



FILE COPY



EDMUND G. BROWN JR.
GOVERNOR



MATTHEW RODRIGUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board
Division of Drinking Water

August 28, 2014
System No.: 5401001

Mr. Efrain Ponce, Owner
Sequoia Cider Mill
P.O. Box 288
Woodlake, CA 93286

RE: Citation No. 03-12-14C-021
Violation of Title 22, California Code of Regulations, Section 64426.1,
For June 2014

Dear Mr. Ponce:

Enclosed is a Citation issued to the Sequoia Cider Mill (Water System) public water system.

The Water System 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 Water System 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 the Sequoia Cider Mill water system 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, P.E.
Senior Sanitary Engineer, Visalia District
SOUTHERN CALIFORNIA BRANCH
DRINKING WATER FIELD OPERATIONS

TAW/SF
Enclosures
cc: Tulare County Environmental Health Services Division

FILE COPY

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

STATE OF CALIFORNIA
WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER

IN RE: **SEQUOIA CIDER MILL**
 Water System No. 5401001

TO: Mr. Efrain Ponce, Owner
 Sequoia Cider Mill
 P. O. Box 288
 Woodlake, CA 93286

CC: Tulare County Environmental Health Services Department

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

Issued on August 28, 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 the Sequoia Cider Mill (hereinafter "Water System") (40311 Sierra Drive, Three Rivers, CA 93271) for violation of California Code of Regulations (CCR), Title 22, Section **64426.1**.

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

APPLICABLE AUTHORITIES

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

STATEMENT OF FACTS

The Water System is a transient noncommunity water system with one (1) restaurant and one (1) house serving a transient population of approximately fifty (50) persons per day. Effective July 1, 2014 the Tulare County Department of Environmental Health (County) transferred the jurisdictional regulatory oversight for this water system to the Division. The Water System currently operates under a water supply permit issued by the Tulare County Department of Environmental Health on August 20, 2008.

The Water System is required to collect a minimum of one (1) distribution system bacteriological sample per quarter. The bacteriological water analysis results submitted by the Water System reported the presence of total coliform bacteria in two (2) of seven (7) samples collected by the Water System 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 two (2) routine samples collected on June 5, 2014, Water System staff collected a total of five (5) repeat samples on June 11, 2014. None of the repeat samples showed the presence of total coliform bacteria. The five (5) routine samples required the month following a month with one or more total coliform-positive samples were collected on July 22, 2014 and were negative for total coliform bacteria.

The cause of the failure is inconclusive based on the investigation conducted by the Water System (see Attachment A). Continuous disinfection of the distribution system is not provided at the present time. The Water System's well was sampled on July 22, 2014 and

1 the analytical results did not detect the presence of total coliform bacteria. All water
2 samples for coliform bacteria collected from January 2013 through the July 2014 are
3 summarized in Attachment B.

4
5 The Groundwater Rule (GWR) requires the collection of a sample for bacteriological
6 evaluation from the wells serving the system in response to a coliform-positive distribution
7 sample within 24 hours of being notified of the coliform-positive result. Based on data
8 submitted to the Division, the Water System did not collect any raw water well samples
9 within the specified time frame. The well was sampled on July 22, 2014 and the results
10 were negative for total coliform bacteria.

11
12 Public notification to the Division and consumers of a water system is required whenever a
13 violation of the Total Coliform MCL occurs. Notification to the Division is required by the
14 end of the business day on which the violation has been determined. If the Division is
15 closed, notification shall be within 24 hours of the determination. The Division was not
16 notified in accordance with the above-referenced section.

17
18 Public notification to the customers of the Water System was conducted on June 6, 2014,
19 advising each customer of the failure of the total coliform MCL during the month of June
20 2014. A copy of the notice that was posted is provided as Attachment C. Proof of
21 Notification is provided as Attachment D.

22 23 DETERMINATION

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



1 The Division has determined that the Water System failed to comply with Title 22, CCR,
2 Section 64426.1, Total Coliform MCL for the month of June 2014 due to the presence of
3 total coliform bacteria in two (2) of seven (7) samples collected in June 2014.
4

5 **DIRECTIVES**

6 The Water System is hereby directed to take the following actions:
7

- 8 1. Comply with Title 22, CCR, Section 64426.1, in all future monitoring periods.
9
- 10 2. Based on data submitted to the Division, the District did not collect their raw water
11 well samples in a timely manner in follow-up to the total coliform-positive routine
12 samples collected on June 5, 2014. The Water System shall sample the raw water
13 from all operating wells for coliform bacteria at the same time that repeat samples
14 are collected from the distribution system in response to a positive-coliform result.
15
- 16 3. The Water System shall notify the Division of any further violations of the total
17 coliform MCL by the end of the business day on which the violation has been
18 determined, or, if the Division is closed, within 24 hours of the determination.
19

20 The Division reserves the right to make such modifications to the Citation as it may deem
21 necessary to protect public health and safety. Such modifications may be issued as
22 amendments to this Citation and shall be effective upon issuance.
23

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

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 the Sequoia Cider Mill, its officers, directors, agents, employees, contractors, successors, and assignees.

SEVERABILITY

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

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

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 28, 2014
Date

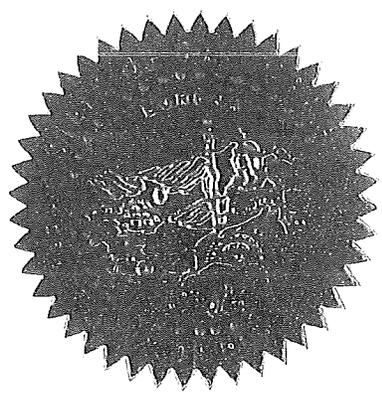
Tricia A. Wathen
Tricia A. Wathen, P.E.
Senior Sanitary Engineer, Visalia District
DRINKING WATER FIELD OPERATIONS BRANCH

TW/LR

Attachments:

- Attachment A: Positive Total Coliform Investigation report
- Attachment B: Summary of Distribution Bacteriological Samples from January 2013 to July 2014
- Attachment C: Public Notice for June 2014
- Attachment D: Proof of Notification Form

03-12-14C-021-5401001-22 TCRMCL June2014Cit ID 8.22.14



APPENDIX A

Applicable Statutes and Regulations for Citation No. 03-12-14C-021

Section 116650 of the CHSC states in relevant part:

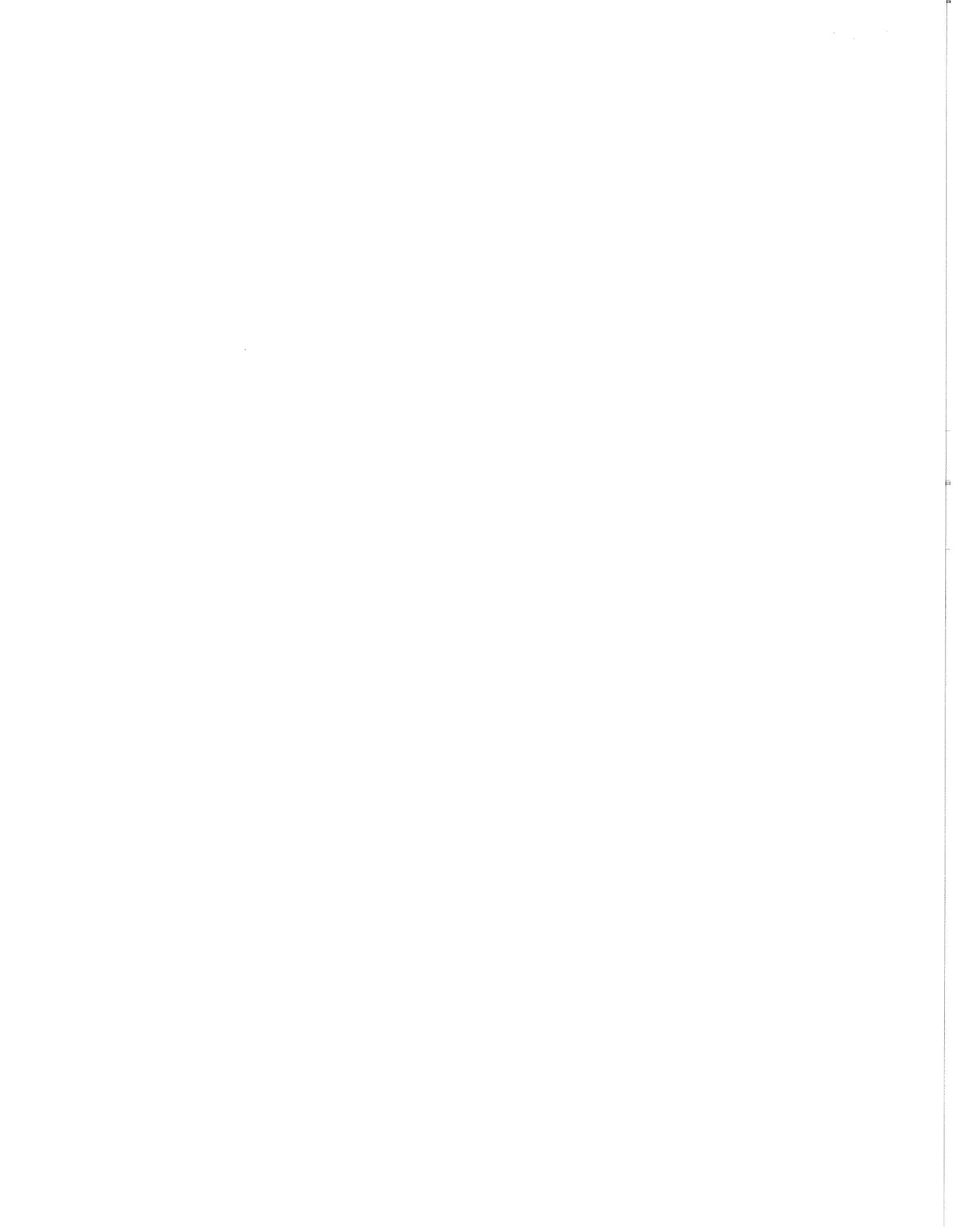
§116650. Citations

- (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 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.



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 California Department of Public Health (Section 64426(b) of Title 22, California Code of Regulations) and may be modified to take into account conditions unique to the system.

ADMINISTRATIVE INFORMATION

PWS Name:		PWSID NUMBER:	
Name		Address	
Telephone #			
Operator in Responsible Charge (ORC)	Edward Ponce 559		380-3026
Person that collected TC samples if different than ORC	Edward Ponce		
Owner	Edward Ponce		
Certified Laboratory for Microbiological Analyses	BSK		
Date Investigation Completed:	6-9-14		
Month(s) of Total Coliform MCL Failure:	month of June		

RECEIVED
 JUL 03 2014
 BY: _____

INVESTIGATION DETAILS

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS
	5401001 #2				
1. Inspect each well head for physical defects and report	yes				
a. Is raw water sample tap upstream from point of disinfection?					
b. Is wellhead vent pipe screened?	yes				
c. Is wellhead seal watertight?	yes				
d. Is well head located in pit or is any piping from the wellhead submerged?	yes				
e. Does the ground surface slope towards well head?	NO				
f. Is there evidence of standing water near the wellhead?	NO				
g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)	NO				
h. Is the wellhead secured to prevent unauthorized access?	yes				
i. To what treatment plant (name) does this well pump?	N/A				
j. How often do you take a raw water total coliform (TC) test?	every 3 months				
k. Provide the date and result of the last TC test at this location	Feb/2014	Passed			

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	60 lbs
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the TCR positive finding.	NO
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.	NO

4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	NO
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	No leaks
6. If there was a mainline leak, when was it repaired?	N/A
7. On what date was the distribution system last flushed?	Feb / 2014
8. Is there a written flushing procedure you can provide for our review?	NO
9. Do you have an active cross connection control program?	NO
10. What is name and phone number of your Cross-Connection Control Program Coordinator?	N/A
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?	Feb / 2014

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) 13"				
2. Is the sample tap located in an exterior location or is it protected by an enclosure? exterior location				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)? No thread at well exit				
4. Is the sample tap in good condition, free of leaks around the stem or packing? Good condition				
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash? Yes				
6. Is the sample tap and area around the sample tap clean and dry (free of animal droppings, other contaminants or spray irrigation systems) clean & dry				
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection? Yes				
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.) tap was disinfected with clorox				
9. Is this sample tap designated on the sampling plan submitted with this information request? NO				
10. What were the weather conditions at the time of the positive sample (rainy, windy, sunny), Sunny				

RECEIVED
 JUL 03 2014
 BY: _____

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?	NO
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? Generator	Yes
4. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	No/None
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.

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?

It was almost 100° hot when the samples were taken. In my opinion heat can damage water

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

NAME: Ebrain Ponce

TITLE: owner

DATE: 6-28-14

RECEIVED
JUL 03 2014
BY: _____

Bacteriological Distribution Monitoring Report

5401001 Sequoia Cider Mill
Distribution System Freq: 1/Q

Sample Date	Location	T Coli	E Coli	F Coli	HPC	Type	Cl2	Cl2 Avg	Viol. Type	GWR Satisfied?	Comments
7/22/2014	Employee sink	A	A			Routine					
7/22/2014	Kitchen Sink	A	A			Routine					
7/22/2014	Vegetable sink	A	A			Routine					
7/22/2014	Men's sink	A	A			Routine					
7/22/2014	Well Test Bib	A	A			Routine				Yes	Ok to use well as 5th routine for July. Also, satisfies GWR.
6/11/2014	Veg sink	A	A			Routine					
6/11/2014	Bib at entrance to building	A	A			Routine					
6/11/2014	Mens bathroom sink	A	A			Routine					
6/11/2014	employee wash sink	A	A			Routine					
6/11/2014	womens bathroom sink	A	A			Routine					
6/5/2014	#1 kitchen sink	P	A			Routine					
6/5/2014	#2 kitchen sink	P	A			Routine			MCL	No	

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

SEQUOIA CIDER MILL

5401001

Distribution System Freq: Q

Chlorinator: N

Collected by:

Sample Date	Time	Location	T Coli	E Coli	F Coli	Type	Cl2	Violation	Comment
3/31/2009								MR2	No Quarterly samples recvd. NOV Ltr due 4/10/09 with Enf. Action fee \$95 billed to water acct.
4/7/2009	5:00	kitchen sink	A	A		Routine			
6/15/2009	23:00	PA Kit Sink	A	A		Routine			
9/14/2009	11:10	kitchen sink	A	A		Routine			
12/11/2009	8:00	kitchen sink	A	A		Routine			
3/22/2010	8:00	kitchen sink	A	A		Routine			
6/17/2010	8:00	kitchen sink	A	A		Routine			
9/21/2010	8:00	kitchen sink	P	A		Routine			
9/24/2010	10:00	kitchen sink	A	A		Repeat			1 of 5 rpt smple set
9/24/2010	10:02	Brkroom sink	A	A		Repeat			2 of 5 rpt smple set
9/24/2010	10:05	Employee kitchen sink	A	A		Repeat			3 of 5 rpt smple set
9/24/2010	10:06	Men's Bathroom sink	A	A		Repeat			4 of 5 rpt smple set
9/24/2010	10:10	Wmn's Bathroom sink	A	A		Repeat			5 of 5 rpt smple set
1/21/2011	7:00	kitchen sink	A	A		Routine			
3/25/2011	8:00	kitchen sink	A	A		Routine			
6/17/2011	8:00	kitchen fct	A	A		Routine			
9/22/2011	8:00	kitchen sink	A	A		Routine			
12/9/2011	7:00	kitchen sink	A	A		Routine			
3/26/2012	8:00	kitchen sink	A	A		Routine			
1/31/2014	7:00	Veg sink fct	A	A		Routine			

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.

Sequoia Cider Mill Has Levels of Coliform Bacteria Above the Drinking Water Standard



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

We routinely monitor for drinking water contaminants. We took 2 [Insert number of samples] samples to test for the presence of coliform bacteria in June 2014. 2 [Insert number positive] of these samples showed the presence of total coliform bacteria. The standard is that no more than 1 sample per month may show the presence of coliform bacteria.

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 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 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 is being done?

[Describe corrective action]. All floor bins and faucet aerators were submerged in cloths and cleaned - 5 more samples were tested, results come back negative for contamination

For more information, please contact Ebrain Ponce [name of contact] at 559.561-4157 [phone number] or 559-280-3026 [mailing address]. Sequoia Cidermill Restaurant
40311 Sierra Drive
Three Rivers CA 93271

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 Sequoia Cider Mill.

Date distributed:

6-25-14

RECEIVED
JUL 03 2014
BY: _____

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 **Sequoia Cider Mill** of the failure to meet the **total coliform bacteria MCL** for the month of **June 2014** as directed by the Department. At least one primary distribution method is required: mail, hand-delivery or posting in conspicuous locations. A second method is also required in order to reach persons not likely to be reached by a mailing, direct delivery or posting:

Notification was made on 6-6-14
(date)



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

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

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

Specify direct delivery method(s) used: *Posting at Business location*

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 at the following conspicuous locations served by the water system (if needed, please attach a list of locations). 40311 Sierra Dr. Three Rivers CA 93271

Email message to employees or students.

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 and Title: Efrain Ponce / owner

Date: 6-28-14 Signature: Efrain Ponce

Due to the Dept. of Health Services within 10 days of notification to the public
Total Coliform MCL Failure / Enforcement Action No.: In progress

RECEIVED
JUL 03 2014
BY: _____

