SAN JOAQUIN COUNTY
Greatness grows here.

**Environmental Health Department**

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July 13, 2018

System No. 3900505

Farmington Water Company
P.O. Box 77
Farmington, CA 95230

Water System: Farmington Water Company, 25433 E. Hwy 4, Farmington

**CITATION NO.** 01_69_18C_027
**TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION**
**FOR July, 2018**

Enclosed is a Citation issued to the Farmington Water Company (hereinafter "Farmington Water Company") public water system.

The Farmington Water Company 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,

Linda Turkatte

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

**Citation No. 01_69_18C_27**

COUNTY OF SAN JOAQUIN

ENVIRONMENTAL HEALTH DEPARTMENT

DRINKING WATER PROGRAM

**Name of Public Water System: Farmington Water Company**

**Water System No: 3900505**

**Attention**: Farmington Water Company
P.O. Box 77
Farmington, CA 95230

**Issued**: July 13, 2018

**CITATION FOR NONCOMPLIANCE**

**TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION**

**CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 64426.1**

**July, 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 Farmington Water Company Water System (hereinafter "Farmington Water Company") 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 Farmington Water Company is classified as a ***Community*** water system with a population of ***200-plus residents*** serving sixty-five ***(65)*** connection(s). The EHD received laboratory results for nine ***(9)*** bacteriological samples collected during July, 2018 from the Farmington Water Company. All samples were analyzed for the presence of total coliform bacteria. Five ***(5)*** of the nine ***(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 Farmington Water Company took fewer than 40 bacteriological samples during July, 2018. The results of ***two (2) routine & three (3) repeat samples*** were total coliform positive. Therefore, the EHD has determined that the Farmington Water Company violated CCR, Title 22, Section 64426.1 during July, 2018.

## DIRECTIVES

The Farmington Water Company is hereby directed to take the following actions:

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

2. On or before July 20, 2018, notify all persons served by the Farmington Water Company 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.

3. Complete ***Appendix 2: Compliance Certification Form***. Submit it together with a copy of the public notification to the EHD on or before July 20, 2018.

4. Submit the information required by CCR, Title 22, Section 64426(b)(2) on or before July 20, 2018. ***Appendix 3: Positive Total Coliform Investigation*** may be used to fulfill this directive.-**Completed July 6, 2018.**

5. Pursuant to CCR, Title 22, Section 64424(d), collect and have analyzed for total coliform bacteria ***five (5) routine*** bacteriological samples on or before August 31, 2018.

6. 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 Farmington Water Company 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 Farmington Water Company, its owners, shareholders, officers, directors, agents, employees, contractors, successors, and assignees.

## SEVERABILITY

The directives of this Citation are severable, and the Farmington Water Company 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.

Linda Turkatte 7-16-2018

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

## APPENDIX 1. NOTIFICATION TEMPLATE

### Instructions for Tier 2 Unresolved 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)]. Persistent total coliform problems can be serious. **Each water system required to give public notice must submit the notice to the Department for approval prior to distribution or posting, unless otherwise directed by the Department [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.

| *If You Are a…* | *You Must Notify Consumers by…* | *…**and** By One or More of the Following Methods to Reach Persons Not Likely to be Reached by the Previous Method…* |
|---|---|---|
| Community Water System [64463.4(c)(1)] | Mail or direct delivery [(a)] | Publication in a local newspaper |
| | | Posting [(b)] in 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**

*Spanish.* Each public notice must contain information in Spanish regarding (1) the importance of the notice or (2) contain a telephone number or address where Spanish-speaking residents may contact the water system to obtain a translated copy of the public notice or assistance in Spanish.

*Non-English Speaking Groups Other than Spanish-Speaking.* For each group that exceeds 1,000 residents or 10% of the residents in the community served, whichever is less, the public notice must (1) contain information in the appropriate language(s) regarding the importance of the notice or (2) contain a telephone number or address where such residents may contact the water system to obtain a translated copy of the notice or assistance in the appropriate language.

**Population Served**

## APPENDIX 1. NOTIFICATION TEMPLATE

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

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.

| **If You Take Fewer Than 40 Samples a Month** | **If You Take 40 or More Samples a Month** |
|---|---|
| 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 are taking. If you know what is causing the coliform problem, explain this in the notice. Listed below are some steps commonly taken by water systems with a total coliform violation. Use one or more of the following actions, if appropriate, or develop your own:

- "We are chlorinating and flushing the water system."
- "We are increasing sampling for coliform bacteria."
- "We are investigating the source of contamination."
- "We are repairing the wellhead seal."
- "We are repairing the storage tank."
- "We will inform you when additional samples show no 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 Department within ten days after you issue the notice [64451(d)]. You should also issue a follow-up notice in addition to meeting any repeat notice requirements the Department sets.

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.

It is a good idea to issue a "problem corrected" notice when the violation is resolved.

## APPENDIX 1. NOTIFICATION TEMPLATE

# 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.

## Farmington Water Company Water System Has Levels of Coliform Bacteria

## Above the Drinking Water Standard During July, 2018

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 are doing to correct this situation.

We routinely monitor for the presence of drinking water contaminants. We took nine ***(9)*** samples to test for the presence of coliform bacteria during July, 2018. Five ***(5)*** of those 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 I do?**

- **You do not need to boil your water or take other corrective actions.** If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing**. If we had, we would have notified you immediately. However, we are still finding coliforms in the drinking water.
- 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.

**What happened? What is being done?** We inspected the well, storage tanks and water lines, which revealed: _ _____. We will inform you when our sampling shows that no bacteria are present. We anticipate resolving the problem within _____. For more information, please contact _____ at _____ or _____

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.

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 _____. Signature: _____

Please fax completed form to: (209) 468-0333, Attn: SPWS Program.

## APPENDIX 2. COMPLIANCE TEMPLATE

**Citation Number: 01_69_18C_27**

**Name of Water System: Farmington Water Company**

**System Number: 3900505**

**Certification**

I certify that the users of the water supplied by this water system were notified of the bacteriological violation of California Code of Regulations, Title 22, Section 64426.1 for the compliance period of July, 2018 and that public notification was completed on _____.
(date completed)

_____ _____
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 EHD, SPWS PROGRAM, NO LATER THAN July 20, 2018**

**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.

Please fax completed form to: (209) 468-0333, Attn: SPWS Program

# APPENDIX 3. POSITIVE TOTAL COLIFORM INVESTIGATION

This form is intended to assist public water systems in providing the information required by California Code of Regulations, Title 22, Section 64426(b). Its use is not required and the contents may be modified. An electronic copy is available at: http://www.swrcb.ca.gov/drinking_water/certlic/drinkingwater/Lawbook.shtml

## ADMINISTRATIVE INFORMATION

| | | | |
|---|---|---|---|
| Entity Name: Farmington Water Company<br>PWSID NUMBER: 3900505 System Type: CWS | Name<br>Farmington Water Company | System Address & Email | Telephone Number<br>(209) 573-5346 |
| Operator in Responsible Charge (ORC) | Ken Campoy | | (209) 886-5346 |
| Person that collected TC samples if different than ORC | FGL | | |
| System Owner | | | |
| Certified Laboratory for Microbiological Analyses | FGL | | |
| Date Investigation Completed: 7/6/2018 | | | |
| Month(s) of Total Coliform MCL Failure: June, July 2018 | | | |

## INVESTIGATION DETAILS

| SOURCE | WELL #3 (name) | WELL #4 (name) | WELL (name) | WELL (name) | COMMENTS (attach additional pages if needed) |
|---|---|---|---|---|---|
| 1. Inspect each well head for physical defects and report | | | | | |
| a. Is raw water sample tap upstream from point of disinfection? | | Y | | | |
| b. Is wellhead vent pipe screened? | | Y | | | |
| c. Is wellhead seal watertight? | | Y | | | |
| d. Is well head located in pit or is any piping from the wellhead submerged? | | N | | | |
| e. Does the ground surface slope towards well head? | | N | | | |
| f. Is there evidence of standing water near the wellhead? | | N | | | |
| g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments) | | N | | | |
| h. Is the wellhead secured to prevent unauthorized access? | | Y | | | |
| i. To what treatment plant (name) does this well pump? | | N/A | | | |
| j. How often are raw water total coliform (TC) samples taken and analyzed? | | - | | | |
| k. Provide the date and result of the last TC test at this location | | | | | |
| 2. Inspect and review records for surface water source (if applicable) | | | | | |
| a. Have there been any events in the watershed or near the intake that might have contributed to TC+ or EC+ results? (Describe) | | N/A | | | |

Wells #3 and #4 were absent for total coliform in June 2018. Well #4 was found to be positive for total coliform bacteria in July 2018.

No major deficiencies noted at source. Pressure gauge at source with no readings.

| TREATMENT | PLANT (NAME) | PLANT (NAME) | PLANT (NAME) | PLANT (NAME) | COMMENTS |
|---|---|---|---|---|---|
| 1. If you provide continuous chlorination treatment was there any equipment failure? | | | | | |
| a. Did the distribution system maintain chlorine residual? | | | | | |
| b. Was emergency chlorination initiated? If yes, for how long? | | | | | |
| c. Did the distribution system lose chlorine residual? | | | | | |
| 2. If you **do not** provide routine chlorination, was emergency chlorination initiated? If Yes, when? | | | | | |
| 3. Inspect each point where disinfectant is added and report | | | | | |
| a. Is the disinfectant feed pump feeding disinfectant? | | | | | |
| b. What is the feed rate of disinfectant in ml/minute? | | | | | |

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| TREATMENT | PLANT (NAME) | PLANT (NAME) | PLANT (NAME) | PLANT (NAME) | COMMENTS |
|---|---|---|---|---|---|
| c. What is the concentration of the disinfectant solution being fed? (percent or mg/l of chlorine as HOCl) | | | | | |
| d. By what method was the concentration of solution determined? (ex: measured, manufacturer's literature) | | | | | |
| e. What is the age (days) of the disinfectant solution currently being used at this treatment location? | | | | | |
| f. What is the raw water flow rate at the point where disinfectant is added in gallons per minute? | | | | | |
| g. What is the **total** chlorine residual measured immediately downstream from the point of application? | | | N/A | | |
| h. What is the **free** chlorine residual measured immediately downstream from the point of application? | | | | | |
| i. What is the contact time in minutes from the point of disinfectant application to the first customer? | | | | | |

| SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings) | Routine Site TC+ or EC+ | Upstream Site | Downstream Site | Sample 4 (specify) |
|---|---|---|---|---|
| 1. What is the height of the sample tap above grade? (inches) | | | | |
| 2. Is the sample tap located in an exterior location or is it protected by an enclosure? | PROTECTED | All sample sites are identical in configuration. All sample sites are locked, and kept in good condition. No issues noted. | | |
| 3. Is the sample tap threaded, have a swing arm (kitchen sink) or an aerator (sinks)? | N | | | |
| 4. Is the sample tap in good condition, free of leaks around the stem or packing? | Y | | | |
| 5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash? | Y | | | |
| 6. Is the sample tap and areas around the sample tap clean and dry (free of animal droppings other contaminants or spray irrigation systems)? | Y | | | |
| 7 Is the area around the sample tap free of excessive vegetation or other impediments to sample collection? | Y | | | |
| 8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.). | ROUTINE PROCEDURE | | | |
| 9. Is this sample tap designated on the sampling plan submitted with this information request? | Y | | | |
| 10. What were the weather conditions at the time of the positive sample (rainy, windy, and sunny)? | UNKNOWN | | | |

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| STORAGE | TANK (name) | TANK (name) | TANK (name) | TANK (name) | COMMENTS |
|---|---|---|---|---|---|
| 1. Is each tank locked to prevent unauthorized access? | Y | | | | |
| 2. Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank? | Y | | | | |
| 3. Is the overflow on each tank screened? | Y | | | | |
| 4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.? | N | | | | |
| 5. Is the roof/cover of the tank sealed and free of any leaks? | Y | | | | |
| 6. Is the tank above ground or buried? | ABOVE | | | | |
| a. If buried or partially buried, are there provisions to direct surface water away from the site. | N/A | | | | |
| b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion? | Y | | | | |
| 8. Does the tank "float" on the distribution system or are there separate inlet and outlet lines? | N | | | | |
| 9. What is the **measured** chlorine residual (total/free) of the water exiting the storage tank **today**? | N/A | | | | |
| 10. What is the volume of the storage tank in gallons? | UNK. | | | | |
| 11. Is the tank baffled? | | | | | |
| 12. Prior to the TC+ or EC+, what was the previous date item #1-7 were checked and documented? | ↓ | | | | |

As per operator, storage tank inspected and no issues found. Flow configuration of water from source to tank, and resulting stagnant water could be an issue; however, not currently a "low-flow" season.

| DISTRIBUTION SYSTEM | SYSTEM RESPONSES |
|---|---|
| 1. What is the minimum pressure you are maintaining in the distribution system? | → Check for functionality of pressure gauge on Cla valve. |
| 2. Did pressure in the distribution system drop to less than 5 psi prior to positive bacti? | |
| 3. Has the distribution system been worked on within the last week? (taps, hydrant flushing, main breaks, mainline extensions, etc.) If yes, provide details. | Continue annual backflow testing. |
| 4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff? | |
| 5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak? | No noted repairs, pressure issues, or water outages. |
| 6. If there was a mainline leak, when was it repaired? | |
| 7. On what date was the distribution system last flushed? | |
| 8. Is there a written flushing procedure you can provide for our review? | For hydropneumatic tank: |
| 9. Do you have an active cross-connection control program? | Ensure pressure gauge is installed on tank for accurate monitoring. |
| 10. What is name & phone number of your Cross-Connection Control Program Coordinator? | |
| 11. Is the review and testing of backflow prevention devices current? | |
| 12. On what date was the last physical survey of the system done to identify cross-connections? | |

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

| GENERAL OPERATIONS: | Response |
|---|---|
| 1. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings? | N |
| 2. Were there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located. | N |
| 3. Does the system have backup power or elevated storage? | Y |
| 4. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many? | N |
| 5. What were the symptoms of illness if you received complaints about customers being sick? | NA |

No issues noted.

## ADDITIONAL INFORMATION THAT MAY BE SUBMITTED WITH RESPONSES TO THE ABOVE QUESTIONS

1. **Sketch** of System showing all sources, treatment locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
2. A set of photographs of the well, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by the Water Board
3. Name, certification level and certificate number of the Operator in Responsible Charge.
4. Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.
5. Updated source water assessment(s) (DWSAP) if there have been changes to well construction or potentially contaminating activities (PCA list) since last inspection.

**SUMMARY: BASED ON THE RESULTS OF YOUR INVESTIGATION AND ANY OTHER INFORMATION AT YOUR DISPOSAL, WHAT DO YOU BELIEVE TO BE THE CAUSE OF THE POSITIVE TOTAL COLIFORM SAMPLES FROM THE PUBLIC WATER SYSTEM?**

No major deficiences that could cause contamination noted. Ensure pressure gauge at source is functional, and as mentioned during inspection – install pressure gauge at hydropneumatic tank. Storage tank has no noted issues, but may be a part of the problem.

**CERTIFICATION: I CERTIFY UNDER PENALTY OF LAW, BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, THAT THE STATEMENTS AND INFORMATION CONTAINED IN THIS APPENDIX ARE TRUE, ACCURATE AND COMPLETE.**

**NAME:** Navjot Sahota **TITLE:** EHS **DATE:** 7/10/18

with Karen Zamora EHST and Jesse Easter EHST

Met with Ken Campoy and Les + Mary Anne Strojan on site.

Please fax completed form to: (209) 468-0333, Attn: SPWS Program