

State Water Resources Control Board

Division of Drinking Water

September 9, 2014
System No.: 5403009

Mr. Gurdev Nagra, Owner
Super Stop
6600 Betty Drive
Visalia, CA 93291

RE: **Citation No. 03-12-14C-024**
Violation of Title 22, California Code of Regulations, Section 64426.1,
For June 2014

Dear Mr. Nagra:

Enclosed is a Citation issued to the Super Stop (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 Super Stop 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/TS
Enclosures
cc: Tulare County Environmental Health Services Division

STATE OF CALIFORNIA
WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER

IN RE: **SUPER STOP**
Water System No. 5403009

TO: Mr. Gurdev Nagra, Owner
Super Stop
6600 Betty Drive
Visalia, CA 93291

CC: Tulare County Environmental Health Services Department

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

Issued on September 9, 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 Super Stop (hereinafter "Water System") (6600 Betty Drive, Visalia, CA 93291) for violation of California Code of Regulations (CCR), Title 22, Section 64426.1.

1 **APPLICABLE AUTHORITIES**

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

4
5 **STATEMENT OF FACTS**

6 The Water System is a transient non-community water system serving a population of
7 approximately ninety five (95) persons through one (1) service connection. Effective July
8 1, 2014 the Tulare County Department of Environmental Health transferred the
9 jurisdictional regulatory oversight for this water system to the Division. The Water System
10 currently operates under a water supply permit issued by the Tulare County Department of
11 Environmental Health on September 25, 2003.

12
13 The Water System is required to collect a minimum of one (1) distribution system
14 bacteriological samples per quarter. Due to a positive in May 2014, the Water System was
15 required to collect five (5) routine samples in June. The bacteriological water analysis
16 results submitted by the Water System reported the presence of total coliform bacteria in
17 four (4) of five (5) samples collected by the Water System in June 2014. None of the
18 positive samples showed the presence of fecal coliform or *E. coli* bacteria.

19
20 Upon being informed of the presence of total coliform bacteria in four routine samples
21 collected on June 18, 2014, Water System staff collected a total of four repeat samples on
22 June 23, 2014. None of the repeat samples showed the presence of total coliform bacteria
23 or *E. coli* bacteria. All distribution water samples for coliform bacteria collected from June
24 2013 to June 2014 are summarized in Attachment B.

25
26 The cause of the contamination is unknown since no specific source of contamination has
27 been identified. The Water System does not provide for continuous disinfection of the
distribution system. The Water System's well was sampled on June 23, 2014 and the

1 analytical results were negative for total coliform bacteria and *E. coli* bacteria. All source
2 water samples for coliform bacteria collected June 2013 to June 2014 are summarized in
3 Attachment C.

4
5 The five routine samples required the month following a month with one or more total
6 coliform-positive samples were collected on July 11, 2014. One sample was positive for
7 total coliform bacteria and absent for *E. coli* bacteria. A total of four repeats were collected
8 on July 17, 2014 and none of the repeat samples showed the presence of total coliform
9 bacteria or *E. coli* bacteria.

10
11 The five routine samples required the month following a month with one or more total
12 coliform-positive samples were collected on August 8, 2014, and were negative for total
13 coliform bacteria and *E. coli* bacteria.

14
15 The Groundwater Rule (GWR) requires the collection of a sample for bacteriological
16 evaluation from the well serving the system in response to a coliform-positive distribution
17 sample within 24 hours of being notified of the coliform-positive result. Based on data
18 submitted to the Division, the Water System collected their raw water well sample in a
19 timely manner in follow-up to the total coliform-positive routine samples collected on June
20 18, 2014. Bacteriological sampling of the well was conducted on June 23, 2014 and the
21 results did not show the presence of total coliform bacteria or *E. coli* bacteria.

22
23 Public notification to the Division and consumers of a water system is required whenever a
24 violation of the Total Coliform MCL occurs. Notification to the Division is required by the
25 end of the business day on which the violation has been determined. If the Division is
26 closed, notification shall be within 24 hours of the determination. The Division was not
27 notified in accordance with the above-referenced section for June. However, due to the

1 effective date of jurisdictional transfer (July 1, 2014) from the County, the Water System
2 also indicated they did not notify the County for the June Violation.

3
4 Public notification to the consumers of the water systems has not been conducted.
5 Attachments D and E are copies of a public notice that the Water System may use to notify
6 its customers. This notice fulfills the total coliform MCL notification requirements and
7 includes the mandatory language. Proof of notification is required.

8 9 **DETERMINATION**

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

14
15 The Division has determined that the Water System failed to comply with Title 22, CCR,
16 Section 64426.1, Total Coliform MCL for the month of June 2014 due to the presence of
17 total coliform bacteria in four (4) of five (5) samples collected in June 2014.

18
19 The Division has also determined that the Water System failed to comply with Title 22,
20 CCR, Section 64426.1(c) which requires a public water system to notify the Division and
21 the consumers of the water system, when a violation of Section 64426.1(b)(1) through (4)
22 the total coliform MCL occurs. Notification to the Division is required by the end of the
23 business day on which the violation has been determined. If the Division is closed,
24 notification shall be within 24 hours of the determination.

25 26 **DIRECTIVES**

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

- 1 1. Comply with Title 22, CCR, Section 64426.1, in all future monitoring periods.
- 2
- 3 2. On or before **September 30, 2014**, notify all persons served by the Water System
- 4 of the TCR MCL violation by utilizing the Tier 2 Public Notice for violations of
- 5 Section 64426.1. Public notice shall be given pursuant to Sections 64463.4 [lists
- 6 method, time-frame and delivery] and 64465 [content & format]. The Water System
- 7 shall use the public notification template appended as Attachment D to fulfill the
- 8 public notification requirements. The Water System shall post the notice in
- 9 conspicuous locations throughout the area served by the water system.
- 10
- 11 3. Within 10 days of receipt of this Citation, the Water System shall provide to the
- 12 Division certification of public notification using the enclosed Proof of Notification
- 13 form (Attachment E). A copy of the final notice that was posted shall also be
- 14 submitted to the Division with the proof of notification form.
- 15
- 16 4. Whenever the Water System has one or more total coliform-positive samples in a
- 17 given month, at least five (5) routine samples shall be collected the following month
- 18 as required by Section 64424(d) and as discussed in this Citation.
- 19
- 20 5. The Water System shall notify the Division of any further violations of the total
- 21 coliform MCL by the end of the business day on which the violation has been
- 22 determined, or, if the Division is closed, within 24 hours of the determination.
- 23
- 24 6. By **September 30, 2014**, the Water System shall complete and submit the
- 25 enclosed "Positive Total Coliform Investigation" form to the Division that describes
- 26 the incident and all corrective actions taken, and the results of the investigation.
- 27 The appropriate investigation report is provided as Attachment A.

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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 Water System 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 the Super Stop, 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.

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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.



September 9, 2014
Date

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

TW/TS

Attachments:

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

03-12-14C-024-5403009-22 TCRMCL June-2014Cit ID.docx

APPENDIX A

Applicable Statues and Regulations for Citation No. 03-12-14C-024

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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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

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:	
Operator in Responsible Charge (ORC)	Name	Address	Telephone #
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

	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					

TREATMENT	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS
1. If you provide continuous chlorination treatment, was there any equipment failure? Did the distribution system maintain a chlorine residual?					
a. Was emergency chlorination initiated?					
b. If yes, for how long?					

POSITIVE TOTAL COLIFORM INVESTIGATION

TREATMENT	PLANT	PLANT	PLANT	PLANT	COMMENTS
	(NAME)	(NAME)	(NAME)	(NAME)	
2. Did the distribution system lose chlorine residual?					
3. If you do not provide routine chlorination, was emergency chlorination initiated? If Yes, when?					
4. Inspect each point where disinfectant is added and report a. For hypochlorinator systems					
1. Is the disinfectant feed pump feeding disinfectant?					
2. What is the feed rate of disinfectant in ml/minute					
3. What is the concentration of the disinfectant solution being fed? (percent, or mg/l of chlorine as HOCl)					
4. By what method was the concentration of solution determined? (ex: measured, manufacturer's literature)					
5. What is the age (days) of the disinfectant solution currently being used at this treatment location?					
6. What is the raw water flow rate at the point where disinfectant is added in gallons per minute?					
7. What is the total chlorine residual measured immediately downstream from the point of application?					
8. What is the free chlorine residual measured immediately downstream from the point of application?					
9. What is the contact time in minutes from the point of disinfectant application to the first customer?					

STORAGE	TANK	TANK	TANK	TANK	TANK	COMMENTS
	(name)	(name)	(name)	(name)	(name)	
1. Is each tank locked to prevent unauthorized access?						
2. Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank?						
3. Is the overflow on each tank screened?						
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?						
5. Is the roof/cover of the tank sealed and free of any leaks.						
6. Is the tank above ground or buried. a. If buried or partially buried, are there provisions to direct surface water away from the site. b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?						
8. Does the tank "float" on the distribution system or are there separate inlet and outlet						

POSITIVE TOTAL COLIFORM INVESTIGATION

STORAGE lines?	TANK	TANK	TANK	TANK	COMMENTS
	(name)	(name)	(name)	(name)	
9. What is the measured chlorine residual (total/free) of the water exiting the storage tank today?					
10. What is the volume of the storage tank in gallons?					
11. Is the tank baffled?					
12. Prior to the TC+ or EC+, what was the previous date item #1-7 were checked and documented?					

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?					
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?					

BOOSTER STATION	SYSTEM RESPONSES				
1. Do you have a booster pump? How many?					
2. Do you have a standby booster pump if the main pump fails?					
3. Prior to bacteriological quality problems, did your booster pump fail?					
4. Do you notice standing water, leakage at the booster station?					

POSITIVE TOTAL COLIFORM INVESTIGATION

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 exterior location or is it protected by an enclosure?				
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),				

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?	

POSITIVE TOTAL COLIFORM INVESTIGATION

Page 5 of 5

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: _____

SUPER STOP**5403009****Distribution System Freq: Q****Chlorinator: N****Collected by: Neil Jessup**

<i>Sample Date</i>	<i>Time</i>	<i>Location</i>	<i>T Coli</i>	<i>E Coli</i>	<i>F Coli</i>	<i>Type</i>	<i>Cl2</i>	<i>Violation</i>	<i>Comment</i>
1/8/2013	13:20	bathroom sink	A	A		Routine			requires 4 more rtn smpls for conformation
1/28/2013	11:25	guest RR #1	<1.1		<1.1	Routine			1 of 4 rtn smple set
1/28/2013	11:30	3 compartment sink	<1.1		<1.1	Routine			2 of 4 rtn smple set
1/28/2013	11:35	fct in backroom	<1.1		<1.1	Routine			3 of 4 rtn smple set
1/28/2013	11:45	employee RR fct	<1.1		<1.1	Routine			4 of 4 rtn smple set
4/29/2013	15:20	bathroom sink	A	A		Routine			
5/23/2013	10:15	Bathroom sink	A	A		Routine			
6/18/2013	10:00	RR sink	P	A		Routine			
6/22/2013	15:15	employee RR sink	A	A		Repeat			1 of 4 rpt smple set
6/22/2013	15:20	treated water for chemicals	A	A		Repeat			2 of 4 rpt smple set
6/22/2013	15:25	handwash sink @ employee RR	A	A		Repeat			3 of 4 rpt smple set
6/22/2013	15:30	W. stainless steel tub split sink	A	A		Repeat			4 of 4 rpt smple set
7/17/2013	10:57	bathroom sink	A	A		Routine			1 of 5 rtn smple set
7/17/2013	11:00	wash sink	A	A		Routine			2 of 5 rtn smple set
7/17/2013	11:05	treated water	A	A		Routine			3 of 5 rtn smple set
7/17/2013	11:10	washtub (stainless)	A	A		Routine			4 of 5 rtn smple set
7/17/2013	11:15	pastors bathroom	A	A		Routine			5 of 5 rtn smple set
8/12/2013	16:30	bathroom sink	A	A		Routine			
9/19/2013	16:13	bathroom sink	A	A		Routine			
10/14/2013	14:10	RR sink	A	A		Routine			
11/9/2013	16:25	Bathroom sink	A	A		Routine			
12/9/2013	15:12	bathroom sink	A	A		Routine			
1/9/2014	17:10	RR sink	A	A		Routine			
2/15/2014	15:58	Bathroom sink	A	A		Routine			
3/5/2014	14:55	RR sink	A	A		Routine			
4/22/2014	15:45	bathroom sink	A	A		Routine			
5/26/2014	9:25	Bathroom sink	P	A		Routine			
5/29/2014	15:30	bathroom sink	<1.1	<1.1		Repeat			1 of 4 rpt smple set
5/29/2014	15:40	handwash sink	<1.1	<1.1		Repeat			2 of 4 rpt smple set
5/29/2014	15:50	storeroom sink	<1.1	<1.1		Repeat			3 of 4 rpt smple set
5/29/2014	16:00	Well #1	<1.1	<1.1		Repeat			4 of 4 rpt smple set

Bacteriological Distribution Monitoring Report

5403009 Super Stop

Distribution System Freq: 1/Q

Sample Date	Location	T Coli	E Coli	F Coli	HPC	Type	Cl2 Cl2 Avg	Viol. Type	GWR Satisfied?	Comments
8/8/2014	Handwash Sink	A	A			Routine				
8/8/2014	Bathroom Sink	A	A			Routine				
8/8/2014	Treated Water	A	A			Routine				
8/8/2014	Triple Sink	A	A			Routine				
8/8/2014	East Faucet	A	A			Routine				
7/17/2014	treated water	<1.0	<1.0			Repeat				
7/17/2014	handwash sink	<1.0	<1.0			Repeat				
7/17/2014	bathroom sink	<1.0	<1.0			Repeat				
7/17/2014	triple wash sink	<1.0	<1.0			Repeat				
7/11/2014	Handwash sink	A	A			Routine				
7/11/2014	Bathroom sink	A	A			Routine				5th "routine" taken from well
7/11/2014	treated water	A	A			Routine				
7/11/2014	stainless sink	P	A			Routine				
6/23/2014	bathroom sink	<1.0	<1.0			Repeat				
6/23/2014	handwash sink	<1.0	<1.0			Repeat				
6/23/2014	soda machine water	<1.0	<1.0			Repeat				
6/18/2014	Bathroom sink	P	A			Routine				
6/18/2014	Double sink	P	A			Routine				
6/18/2014	Handwash sink	P	A			Routine		MCL		Citation 03-12-14C-024 June 2014
6/18/2014	Soda machine water	A	A			Routine				
6/18/2014	Bathroom sink	P	A			Routine			Yes	

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

5403009 Super Stop

<i>Sample Date</i>	<i>Time</i>	<i>Source</i>	<i>Sample Type</i>	<i>Test Method</i>	<i>T Coli</i>	<i>E Coli</i>	<i>F Coli</i>	<i>HPC</i>	<i>Violation</i>	<i>Comments</i>
6/23/2014	4:25	Well 01	GWR Well	MPN	<1.0	<1.0				

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.

Super Stop 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 eight (8) samples to test for the presence of coliform bacteria in June 2014 and four of the 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.**
- 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.] _____

We anticipate resolving the problem within _____ [estimated time frame].

For more information, please contact _____ [insert name of contact] at _____
 [insert phone number] or at the following mailing address: _____ [insert
 business/mailling address].

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly.

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

Date distributed: _____.

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 **Super Stop** 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 _____.
(date)

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

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

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