CALIFORNIA
Water Boards

EDMUND G. BROWN JR.
GOVERNOR

MATTHEW RODRIQUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board
Division of Drinking Water

August 14, 2014
System No.: 5401003

Ms. Lucy Rodriguez, Manager
East Orosi Community Services District
PO Box 213
Orosi, CA 93647

RE: Citation No. 03-12-14C-017
Violation of Title 22, California Code of Regulations, Section 64426.1,
For June 2014

Dear Ms. Rodriguez:

Enclosed is a Citation issued to the East Orosi Community Services District (District) public water system.

The District will be billed at the Division's hourly rate (currently estimated at $126.00) for the time spent on issuing this Citation. The California Health and Safety Code Section 116577 provides that a public water system must reimburse the Division for actual costs incurred by the Division for specified enforcement actions, including but not limited to, preparing, issuing and monitoring compliance with a citation. At this time, the Division has spent approximately one and one half hours on enforcement activities associated with this violation.

The District will receive a bill sent from the Division of Drinking Water Fee Billing Unit in August of the next fiscal year. This bill will contain fees for any enforcement time spent on East Orosi Community Services District for the current fiscal year.

If you have any questions regarding this letter and the enclosed citation, please contact the Visalia District office at (559) 447-3300.

Sincerely,

Tricia A. Wathen

Tricia A. Wathen, P.E.
Senior Sanitary Engineer, Visalia District
SOUTHERN CALIFORNIA BRANCH
DRINKING WATER FIELD OPERATIONS

TAW/SF
Enclosures
cc: Tulare County Environmental Health Services Division
Mr. Tom Day, Contract Operator, PO Box 10642, Terra Bella, CA 93270

Citation No. 03-12-14C-017

STATE OF CALIFORNIA
WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER

IN RE: **EAST OROSI COMMUNITY SERVICES DISTRICT**
Water System No. 5401003

TO: Ms. Lucy Rodriguez, Manager
East Orosi Community Services District
PO Box 213
Orosi, CA 93647

CC: Tulare County Environmental Health Services Division
Mr. Tom Day, Contract Operator, PO Box 10642, Terra Bella, CA 93270

CITATION FOR VIOLATION OF
CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 64426.1
June 2014

Issued on August 14, 2014

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

The State Water Resources Control Board (hereinafter "Board"), acting by and through its Division of Drinking Water (hereinafter "Division") and the Deputy Director for the Division (hereinafter "Deputy Director"), hereby issues a citation to East Orosi Community Services District (hereinafter "District") (PO Box 213, Orosi, CA 93647) for violation of California Code of Regulations (CCR), Title 22, Section 64426.1.

APPLICABLE AUTHORITIES

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

STATEMENT OF FACTS

The District is a community water system serving a residential population of approximately 700 persons through 106 service connections. Effective July 1, 2014 the Tulare County Environmental Health Services Division (TCEHSD) transferred the jurisdictional regulatory oversight for this water system to the Division. The District currently operates under a water supply permit issued by the TCEHSD on April 6, 2006.

The District is required to collect a minimum of one (1) distribution system bacteriological sample per month. The bacteriological water analysis results submitted by the District reported the presence of total coliform bacteria in seven (7) of nine (9) samples collected by the District in June 2014. None of the positive samples showed the presence of fecal coliform or *E. coli* bacteria.

Upon being informed of the presence of total coliform bacteria in four (4) out of five (5) routine samples collected on June 12, 2014, District staff collected a total of four (4) repeat samples on June 19, 2014. Three (3) of the repeat samples showed the presence of total coliform bacteria. Due to the above-mentioned total coliform positive samples, the District failed the total coliform MCL for the month of June 2014. None of the positive samples showed the presence of fecal coliform or *E. coli* bacteria. All water samples for coliform bacteria collected during the past twelve months are summarized in Attachment A.

The Division was notified of the total coliform MCL failure on June 13, 2014. Notification of the public was conducted on June 17, 2014 via an Unsafe Water Alert, advising each customer not to use the tap water for drinking and cooking until further notice. A copy of

the notice that was delivered to each customer is provided in Attachment B. Proof of Notification is required. The District shall complete Attachment C and return it to the Division by **September 15, 2014**.

The well has been identified as a probable source of contamination. Triggered source monitoring was conducted from the only active well, and analytical results were positive for total coliform and negative for *E. coli* bacteria. This is the District's third total coliform MCL failure in the past twelve months. The District also failed the total coliform MCL in February and May of 2014. Due to the history of total coliform MCL failures, the Division has required the District to implement continuous chlorination. According to Mr. Tom Day, contract operator for the District, continuous chlorination of the distribution system began on July 25, 2014. The requirements associated with continuous chlorination are listed under the Directives section of this document. On July 28, 2014, five (5) routine distribution system samples were collected, and the results were negative for total coliform and *E. coli* bacteria.

DETERMINATION

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

The Division has determined that the District failed to comply with Title 22, CCR, Section 64426.1, Total Coliform MCL for the month of June 2014 due to the presence of total coliform bacteria in seven (7) of nine (9) samples collected in June 2014.

DIRECTIVES

The District is hereby directed to take the following actions:

1. Comply with Title 22, CCR, Section 64426.1, in all future monitoring periods.

2. Within 30 days of receipt of this Citation, the District shall provide to the Division certification of public notification using the enclosed Proof of Notification form (Attachment C).

3. By **September 15, 2014**, the District shall complete and submit the enclosed "Positive Total Coliform Investigation" form to the Division that describes the incident and all corrective actions taken, and the results of the investigation. The appropriate investigation report is provided as Attachment D.

4. The District shall have on staff or under contract a minimum of a D1 Certified Distribution Operator to operate the chlorination equipment. The operator shall visit the well site and review the chlorination treatment on at least a weekly basis and document the date and time of the visit, the settings on the chemical feed equipment, the chlorine stock on hand and the chlorine residual at the well site and in the farthest part of the distribution system.

5. The chlorine residual shall be measured at the time and location of the collection of the monthly distribution system bacteriological samples. This residual shall be provided to the Division on the laboratory analysis report.

6. The District shall initiate monthly sampling of the raw well water for coliform bacteria. The sample must be collected at a location ahead of chlorination and shall be analyzed for total and fecal coliform or *E. coli* bacteria using a density

analytical method with the analytical results reported in MPN/100 mL. The results of all samples shall be submitted to the Division by the 10th day of the following month.

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

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

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

Tricia A. Wathen, P.E.
Senior Sanitary Engineer
State Water Resources Control Board
Division of Drinking Water
265 W. Bullard Avenue, Suite 101
Fresno, CA 93704

PARTIES BOUND

This Citation shall apply to and be binding upon East Orosi Community Services District, its officers, directors, agents, employees, contractors, successors, and assignees.

SEVERABILITY

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

FURTHER ENFORCEMENT ACTION

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

August 15, 2014
Date

Tricia A. Wathen
Tricia A. Wathen, P.E.
Senior Sanitary Engineer, Visalia District
DRINKING WATER FIELD OPERATIONS BRANCH

TW/SF

Attachments:
Attachment A: Summary of bacteriological samples collected over the past twelve months
Attachment B: Unsafe Water Alert
Attachment C: Proof of Notification Form
Attachment D: Positive Total Coliform Investigation

APPENDIX A

Applicable Statues and Regulations for Citation No. 03-12-14C-017

Section 116650 of the CHSC states in relevant part:

§116650. Citations

(a) If the Division determines that a public water system is in violation of this chapter or any regulation, permit, standard, citation, or order issued or adopted thereunder, the Division may issue a citation to the public water system. The citation shall be served upon the public water system personally or by certified mail. Service shall be deemed effective as of the date of personal service or the date of receipt of the certified mail. If a person to whom a citation is directed refuses to accept delivery of the certified mail, the date of service shall be deemed to be the date of mailing.

(b) Each citation shall be in writing and shall describe the nature of the violation or violations, including a reference to the statutory provision, standard, order, citation, permit, or regulation alleged to have been violated.

(c) A citation may specify a date for elimination or correction of the condition constituting the violation.

(d) A citation may include the assessment of a penalty as specified in subdivision (e).

(e) The Division may assess a penalty in an amount not to exceed one thousand dollars ($1,000) per day for each day that a violation occurred, and for each day that a violation continues to occur. A separate penalty may be assessed for each violation.

Section 64426.1 of Title 22, California Code of Regulations (CCR) states in relevant part:

§64426.1. Total Coliform Maximum Contaminant Level (MCL).

(a) Results of all samples collected in a calendar month pursuant to Sections 64423, 64424, and 64425 that are not invalidated by the Department or the laboratory shall be included in determining compliance with the total coliform MCL. Special purpose samples such as those listed in §64421(b) and samples collected by the water supplier during special investigations shall not be used to determine compliance with the total coliform MCL.

(b) A public water system is in violation of the total coliform MCL when any of the following occurs:
   (1) For a public water system which collects at least 40 samples per month, more than 5.0 percent of the samples collected during any month are total coliform-positive; or
   (2) For a public water system which collects fewer than 40 samples per month, more than one sample collected during any month is total coliform-positive; or
   (3) Any repeat sample is fecal coliform-positive or E. coli-positive; or
   (4) Any repeat sample following a fecal coliform-positive or E. coli-positive routine sample is total coliform-positive.

(c) If a public water system is not in compliance with paragraphs (b)(1) through (4), during any month in which it supplies water to the public, the water supplier shall notify the Department by the end of the business day on which this is determined, unless the determination occurs after the Department office is closed, in which case the supplier shall notify the Department within 24 hours of the determination. The water supplier

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STD. 113 (REV. 3-95)
OSP 10 119947

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

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STATE OF CALIFORNIA
STD. 113 (REV. 3-95)

OSP 10 119947

EAST OROSI CSD

5401003 — *Distribution System Freq:* **M** — *Chlorinator:* **N** — *Collected by:* **Cody Needham**

Sample Date	Time	Location	T Coli	E Coli	F Coli	Type	Cl2	Violation	Comment
6/18/2013	14:05	13911 Ave 418	<1.1	<1.1		Routine			
7/22/2013	13:37	13910 Ave 418	2	<1.0		Routine			
7/25/2013	14:25	13960 Ave 418	<1.1	<1.1		Repeat			1 of 4 rpt smple set
7/25/2013	14:35	13911 Ave 418	<1.1	<1.1.		Repeat			2 of 4 rpt smple set
7/25/2013	14:40	41867 Hollister Rd	<1.1	<1.1		Repeat			3 of 4 rpt smple set
7/25/2013	14:50	41755 Jone Rd	<1.1	<1.1		Repeat			4 of 4 rpt smple set
8/27/2013	10:15	13920 Ave 418	<1.1	<1.1		Routine			1 of 5 rtn smple set
8/27/2013	10:20	13911 Ave 418	<1.1	<1.1		Routine			2 of 5 rtn smple set
8/27/2013	10:26	13956 Hollister	<1.1	<1.1		Routine			3 of 5 rtn smple set
8/27/2013	10:33	41888 Rd 138	<1.1	<1.1		Routine			4 of 5 rtn smple set
8/27/2013	10:43	13968 Ave 416	<1.1	<1.1		Routine			5 of 5 rtn smple set
9/25/2013	13:56	41880 Rd 139	A	A		Routine			
10/6/2013	15:55	13920 Ave 418	<1.1	<1.1		Routine			
11/23/2013	14:25	41880 Rd 139	<1.1	<1.1		Routine			
12/12/2013	13:35	41880 Rd 139	A	A		Routine			
1/2/2014	11:07	41880 Rd 139	A	A		Routine			
2/17/2014	16:15	41880 Rd 139	7.5	<1.1		Routine			
2/19/2014	15:00	41880 Rd 139	3.1	<1.1		Repeat		MCL	1 of 2 rpt smple set , Enforcement Action
2/19/2014	15:15	Well	4.2	<1.1		Repeat			2 of 2 rpt smple set
2/21/2014	15:50	13920 Ave 418	2	<1.1		Repeat			1 of 2 rpt smple set
2/21/2014	16:05	13956 Hollister	6.4	<1.1		Repeat			2 of 2 rpt smple set
3/5/2014	10:12	41880 Rd 139	A	A		Routine			1 of 5 rtn smple set
3/5/2014	10:24	13920 Ave 418	A	A		Routine			2 of 5 rtn smple set
3/5/2014	10:37	41867 Hollister Rd	A	A		Routine			3 of 5 rtn smple set
3/5/2014	10:52	13956 Hollister	A	A		Routine			4 of 5 rtn smple set
3/5/2014	11:05	13968 Ave 416	A	A		Routine			5 of 5 rtn smple set
4/25/2014	11:10	office (41687 Ione)	2	<1.1		Routine			
4/28/2014	9:41	13920 Ave 418	<1.1	<1.1		Repeat			1 of 4 rpt smple set
4/28/2014	9:55	41880 Rd 139	<1.1	<1.1		Repeat			2 of 4 rpt smple set
4/28/2014	10:06	41867 Hollister Rd	<1.1	<1.1		Repeat			3 of 4 rpt smple set
4/28/2014	10:18	13968 Ave 416	<1.1	<1.1		Repeat			4 of 4 rpt smple set
5/28/2014	13:00	13920 Ave 418	7.5	<1.0		Routine			1 of 5 rtn smple set
5/28/2014	13:10	41880 Rd 139	4.2	<1.0		Routine		MCL	2 of 5 rtn smple set , Enforcement action
5/28/2014	13:18	41867 Hollister Rd	<1.1	<1.0		Routine			3 of 5 rtn smple set
5/28/2014	13:28	13956 Hollister	3.1	<1.0		Routine			5 of 5 rtn smple set
5/28/2014	13:38	13968 Ave 416	5.3	<1.0		Routine			4 of 5 rtn smple set
5/30/2014	11:10	well #2 - West	2	<1.0		Repeat			1 of 4 rpt smple set
5/30/2014	11:30	13920 Ave 418	5.3	<1.0		Repeat			2 of 4 rpt smple set
5/30/2014	11:50	13968 Ave 416	3.1	<1.0		Repeat			3 of 4 rpt smple set
5/30/2014	12:05	41687 Ione	1	<1.0		Repeat			4 of 4 rpt smple set

Bacteriological Distribution Monitoring Report

5401003 East Orosi CSD

Distribution System Freq: 1/M

Sample Date	Location	T Coli	E Coli	F Coli	HPC	Type	Cl2	Cl2 Avg	Viol. Type	GWR Satisfied?	Comments
6/19/2014	13920 Ave 418	1	<1.0			Repeat					
6/19/2014	13968 Ave 416	1	<1.0			Repeat					
6/19/2014	41867 Hollister Rd	1	<1.0			Repeat					
6/12/2014	13920 Ave 418	2	<1.0			Routine					
6/12/2014	13956 Hollister	1	<1.0			Routine			MCL		
6/12/2014	13968 Ave 416	<1.0	<1.0			Routine					
6/12/2014	41867 Hollister Rd	3.1	<1.0			Routine					

Violation Key

MCL	Exceeds the maximum contaminant level	MR5	Incorrect number of repeat samples as follow-up to a positive sample
MR1	No monthly sample for the report month	MR6	No source sample
MR2	No quarterly sample for the report month	MR7	No summary report submitted
MR3	Incorrect number of routine samples for the report month	MR8	Other comments and/or info
MR4	Did not collect 5 routine samples for previous month's positive sample	MR9	Cl2 not reported

Source Bacteriological Monitoring Report

5401003 East Orosi CSD

Sample Date	Time	Source	Sample Type	Test Method	T Coli	E Coli	F Coli	HPC	Violation	Comments
6/19/2014	7:45	Well 02 - WEST	GWR Well	MPN	<1.0	<1.0				
6/12/2014	11:05	Well 02 - WEST	Well	MPN	2	<1.0				

June 17, 2014

UNSAFE WATER ALERT

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

East Orosi Community Services District water is possibly contaminated with Bacteria

DO NOT DRINK YOUR WATER

Failure to follow this advisory could result in illness.

Due to the recent detection of total coliform bacteria in the East Orosi CSD's distribution system, the California Department of Public Health and East Orosi CSD Water System are advising residents of East Orosi CSD to NOT USE THE TAP WATER FOR DRINKING AND COOKING UNTIL FURTHER NOTICE. As long as the water is not used for drinking, you may continue to use the water for bathing, showering and sanitation purposes.

What should I do?

- **DO NOT DRINK YOUR TAP WATER---USE ONLY BOTTLED WATER.** Bottled water should be used for all drinking (including baby formula and juice), brushing teeth, washing dishes, making ice and food preparation **until further notice**.

- **DO NOT TRY AND TREAT THE WATER YOURSELF.** Boiling, freezing, filtering, adding chlorine or other disinfectants, or letting water stand will not make the water safe.

We will inform you when the bacteriological problem is corrected. We expect to resolve the problem within the next week or two. Please note – the community is already receiving bottled water from a Proposition 84 interim water supply grant.

For more information or questions call:
Water Utility contact: Lucy Rodriguez, (559) 528-0159, P.O. Box 213, Orosi, CA, 93647.
California Department of Public Health at: Visalia District Office, (559) 447-3300.

This notice is being sent to you by East Orosi CSD.
California Public Water System ID # 5401003. Date Distributed: June 17, 2014.

Please share this information with all other people who receive 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 notice in a public place or distributing copies by hand.

PROOF OF NOTIFICATION
(Return with copy of the Notice)

As required by Section 116450 of the California Health and Safety Code, I notified all users of water supplied by the **East Orosi Community Services District** of the failure to comply with the Total Coliform Rule during **June 2014**.

Notification was made on _____.
(date)

To summarize report delivery used and good-faith efforts used, please check all items below that apply and fill-in where appropriate:

☐ The notice was distributed by direct delivery to each customer served by the water system.

☐ The notice was distributed by mail delivery to each customer served by the water system.

One or more of the following methods were used to reach persons not likely to be reached by a mailing or direct delivery (renters, nursing home patients, prison inmates, etc.):_____

☐ Posted the notice at the following conspicuous locations served by the water system (if needed, please attach a list of locations). _____

☐ Publication of the notice in a local newspaper or newsletter of general circulation (attach a copy of the published notice, including name of newspaper and date published).

☐ Posted the notice on the Internet at www._____

☐ Other method used to notify customers. _____

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

Certified by: Name _____

Signature _____

Title _____

Date _____

Citation No.: 03-12-14C-017

POSITIVE TOTAL COLIFORM INVESTIGATION
Simple Well with Pressure Tank Systems

This form is intended to assist public water systems in completing the investigation required by the 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

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

INVESTIGATION DETAILS

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

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the TCR positive finding.	

POSITIVE TOTAL COLIFORM INVESTIGATION

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

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

POSITIVE TOTAL COLIFORM INVESTIGATION

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

ADDITIONAL INFORMATION TO BE SUBMITTED WITH RESPONSES TO THE ABOVE QUESTIONS

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

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

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

NAME:_____ **TITLE:**_____ **DATE:** _____