SAN JOAQUIN
COUNTY
Greatness grows here.

Environmental Health Department

Linda Turkatte, REHS, Director

Kasey Foley, REHS, ***Assistant Director***

PROGRAM COORDINATORS
Robert McClellon, REHS
Jeff Carruesco, REHS, RDI
Willy Ng, REHS
Muniappa Naidu, REHS
Michael Kith, REHS

June 8, 2018

System No. 3902183

Dan R. Costa Inc.
Attn: Dan R. Costa
1269 Spring Creek Drive
Ripon CA 95366

Water System: Dan R. Costa Inc., 17239 E. Louise Ave.

CITATION NO. 01_69_18C_021
TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION
FOR May, 2018

Enclosed is a Citation issued to the Dan R. Costa Inc. (hereinafter "Dan R. Costa Inc.") public water system.

The Dan R. Costa Inc. will be billed at the San Joaquin County Environmental Health Department's (hereinafter "EHD") hourly rate (currently at **$152 per hour**) for the time spent on issuing this Citation. California Health and Safety Code, Section 116595, provides that a public water system must reimburse the local primacy agency (EHD) for actual costs incurred by the EHD for specified enforcement actions, including but not limited to, preparing, issuing and monitoring compliance with a citation.

Any person who is aggrieved by a citation issued by the EHD may file a petition with the State Water Resources Control Board (State Water Board) for reconsideration of the citation Petitions must be received by the State Water Board within 30 calendar days of the issuance of the citation. The date of issuance is the date when the EHD mails or serves a copy of the citation, whichever occurs first. If the 30th day falls on a Saturday, Sunday, or state holiday, the petition is due the following business day. Petitions must be received by 5:00 p.m. Information regarding filing petitions may be found at: http://www.waterboards.ca.gov/drinking_water/programs/petitions/index.shtml"

If you have any questions regarding this matter, please contact Navjot Sahota of my staff at (209) 468-3178 or nsahota@sjcehd.com.

Sincerely,

Kasey Foley for

Linda Turkatte, REHS, Director
San Joaquin county Environmental Health Department

Enclosures

Citation No. 01_69_18C_021

COUNTY OF SAN JOAQUIN

ENVIRONMENTAL HEALTH DEPARTMENT

DRINKING WATER PROGRAM

Name of Public Water System: Dan R. Costa Inc.

Water System No: 3902183

Attention: Dan R. Costa Inc.
1269 Spring Creek Drive
Ripon CA 95366

Issued: June 8, 2018

CITATION FOR NONCOMPLIANCE

TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION

CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 64426.1

May, 2018

The California Health and Safety Code (hereinafter "CHSC"), Section 116330 allows the State Water Resources Control Board (hereinafter "State Board") to delegate primary responsibility for the administration and enforcement of the Safe Drinking Water Act (hereinafter "SDWA") to the San Joaquin County Environmental Health Department (hereinafter "EHD") for public water systems located in San Joaquin County. CHSC Section 116650 authorizes the EHD to issue a citation to a public water system when the EHD determines that the public water system has violated or is violating the SDWA, (CHSC,

Division 104, Part 12, Chapter 4, commencing with Section 116270), or any regulation, standard, permit, or order issued or adopted thereunder.

The EHD hereby issues this citation pursuant to Section 116650 of the CHSC to the Dan R. Costa Inc. Water System (hereinafter "Dan R. Costa Inc.") for violation of CHSC, Section 116555(a)(1) and California Code of Regulations (hereinafter "CCR"), Title 22, Section 64426.1.

APPLICABLE AUTHORITIES

CHSC 116555, in relevant part:

(a) Any person who owns a public water system shall ensure that the system does all of the following:

(1) Complies with primary and secondary drinking water standards.

(2) Will not be subject to backflow under normal operating conditions.

(3) Provides a reliable and adequate supply of pure, wholesome, healthful, and potable water.

(4) Employs or utilizes only water treatment operators that have been certified by the state board at the appropriate grade.

(5) Complies with the operator certification program established pursuant to Article 3 (commencing with Section 106875) of Chapter 4 of Part 1.

(b) Any person who owns a community water system or a nontransient noncommunity water system shall do all of the following:

(1) Employ or utilize only water distribution system operators who have been certified by the state board at the appropriate grade for positions in responsible charge of the distribution system.

(2) Place the direct supervision of the water system, including water treatment plants, water distribution systems, or both under the responsible charge of an

operator or operators holding a valid certification equal to or greater than the classification of the treatment plant and the distribution system.

CCR, Title 22, §64426.1. Total Coliform Maximum Contaminant Level (MCL), in relevant part:

(a) Results of all samples collected in a calendar month pursuant to Sections 64423, 64424, and 64425 that are not invalidated by the State Board or the laboratory shall be included in determining compliance with the total coliform MCL. Special purpose samples such as those listed in section 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 State Board by the end of the business day on which this is determined, unless the determination occurs after the State Board office is closed, in which case the supplier shall notify the State Board 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 paragraph (b)(1) or (2), pursuant to section 64463.4. A Tier 1 Public Notice shall be given for violations of paragraph (b)(3) or (4), pursuant to section 64463.1.

STATEMENT OF FACTS

The Dan R. Costa Inc. is classified as a Transient Non-Community water system serving (6) connection(s) for a population of 25+ employees and 4 residents. The EHD received laboratory results for (9) bacteriological samples collected during May, 2018 from the Dan R. Costa Inc.. All samples were analyzed for the presence of total coliform bacteria. (7) of the (9) samples analyzed were positive for total coliform bacteria. None of the total coliform positive samples showed the presence of fecal coliform or *Escherichia coli (E. coli)* bacteria.

DETERMINATION

CCR, Title 22, Section 64426.1, Total Coliform Maximum Contaminant Level (MCL) states that a public water system is in violation of the total coliform MCL if it collects fewer than 40 bacteriological samples per month and if more than one sample collected during any month is total coliform-positive.

The Dan R. Costa Inc. took fewer than 40 bacteriological samples during May, 2018. The results of (4) routine sample(s) and (3) repeat sample(s) were total coliform positive. Therefore, the EHD has determined that the Dan R. Costa Inc. violated CCR, Title 22, Section 64426.1 during May, 2018.

DIRECTIVES

The Dan R. Costa Inc. is hereby directed to take the following actions:

1. Comply with CCR, Title 22, Section 64426.1, in all future monitoring periods.

2. Pursuant to CCR, Title 22, Section 63770(b)(4), the Dan R. Costa Inc. shall utilize a certified distribution operator to disinfect and test domestic water wells. Following disinfection of the well and distribution system, the well cycle test (enclosed) must be completed.

3. On or before June 22, 2018, submit to the EHD an updated Emergency Notification Plan (enclosed). Included in the Emergency Notification Plan, an active email address for the administrative contact of the Dan R. Costa Inc. is required.

4. The Dan R. Costa Inc. was directed to repair the open well vent in ***Appendix 3: Total Coliform Investigation*** for Citation No. 01_69_18C_19. The EHD has not received any updates on the status of the well vent. Ensure the well vent is repaired and meets wells standards. Submit photographic evidence of repaired well vent to the EHD on or before June 22, 2018 to fulfill this directive.

5. The EHD has been informed that Quality Service Inc. will no longer serve as the certified distribution operator for Dan R. Costa Inc. following June 30, 2018. Submit certification for the subsequent designated certified distribution operator for the Dan R. Costa Inc. on or before July 30, 2018.

6. On or before June 22, 2018, notify all persons served by the Dan R. Costa Inc. of the violation of Section 64426.1, in conformance with

CCR, Title 22, Sections 64463.4(b)&(c) and 64465. ***Appendix 1: Notification Template*** shall be used to fulfill this directive, unless otherwise approved by the EHD. –**Completed May 30, 2018.**

7. Complete ***Appendix 2: Compliance Certification Form***. Submit it together with a copy of the public notification to the EHD on or before June 22, 2018.

8. Submit the information required by CCR, Title 22, Section 64426(b)(2) on or before June 29, 2018. ***Appendix 3: Positive Total Coliform Investigation*** may be used to fulfill this directive.

9. Pursuant to CCR, Title 22, Section 64424(d), collect and have analyzed for total coliform bacteria ***five (5) routine bacteriological samples*** on or before June 30, 2018.

10. Pursuant to CCR, Title 22, Section 64469(a), submit analytical results of all sample analyses completed in a calendar month to the EHD no later than the tenth day of the following month.

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

San Joaquin County Environmental Health Department
Small Public Water Systems Program
1868 E. Hazelton Avenue
Stockton, CA 95205

Fax: (209) 468-0333

The EHD 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 Dan R. Costa Inc. 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 Dan R. Costa Inc., its owners, shareholders, officers, directors, agents, employees, contractors, successors, and assignees.

SEVERABILITY

The directives of this Citation are severable, and the Dan R. Costa Inc. shall comply with each and every provision thereof notwithstanding the effectiveness of any provision.

FURTHER ENFORCEMENT ACTION

The California SDWA authorizes the EHD 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 EHD 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 EHD, 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 EHD. The EHD does not waive any further enforcement action by issuance of this Citation.

Kasey Foley for 6/8/18

Linda Turkatte, REHS, Director Date

San Joaquin County Environmental Health Department

Appendices (3):

1. Notification Template and Instructions
2. Compliance Certification Form
3. Positive Total Coliform Investigation Report Form

May 29, 2018

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.

Tests Showed Coliform Bacteria in the Dan Costa Water System

We routinely monitor for drinking water contaminants in the Dan Costa Water System. In the month of May, we took 9 samples to test for the presence of coliform bacteria. Seven of these samples showed the presence of total coliform bacteria. The standard is that no more than one sample per month may show the presence of coliform bacteria.

What Should You Do?

You do not need to boil your water or take other corrective actions. However, if you have specific health concerns, consult your doctor.

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.

What Does This Mean?

- This is not an emergency. If it had been, you would have been notified immediately. 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, coliform are a sign that there could be a problem with our 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 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?

Routine and Repeat samples were returned positive for total coliform. We are working to solve this issue as soon as possible.

For more information, please contact Quality Service, Inc. at 209-838-7842.

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

I (We) declare under penalty of perjury that the statements on this application are correct to my (our) knowledge and the actions taken to notify the users of this water system are in compliance with California Code of Regulations (CCR), for exceeding the Maximum Contaminant Level for Total Coliform bacteria.

This notice is being sent to you by Dan Costa State Water System ID#: 3902183

Date distributed: 5/29/18 Signature: Vanessa Bunzo

Quality Service, INC.
Water & Wastewater Operations
A General Contractor LIC # 834488
Escalon, CA 95320
Telephone: (209) 838-7842

Drinking Water Notification to Consumers
PROOF OF NOTIFICATION

Name of System: Dan Costa

Consumers Notified: ✓ **Yes** _____ **No**

Date of Notification: 5/29/18

On the date of notification set forth above, I served the above referenced document(s) to the consumers by:

_____ Sending a copy through the U.S. Mail, first class, postage prepaid, addressed to each of the resident(s) at the place where the property is situated, pursuant to the California Civil Code.

_____ Newspaper (if the problem has been corrected)

✓ Personally hand-delivering a copy to each of the consumers.

✓ Posting on a public bulletin board that will be seen by each of the consumers

_____ Other Approved Method: _____

I hereby declare the foregoing to be true and correct.

Date: 5/29/18 Vanessa Burgos

Signature of Person Serving Notice

Notice: Complete this Proof of Notification and return it, along with a copy of the notice to Quality Service, Inc.

ENVIRONMENTAL AGRICULTURAL
Analytical Chemists

Dan R. Costa Inc. Water System
1269 Spring Creek Dr.
Ripon, CA. 95366
Customer ID: 3016726

May 24, 2018
STK1836992:1-5
Preliminary Coliform Bacteria Analysis
Project Name: Water Monitoring
System Number: 3902183

PRELIMINARY

Analytical Results

ID	Sample Description	Total	Fecal	E. Coli	Units	Method	Prep	Footnote
1	HB at Propane Tank	**34.4 Present**	---	**<1.0 Absent**	MPN/100ml	SM 9223B	Quanti Tray 18	
2	HB at Propane Tank	**40.6 Present**	---	**<1.0 Absent**	MPN/100ml	SM 9223B	Quanti Tray 18	
3	Breakroom H/B	**<1.0 Absent**	---	**<1.0 Absent**	MPN/100ml	SM 9223B	Quanti Tray 18	
4	Mobile Home #12	**42.9 Present**	---	**<1.0 Absent**	MPN/100ml	SM 9223B	Quanti Tray 18	
5	Well 1	**47.8 Present**	---	**<1.0 Absent**	MPN/100ml	SM 9223B	Quanti Tray 18	

N/R Not Required MPN Most Probable Number A/P Absence/Presence SM 9223B E. Coli specific for Fecal

STK1836992-001 HB at Propane Tank - Failed
STK1836992-002 HB at Propane Tank - Failed
STK1836992-004 Mobile Home #12 - Failed
STK1836992-005 Well 1 - Failed

Sample Handling Information

ID	Sample Number	System Number	Sample Type/Reason	Sampler	Employed By	Sampled
1	STK1836992-001	3902183	System-Routine	Justin Addison	FGL Environmental	2018-05-23 09:10
2	STK1836992-002	3902183	System-Routine	Justin Addison	FGL Environmental	2018-05-23 09:12
3	STK1836992-003	3902183	System-Routine	Justin Addison	FGL Environmental	2018-05-23 09:20
4	STK1836992-004	3902183	System-Routine	Justin Addison	FGL Environmental	2018-05-23 09:30
5	STK1836992-005	3902183-001	Source-Routine	Justin Addison	FGL Environmental	2018-05-23 09:00

QA Information

ID	Sample Description	Cl Total/Free	Temp °C	Started	Finished	Contact	Contacted
1	HB at Propane Tank	---/ND	---	2018-05-23 14:50 CTH	2018-05-24 CTH	QS-Jannaine	2018-05-24 11:18
2	HB at Propane Tank	---/---	---	2018-05-23 14:50 CTH	2018-05-24 CTH	N/R	
3	Breakroom H/B	---/ND	---	2018-05-23 14:50 CTH	2018-05-24 CTH	N/R	
4	Mobile Home #12	---/ND	---	2018-05-23 14:50 CTH	2018-05-24 CTH	N/R	
5	Well 1	ND/---	---	2018-05-23 14:51 CTH	2018-05-24 CTH	N/R	

Analyses were performed using Standard Methods 20th edition. If you have any questions regarding your results, please call.

This is a Preliminary Report, the Final Report will follow in 14 days.

ENVIRONMENTAL AGRICULTURAL
Analytical Chemists

Dan R. Costa Inc. Water System
1269 Spring Creek Dr.
Ripon, CA. 95366
Customer ID: 3016726

May 29, 2018
STK1837082:1-4
Preliminary Coliform Bacteria Analysis
Project Name: Water Monitoring
System Number: 3902183

Analytical Results

ID	Sample Description	Total	Fecal	E. Coli	Units	Method	Prep	Footnote
1	HB at Propane Tank	**53.1 Present**	---	**<1.0 Absent**	MPN/100ml	SM 9223B	Quanti Tray 18	
2	Breakroom H/B	**<1.0 Absent**	---	**<1.0 Absent**	MPN/100ml	SM 9223B	Quanti Tray 18	
3	Mobile Home #12	**47.8 Present**	---	**<1.0 Absent**	MPN/100ml	SM 9223B	Quanti Tray 18	
4	Well 1	**42.9 Present**	---	**<1.0 Absent**	MPN/100ml	SM 9223B	Quanti Tray 18	

N/R Not Required MPN Most Probable Number A/P Absence/Presence SM 9223B E. Coli specific for Fecal

STK1837082-001 HB at Propane Tank - Failed
STK1837082-003 Mobile Home #12 - Failed
STK1837082-004 Well 1 - Failed

Sample Handling Information

ID	Sample Number	System Number	Sample Type/Reason	Sampler	Employed By	Sampled
1	STK1837082-001	3902183	System-Repeat	Justin Addison	FGL Environmental	2018-05-25 10:35
2	STK1837082-002	3902183	System-Repeat	Justin Addison	FGL Environmental	2018-05-25 10:40
3	STK1837082-003	3902183	System-Repeat	Justin Addison	FGL Environmental	2018-05-25 10:48
4	STK1837082-004	3902183-001	Source-Repeat	Justin Addison	FGL Environmental	2018-05-25 10:30

QA Information

ID	Sample Description	Cl Total/Free	Temp °C	Started	Finished	Contact	Contacted
1	HB at Propane Tank	---/ND	---	2018-05-25 15:09 CTH	2018-05-26 LSM	N/R	
2	Breakroom H/B	---/ND	---	2018-05-25 15:09 CTH	2018-05-26 LSM	Quality Service-kEVEN jON	2018-05-26 11:29
3	Mobile Home #12	---/ND	---	2018-05-25 15:09 CTH	2018-05-26 LSM	N/R	
4	Well 1	ND/---	---	2018-05-25 15:10 CTH	2018-05-26 LSM	N/R	

Analyses were performed using Standard Methods 20th edition. If you have any questions regarding your results, please call.

This is a Preliminary Report, the Final Report will follow in 14 days.

SAN JOAQUIN COUNTY
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PROGRAM COORDINATORS
Robert McClellon, REHS
Jeff Carruesco, REHS, RDI
Rodney Estrada, REHS
Willy Ng, REHS
Muniappa Naidu, REHS

System No. 39

WATER QUALITY EMERGENCY NOTIFICATION PLAN

Name of Water System: _____

Physical Location Address: _____

The following persons have been designated to implement the plan upon notification by the Division of Drinking Water and/or County of San Joaquin that an imminent danger to the health of the water users exists:

Water System:		**Telephone**	
Contact Name & Title	**Email Address**	**Day**	**Evening**
1.			
2.			
3.			

The implementation of the plan will be carried out with the following Division of Drinking Water and County Health personnel:

		Telephone	
	Contact Name & Title	**Day**	**Evening**
1.	San Joaquin County Environmental Health Department (EHD)	(209) 468-3420	(209) 468-3420
2.	Navjot Sahota, EHS, San Joaquin County EHD	(209) 468-3178	(209) 468-3420 ER Staff
3.	Karen Zamora, EHST, San Joaquin County EHD	(209) 468-3854	(209) 468-3420 ER Staff
4.	Bhupinder Sahota, PE, Division of Drinking Water	(209) 948-7696	(209) 608-9108

5. If the above personnel cannot be reached, contact:

Office of Emergency Services (24 Hrs.) **Ask for "State Water Resources Control Board –Division of Drinking of Water, Duty Officer"**	(800) 852-7550 or (916) 845-8911

NOTIFICATION PLAN

☐ STANDARD PLAN: Please check if you agree to notify customers by door-to-door contact or written handout sheets. It is important that the people going door-to-door are coordinated and trained so they distribute copies to the designated areas of the water system. Maps of the specific areas that the notices are to be distributed should be provided to the customers.

☐ ALTERNATE PLAN: Please check if you propose to use another method, and **attach** the alternate plan to this form.

Report prepared by:

_____ _____

Signature and Title Date

WATER SUPPLY WELL CYCLE TEST
FOR BACTERIOLOGICAL CONTAMINATION

When a water supply well is suspected to be a possible source of bacteriological contamination in a domestic water system the well must be investigated. The cycle test is an effective method of evaluating the potential for the well to produce bacteriologically contaminated water.

The following procedure is considered to be an effective test for evaluation of the well. The well should be inactive for a minimum of ½ hour or longer before the start of the test, to allow the well to return to a static condition. For best results the well should discharge to waste, or if this is not possible, the discharge should be such that the well will run continuously for the 30 minute duration of the test. Have on hand an adequate supply of sample containers and identification tags.

- Open the discharge line and turn the pump on.
- Collect bacteriological samples at approximately:

No. 1 first water out of discharge
No. 2 at 1 minute
No. 3 at 5 minutes
No. 4 at 15 minutes
No. 5 at 30 minutes

If the cycle test procedure is being done in follow-up to a previous coliform-positive sample from the well, the above samples should be analyzed by one of the methods listed below or a comparable method that would allow a determination of the density or enumeration of coliform present. If any of the cycle test samples are positive, the well should be disinfected and a follow-up cycle test performed by a method that would allow a determination of the density or enumeration of coliform present.

BACTERIOLOGICAL LABORATORY TEST PROCEDURES
Benefits and Disadvantages

Colilert Quanti-Tray test method: (Uses 100 ml sample)

Benefits:	Determines degree of contamination with a MPN result (Most Probable Number)
	Gives total coliform and E. coli results
Disadvantages:	More Expensive

Multiple Tube test method: (Uses 100 ml sample divided to ten 10 ml tubes)

Benefits:	Determines degree of contamination with a MPN result (Most Probable Number)
Disadvantages:	More expensive

NOTE: For either of the above methods, time for test completion depends upon media used.
Defined substrate medias yield faster results, 18 to 48 hours (varies with brand of media)
Fermentation media takes 48 to 96 hours for results.

Membrane Filter (Uses 100 ml sample)

Benefits:	Results in 24 hours
	Relatively inexpensive
Disadvantages:	Can be difficult to filter adequate size of sample
	Colonies of non-coliform bacteria can obscure coliform bacteria thus nullifying results and requiring re-testing.

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

This form is intended to assist Division of Drinking Water (DDW) or Local Primacy Agency (LPA) Staff in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016]. If the answer has a large box around it, it is an issue and needs to be described by LPA or DDW in the next column. Please include the question number in the description. The PWS must address each issue described in the Corrective Action column. **To avoid a violation, the water system must submit to DDW/LPA a completed assessment report no later than 30 days after the trigger date.**

PWS ID#: 3902183 PWS Name: [Dan R. Costa Inc] Circle one: CWS / NTNC / TNC

Operator in Responsible Charge (print name): Quality Service Inc. Phone: (209) 838-7842
Assessment trigger date: Date Assessment Completed: 6/26/18
SEASONAL: YES ☐ NO ☐ Reason for Assessment: TCR MCL May 2018
Person who collected TC positive samples: FGL Contact info for person who collected samples: (209) 942-0182
Name of Certified Lab conducting sample analysis: FGL

Assessment Elements	Y	N	N/A	Issue Description	Corrective Action Taken or Planned to be Taken and Date
1. Review of the sample sites	**Y**	**N**	**N/A**	**Indicate Element number being described.**	**Indicate Element number being described.**
1.1 Was the sample taken at the routine coliform site? List the name(s) of the positive sample site(s).	☒	☐	☐		
1.2 Was the tap area unsanitary at the time of sampling?	☐	☒	☐		
1.3 Was this sample taken from an outside faucet?	☒	☐	☐		
1.4 Was the sample taken from a swivel tap?	☐	☒	☐		
1.5 Did the tap have a point of use treatment device on it?	☐	☒	☐		
1.6 Does the building where the sample was taken have a point of entry device?	☐	☒	☐		
1.7 Has this location undergone any plumbing replacements or repairs?	☐	☐	☒	Unk.	
1.8 Are there any possible cross connections around the sample site (including yard hydrants and stock tanks)?	☐	☒	☐		
1.9 Is this location near a storage tank or dead end?	☐	☒	☐		
1.10 Have there been any analytical results or any additional samples collected, including source samples, which were positive (not for compliance)?	☐	☒	☐		
1.11 Prior to this incident, when was the most recent satisfactory coliform samples taken? Date:	12/13/2017				
1.12 Any other sample site issues not previously mentioned?	☐	☒	☐		

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

2.	Review of sample protocol	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
2.1	Was the positive sample(s) taken by the operator in responsible charge? Provide name of sampler.	☐	☒	☐	-FGL	
2.2	Is the sampler a regular, trained sampler?	☒	☐	☐		
2.3	Was a laboratory-provided TC sample bottle used?	☐	☐	☐		
2.4	Was the aerator removed?	☐	☐	☐		
2.5	Was the water tap flushed for at least 5 minutes?	☐	☐	☐	-FGL: lab protocol	
2.6	Was the tap disinfected or flamed?	☐	☐	☐		
2.7	Did the sample get too warm prior to being placed on ice?	☐	☐	☐		
2.8	Were there other sampler errors? Describe	☐	☒	☐		
2.9	If it is a seasonal system, were there any problems during the most recent start-up procedure?	☐	☐	☒		
2.10	Any other sample protocol issues not previously mentioned (e.g. vandalism or unauthorized access)?	☐	☒	☐		

3.	Review of the distribution system.	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
3.1	Have any mains or service lines recently been repaired, replaced or installed?	☐	☐	☒	-unknown	
3.2	Have fire hydrants or blow offs been recently flushed/used/sheared?	☐	☐	☒		
3.3	Have valves been recently exercised to direct flow?	☐	☐	☒		
3.4	Any leaks or main breaks noted?	☐	☐	☒	-unknown	
3.5	Are all of the backflow prevention devices operational and maintained?	☐	☒	☐	→ Need annual testing for backflow prevention devices. RP device is hooked up improperly between 2 hosebibs. Connect the backflow prevention device to ensure potable water is not contaminated by non-potable line.	
3.6	Was there a total loss of pressure, low pressure (<20 psi) or changes in water pressure? If yes, when?	☐	☒	☐		
3.7	Any areas of the distribution with low disinfectant levels (<0.2 mg/L)?	☐	☒	☐		
3.8	Any recent pump station failures or repairs?	☐	☒	☐		
3.9	Air relief valve leaking?	☐	☒	☐		
3.10	Standing water or debris in (air relief) valve vault?	☐	☒	☐		
3.11	Any recent power loss?	☐	☒	☐		
3.12	Any unprotected cross connections (including yard hydrants and stock tanks)?	☒	☐	☐		
3.13	Has high turbidity been detected in the distribution system?	☐	☒	☐		
3.14	Is there evidence of intentional contamination or vandalism?	☐	☒	☐		
3.15	Any other distribution issue not previously mentioned (e.g. other O&M activities that could have introduced coliforms)?	☐	☒	☐		

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4.	Review of storage tank(s) (Note the specific facility if any issues are found)	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
4.1	Is there a presence of animals or insects in the tank(s)?	☐	☐	☐	N/A	
4.2	Are there breaches or holes of any sort into tank(s)?	☐	☐	☐		
4.3	Is there any presence of animal droppings around openings, vents or overflows?	☐	☐	☐		
4.4	Is there sediment buildup and floating debris in tank(s)?	☐	☐	☐		
4.5	Have the tank(s) been cleaned within the last 5 years? If not, list when it was last cleaned.	☐	☐	☐		
4.6	Are the vents and overflows protected against entry from animals, insects or other contaminants?	☐	☐	☐		
4.7	Are the screens damaged or not properly installed?	☐	☐	☐		
4.8	Does the reservoir have a common inlet/outlet?	☐	☐	☐		
4.9	Is the overflow pipe directly connected to a tank drain, sanitary sewer or storm drain?	☐	☐	☐		
4.10	Does the hatch have a solid, water proof, shoebox type lid that is properly sealed?	☐	☐	☐		
4.11	Was the hatch locked or secured?	☐	☐	☐		
4.12	Has the tank been accidently drained?	☐	☐	☐		
4.13	Have there been high flows through the tank?	☐	☐	☐		
4.14	Was there high water age in the tank (infrequent water use)?	☐	☐	☐		
4.15	Was the sample taken when the tank was at the low level mark?	☐	☐	☐		
4.16	Failure or improper operation on tank telemetry/altitude valves/controls?	☐	☐	☐		
4.17	Any recent repairs on the tank(s)?	☐	☐	☐		
4.18	Was there any power loss?	☐	☐	☐		
4.19	Is the site secured (e.g. fencing, locked gates, etc.)?	☐	☐	☐		
4.20	Was the tank vandalized or subject to tampering?	☐	☐	☐		
4.21	Any other storage tank issues not previously mentioned above?	☐	☐	☐		
	Pressure Tanks (if applicable)	**Y**	**N**	**N/A**	**Indicate Element number being described.**	**Indicate Element number being described.**
4.22	What is the volume of the pressure tank? Attach additional sheets if needed.	-2 tanks, vol unk. →			Tanks were put in a few years ago, replacing old hydropneumatic tanks as per representative, Paul.	
4.23	What is the age of the pressure tank? Attach additional sheets if needed.	unknown →				
4.24	Does the pressure tank use a bladder and/or air compressor? Attach additional sheets if needed.	NO				
4.25	Did the pressure tank(s) deviate from normal operating pressure?	☐	☒	☐		
4.26	Is the compressor pump running more than normal?	☐	☐	☒		

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4.27	Is the tank bladder water logged?	☐	☒	☐		
4.28	Is the tank damaged, rusty, leaking or have holes?	☐	☒	☐		
4.29	Was there any recent work performed on the tank?	☐	☒	☐		
4.30	Is the air relief vent (if there one) screened and facing down?	☐	☐	☒		
4.31	Can the inside of the pressure tank be visually inspected through an inspection port? If so, when was it last inspected?	☐	☐	☒	unknown	
5.	**Review of treatment process (if applicable)**	**Y**	**N**	**N/A**	**Indicate Element number being described.**	**Indicate Element number being described.**
5.1	Has the treatment been bypassed altogether at any time or have individual processes been interrupted by power outages or other causes? If yes, provide details on when, which processes and for how long?	☐	☐	☐		
5.2	Have there been any new treatment processes added or new equipment installed?	☐	☐	☐		
5.3	Have there been any recent repairs of major unit processes or treatment equipment?	☐	☐	☐		
5.4	Have there been any changes in the operational procedures used for treating the water such as, changes in chemical dosages, flow changes, or changes in coagulant chemicals used? If yes, provide details of the change and when it occurred.	☐	☐	☐		
5.5	Has a coagulant been added at all times the plant has been filtering water?	☐	☐	☐	N/A	
5.6	Have there been changes in raw water quality?	☐	☐	☐		
5.7	Was the settled water turbidity increasing?	☐	☐	☐		
5.8	Was the finished water turbidity increasing?	☐	☐	☐		
5.9	Have filter clogging algae caused more frequent backwashing?	☐	☐	☐		
5.10	Have there been any failures in adding disinfectant for any length of time?	☐	☐	☐		
5.11	Was water delivered that did not meet CT requirements?	☐	☐	☐		
5.12	What is the entry point chlorine residual today? Free/Total?	mg/L				
5.13	Has there been any vandalism or tampering at the plant?	☐	☐	☐		
5.14	Any other treatment plant issues not previously mentioned above?	☐	☐	☐		
6.	**Sources – Well(s)** **(Note the specific facility if any issues are found)**	**Y**	**N**	**N/A**	**Indicate Element number being described.**	**Indicate Element number being described.**
6.1	Is there a 50 foot annular seal?	☐	☐	☒		
6.2	Is the surface seal defective or damaged or not water tight?	☐	☒	☐		

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6.3	Is there a casing vent?	☒	☐	☐		
6.4	Does the casing and/or air relief vent have a screen to prevent the entry of insects?	☒	☐	☐		
6.5	Does the vent and pump to waste terminate in an air gap of at least three pipe diameters above the ground?	☐	☐	☒		
6.6	How is the well used? (Circle if applicable)		Primary	Backup	Emergency	
6.7	Are there any unprotected cross connections at the wellhead?	☐	☐	☒	– cross connection: Backflow to protect source would be beneficial	
6.8	Are there any unprotected openings in the pump or pump assembly?	☐	☐	☒		
6.9	Is the pitless adapter damaged?	☐	☐	☒		
6.10	Are there any exposed holes or cracks near the wellhead? For example electric conduit.	☐	☒	☐		
6.11	Has there been any recent work performed on the pump?	☐	☒	☐		
6.12	Is the wellhead secured to prevent unauthorized access?	☒	☐	☐		
6.13	Have there been any sewer spills, source water spills or other disturbances near the well?	☐	☒	☐		
6.14	Is the wellhead at least 18-inches above grade?	☒	☐	☐		
6.15	Is there evidence of standing water near the wellhead?	☐	☒	☐		
6.16	Is the well pit in standing water or evidence of flooding?	☐	☒	☐		
6.17	Any other well issues not previously mentioned above?	☐	☒	☐	– well vent has been repaired.	
	Sources- Spring(s) **(Note the specific facility if any issues are found)**	Y	N	N/A		
6.18	Is there evidence of flooding or infiltration of surface water runoff around the spring?	☐	☐	☐		N/A
6.19	Is the spring box improperly developed or poorly maintained?	☐	☐	☐		
6.20	Is the spring site secured (e.g. locks, fence, gate, etc).	☐	☐	☐		
6.21	Are there dead animals near the spring?	☐	☐	☐		
6.22	Any other issues about springs not previously mentioned above?	☐	☐	☐		
	Sources – Surface Water	Y	N	N/A		
6.23	Have there been algae blooms?	☐	☐	☐		
6.24	Has the source water turned over?	☐	☐	☐		
6.25	Have there been any sewer spills, source water spills or other disturbances?	☐	☐	☐		
6.26	Any other source water issues not previously mentioned above?	☐	☐	☐		

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	Sources-purchased water					
6.27	Water quality issues with supplier?	☐	☐	☐		
6.28	Low disinfectant residual from supplier (typically ≤0.2 mg/L)?	☐	☐	☐		
6.29	Any other purchased water issues not previously mentioned above?	☐	☐	☐		
	Applicable to all sources					
6.30	Has an unapproved source been used?	☐	☒	☐		
6.31	Has there been a change in sources?	☐	☒	☐		
6.32	Has there been recent rapid snowmelt, heavy rainfall or flooding?	☐	☒	☐		
6.33	Any evidence of animals near the source?	☐	☒	☐		
6.34	Have there been changes in available source water (e.g. significant drop in water table, reservoir capacity)	☐	☐	☒		
6.35	Is the source water sample for ground water systems E. coli positive? This may indicate that the positive sample is originating from the source and may be a continuous source of contamination.	☐	☒	☐		
6.36	Any other source issues not previously mentioned above?	☐	☒	☐		
7.	**General Operations**				**Indicate Element number being described.**	**Indicate Element number being described.**
7.1	During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	☐	☒	☐		
7.2	What were the symptoms of illness if you received complaints about customers being sick?					
7.3	Were there any extreme weather/natural events (e.g. heat, freezing, raining, windy, fires, earthquakes etc)	☐	☒	☐		
8.	**Significant Deficiencies**				**Indicate Element number being described.**	**Indicate Element number being described.**
8.1	Are there any unaddressed significant deficiencies? This may indicate that the problem is known and is in the process of being remedied. Include approved corrective action date and status of each corrective action.	☐	☒	☐		

1. Attach additional sheets if needed.

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Additional Comments:

Unprotected cross connections are detrimental to public health. Properly hook up backflow prevention device to prevent contamination of potable water lines. Backflow prevention devices must be tested annually.

Name of SWRCB-Division of Drinking Water or LPA representative completing the form (PRINTED): NAVJOT SAHOTA

Signature: [signature] Date: 6/26/18

Water system responsible party (PRINTED):

Signature: EMAILED Date:

Reserved for Regulatory Agency (DDW / LPA) Review

	Yes	No	Comments
1. Has assessment been successfully completed?	☑	☐	
2. Likely reason for TC+ occurrence has been found.	☑	☐	
3. System has corrected the problem.	☐	☑	
4. Were all issues identified corrected?	☐	☑	
4. Corrective Action Approved?	☑	☐	- Correcting hookup of RP device; CDO for disinfection tasks