

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: Land Projects Mutual Water Company
8810 West Avenue E-8
Lancaster, CA 93536

TO: Mr. John Houghton, General Manager
Land Projects Mutual Water Company

CITATION FOR NONCOMPLIANCE - WATER SYSTEM NO. 1910246

CITATION NO. 04_07_15C_003

Issued on June 29, 2015

Section 116650 of Chapter 4, Part 12, Division 104 of the California Health and Safety Code (hereinafter, H&S Code) authorizes the issuance of a citation for failure to comply with a requirement of the California Safe Drinking Water Act, or any regulation, standard, permit, or order issued thereunder.

The Division of Drinking Water of the State Water Resources Control Board (hereinafter, Division) hereby issues a citation to Land Projects Mutual Water Company (hereinafter, Company) for the failure to comply with Section 64426.1(b)(2), Title 22, California Code of Regulations.

1 **APPLICABLE AUTHORITIES**

2

3 Section 116650 of the H&S Code provides:

4

5 116650. Citations

6

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

15

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

19

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

22

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

25

26 (e) *The Department may assess a penalty in an amount not to exceed one thousand*
27 *dollars (\$1,000) per day for each day that a violation occurred, and for each day*

1 *that a violation continues to occur. A separate penalty may be assessed for each*
2 *violation.*

3
4 Title 22, California Code of Regulations, Section 64426.1(b)(2) states in relevant part:

5
6 Section 64426.1(b)(2)

7
8 *(b) A public water system is in violation of the total coliform MCL when any of the*
9 *following occurs:*

10
11 *(2) For a public water system which collects fewer than 40 samples per month,*
12 *more than one sample collected during any month is total coliform-positive.*

13
14 **STATEMENT OF FACTS**

15
16 **Background**

17
18 The Company operates a community water system that serves a population of
19 approximately 1,500 through 535 residential and 4 commercial service connections
20 within the Antelope Acres area in Lancaster, which is located in the northerly portion of
21 Los Angeles County. The Company has been operating its water system under the
22 authority of a water supply permit (Permit No. 73-035) issued by the Division on
23 November 2, 1973 and a permit amendment (Permit Amendment No. 1910246PA-
24 001) issued by the Division on October 4, 2009.

25
26 The active sources of water supply for the Company consist of three active wells,
27 Wells 1, 3 and 8 with a capacity of 400 gallons per minute (gpm), 580 gpm, and 600

1 gpm, respectively. The water produced by the wells is chlorinated with a 12 percent
2 liquid sodium hypochlorite solution for precautionary purposes. There are two steel
3 tank reservoirs in the system: Tanks 4 and 5 with storage capacity of 0.03 million
4 gallons (MG) and 0.53 MG, respectively. The Company maintains approximately 40
5 psi in its distribution system and does not have an interconnection with another water
6 system.

7
8 The Company is required to collect a minimum of two bacteriological samples monthly
9 from its distribution system. This number is based on the Company's 539 active
10 service connections and service population of 1,500. The bacteriological sample
11 siting plan for the Total Coliform Rule (TCR) was last updated in February 2014. The
12 plan lists five routine sample collection sites, two samples are taken monthly from
13 these routine sampling collection sites in rotation. There are ten repeat sample
14 collection sites, which are located within the required five service connections of the
15 routine sample collection sites. The bacteriological samples are collected by the
16 Company's certified operator and analyzed by Clinical Laboratory of San Bernardino,
17 Inc. Free chlorine residual levels are also measured at the bacteriological sampling
18 locations when the total coliform samples are collected and the results are reported to
19 the Division.

20 21 Summary of Event

22
23 Tuesday, May 26, 2015

24 On May 26, 2015, the Company collected its routine, monthly total coliform samples at
25 the 47207 90th Street West and 47711 93rd Street West sampling sites. The results
26 were total coliform positive and *E. Coli* negative for both samples. The Company also
27 collected monthly total coliform samples from Wells 1, 3 and 8. The result for Well 8

1 was total coliform positive and *E. Coli* negative; while Wells 1 and 3 were total coliform
2 and *E. Coli* negative.

3

4 Wednesday, May 27, 2015

5 On May 27, 2015, the Company was informed by Clinical Laboratory of San
6 Bernardino, Inc. of the May 26, 2015 total coliform positive results.

7

8 Thursday, May 28, 2015

9 On May 28, 2015, the Company collected the required repeat total coliform sample set
10 for the 47207 90th Street West and 47711 93rd Street West sampling sites. A total of
11 six repeat samples were collected which were all total coliform and *E. Coli* negative.
12 The Company also collected a repeat total coliform sample for Well 8 and the result
13 was negative for total coliform and *E. Coli*. A copy of the Company's May 2015 water
14 quality report provided to the Division is attached (Attachment 1).

15

16 **DETERMINATIONS**

17

18 The Division has determined that the Company did not comply with Section
19 64426.1(b)(2) of Title 22, California Code of Regulations for failing to comply with total
20 coliform Maximum Contaminant Level (MCL) in the monitoring period of May 2015.

21

22 **DIRECTIVES**

23

24 The Company is hereby directed to take the following actions:

25

26 1. Under the Public Notification Requirements, the May 2015 total coliform MCL
27 violation is classified as a Tier 2 Violation. By **June 26, 2015**, the Company shall

1 complete the public notification and inform persons served by the Company's
2 water system. The Company shall deliver the notice to each customer receiving a
3 bill by mail or direct delivery. A template for the Tier 2 public notice is attached
4 (Attachment 2). The content of the notice shall be approved by the Division prior to
5 issuance. A copy of the notification shall be submitted to the Division within 10
6 days of issuance of the Tier 2 public notice, along with the enclosed proof of
7 notification form (Attachment 3).

8
9 2. The Company shall collect at least five routine samples in the distribution system in
10 the month of June 2015 according to Section 64423.1(d), California Code of
11 Regulations, Title 22, which, states: If a public water system for which fewer than
12 five routine samples/month are collected has one or more total coliform-positive
13 samples, the water supplier shall collect at least five routine samples the following
14 month.

15
16 The Division reserves the right to make modifications to this Citation, as it may deem
17 necessary to protect public health and safety. Such modifications may be issued as
18 amendments to this Citation and shall be effective upon issuance.

19
20 Nothing in this Citation relieves the Company of its obligation to meet the
21 requirements of H&S Code, Division 104, Part 12, Chapter 4 (California Safe Drinking
22 Water Act), or any regulation, permit, standard or order issued or adopted thereunder.

23
24 All submittals required by this Citation shall be submitted to the Division at the
25 following address:

26
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

Paul Williams, P.E.
District Engineer, Hollywood District
State Water Resources Control Board
Division of Drinking Water
500 N. Central Avenue, Suite 500
Glendale, CA 91203

PARTIES BOUND

This Citation shall apply and be binding upon the Company, its officers, managers, agents, employees, contractors, successors and assignees.

SEVERABILITY

The directives of this citation are severable, and the Company shall comply with each and every provision thereof notwithstanding the effectiveness of any provision.

FURTHER ENFORCEMENT ACTION

Division 104, Part 12, Chapter 4, (commencing with Section 116270) of the H&S Code authorizes the Division to issue additional citations with assessment of penalties if a public water system continues to fail to correct a violation identified in a citation; 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 orders of the Division; and petition the superior court to take various enforcement measures against a public water system that has failed to comply with orders of the Division. By issuance of this citation, the Division does not waive any right to take

1 further enforcement action against the Company, including but not limited to the
2 assessment of civil penalties as authorized by law.

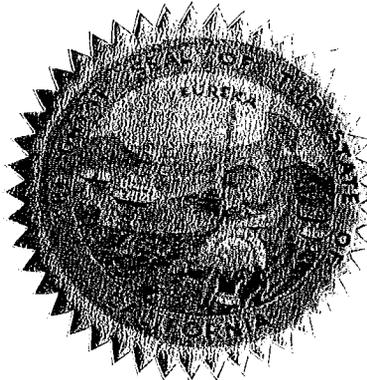
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27

June 29, 2015

Date

Paul Williams

Paul Williams, P.E.
District Engineer
Hollywood District
Drinking Water Field Operations Branch



- 29 Attachments (1): May 2015 Water Quality Report
- 30 (2): Tier 2 Public Notification Template
- 31 (3): Proof of Notification Certification Form

32 BY CERTIFIED MAIL NO. 7012 3460 0002 3404 4057

May 2015 Water Quality Report

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

System Name LAND PROJECT MUTUAL WATER COMPANY	System Number 1910246
Sampling Period MAY	Year 2015

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/E.coli Positives
1. Routine Samples (see note 1)	<u>2</u>	<u>2</u>	<u>2</u>	<u>0</u>
2. Repeat Samples following Samples that are Total Coliform Positive and Fecal/E.coli <i>Negative</i> (see notes 5 and 6)		<u>0</u>	<u>0</u>	0
3. Repeat Samples following Routine Samples that are Total Coliform <i>Positive</i> and Fecal/E.coli Positive (see notes 5 and 6)		<u>6</u>	0	0
4. MCL Computation for Total Coliform Positive Samples				
a. Totals (sum of columns)		<u>8</u>	<u>2</u>	
b. If 40 or more samples collected in month, determine percent of samples that are total coliform positive [(total number positive/total number collected) x 100] = _____ %				
c. Is system in compliance.....with fecal/E. coli MCL? (see notes 2 and 3)		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
...with monthly MCL? (see note 4)		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Source Samples Triggered by Routine Samples that are Total Coliform Positive (This applies only to systems subject to the Groundwater Rule - see notes 7 and 8)		<u>1</u>	<u>0</u>	0
6. Invalidated Samples (Note what samples, if any, were invalidated; who authorized the invalidation; and when replacement samples were collected. Attach additional sheets, if necessary.)				
7. Summary Completed By: BRACH SMITH				

Signature 	Title Assistant GM	Date 6/11/15
--	------------------------------	------------------------

NOTES AND INSTRUCTIONS.

1. Routine samples include:

- Samples required pursuant to 22 CCR Section 64423 and any additional samples required by an approved routine sample siting plan established pursuant to 22 CCR Section 64422
- Extra samples are required for systems collecting less than five routine samples per month that had one or more total coliform positives in previous month.
- Extra samples for systems with high source water turbidities that are using surface water or groundwater under direct influence of surface water and do not practice filtration in compliance with regulations;

2. Note: For a repeat sample following a total coliform positive sample, any fecal/E.coli positive repeat (boxed entry) constitutes an MCL violation and requires immediate notification to the Department (22, CCR, Section 64426.1).

3. Note: For repeat sample following a fecal/E.coli positive sample, any total coliform positive repeat (boxed entry) constitutes an MCL violation and requires immediate notification to the Department (22, CCR, Section 64426.1).

4. Total coliform MCL (Notify Department within 24 hours of MCL violation):

- For systems collecting less than 40 samples, if two or more samples are total coliform positive, then the MCL is violated
- For systems collecting 40 or more samples, if more than 5.0 percent of samples collected are total coliform positive, then the MCL is violated.

5. Positive results and their associated repeat samples are to be tracked on the Coliform Monitoring Worksheet.

6. Repeat samples must be collected within 24 hours of being notified of the positive results. For systems collecting more than one routine sample per month, three repeat samples must be collected for each total coliform positive sample. For systems collecting one or fewer routine samples per month, four repeat samples must be collected for each total coliform positive sample.

7. For systems subject to the Groundwater Rule: Positive results and the associated triggered source samples are to be tracked on the Coliform Monitoring Worksheet.

8. For triggered sample(s) required as a result of a total coliform routine positive sample, an *E.coli*, enterococci, or coliphage positive triggered sample (boxed entry) requires immediate notification to the Department, Tier 1 public notification, and corrective action.

COLIFORM MONITORING WORKSHEET

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

Report Month: may Year 2015

Routine Samples ⁹			Repeat Samples ⁶				Triggered Source Samples ⁸				
TC+ Sample Date	TC+ Sample Site ID	¹² EC/FC Results	Repeat Collection Date	Repeat Sample Site IDs ¹⁰	Coliform Results (Check one box)			Source Sample Date	Groundwater Source(s) Sampled	¹² TC Results	^{11,12} E. coli Results
					TC-	TC+ BUT FC/EC-	TC+ AND FC/EC+				
5/26/2015	93rd and F	(-)	5/28/2015	1 1-ROU	X			5/28/2015	Well 8	(-)	(-)
			5/28/2015	2 1-REP1	X					(+/-)	(+/-)
			5/28/2015	3 1-REP2	X					(+/-)	(+/-)
				4						(+/-)	(+/-)
5/26/2016	90th and F8	(-)	5/28/2015	1 5-ROU	X			5/28/2015	Well 8	(-)	(-)
			5/28/2015	2 5-REP1	X					(+/-)	(+/-)
			5/28/2015	3 5-REP2	X					(+/-)	(+/-)
				4						(+/-)	(+/-)
		(+/-)		1						(+/-)	(+/-)
				2						(+/-)	(+/-)
				3						(+/-)	(+/-)
				4						(+/-)	(+/-)
		(+/-)		1						(+/-)	(+/-)
				2						(+/-)	(+/-)
				3						(+/-)	(+/-)
				4						(+/-)	(+/-)
		(+/-)		1						(+/-)	(+/-)
				2						(+/-)	(+/-)
				3						(+/-)	(+/-)
				4						(+/-)	(+/-)
		(+/-)		1						(+/-)	(+/-)
				2						(+/-)	(+/-)
				3						(+/-)	(+/-)
				4						(+/-)	(+/-)
		(+/-)		1						(+/-)	(+/-)
				2						(+/-)	(+/-)
				3						(+/-)	(+/-)
				4						(+/-)	(+/-)
		(+/-)		1						(+/-)	(+/-)
				2						(+/-)	(+/-)
				3						(+/-)	(+/-)
				4						(+/-)	(+/-)
		(+/-)		1						(+/-)	(+/-)
				2						(+/-)	(+/-)
				3						(+/-)	(+/-)
				4						(+/-)	(+/-)

Comments:

NOTES AND INSTRUCTIONS:

6. Repeat samples must be collected within 24 hours of being notified of the positive results. For systems collecting more than one routine sample per month, three repeat samples must be collected for each total coliform positive sample. For systems collecting one or fewer routine samples per month, four repeat samples must be collected for each total coliform positive sample.
8. For triggered sample(s) required as a result of a total coliform routine positive sample, an *E. coli*, enterococci, or coliphage positive triggered sample (boxed entry) requires immediate notification to the Department, Tier 1 public notification, and corrective action.
9. Also include any data for positive samples that occurred in the previous month that led to repeat monitoring occurring in the reporting month. Include location and indicate if the routine sample was either positive or negative for *E. coli* or Fecal Coliforms.
10. For systems serving ≤ 1000 persons that collect one or fewer routine samples per month, a triggered source water sample may be used as the fourth repeat, as noted in an approved plan, if *E. coli* was the indicator used. Show result in GW source column too.
11. The Department recommends using *E. coli* (see note 8). If enterococci or coliphage is used, note which in the comment box below.
12. Circle the appropriate result.

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

STATE WATER RESOURCES CONTROL BOARD
 DIVISION OF DRINKING WATER
 LOS ANGELES REGION

RAW WATER COLIFORM MONITORING
 NAME OF WATER SYSTEM: **LAND PROJECT MUTUAL WATER COMPANY** MONTH: **May** YEAR: **2015**
 SYSTEM NO.: **1910246**

SOURCE NAME	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
WELL NO. 1	1 NEG											
WELL NO. 3	STANDBY	STANDBY	1 NEG	1 NEG	1 NEG							
WELL NO. 5	STANDBY	STANDBY	STANDBY	STANDBY	STANDBY							
WELL NO. 8	1 NEG	1 NEG	1 NEG	1 NEG	1 pos. 1 neg.							
TOTAL	2	2	3	3	4							

EXAMPLES: 1 NEG 1 pos. 1 neg. OFFLINE NOT TAKEN STANDBY

ATTACH CONFIRMATION RESULTS WITH THE TOTAL COLIFORM POSITIVE RESULTS.

COMMENTS:

SIGNATURE: Brea Smith DATE: 6/11/15

LAND PROJECT MWC - 1910246
 CHLORINE RESIDUAL / TOTAL COLIFORM SUMMARY - 2015

Jan-15

Location	Date	Chlorine Residual	Time	Total Coliform	E. Coli
D10 & 80th	1/27/2015	0.6	11:45	A	A
F & 93rd	1/27/2015	0.6	12:20	A	A

Mar-15

Location	Date	Chlorine Residual	Time	Total Coliform	E. Coli
D10 & 80th	3/31/2015	0.5	11:30	A	A
F8 & 90th	3/31/2015	0.5	12:05	A	A

May-15

Location	Date	Chlorine Residual	Time	Total Coliform	E. Coli
F8 and 90th	5/28/2015	0.7	7:45	A	A
F & 93rd	5/28/2015	0.7	7:50	A	A

Jul-15

Location	Date	Chlorine Residual	Time	Total Coliform	E. Coli

Sep-15

Location	Date	Chlorine Residual	Time	Total Coliform	E. Coli

Nov-15

Location	Date	Chlorine Residual	Time	Total Coliform	E. Coli

Feb-15

Location	Date	Chlorine Residual	Time	Total Coliform	E. Coli
D and 90th	2/24/2015	0.7	6:50	A	A
F and 80th	2/24/2015	0.7	7:15	A	A

Apr-15

Location	Date	Chlorine Residual	Time	Total Coliform	E. Coli
F and 80th	4/28/2015	0.6	11:00	A	A
D and 90th	4/28/2015	0.7	11:25	A	A

Jun-15

Location	Date	Chlorine Residual	Time	Total Coliform	E. Coli

Aug-15

Location	Date	Chlorine Residual	Time	Total Coliform	E. Coli

Oct-15

Location	Date	Chlorine Residual	Time	Total Coliform	E. Coli

Dec-15

Location	Date	Chlorine Residual	Time	Total Coliform	E. Coli
					A

SIGNATURE: 
 BRACH SMITH

DATE: 6/11/15

STATE WATER RESOURCES CONTROL BOARD
 DIVISION OF DRINKING WATER
 LOS ANGELES REGION

GENERAL PHYSICAL SUMMARY
 NAME OF WATER SYSTEM: LAND PROJECTS MUTUAL WATER COMPANY MONTH: JAN - DEC YEAR: 2015
 SYSTEM NO: 1910246

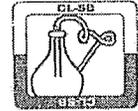
SAMPLE LOCATION	JANUARY			FEBRUARY			MARCH			APRIL			MAY			JUNE			JULY			AUGUST			SEPTEMBER			OCTOBER			NOVEMBER			DECEMBER					
	temp. Fahrenheit	color	odor	turbidity	time collected	date	temp. Fahrenheit	color	odor	turbidity	time collected	date	temp. Fahrenheit	color	odor	turbidity	time collected	date	temp. Fahrenheit	color	odor	turbidity	time collected	date	temp. Fahrenheit	color	odor	turbidity	time collected	date	temp. Fahrenheit	color	odor	turbidity	time collected	date			
F & 98RD	<3.0	1		<0.1	12:20	27-Jan																																	
D10 & 80TH																																							
D & 90TH				0.4	6:50	24-Feb																																	
F & 80th				1																																			
F8 & 90th																																							

GENERAL PHYSICAL IS COLLECTED: WEEKLY BI-WEEKLY ONCE A MONTH (CHECK ONE)

NUMBER OF SAMPLES COLLECTED FOR THIS MONTH: 1

SIGNATURE: Brach Smith DATE: 6/11/15
 BRACH SMITH

Clinical Laboratory of San Bernardino, Inc.



Client: Land Project Mutual Water
8810 W Avenue E-8
Lancaster CA, 93536

Contact: John Houghton
Phone: (661) 948-2550
Fax: (661) 948-3622
System: 1910246

Project: Standard Analysis
Sub Project: Drinking Water

Sampler: John Houghton
Sampled: 05/26/15

Received: 05/26/15 17:15

Reported: 05/28/15

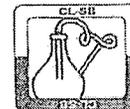
RESULTS

Laboratory ID	Sample Time	Sample Location	Cl Res Free (Field) mg/L	Total Coliform P/A	E. Coli P/A
15E1945-01	11:20	Well 3		A	A
15E1945-02	11:30	Well 1		A	A
15E1945-03	11:40	Well 8		P [1]	A
15E1945-04	10:50	F8 & 90th St	0.70	P [1]	A
15E1945-05	11:00	F & 93rd	0.50	P [1]	A

1 = Notified John Houghton 5/27/15, 1215

Robin Glenney
Project Manager

Clinical Laboratory of San Bernardino, Inc.



Client: Land Project Mutual Water
8810 W Avenue E-8
Lancaster CA, 93536

Contact: John Houghton
Phone: (661) 948-2550
Fax: (661) 948-3622
System: 1910246

Project: Standard Analysis
Sub Project: Drinking Water

Sampler: John Houghton
Sampled: 05/26/15

Received: 05/26/15 17:15

Reported: 05/28/15

RESULTS

Laboratory ID	Sample Time	Sample Location	Apparent Color Color Units	Odor Threshold TON	Turbidity NTU
15E1945-05	11:00	F & 93rd	<3.0	1	<0.1

Robin Glenney
Project Manager

BACTERIOLOGICAL ANALYSIS CHAIN OF CUSTODY AND LABORATORY REPORT

This form is to be used for 100mL Analysis for Presence or Absence of Total Coliform and *E. coli* only. (FoT 101.060, 101.070)

MAILING LABEL PLEASE PRINT
 Purveyor/Name LAND PROJECTS MUTUAL WATER CO.
 Mailing Address 8810 WEST AVE E8
 City/State/Zip LANCASTER CA 93536

CONTACT INFORMATION Fax# _____
 Phone (661) 917-8998 or _____
 Contact John Houghton or _____
615

SAMPLE DELIVERY:

Mon-Wed 7:30am - 3:30pm \$2 discount Tue < 11:00am
 Thu 7:30am - 11:00am
 Fri No samples accepted

Lab use only: Cost/Sample \$10 or \$8 (Tues. < 11am) FAX \$1
 Invoice or Paid: Cash \$ _____ or Check# _____

	Signature	Print Name	Date	Time Rec'd	Time Relinq'd	No. bottles
Collected by:	<u>[Signature]</u>	<u>John Houghton</u>	<u>5/28/15</u>		<u>840</u>	<u>4</u>
Received, Transported by:						
Received, Transported by:						
Received in laboratory by:	<u>[Signature]</u>	<u>[Signature]</u>	<u>5/28/15</u>	<u>840</u>		<u>4</u>

Collector or transporter remarks: _____

DEPARTMENT OF PUBLIC HEALTH NOTIFICATION:

CDPH ADDRESS: 500 NORTH CENTRAL AVE, SUITE 500
GLENDALE CA 91203

YES NO _____ (if no, please initial)

System Number: 1910246
 Attention: DAVID CHANG

One sample, one bottle, per ID. ONLY USE BOTTLES PROVIDED BY LAB WITH SODIUM THIOSULFATE PRESERVATIVE! Please see back page for directions.
 Sample collector please provide the following sample information. Signature above attests to the accuracy of this information.

Lab # LAB USE ONLY	ID #	Time Collected	Sample Point Location/Description Address if different from above	Chlorine T = Total or F = Free residual as mg/L	T E S T	T Y P E	If Resample Date and Location of original positive	Total Coliform P/A LAB USE ONLY	<i>E. coli</i> P/A LAB USE ONLY
3-25		7:50	93rd and F	0.7	D	2	93rd and F 5/26/15	A	
3-26		7:55	47711 93rd st.	0.7	D	2		A	
3-27		8:00	47637 93rd st	0.7	D	2		A	
3-28		8:15	WELL 8	0	D	1	WELL 8 5/26/15	A	A

Samples must be maintained in <10°C cooler during transport. Sample arrived at lab in <10°C cooler Holding time met

TEST reason: A = routine, report to CDPH B = replacement C = special D = resample (list info. for original positive above)

TYPE of sample: DRINKING WATER: 1 = Well 2 = Distribution 3 = Holding tank 4 = OTHER, describe: _____

Laboratory Remarks: _____

Sample set up by: [Signature] Date: 5/28 Time: 1008 Analysis completed date: 5/29 Time: 745 C18

The analysis is performed according to EPA/ELAP approved procedures for the defined substrate method for testing drinking water (SM9223).

INTERPRETATION OF RESULTS: The result of TOTAL COLIFORM "A" indicates the absence of bacteriological contamination in the sample and the water is fit for human consumption based upon bacteriological quality. If a result of TOTAL COLIFORM "P" is obtained, presence of coliform bacteria was detected, the water is not fit for human consumption and further testing and/or appropriate remedial action is needed. If there is presence of total coliform, the presence or absence of *E. coli* will be determined. *E. coli* presence indicates fecal contamination.

NOTIFICATION REQUIRED: circle NONE or
 Notified: Date: _____
 Person: _____
 By: _____



BLUE STAMP = ORIGINAL REPORT

[Signature]
 Laboratory Manager

BACTERIOLOGICAL ANALYSIS CHAIN OF CUSTODY AND LABORATORY REPORT

This form is to be used for 100mL Analysis for Presence or Absence of Total Coliform and E. coli only. (FoT 101.060, 101.070)

MAILING LABEL PLEASE PRINT

CONTACT INFORMATION Fax# _____

Purveyor/Name Land Projects Mutual Water Co.

Phone 661-917-8998 or _____

Mailing Address 8810 West Ave E8

Contact John Houghton or _____

City/State/Zip Lancaster CA 93536

Lab use only: Cost/Sample \$10 or \$8 (Tues. < 11am) FAX \$1 Invoice or Paid: Cash \$ _____ or Check# _____

SAMPLE DELIVERY:

Mon-Wed 7:30am - 3:30pm \$2 discount Tue < 11:00am

Thu 7:30am - 11:00am

Fri No samples accepted

	Signature	Print Name	Date	Time Rec'd	Time Relinq'd	No. bottles
Collected by:	<u>[Signature]</u>	<u>John Houghton</u>	<u>5/28/15</u>		<u>840</u>	<u>3</u>
Received,						
Transported by:						
Received,						
Transported by:						
Received in laboratory by:	<u>[Signature]</u>	<u>[Signature]</u>	<u>5/28/15</u>	<u>840</u>		<u>3</u>

Collector or transporter remarks: _____

DEPARTMENT OF PUBLIC HEALTH NOTIFICATION:

CDPH ADDRESS: 500 N. Central Ave Suite 500
Glendale CA 91203

YES NO _____ (if no, please initial)

System Number: 1910244

Attention: David Crane

One sample, one bottle, per ID. ONLY USE BOTTLES PROVIDED BY LAB WITH SODIUM THIOSULFATE PRESERVATIVE! Please see back page for directions. Sample collector please provide the following sample information. Signature above attests to the accuracy of this information.

Lab # LAB USE ONLY	ID #	Time Collected	Sample Point Location/Description Address if different from above	Chlorine T = Total or F = Free residual as mg/L	T E S T	T Y P E	If Resample Date and Location of original positive	Total Coliform P/A LAB USE ONLY	E. coli P/A LAB USE ONLY
<u>3129</u>		<u>7:45</u>	<u>90TH and F8</u>	<u>0.7</u>	<u>D</u>	<u>2</u>	<u>90TH and F8 5/26/15</u>	<u>A</u>	
<u>3130</u>		<u>7:30</u>	<u>47227 90TH</u>	<u>0.8</u>	<u>D</u>	<u>2</u>	<u> </u>	<u>A</u>	
<u>3131</u>		<u>7:20</u>	<u>9033 F8</u>	<u>0.8</u>	<u>D</u>	<u>2</u>	<u> </u>	<u>A</u>	

Samples must be maintained in <10°C cooler during transport. Sample arrived at lab in <10°C cooler Holding time met

TEST reason: A = routine, report to CDPH B = replacement C = special D = resample (list info. for original positive above)

TYPE of sample: DRINKING WATER: 1 = Well 2 = Distribution 3 = Holding tank 4 = OTHER, describe: _____

Laboratory Remarks: _____

Sample set up by: [Signature] Date: 5/28 Time: 1:00 P Analysis completed date: 5/29 Time: 7:45 P

The analysis is performed according to EPA/ELAP approved procedures for the defined substrate method for testing drinking water (SM9223).

INTERPRETATION OF RESULTS: The result of TOTAL COLIFORM "A" indicates the absence of bacteriological contamination in the sample and the water is fit for human consumption based upon bacteriological quality. If a result of TOTAL COLIFORM "P" is obtained, presence of coliform bacteria was detected, the water is not fit for human consumption and further testing and/or appropriate remedial action is needed. If there is presence of total coliform, the presence or absence of E. coli will be determined. E. coli presence indicates fecal contamination.

NOTIFICATION REQUIRED: circle NONE or
Notified: Date: _____
Person: _____
By: _____



BLUE STAMP = ORIGINAL REPORT

[Signature]
Laboratory Manager

Tier 2 Public Notification Template

Instructions for Tier 2 Resolved Total Coliform Notice Template

Template Attached

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

Notification Methods

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

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

(a) Notice must be distributed to each customer receiving a bill including those that provide their drinking water to others (e.g., schools or school systems, apartment building owners, or large private employers), and other service connections to which water is delivered by the water system.

(b) Notice must be posted in place for as long as the violation or occurrence continues, but in no case less than seven days.

The notice attached is appropriate for the methods described above. However, you may wish to modify it before using it for posting. If you do, you must still include all the required elements and leave the health effects and notification language in italics unchanged. This language is mandatory [64465].

Multilingual Requirement

The notice must (1) be provided in English, Spanish, and the language spoken by any non-English-speaking group exceeding 10 percent of the persons served by the water

system and (2) include a telephone number or address where such individuals may contact the water system for assistance.

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

Population Served

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

Description of the Violation

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

<u>If You Take Fewer Than 40 Samples a Month</u>	<u>If You Take 40 or More Samples a Month</u>
State the number of samples testing positive for coliform. The standard is that no more than one sample per month may be positive.	State the percentage of samples testing positive for coliform. The standard is that no more than 5.0 percent of samples may test positive each month.

Corrective Action

In your notice, describe corrective actions you have taken. Listed below are some steps commonly taken by water systems with total coliform violations. Use one or more of the following actions, if appropriate, or develop your own:

- “We have increased sampling for coliform bacteria to catch the problem early if it recurs.”
- “The well and/or distribution system has been disinfected and additional samples do not show presence of coliform bacteria.”

After Issuing the Notice

Send a copy of each type of notice and a certification that you have met all the public notice requirements to the DDW within ten days after you issue the notice [64469(d)].

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

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

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

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

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

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

What should I do?

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

What happened? What was done?

[Describe corrective action].

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

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

Secondary Notification Requirements

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

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

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

State Water System ID#: _____. Date distributed: _____.

Proof of Public Notification Certification Form

PROOF OF NOTIFICATION

Name of Water System: Land Projects Mutual Water Company

System Number: 1910246

**Certification of Notification for
Tier 2 Total Coliform MCL Violation**

As required by California Code of Regulations (CCR), Title 22, Section 64463.4, I notified the users of the water supplied by Land Projects Mutual Water Company of the violation of Section 64426.1 (b)(2), Title 22, California Code of Regulations. I complied with the requirement to conduct public notification as indicated below:

<u>Required Action (indicate all that were used)</u>	<u>Date Completed</u>
Public Notification – Hand Delivery	<input type="text"/>
Public Notification - Mail Delivery	<input type="text"/>
Public Notification – Continuous Posting	<input type="text"/>
Public Notification - Consumer Confidence Report	<input type="text"/>
Public Notification - Other method Specify other method used: _____	<input type="text"/>

Signature of Water System Representative

Date

ATTACH A COPY OF THE NOTICE USED.

THIS FORM MUST BE COMPLETED AND RETURNED TO THE DIVISION