



EDMUND G. BROWN JR.
GOVERNOR



MATTHEW RODRIGUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board

Division of Drinking Water

October 30, 2014
System No.: 5402039

Mr. Mohamed Mosleh, Owner
Seville Market
15641 Avenue 384
Visalia, CA 93291

RE: Citation No. 03-24-14C-004
Violation of Title 22, California Code of Regulations, Section 64426.1,
For June, July, and August 2014

Dear Mr. Mosleh:

Enclosed is a Citation issued to the Seville Market (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 specific 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 Seville Market water system for the current fiscal year.

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

Sincerely,

A handwritten signature in blue ink, appearing to read "Chad Fischer".

Chad Fischer, P.E.
Senior Sanitary Engineer, Tulare District
SOUTHERN CALIFORNIA BRANCH
DRINKING WATER FIELD OPERATIONS

CJF/TS
Enclosures
cc: Tulare County Environmental Health Services Division

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: SEVILLE MARKET
Water System No. 5402039

TO: Mr. Mohamed Mosleh
Seville Market
15641 Avenue 384
Visalia, CA 93219

CC: Tulare County Environmental Health Services Department

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

Issued on October 30, 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 Seville Market (hereinafter "Water System") (15641 Ave. 384, Visalia, CA 93219) for violation of California Code of Regulations (CCR), Title 22, Section 64426.1.

APPLICABLE AUTHORITIES

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

STATEMENT OF FACTS

4
5
6 The Water System is a transient-noncommunity water system serving a population of
7 approximately one hundred (100) persons through two service connections. Effective July
8 1, 2014 regulatory oversight for this water system was transferred to the Division from the
9 Tulare County Department of Environmental Health. The Water System currently operates
10 under a water supply permit issued by the Tulare County Department of Environmental
11 Health on April 5, 2004.
12

13 The Water System is required to collect a minimum of one distribution system
14 bacteriological sample per quarter. The bacteriological water analysis results submitted by
15 the Water System reported the presence of total coliform bacteria in four of four samples in
16 June 2014, three of eight samples in July 2014, and four of five samples in August 2014.
17 None of the positive samples showed the presence of fecal coliform or *E. coli* bacteria.
18

19 Upon being informed of the presence of total coliform bacteria in one routine sample
20 collected on June 10, 2014, Water System staff collected a total of four repeat samples on
21 June 12, 2014. All four repeat samples tested positive for total coliform bacteria. The
22 Water System then batch chlorinated down the well and flushed the distribution system.
23

24 Due to the total coliform positive samples during June, the Water System was required to
25 collect five routine samples during July 2014. The Water System collected five routine
26 samples on July 23, 2014, with four of the five samples testing positive for total coliform
27 bacteria. The Water System then flushed the distribution system. An additional set of four

1 repeat samples were collected on July 29, 2014. None of these samples showed the
2 presence of total coliform bacteria.

3
4 Due to the total coliform positive samples during July, the Water System was required to
5 collect five routine samples during August 2014. The Water System collected five routine
6 samples on August 27, 2014, with four of the five samples testing positive for total coliform
7 bacteria. The Water System initiated emergency chlorination by pouring approximately one
8 gallon of NSF approved sodium hypochlorite down the well and allowing it to sit over night.
9 The Water System then flushed the distribution system until there was no measureable
10 chlorine residual in the distribution system. All distributon water samples for coliform
11 bacteria collected over the past twelve months are summarized in Attachment A.

12
13 The five routine samples required for the month of September due to the total coliform
14 positive samples in August 2014 were collected on September 4, 2014. All five samples
15 were negative for total coliform bacteria.

16
17 The cause of the contamination is unknown since no specific source of contamination has
18 been identified. The Water System does not provide continuous chlorination of the
19 distribution system. The Water System's well was sampled on June 12, 2014 and the
20 analytical results did detect the presence of total coliform bacteria. All source water
21 samples for coliform bacteria collected over the past twelve months are summarized in
22 Attachment B. Based on the historical data the Water System is required to begin monthly
23 distribution monitoring.

24
25 The Groundwater Rule (GWR) requires the collection of a sample for bacteriological
26 evaluation from the well(s) serving the system in response to a coliform positive distribution
27 sample within 24 hours of being notified of the coliform positive result. Based on data
submitted to the Division, the Water System did collect the required raw water sample in a

1 timely manner in follow up to the total coliform positive routine samples collected on June
2 10, July 23, 2014. Bacteriological sampling of the well was conducted on June 12, 2014
3 and the results did show the presence of total coliform bacteria (3.1 MPN/ 100 mL) and
4 absent for *E coli* bacteria. An additional well sample was collected on June 18, 2014 and
5 the results did not show the presence of total coliform bacteria. Bacteriological sampling of
6 the well was conducted on July 23, 2014 and the results did show the presence of total
7 coliform bacteria and absent for *E. coli* bacteria. An additional well sample was collected
8 on July 29, 2014 and the results did not show the presence of total coliform bacteria.
9 During August the well was sampled on August 27, 2014 and showed the presence of total
10 coliform bacteria, but was absent for *E. coli* 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 Water System did
16 notify Tulare County for the June violation. The Division was notified on July 25, 2014 for
17 the TCR failure in July 2014.

18
19 Public notification to the customers of the water systems has not been conducted.
20 Attachments C and D is a copy of a public notice that the Water System may use to notify
21 its customers. This notice fulfills the total coliform MCL notification requirements and
22 includes the mandatory language. Proof of notification is required.

23
24 **DETERMINATION**

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

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

The Division has determined that the Water System failed to comply with Title 22, CCR, Section 64426.1, Total Coliform MCL for the months of June, July, and August 2014 due to the presence of total coliform bacteria in four of four samples collected in June, four of nine samples collected in July, and four of five samples collected in August.

DIRECTIVES

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

1. Comply with Title 22, CCR, Section 64426.1, in all future monitoring periods.
2. On or before **November 15, 2014** notify all persons served by the Water System of the TCR MCL violation by utilizing the Tier 2 Public Notice for violations of Section 64426.1. Public notice shall be given pursuant to Sections 64463.4 [lists method, time-frame and delivery] and 64465 [content & format]. The Water System shall use the public notification template appended as Attachment C to fulfill the public notification requirements.
3. Within ten days of provision of public notification, the Water System shall provide to the Division certification of public notification using the enclosed Proof of Notification form (Attachment D). A copy of the final notice that was posted shall also be submitted to the Division with the proof of notification form.
4. The Water System shall notify the Division of any further violations of the total coliform MCL by the end of the business day on which the violation has been determined, or, if the Division is closed, within 24 hours of the determination.

- 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
5. By **November 15, 2014** the Water System 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 E.

 6. By **January 1, 2015** continuous chlorination equipment shall be installed on the discharge of the well. A chlorine residual of at least 1.0 mg/l shall be maintained in all areas of the distribution system at all times. Information regarding the permanent chlorination equipment and installation procedures shall be submitted to the Division for review and approval prior to installation. The installation shall be conducted by a person qualified and experienced with chlorination equipment.

 7. The Water System shall have on staff or under contract a minimum of a D1 Certified Distribution Operator to operate the chlorination equipment. Documentation of the certification of the operator shall be provided to the Division by **November 15, 2014**. The operator shall visit the well site and review the chlorination treatment at least weekly 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.

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

 9. By **November 15, 2014** the Water System shall make application to the Division for a permit to allow the continuous chlorination of the water supply. Form EH 100 (copy enclosed) shall be used to make application. A permit fee of \$258 shall be included at the time the application is submitted to the Division.

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

10. The Water System 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 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:

Chad Fischer, 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 Seville Market, its officers, directors, agents, employees, contractors, successors, and assignees.

SEVERABILITY

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

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.

URTHER 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.

10/30/14



Date

Chad Fischer, P.E.
Senior Sanitary Engineer, Tulare District
DRINKING WATER FIELD OPERATIONS BRANCH

CJF/TS

Attachments:

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

03-24-14C-004-5402039-22 TCRMCL June-July-2014Cit ID.docx

APPENDIX A

Applicable Statutes and Regulations for Citation No. 03-12-14C-022

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.

SEVILLE MARKET**5402039****Distribution System Freq: Q****Chlorinator: N****Collected by: DR**

<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>
8/20/2013	13:45	split sink fct	A	A		Routine	0.0		
9/19/2013	11:45	split sink fct	P	A		Routine			
9/23/2013	9:55	guest RR fct	<1.1	<1.1		Repeat			1 of 4 rpt smple set
9/23/2013	10:00	HB @ S. side of bldg	1.1	<1.1		Repeat		MCL	2 of 4 rpt smple set, Enforcement action, sent PoN, PN, Coliform Questionnaire and disfection instructions.
9/23/2013	10:05	HB @ PT	2.2	<1.1		Repeat			3 of 4 rpt smple set
9/23/2013	10:15	split sink fct	<1.1	<1.1		Repeat			4 of 4 rpt smple set
10/28/2013	11:20	guest RR fct	A	A		Routine	0.0		1 of 5 rtn smple set
10/28/2013	11:30	split sink fct	A	A		Routine	0.0		2 of 5 rtn smple set
10/28/2013	11:35	HB south side of bldg	A	A		Routine	0.0		3 of 5 rtn smple set
10/28/2013	11:40	wellhead	3.6	<1.1		Other			special investigative sample
10/28/2013	11:45	PT HB	A	A		Routine	0.0		4 of 5 rtn smple set
10/28/2013	12:00	employee RR fct	A	A		Routine	0.0		5 of 5 rtn smple set
11/18/2013	13:30	split sink fct	P	A		Routine			
11/25/2013	11:40	RR fct	A	A		Repeat	0.0		1 of rpt smple set
11/25/2013	11:45	split sink fct	A	A		Repeat	0.0		2 of 4 rpt smple set
11/25/2013	11:50	south side bldg HB	A	A		Repeat	0.0		3 of 4 rpt smple set
11/25/2013	11:55	wellhead	<1.1	<1.1		Repeat	0.0		4 of 4 rpt smple set
12/11/2013	12:10	guest RR fct	P	A		Routine			1 of 5 rtn smple set
12/11/2013	12:15	split sink fct	P	A		Routine		MCL	2 of 5 rtn smple set, Enforcement Action
12/11/2013	12:20	employee RR fct	P	A		Routine			3 of 5 rtn smple set
12/11/2013	12:25	HB@ south of bldg	P	A		Routine			4 of 5 rtn smple sample set.
12/11/2013	12:30	HB @ PT	P	A		Routine			5 of 5 rtn smple sample set
1/16/2014	12:55	guest RR fct	A	A		Routine	0.0		1 of 5 rtn smple set
1/16/2014	13:00	split sink fct	A	A		Routine	0.0		2 of 5 rtn smple set
1/16/2014	13:05	employee RR fct	P	A		Routine	0.0		3 of 5 rtn smple set
1/16/2014	13:10	HB @ south side of bldg	A	A		Routine	0.0		4 of 5 rtn smple set
1/16/2014	13:15	HB@ PT	P	A		Routine	0.0	MCL	5 of 5 rtn smple set, Enforcement Action
2/24/2014	11:10	split sink fct	A	A		Routine	0.0		1 of 5 rtn smple set
2/24/2014	11:15	PT	A	A		Routine	0.0		2 of 5 rtn smple set
2/24/2014	11:35	employee RR fct	A	A		Routine	0.0		3 of 5 rtn smple set
2/24/2014	11:40	HB @ south side of bldg	A	A		Routine	0.0		4 of 5 rtn smple set
2/24/2014	11:50	guest RR fct	A	A		Routine	0.0		5 of 5 rtn smple set
3/11/2014	13:05	split sink	A	A		Routine			
4/9/2014	11:50	split sink fct	A	A		Routine			
5/27/2014	11:25	split sink fct	A	A		Routine			

Bacteriological Distribution Monitoring Report

5402039 *Seville Market*

Distribution System Freq: 1/Q

Sample Date	Location	T Coli	E Coli	F Coli	HPC	Type	Cl2	Cl2 Avg	Viol. Type	GWR Satisfied?	Comments
8/27/2014	Kitchen	P	A			Routine					
8/27/2014	Outside Faucet	P	A			Routine			MCL	Yes	Citation 03-12-14C-022 Issued for June, July and August
8/27/2014	Private Restroom	P	A			Routine					
8/27/2014	Public Restroom	A				Routine					
8/27/2014	Well	P	A			Routine					This sample was used towards compliance for the 5 routine samples
7/29/2014	kitchen sink	A				Repeat					
7/29/2014	outside faucet	A				Repeat					
7/29/2014	private restroom	A				Repeat					
7/29/2014	public restroom	A				Repeat					
7/23/2014	Kitchen sink	P	A			Routine				Yes	
7/23/2014	outside faucet	P	A			Routine					
7/23/2014	private restroom	P	A			Routine			MCL		9/___-14 issued cit 03-12-14C-022 for June, July & Aug-2014
7/23/2014	Public restroom	A				Routine					
7/23/2014	Well	P	A			Routine					This sample was used towards compliance for the 5 routine samples.
6/18/2014	split sink faucet	<1.1				Repeat					
6/18/2014	RR faucet employee	<1.1				Repeat					
6/18/2014	South side of Building	<1.1				Repeat					
6/12/2014	split sink faucet	P	A			Repeat			MCL		Citation 03-12-14C-022 June, July, and August 2014
6/12/2014	back of building	P	A			Repeat					
6/12/2014	RR faucet guest	P	A			Repeat					
6/10/2014	split sink faucet	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

5402039 *Seville Market*

<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>
8/27/2014	10:00	Well	GWR Well	P/A	P	A				
7/29/2014	8:00	Well	GWR Well	P/A	A					
7/23/2014	3:30	Well	GWR Well	P/A	P	A				
6/18/2014	10:55	Well Head	GWR Well	MPN	<1					
6/12/2014	10:35	Well Head	GWR Well	MPN	3.1	<1				

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.

Seville Market 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 seven samples to test for the presence of coliform bacteria in June 2014 and collected eight samples in July 2014. Four of the June and three of the July 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/ 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.

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 **Seville Market** of the failure to meet the **total coliform bacteria MCL** for the months of **June and July 2014** as directed by the Department. At least one primary distribution method is required: mail, hand-delivery or **posting in conspicuous locations**.

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:

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

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

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 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).				

POSITIVE TOTAL COLIFORM INVESTIGATION

Page 3 of 3

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: _____