	YES	YES	
b. What is the feed rate of disinfectant in ml/minute?	31.54	44.16	25.23	18.93	15.77	
c. What is the concentration of the disinfectant solution being fed? (percent or mg/l of chlorine as HOCl)	12.5/15 %	12.5/15 %	12.5/15 %	12.5/15 %	12.5/15 %	
d. By what method was the concentration of solution determined? (ex: measured, manufacturer's literature)	TITRATE	TITRATE	TITRATE	TITRATE	TITRATE	
e. What is the age (days) of the disinfectant solution currently being used at this treatment location?	Approximately 18 days	JBWD received a delivery of chlorine on 7/31/15. This was the last delivery received prior to the positive results from August.				
f. What is the raw water flow rate at the point where disinfectant is added in gallons per minute?	1314	1635	1002	747	720	
g. What is the <b>total</b> chlorine residual measured immediately downstream from the point of application?	N/A	N/A	N/A	N/A	N/A	JBWD only tests for free chlorine residual in its distribution system
h. What is the <b>free</b> chlorine residual measured immediately downstream from the point of application?	.95 mg/L	.83 mg/L	.80 mg/L	.73 mg/L	.63 mg/L	
i. What is the contact time in minutes from the point of disinfectant application to the first customer?	10	15	15	15	15	

# POSITIVE TOTAL COLIFORM INVESTIGATION

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings) 66476 WINTERS RD	Routine Site TC+ or EC+	Upstream Site	Downstream Site
1. What is the height of the sample tap above grade? (inches)	36"	18"	18"
2. Is the sample tap located in an <b>exterior</b> location or is it protected by an <b>enclosure</b> ?	ENCLOSED	EXT	EXT
3. Is the sample tap threaded, have a swing arm (kitchen sink) or an aerator (sinks)?	NO	SMOOTH HOSE BIB	SMOOTH HOSE BIB
4. Is the sample tap in good condition, free of leaks around the stem or packing?	YES	YES	YES
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?	YES	YES	YES
6. Is the sample tap and areas around the sample tap clean and dry (free of animal droppings other contaminants or spray irrigation systems)?	YES	YES	YES
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection?	YES	YES	YES
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.).	SPRAY CL2 FLAMED FLUSHED	SPRAY CL2 FLAMED FLUSHED	SPRAY CL2 FLAMED FLUSHED
9. Is this sample tap designated on the sampling plan submitted with this information request?	YES	YES	YES
10. What were the weather conditions at the time of the positive sample (rainy, windy, and sunny)?	SUNNY / WINDY	SUNNY / WINDY	SUNNY / WINDY

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings) 1725 STARFIRE DR	Routine Site TC+ or EC+	Upstream Site	Downstream Site
1. What is the height of the sample tap above grade? (inches)	36"	18"	18"
2. Is the sample tap located in an <b>exterior</b> location or is it protected by an <b>enclosure</b> ?	ENCLOSED	EXT	EXT
3. Is the sample tap threaded, have a swing arm (kitchen sink) or an aerator (sinks)?	NO	SMOOTH HOSE BIB	SMOOTH HOSE BIB
4. Is the sample tap in good condition, free of leaks around the stem or packing?	YES	YES	YES
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?	YES	YES	YES
6. Is the sample tap and areas around the sample tap clean and dry (free of animal droppings other contaminants or spray irrigation systems)?	YES	YES	YES
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection?	YES	YES	YES
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.).	SPRAY CL2 FLAMED FLUSHED	SPRAY CL2 FLAMED FLUSHED	SPRAY CL2 FLAMED FLUSHED
9. Is this sample tap designated on the sampling plan submitted with this information request?	YES	YES	YES
10. What were the weather conditions at the time of the positive sample (rainy, windy, and sunny)?	SUNNY / WINDY	SUNNY / WINDY	SUNNY / WINDY

# POSITIVE TOTAL COLIFORM INVESTIGATION

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings) 1873 MOUNTAIN SHADOW DR	Routine Site TC+ or EC+	Upstream Site	Downstream Site
1. What is the height of the sample tap above grade? (inches)	36"	18"	18"
2. Is the sample tap located in an <b>exterior</b> location or is it protected by an <b>enclosure</b> ?	ENCLOSED	EXT	EXT
3. Is the sample tap threaded, have a swing arm (kitchen sink) or an aerator (sinks)?	NO	SMOOTH HOSE BIB	SMOOTH HOSE BIB
4. Is the sample tap in good condition, free of leaks around the stem or packing?	YES	YES	YES
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?	YES	YES	YES
6. Is the sample tap and areas around the sample tap clean and dry (free of animal droppings other contaminants or spray irrigation systems)?	YES	YES	YES
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection?	YES	YES	YES
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.).	SPRAY CL2 FLAMED FLUSHED	SPRAY CL2 FLAMED FLUSHED	SPRAY CL2 FLAMED FLUSHED
9. Is this sample tap designated on the sampling plan submitted with this information request?	YES	YES	YES
10. What were the weather conditions at the time of the positive sample (rainy, windy, and sunny)?	SUNNY / WINDY	SUNNY / WINDY	SUNNY / WINDY

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings) 60565 LATHAM TR	Routine Site TC+ or EC+	Upstream Site	Downstream Site
1. What is the height of the sample tap above grade? (inches)	36"	18"	18"
2. Is the sample tap located in an <b>exterior</b> location or is it protected by an <b>enclosure</b> ?	ENCLOSED	EXT	EXT
3. Is the sample tap threaded, have a swing arm (kitchen sink) or an aerator (sinks)?	NO	SMOOTH HOSE BIB	SMOOTH HOSE BIB
4. Is the sample tap in good condition, free of leaks around the stem or packing?	YES	YES	YES
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?	YES	YES	YES
6. Is the sample tap and areas around the sample tap clean and dry (free of animal droppings other contaminants or spray irrigation systems)?	YES	YES	YES
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection?	YES	YES	YES
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.).	SPRAY CL2 FLAMED FLUSHED	SPRAY CL2 FLAMED FLUSHED	SPRAY CL2 FLAMED FLUSHED
9. Is this sample tap designated on the sampling plan submitted with this information request?	YES	YES	YES
10. What were the weather conditions at the time of the positive sample (rainy, windy, and sunny)?	SUNNY / WINDY	SUNNY / WINDY	SUNNY / WINDY

# POSITIVE TOTAL COLIFORM INVESTIGATION

STORAGE	TANK C1	TANK C2B	TANK C3	TANK E2-1	TANK H1	COMMENTS
1. Is each tank locked to prevent unauthorized access?	YES	YES	YES	YES	YES	
2. Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank?	YES	YES	YES	YES	YES	
3. Is the overflow on each tank screened?	NO	NO	NO	NO	NO	
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?	NO	NO	NO	NO	NO	
5. Is the roof/cover of the tank sealed and free of any leaks?	YES	YES	YES	YES	YES	
6. Is the tank above ground or buried?	ABOVE	ABOVE	ABOVE	ABOVE	ABOVE	
a. If buried or partially buried, are there provisions to direct surface water away from the site.	N/A	N/A	N/A	N/A	N/A	
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?	YES	YES	YES	YES	YES	
7. Does the tank "float" on the distribution system or are there separate inlet and outlet lines?	FLOAT	FLOAT	FLOAT	FLOAT	FLOAT	
8. What is the <b>measured</b> chlorine residual (total/free) of the water exiting the storage tank <b>today</b> ?	.58 mg/L (free)	.65 mg/L (free)	.45 mg/L (free)	.32 mg/L (free)	.48 mg/L (free)	These residual reads are from August 20 <sup>th</sup> , 2015 the day after the positive results.
9. What is the volume of the storage tank in gallons?	1353K	5636K	441K	272K	225K	
10. Is the tank baffled?	NO	NO	NO	NO	NO	
11. Prior to the TC+ or EC+, what was the previous date item #1-7 were checked and documented?	October 2014 Sanitary Survey	July 17, 2105 Wet tank dive inspection				

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	20 PSI
2. Did pressure in the distribution system drop to less than 5 psi prior to positive bacti?	NO
3. Has the distribution system been worked on within the last week? (taps, hydrant flushing, main breaks, mainline extensions, etc.) If yes, provide details.	A main line leak was repaired on 8/13/15, six days prior to the positive results. This leak occurred outside of the zones where the positive results occurred. JBWD staff responded to leak at 1030, leak was repaired by 1314. A six inch repair clamp was installed.
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	None discovered or observed by JBWD

# POSITIVE TOTAL COLIFORM INVESTIGATION

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	Yes routinely. A main line leak was repaired on 8/13/15, six days prior to the positive results. This leak occurred outside of the zones where the positive results occurred. JBWD staff responded to the leak at 1030, leak was repaired by 1314. A six inch repair clamp was installed.
6. If there was a mainline leak, when was it repaired?	A main line leak was repaired on 8/13/15, six days prior to the positive results. This leak occurred outside of the zones where the positive results occurred. JBWD staff responded to the leak at 1030, leak was repaired by 1314. A six inch repair clamp was installed.
7. On what date was the distribution system last flushed?	Two dead-end fire hydrants were flushed on August 18, 2015, one day prior to the positive results.
8. Is there a written flushing procedure you can provide for our review?	YES
9. Do you have an active cross-connection control program?	YES
10. What is name & phone number of your Cross-Connection Control Program Coordinator?	KELLY STEWART 760-401-4229
11. Is the review and testing of backflow prevention devices current?	YES
12. On what date was the last physical survey of the system done to identify cross-connections?	5/26/15

BOOSTER STATION	Response
1. Do you have a booster pump? How many?	YES 27
2. Do you have a standby booster pump if the main pump fails?	YES
3. Prior to bacteriological quality problems, did your booster pump fail?	NO
4. Do you notice standing water, leakage at the booster station?	NO

GENERAL OPERATIONS:	Response
1. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	On August 13, 2015 Well No. 14 experienced a power outage at 530 pm resulting in the well shutting off. Power was restored at 830 pm.
2. Where there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located.	No
3. Does the system have backup power or elevated storage?	5 BACK-UP GENERATORS
4. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	No
5. What were the symptoms of illness if you received complaints about customers being sick?	N/A

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

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

**POSITIVE TOTAL COLIFORM INVESTIGATION**

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

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

The JBWD Production Department conducted a complete and thorough review of its internal sampling procedures and sample transporting techniques, to identify any opportunities to mitigate deficiencies within these processes, which may have contributed to the indications of total coliform. It is possible these total coliform indications occurred from improper sampling techniques, surrounding environment, or during transportation of the samples. The sampler Steve Corbin did discover that a bag containing ice, and water from melted ice, had torn and allowed water to leak out and submerge sample bottles within the ice chest.

The findings of this review initiated the JBWD Production Department to modify its sample transportation techniques to avoid the potential for this process to affect future sample results.

JBWD, in cooperation with the State Water Resources Control Board, will continue to investigate the source of these total coliform indications, and will further modify any procedures as necessary to eliminate unintentional impacts of these procedures on any sample results.

The following additional information suggests that these total coliform indications may have been a result of improper sampling techniques, surrounding environment, or occurred during transportation of the samples:

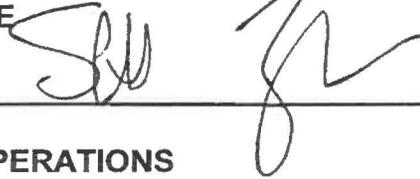
- There was no coliform detected in any results from samples taken during the month of July 2015.
- There is no coliform detected in any results from samples taken, as of date, during the month of September 2015.
- JBWD confirmed there was adequate chlorine disinfection during the time of all sampling.

JBWD has also scheduled for its sampling staff to attend a two hour bacteriological sampling seminar at Clinical Laboratories in San Bernardino on September 24<sup>th</sup>, 2015 to further educate staff on the proper sampling techniques and procedures.

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

NAME: SETH ZIELKE

SIGNATURE \_\_\_\_\_



TITLE: DIRECTOR OF WATER RESOURCES AND OPERATIONS

DATE: 9/16/15

**ATTACHMENT 2**  
**JBWD SYSTEM MAP**

