The California Health and Safety Code (hereinafter “CHSC”), Section 116650 authorizes the State Water Resources Control Board (hereinafter “State Board”) to issue a citation to a public water system when the State Board determines that the public water system has violated or is violating the California Safe Drinking Water Act (hereinafter “California SDWA”), (CHSC, Division 104, Part 12, Chapter 4, commencing with Section 116270), or any regulation, standard, permit, or order issued or adopted thereunder.

The State Board, acting by and through its Division of Drinking Water (hereinafter “Division”) and the Deputy Director for the Division, hereby issues this citation pursuant to Section 116650 of the CHSC to the Huntington Lake Resort Water System
(hereinafter “Water System”) for violation of CHSC, Section 116555(a)(1) and California Code of Regulations (hereinafter “CCR”), Title 22, Section 64423.

APPLICABLE AUTHORITIES

CHSC, Section 116650 states in relevant part:
(a) If the department 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 department 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 department 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.

CCR, Title 22, Section 64422 states in relevant part:
Routine Sample Siting Plan

(a) By September 1, 1992, each water supplier shall develop and submit to the Department a siting plan for the routine collection of samples for total coliform analysis, subject to the following:

(1) The sample sites chosen shall be representative of water throughout the distribution system including all pressure zones, and areas supplied by each water source and distribution reservoir.

(2) The water supplier may rotate sampling among the sample sites if the total number of sites needed to comply with (a)(1) above exceeds the number of samples required according to Table 64423-A. The rotation plan shall be described in the sample siting plan.

CCR, Title 22, Section 64423 states in relevant part:
Routine Sampling

(a) Each water supplier shall collect routine bacteriological water samples as follows:
(3) The minimum number of samples for transient-noncommunity water systems using groundwater and serving 1000 or fewer persons a month shall be one in each calendar quarter during which the system provides water to the public.

STATEMENT OF FACTS

On July 7, 2008, Huntington Lake Resort was issued Domestic Water Supply Permit No. 03-12-08P-018 to operate the Water System under previous its previous owners, Nancy and Roy Omachi. Following a transfer of ownership in July of 2014 to Venkata Alapati, Mr. Alapati became responsible for complying with all water quality regulations for Huntington Lake Resort. The Water System is classified as a transient non-community system and is located in the Pineridge Ranger District of the Sierra National Forest. The Water System is classified as a seasonal water system which is typically open from May or June through October. The access is restricted in winter due to heavy snow and the water system is shut off at the end of season. The water system supplies water to thirteen (13) residential recreational cabins, one laundry facility and the restaurant and marina facilities at the Huntington Lake Marina at 58901 Huntington Lake Road.

On April 25, 2016, the Division issued a letter to the Water System reminding staff to follow the “Protocol for Reactivation of Seasonal Water Systems.” As of the date of this citation, no bacteriological monitoring data has been submitted by the Water System for the 2016 seasonal reactivation of the Water System or to comply with Total Coliform Rule quarterly monitoring during the second or third quarters of 2016. A summary of all bacteriological monitoring conducted during 2016 is provided as Attachment A.

DETERMINATION

In accordance with CCR, Title 22, Section 64423, the Water System was required to collect one bacteriological sample during each quarter during their operating season. By letter dated April 25, 2016, the Water System was additionally notified of the requirement to conduct monthly routine bacteriological monitoring in accordance with
the requirements specified in the federal Revised Total Coliform Rule, adopted on April 1, 2016 by the US EPA. As of the date of this citation, the Water System has not submitted any bacteriological water quality monitoring results for samples collected during 2016. Therefore, the Division has determined that Huntington Lake Resort has violated CCR, Title 22, Section 64423 during 2016.

DIRECTIVES

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

1. On or before **June 30, 2017**, notify all persons served by the Huntington Lake Resort Water System of the violation of Section 64423 (failure to conduct routine bacteriological monitoring), in conformance with CCR, Title 22, Sections 64463.4(b)&(c) and 64465. The appropriate Notification Template is provided here as Attachment B.

2. Complete Attachment C: Compliance Certification Form. Submit it together with a copy of the public notification required by Directive 1 to the Division on or before **June 30, 2017**.

3. **EACH OPERATING SEASON, PRIOR TO PROVIDING WATER TO THE PUBLIC**, the Water system shall follow the Revised Total Coliform Rule’s Protocol for Reactivation of Seasonal Water systems for disinfection, flushing and bacteriological testing each year prior to opening. This protocol is included in the Seasonal Reactivation Packet provided here as Attachment D.

4. The Water System shall conduct their routine and repeat distribution bacteriological monitoring as required by the Revised Total Coliform Rule and in accordance with an approved Bacteriological Sample Siting Plan (BSSP). The Water System shall develop and submit a BSSP for review by **January 31, 2017**.
Bacteriological Sample Siting Plan guidance and form is provided in Attachment D.

5. Under the Revised Total Coliform Rule, the Water System shall collect a sample for coliform analysis each month that the system is in operation. The first monthly sample shall be collected during the first week that the camp is open to the public.

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

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

The State Board reserves the right to make such modifications to this 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 Huntington Lake Resort Water System of its obligation to meet the requirements of the California SDWA (CHSC, Division 104, Part 12, Chapter 4, commencing with Section 116270), or any regulation, standard, permit or order issued or adopted thereunder.

PARTIES BOUND

This Citation shall apply to and be binding upon the Huntington Lake Resort Water System, its owners, shareholders, officers, directors, agents, employees, contractors, successors, and assignees.
SEVERABILITY

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

FURTHER ENFORCEMENT ACTION

The California SDWA authorizes the State Board to: issue a 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 regulation, permit, standard, citation, 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 State Board to take action to suspend or revoke a permit that has been issued to a public water system if the public water system has violated applicable law or regulations or has failed to comply with an order of the State 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 State Board. The State Board does not waive any further enforcement action by issuance of this Citation.

12/12/16

Betsy S. Lichti, P.E.,
District Engineer
Division of Drinking Water
State Water Resources Control Board

Date

Attachments:
A: Bacteriological Monitoring Summary for 2016
B: Public Notice Template
C: Proof of Public Notice
D: RTCR Seasonal Reactivation Packet

Certified Mail No. 7015 1660 0000 0781 9302
# Bacteriological Distribution Monitoring Report

<table>
<thead>
<tr>
<th>Sample Date</th>
<th>Time</th>
<th>Location</th>
<th>T Coli</th>
<th>E Coli</th>
<th>F Coli</th>
<th>Type</th>
<th>CI2</th>
<th>Violation</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/9/2014</td>
<td>8:00</td>
<td>well</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>special</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/9/2014</td>
<td>8:15</td>
<td>Cabin 1</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>Routine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/9/2014</td>
<td>8:20</td>
<td>Cabin 3</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>Routine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/9/2014</td>
<td>9:00</td>
<td>Marina Faucet</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>Routine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/9/2014</td>
<td>9:30</td>
<td>restaurant spicket</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>Routine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/30/2014</td>
<td></td>
<td>No Sample</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MR2 12/16/14 Issued 03-23-14E-081WS sold - contact new owner</td>
<td></td>
</tr>
<tr>
<td>8/31/2015</td>
<td>12:28</td>
<td>Restaurant spicket outside</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>Routine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/31/2015</td>
<td>12:41</td>
<td>Cabin 1 Spicket outside</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>Routine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/31/2015</td>
<td>12:48</td>
<td>Cabin 3 Kitchen</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>Routine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/31/2015</td>
<td>13:04</td>
<td>Cabin 7</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>Routine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/30/2016</td>
<td></td>
<td>No Sample</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MR1 No monthly sample and no reactivation samples</td>
<td></td>
</tr>
<tr>
<td>7/31/2016</td>
<td></td>
<td>No Sample</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MR1</td>
<td></td>
</tr>
</tbody>
</table>

## Violation Key

- **MCL**: Exceeds the maximum contaminant level
- **MR1**: No monthly sample for the report month
- **MR2**: No quarterly sample for the report month
- **MR3**: Incorrect number of routine samples for the report month
- **MR4**: Did not collect 5 routine samples for previous month's positive sample
- **MR5**: Incorrect number of repeat samples as follow-up to a positive sample
- **MR6**: No source sample
- **MR7**: No summary report submitted
- **MR8**: Other comments and/or info
- **MR9**: CI2 not reported
NOTIFICATION TEMPLATE

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER
Este informe contiene información muy importante sobre su agua potable.
Por favor hable con alguien que lo pueda traducir.

Bacteriological Monitoring and Reporting Requirements
Not Met for Huntington Lake Resort During 2016

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 happened, what you should do, and what we did to correct the situation.

What happened?

We are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not our drinking water meets health standards. During 2016 we did not meet any monitoring or reporting requirements for bacteria and therefore cannot be sure of the quality of our drinking water during that time.

What should I do?

- You do not need to boil your water or take other corrective actions.
- The table below lists the contaminant we did not properly test for during the 2016, how many samples we are required to take and how often, how many samples we took, when samples should have been taken, and the date on which follow-up samples were (or will be) taken.

<table>
<thead>
<tr>
<th>Contaminant</th>
<th>Required sampling frequency</th>
<th>Number of samples taken</th>
<th>When all samples should have been taken</th>
<th>When samples will be taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coliform</td>
<td>1 per quarter</td>
<td>0</td>
<td>Every Month when open</td>
<td></td>
</tr>
</tbody>
</table>

- If you have health issues concerning the consumption of this water, you may wish to consult your doctor.

For more information, please contact Robert Dean at 559-335-2099

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 Huntington Lake Resort

State Water System ID: 1000319

Date distributed:
ATTACHMENT C

COMPLIANCE CERTIFICATION

Citation Number: 03-23-16C-087
Name of Water System: Huntington Lake Resort
System Number: 1000319

Certification

I certify that the users of the water supplied by this water system were notified of the bacteriological monitoring and reporting violation of California Code of Regulations, Title 22, Section 64423 for the compliance period of 2016 and the required actions listed below were completed.

<table>
<thead>
<tr>
<th>Required Action</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Notification Method(s) Used:</td>
<td></td>
</tr>
</tbody>
</table>

Signature of Water System Representative

Date

Attach a copy of the public notice distributed to the water system’s customers.

THIS FORM MUST BE COMPLETED AND RETURNED TO THE STATE BOARD, DIVISION OF DRINKING WATER, NO LATER THAN June 30, 2017

Disclosure: Be advised that the California Health and Safety Code, Sections 116725 and 116730 state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the Safe Drinking Water Act may be liable for, respectively, a civil penalty not to exceed five thousand dollars ($5,000) for each separate violation or, for continuing violations, for each day that violation continues, or be punished by a fine of not more than $25,000 for each day of violation, or by imprisonment in the county jail not to exceed one year, or by both the fine and imprisonment.
BACTERIOLOGICAL MONITORING REQUIREMENTS FOR SEASONAL WATER SYSTEMS UNDER THE REVISED TOTAL COLIFORM RULE

The purpose of this document is to provide guidance to small seasonal water systems in implementing the bacteriological monitoring requirements under the Revised Total Coliform Rule. For additional information or questions on specific issues, please contact the Division of Drinking Water (Division) Fresno District.

1. Operating Season

Seasonal water systems are required to complete a Division approved seasonal reactivation protocol and submit a certification to the Division requesting approval to reactivate, prior to each operating season. Seasonal water systems must notify the Division when their operating season concludes.

2. Minimum Monitoring Frequency

The minimum routine monitoring frequency for total coliform bacteria shall be no less than one sample per month during the approved operating season. Quarterly monitoring is no longer approved for seasonal water systems.

An increased monitoring frequency may be required if there is more than one pressure zone in the distribution system, if there are multiple sources or storage reservoirs, or if the daily population served is greater than 1,000. If your system is providing continuous chlorination treatment, closely review Item 6 below.

3. Routine Sampling

Bacteriological monitoring consists of routine samples and repeat samples; routine and repeat samples must be collected in accordance with a Division-approved Bacteriological Sample Siting Plan (BSSP). Guidance in preparing the BSSP is provided in Item 7 below. All routine samples should be collected from approved distribution system (not from the well) at locations specified in the approved BSSP. Presence-absence analytical methods may be used for routine bacteriological monitoring.
Any total coliform sample that shows the presence of total coliform bacteria must also be tested for the presence of E. coli.

4. Requirements After a Coliform-Positive Sample

**Notification of a Coliform-Positive Routine Sample:**
The water system shall require the laboratory to notify the system within 24 hours if any sample is coliform-positive. The water system must collect a repeat sample set within 24 hours of notification of the coliform-positive sample. If the sample is E. coli-positive, the water system **must** contact the Division immediately.

**Repeat Sampling:**
Within 24 hours of being notified of a total coliform positive routine sample, the Water System must collect a set of repeat samples. The repeat sample set shall consist of at least four (4) samples as follows: one (1) from the routine sample site at which the positive occurred, one (1) from the upstream repeat sample site, one (1) from the downstream repeat sample site and one (1) from each active source at a location before any treatment or storage.

The repeat sample sites shall be located within five service connections upstream and downstream of the routine site as identified in the Bacteriological Sample Siting Plan. At least one repeat sample shall be collected from upstream and one from downstream unless there is no upstream or downstream service connection. **Contact the Division as soon as the results of the repeat samples are obtained.**

Any additional samples collected from the sources for investigative purposes (not part of the repeat sample set) should be labeled as “special” samples (or “other” samples), and will not be counted towards compliance with the monthly total coliform water quality standards.

**Sampling the Month Following a Coliform-Positive Sample:**
The Water System shall collect at least three routine distribution system samples the following month, in accordance with the approved BSSP and regardless of the results of the repeat sample set.

The BSSP may show that the samples be collected on the same day from three different routine sites or from the same routine sites at 15 minute intervals (if fewer than three sites are available). If all three samples are negative for total coliform, the water system may return to the normal sampling frequency during the next sampling period.

5. Monthly Reporting of Coliform Monitoring Results

The analytical results of all coliform monitoring shall be reported to the Division by the 10th day of the month following sample collection. The Division strongly encourages that routine sample collection be scheduled early in each month. The water system can direct the analyzing laboratory provide to the results to the Division, however, the water system is ultimately responsible to ensure that the sample results were received.
If the water delivered to customers is provided with a chlorine disinfection treatment, the free chlorine residual should be measured and reported at the same time and location(s) that the bacteriological sample(s) are collected. This residual must be provided to the analyzing laboratory and to the Division on the laboratory analysis report.

6. **Bacteriological Monitoring of Wells (for chlorinated systems)**

Water systems that routinely disinfect the water supply are required to sample the raw well water for coliform bacteria. Initially, a minimum of six consecutive monthly samples must be collected from the well discharge. The samples must be collected at a location ahead of chlorination. After six consecutive monthly samples do not show the presence of coliform bacteria, the water system may request a reduction in sampling to one sample per quarter. The laboratory should be instructed to determine the most probable number of coliform (MPN) for well samples. The results of all samples shall be submitted to the Division by the 10th day of the month following sample collection.

7. **Bacteriological Sample Siting Plans for Seasonal Water Systems**

The Revised Total Coliform Rule requires water systems to conduct routine and repeat bacteriological monitoring in accordance with an approved Bacteriological Sample Siting Plan (BSSP). The BSSP must be submitted to the Division for review and approval. The locations where samples are to be collected must be written down and formally approved by the Division. The following guidelines and a sample Bacteriological Sample Siting Plan Form are provided to assist you in complying with these requirements.

The seasonal water system’s Division-approved Seasonal Start-Up Reactivation Plan is considered an integral part of the BSSP and shall be considered a single document.

To comply with the requirements for submitting a Bacteriological Sample Siting Plan, three (3) items must be submitted to the Division.

1. The completed Bacteriological Sample Siting Plan Form, and
2. A system map, street map, or system schematic showing all sampling locations. The map can be prepared by any system representative. It does not have to be prepared by an engineer. The following are also to be shown on the map:

   - Water Sources (i.e., well or spring)
   - Treatment Facilities (i.e., chlorination)
   - Storage Tanks
   - Pressure Reducing Stations
   - Booster Stations
   - Pressure Zones
   - Dead Ends
   - Service Area Boundaries
   - Routine Sample Sites
   - Repeat Sample Sites
   - Special Sample Sites
Once the Bacteriological Sample Siting Plan has been approved by the Division, copies should be provided to the person responsible for sample collection, the laboratory and the person responsible for reporting coliform-positive samples to the Division.

**Selection of Sampling Sites**
The routine sampling sites chosen must be representative of the water distribution system including all pressure zones, areas supplied by each water source and distribution reservoir.

- **Looped Systems:** If your entire water distribution system is looped, then one routine sample point may be representative of your system, assuming valves are open.
- **Pressure Zones:** You should only be concerned about sampling in different pressure zones if your water system serves different areas of varying elevations, for example in mountainous areas.

**Number of Routine Sampling Sites Required**
A minimum of three (3) routine sampling sites must be selected and indicated on your map and BSSP form. Water systems required to collect fewer than three routine samples a month must still identify the three routine sample sites for collection of the minimum required number of samples the month following any coliform positive sample. The Division may consider a BSSP where fewer than the three sites are proposed to be regularly sampled from, so long as the three sites are identified for the month following any total coliform positive result.

**Number of Repeat Sampling Sites Required**
The repeat sample set consists of at least four samples to be collected from the following locations:

- One repeat sample from the same routine location.
- One repeat sample from an *upstream location.*
  (within 5 connections of the routine site)
- One repeat sample from a *downstream location.*
  (within 5 connections of the routine site)
- One sample from each *active source.*

The BSSP must identify the repeat sample sites associated with each routine sample site.

**Pointers for Sample Site Selection**
- When selecting a routine sample site, you should be able to select a site upstream and a site downstream for repeat sampling.
- Give preferences to sites where the water is used regularly during the operating season.
- Pick sites that are easily accessible, i.e., a fenced yard with a locked gate and vicious dog is not a good selection.
- When choosing a sampling tap you should consider these factors:
  - The sampling tap should be located in as clean an environment as possible. It should be protected from contamination by humans, animals, airborne materials or other sources of contamination.
If you choose an outside private tap, it should be one that is in frequent use, clean, and at least 1½ feet (18 inches) above the ground. The sample tap should discharge downward.

- If you choose an inside tap, be sure that you are not sampling from drinking fountains; taps that have aerators or strainers, or swivel faucets; or taps off of individual homeowner treatment units.
- Do not choose a fire hydrant as sampling tap.
- Avoid taps that are surrounded by excessive foliage or taps that are dirty or corroded.
- Avoid taps that leak, have fittings with packing, or have permanent hoses or attachments fastened to the tap (Never collect a sample from a hose).
- Avoid the use of dead ends for routine sample collection, and use them for repeat samples only if no other sample sites are available and if there is continuous water use from a service off the dead-end.

*Instructions for Completing the Bacteriological Sample Siting Plan Form*

This form has been designed to include all the requirements for the Bacteriological Sample Siting Plan.

- **Public Water System Classification**

Your seasonal water system is classified as a “transient noncommunity” water system.

- **Sampling Frequency**

The minimum number of routine bacteriological samples required is one per month. If any routine sample is positive for coliform bacteria, additional repeat samples will be required. Repeat samples are in addition to the required routine samples. If you are uncertain of the routine sampling frequency for your water system, contact the Division.

A coliform-positive sample will increase the routine monitoring for a small system the following month. A system normally collecting less than 5 routine samples per month, which has a coliform positive sample, must collect a minimum of three (3) routine samples the following month.

- **Trained Sampler**

The person collecting samples must be trained.

Water systems utilizing a certified laboratory or other sampling service for water sample collection will be considered to have trained samplers. Enter the name of the laboratory or sampling service collecting your samples. A copy of the approved Bacteriological Sample Siting Plan should be provided to the laboratory or sampling service, if one is used.

Any person receiving a certificate from AWWA for attendance of the Water Sampling Training should submit a copy of their certificate along with the completed form. Any other
samplers should submit a statement of their experience and training to this Division for approval.

- **Analyzing Lab**

Enter the state-certified laboratory, which will be analyzing your water samples.

- **Person Responsible to Report Coliform-Positive Samples to the Division**

This should be the person that the laboratory is required to contact when a sample is total or E. coli positive. This person must notify the Division within 24 hours of a violation of the total coliform standard (more than one positive sample in a month) or when any sample is fecal or E. coli positive. This person should have the authority to take corrective action as required by regulation and the Division. This should be the same person listed on your Emergency Notification Plan.

- **Day/Evening Phone Number**

The Division requires that the water system provide the phone numbers of the person listed above so that they can be contacted by the laboratory or the Division at any time during the day or evening in the event of a bacteriological emergency.

- **Signature and Date**

The person preparing the Sample Siting Plan should sign and date the plan. If the Division has questions regarding the sampling plan, this is the person to be contacted.

- **Sample ID**

This should be entered on the laboratory slip when the sample is turned into the laboratory. This is the unique identifier for the water sample location or the location address may also be used. For systems, which have no more than five (5) routine locations, these routine sites will be 1-ROU, 2-ROU, 3-ROU, 4-ROU, and 5-ROU.

All sample locations should be marked in some way with the Sample ID or location address, i.e., the code painted on the sampling location or tagged with a water proof tag so the person collecting the water sample is sure to collect the water from the correct sample locations.

- **Sample Type**

This describes what type of sample (routine or repeat) is to be collected at this location.

- **Sample Point**

This is the type of the sample location. Use the following abbreviations, when appropriate.
HB        Hose Bib (exterior)
SF        Sink Faucet
PC        Goose Neck Type Copper Tube with Pet Cock

- **Location of Sample Point**

This is the description of the area in the distribution that the sample site is located. **Routine sample sites shall not be located at dead ends.**

<table>
<thead>
<tr>
<th>DE</th>
<th>Dead End     (Not Recommended)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PZ</td>
<td>Pressure Zone</td>
</tr>
<tr>
<td>RD</td>
<td>Representative Distribution</td>
</tr>
</tbody>
</table>

- **Location Address**

This is the actual physical location where the water sample is to be collected. If possible use a street address, i.e., 103 Good Street. If the location does not have a street address, use the nearest crossroads or use the last name of the resident, i.e., “Brown Residence.” If the location is a business, please list the business name and address.

When describing the location, keep in mind that the person collecting water samples must be able to locate the sample site from your description.

- **Months Sample Collected at This Location**

This is the schedule for routine samples to be collected.

For example, suppose three (3) sites are representative of your system and you generally operate Memorial Day through Labor Day. Site No. 1 would be assigned for May and August. Site No. 2 would be assigned for June and September, and Site No. 3 would be assigned for July and October (if required by an extended operating season).

In this example, the BSSP should still identify a Routine Site No. 4 and No. 5, but rather than assigning a regular month, the BSSP may state that the site will sampled the month following a positive coliform result.
# Bacteriological Sample Siting Plan for Seasonal Water Systems

**System No.:** | **System Name:**
--- | ---

**PWS Classification:** | **No. Monthly Users:** or **No. Daily Users:**
--- | ---

**No. Active Service Connections:** | **Sampling Frequency:**
--- | ---

**Name of Trained Sampler:** | **Analyzing Lab:**
--- | ---

**Person responsible to report coliform-positive samples to SWRCBDDW:** | **Day/Evening Phone No:**
--- | ---

**Signature of Water System Representative:** | **Date:**
--- | ---

## Sample Table

<table>
<thead>
<tr>
<th>Sample ID</th>
<th>Sample Type</th>
<th>Sample Point</th>
<th>Location of Sample Point</th>
<th>Address of Sample Point</th>
<th>Months Sample Collection at this Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-ROU</td>
<td>Routine</td>
<td>1-ROU</td>
<td>1-ROU</td>
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<td>Repeat Sample Only</td>
</tr>
<tr>
<td>1-RFP1</td>
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<td>1-RFP1</td>
<td>1-RFP1</td>
<td></td>
<td>Repeat Sample Only</td>
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<tr>
<td>1-RFP2</td>
<td>Repeat</td>
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<td>1-RFP2</td>
<td></td>
<td>Repeat Sample Only</td>
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<tr>
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<td>1-RFP3*</td>
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<td>Repeat Sample Only</td>
</tr>
<tr>
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<td>2-ROU</td>
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<td>2-RFP1</td>
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<tr>
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<td>2-RFP3*</td>
<td></td>
<td>Repeat Sample Only</td>
</tr>
<tr>
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<td>3-ROU</td>
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<tr>
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<td>3-RFP1</td>
<td>3-RFP1</td>
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<td>Repeat Sample Only</td>
</tr>
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</tr>
<tr>
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<td>4-RFP3*</td>
<td></td>
<td>Repeat Sample Only</td>
</tr>
<tr>
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<td>Repeat Sample Only</td>
</tr>
<tr>
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<tr>
<td>5-RFP3*</td>
<td>Repeat</td>
<td>5-RFP3*</td>
<td>5-RFP3*</td>
<td></td>
<td>Repeat Sample Only</td>
</tr>
</tbody>
</table>

If the water system has one or more total coliform-positive samples, at least three routine samples will be collected the following month.

If chlorine is being used, is it used on a continuous basis? Yes [ ] No [ ]

Is a system map that shows all sample sites attached? Yes [ ] No [ ]

If a seasonal water system, is the approved seasonal reactivation protocol attached? Yes [ ] No [ ]

*May be a source sample to satisfy the triggered source monitoring requirement under the Ground Water Rule.*
STATE OF CALIFORNIA
WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER
FRESNO DISTRICT 23

SEASONAL SYSTEM START-UP CERTIFICATION & SHUTDOWN NOTIFICATION FORM

Please check the following options that apply to your water system and provide the corresponding date:

Box 1. □ I am requesting approval to serve water to the public based on completion of a State Board approved Start-Up Procedure. The anticipated reopening date of the water system is __________. (Complete Sections 1 thru 5)

OR

Box 2. □ I am giving notification of water system shutdown, which occurred on __________. (Complete Sections 1, 4 and 5)
□ All zones of the water system’s distribution system will remain pressurized on a year-round basis.

---

Section 1: Public Water System Information

<table>
<thead>
<tr>
<th>Public Water System ID</th>
<th>Public Water System Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA</td>
<td></td>
</tr>
</tbody>
</table>

City / County __________

PWS Classification [Check One] □ NTNC □ TNC

Operating Period (e.g. 1/1 - 12/31) __________

---

Section 2: Start-Up Procedure: Check to verify completion of each element and enter corresponding item completion date. (*Minimum Required Elements)

☐ A. Inspection of the Water System Components* (COMPLETION DATE: __________)

All water system components (i.e. sources of supply, pumps, storage facility, pipelines, treatment facilities, etc.) have been inspected for deficiencies, including cross-connection hazards, and all corrective maintenance actions have been completed.

☐ B. Disinfection and Flushing of the Water System* (COMPLETION DATE: __________)

The entire water system, or at least the portion that was depressurized, was disinfected using applicable American Water Works Association (AWWA) Standard(s) and/or approved State Board procedures, with adequate residual and contact time. All water system components and distribution pipelines were flushed until normal disinfectant residuals were restored.

☐ C. Bacteriological and Disinfectant Residual Monitoring* (COMPLETION DATE: __________)

After proper disinfection and flushing, bacteriological samples have been collected and analyzed from each source prior to treatment, from each storage facility, and a minimum of three (3) distribution system locations, in accordance with the water system’s State approved Bacteriological Sample Site Plan. Disinfection residual has been monitored at the same time and sample location as the coliform samples. Laboratory sample results have been reported to State Board for compliance. Bacteriological and disinfection residual sample results are attached to this certification form.

☐ D. Additional Elements Included in the Approved Start-Up Procedure (COMPLETION DATE: __________)

All additional elements included in the State Board approved Start-Up Procedure specific to the water system have been completed. Please attach all documents supporting completion of the approved procedures to this form.

---

Section 3: Certified Operator Information (All activities listed in Section 2: A thru C must be supervised/perform by a certified distribution operator)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Certification Level</th>
<th>Certification Number</th>
<th>Expiration Date [MM/DD/YYYY]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Section 4: Water System Owner/Authorized Representative Contact Information

<table>
<thead>
<tr>
<th>Salutation</th>
<th>First Name</th>
<th>Last Name</th>
<th>Organization</th>
<th>Job Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mailing Address

<table>
<thead>
<tr>
<th>Business Phone [Ext]</th>
<th>Fax</th>
<th>Mobile Phone</th>
<th>Emergency Phone</th>
<th>E-mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td></td>
</tr>
</tbody>
</table>

---

Section 5: Certification by Water System Owner/Authorized Representative

I hereby certify that the above information on this certification is complete, accurate, and true to the best of my knowledge.

Signature of Water System Owner/Authorized Representative __________ Date (MM/DD/YYYY)

FOR STATE BOARD USE ONLY

☐ Approval Granted to serve water to the public __________ Date (MM/DD/YYYY)

Approver Initials __________ Date (MM/DD/YYYY)

This form is issued under authority of the Safe Drinking Water Act and 40 CFR §141.861. Failure to submit certification is a violation of 40 CFR §141.861 and may subject the water purveyor to enforcement actions.
Seasonal Start-up Checklist/ Reactivation Plan

To be attached to the Seasonal System Start-Up Certification & Shutdown Notification Form

If your public water system is open only part of the year, it is considered a seasonal system. Under the federal Revised Total Coliform Rule (RTCR), you are required to complete the following steps and submit this form to the SWRCB – DDW Fresno District prior to serving water to the public for the season. You will be in violation of the federal RTCR if you serve water to the public before completing these start-up procedures or a similar approved Reactivation Plan and submitting this form to our office.

PWS Name: 

PWS ID Number: 

Date Water System Opens to the Public: 

Estimated Closure Date for the Season: 

Use of a person approved by the SWRCB or a certified operator to supervise or perform steps 1 through 9 below is required. Please provide the name of the certified operator or person approved by the SWRCB-DDW Fresno District:

<table>
<thead>
<tr>
<th>Name of Certified Operator or Approved Representative</th>
<th>Date Checklist Completed</th>
</tr>
</thead>
</table>

Unless otherwise noted as optional, all actions must be completed. If an action does not apply or you do not have a specified piece of equipment, mark “N/A”.

<table>
<thead>
<tr>
<th>Action</th>
<th>Completed?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1) Inspect Each Water Source:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <strong>Wells</strong> - Is each well sealed and intact? Are all required gaskets and screens undamaged and properly installed? Are all bolts present and tight? Are there any openings that could allow in animals, insects, or water to enter?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <strong>Springs(s)</strong> - Are there any breaches or openings that could allow in contamination? Has deep rooted vegetation been removed? Is your spring area fenced or protected from stock or wildlife?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <strong>Surface Water Intake(s)</strong> – Are intakes cleared? Any repairs needed?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Complete all necessary repairs prior to opening. If more time for repairs is needed, contact the DDW – Fresno District.

| **2) Inspect Water Treatment System:** | | |
| • Check for damage to treatment plant and/or structure. | | |
| • Ensure that chemical feeds are functioning properly; verify that fresh disinfectant and other chemical supplies are on hand. | | |
| • Thoroughly flush treatment plant and ensure all feed pumps, controls, monitoring equipment and alarms are operational in accordance with the approved Operations Plan. | | |

Complete all necessary repairs prior to opening. If more time for repairs is needed, contact the DDW - Fresno District.
<table>
<thead>
<tr>
<th>Action</th>
<th>Completed?</th>
<th>Comments</th>
</tr>
</thead>
</table>
| 3) **Inspect Water Storage System and Distribution System:**  
  - Are there leaks along water lines or fixtures?  
  - Does the system hold pressure with all taps closed?  
  - Are there any openings or repairs needed?  
  - Are vents and overflows intact and properly fitted with #24 mesh screen?  
  - Are access penetrations gasketed and sealed?  
  - Are all valves operational?  
  Complete any repairs prior to opening. If more time for repairs is needed, contact the DDW - Fresno District. | | |
| 4) **Drain the Distribution System and Water Storage Tanks**  
*You must flush your system to rid your distribution system of stagnant water and drain all storage reservoirs.* | | |
| 5) **Disinfect Water Source(s) and Distribution System**  
*Swimming pool chlorine is not considered acceptable for disinfection purposes.* Chlorine must be certified under NSF/ANSI Standard 60 for use in drinking water systems.  
**Option A (for systems that cannot flush to waste):**  
Disinfect the well with enough chlorine to provide a minimum chlorine residual of 2-3 mg/L in all parts of the distribution system. Use the chart below for determining how much chlorine to use to achieve an approximate chlorine residual of 2 mg/L based on the calculated volume of water to be treated. Chlorine residuals must be measured to ensure the minimum 2 mg/L is obtained. Elimination of chlorine will occur through normal usage of water. *  
**Option B (for systems that can flush to waste):**  
Disinfect the well with enough chlorine to provide a minimum chlorine residual of 5-6 mg/L in all parts of the distribution system. Doubling the amounts in the chart below should provide enough chlorine to achieve the desired chlorine residual based on the calculated volume of water to be treated. Chlorine residuals must be measured to ensure the minimum 5 mg/L is obtained. Elimination of the chlorine will occur through flushing outlined in Step 7. | | |
| **Volume to be treated (gallons):** | 1,000 | 2,000 | 5,000 | 10,000 | 25,000 | 50,000 | 100,000 | 250,000 |
| Amount of Chlorine Solution to Use to Achieve Approximately 2-3 mg/L Based on Solution Strength | | | | | | | | |
| 5% Chlorine solution | 1 cup | 1 pint | 1 quart | 0.5 gal | 1.25 gal | 2.5 gal | 5 gal | 12.5 gal |
| 12.5% Chlorine solution | ¼ cup | 1 cup | 1 pint | 0.25 gal | 0.5 gal | 1 gal | 2 gal | 5 gal |

The chlorine shall be held in the distribution system for at least 24 hours prior to usage (Option A) or flushing (Option B).  
*Systems may opt to disinfect to 5 mg/L by doubling the amounts above (see Option B) if environmental and/or drought conditions allow flushing of the chlorinated water to waste.
<table>
<thead>
<tr>
<th>Action</th>
<th>Completed?</th>
<th>Comments</th>
</tr>
</thead>
</table>
| 6) **Fill the System with Disinfected Water**  
   Turn on faucets to get disinfected water throughout your entire distribution system. Shut the water off and let sit 24 hours. (Do not allow anyone to use this water during this time as it may contain high levels of disinfectant). | | |
| 7) **If using Option B, Flush Distribution System & Storage Tanks.**  
   Ensure disinfected water is removed. Be sure to keep chlorinated water away from septic systems and surface water bodies such as lakes, streams and ponds. | | |
| 8) **Start-up Bacteriological Monitoring:**  
   After the disinfection process, water samples shall be collected directly from each well or spring discharge and from three routine distribution sites to be analyzed for total coliform bacteria and E.coli. At this stage of the reactivation process, chlorine residuals shall be measured and reported with each coliform sample. The samples should be labeled as "special" and do not count for compliance. The disinfection and sampling process shall be repeated until samples from both the source(s) and distribution system are negative for total coliform bacteria. Any distribution sample shall be collected at locations identified as "routine" sample sites on the system’s approved Bacteriological Sample Siting Plan. | | |
| 9) **Ongoing Bacteriological Monitoring**  
   - **Option A:** If the distribution system was not flushed and a detectable chlorine residual remains in the water at the time of sample collection, **the System shall continue to monitor the bacteriological quality and the chlorine residual of the distribution system weekly until there is no detectable chlorine residual.**  
   - **Option B:** If the system was flushed to remove all of the disinfected water, **the first routine sample to be collected for compliance with the monitoring requirements for total coliform bacteria shall be collected one week after the facility is open to the public.**  
   - Routine monitoring is now required on a monthly basis. This must be addressed in a revised Bacteriological Sample Siting Plan.  
   - All bacteriological sampling results must be reported to the DDW – Fresno District. | | |

Reminder: The Water System must obtain written approval from the SWRCB-DDW Fresno District before serving water to the public.