CALIFORNIA
Water Boards

EDMUND G. BROWN JR.
GOVERNOR

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SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board
Division of Drinking Water

August 17, 2018
Certified Mail/Return
7017 0190 0000 6412 8017

East Nicolaus Joint Union High School District
2454 Nicolaus Ave.
Nicolaus, CA 95659

Attention: Mary Lynch, Superintendent

RE: East Nicolaus Joint Union High School District, Public Water System No. 5100136 – Citation No. 21-18C-023 for Exceedance of the Bacteriological Maximum Contaminant Level in August 2018.

Enclosed is a citation that is hereby issued to the East Nicolaus Joint Union High School District (System). The citation is being issued because the System failed to achieve the State Total Coliform Rule (TCR) drinking water standard during August 2018. It is important that you read this citation carefully and complete all directives by the dates specified. Public notification is required.

Because the System had two or more positive total coliform results during one month in the last 12 months (last failure in May 2018), the Federal Revised Total Coliform Rule (rTCR) requires a Level 2 Assessment of the System (See Attachment D) for the month of August 2018. Valley District staff have completed this Assessment and it is important that you take special note to complete the identified deficiencies therein. A responsible party for your water system must sign this Assessment and thereby acknowledging the corrective actions, and return it to the Division within 30 days of the issuance of this citation

Any person who is aggrieved by an order or decision issued by the Division, may file a petition with the State Water Board for reconsideration of the order or decision. Petitions must be received by the State Board within 30 days of the issuance of the order or decision. The date of issuance is the date when the Division mails a copy of the order or decision. 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. See attached Applicable Authorities for relevant statutory provisions for filing a petition.

For more Information regarding filing petitions, visit the following website:
http://www.waterboards.ca.gov/drinking_water/programs/petitions/index.shtml

Note that Section 116577 of the California Safe Drinking Water Act provides for the Division to be reimbursed by the Water System for costs incurred for preparing and issuing a citation. In accordance with Section 116577, the Water System will be billed for the preparation and issuance of this citation.

If you have any questions regarding this matter, please call Paul Rowe at (530) 224-4866 or me at (530) 224-4861.

Sincerely,

R. Crenshaw

Reese B. Crenshaw, P.E.
Valley District Engineer
Drinking Water Field Operations Branch

Enclosure

cc: Sutter County Environmental Health

Citation No. 21-18C-023

STATE OF CALIFORNIA

WATER RESOURCES CONTROL BOARD

DIVISION OF DRINKING WATER

Public Water System: East Nicolaus Joint Union High School

Water System No.: 5100136

To: East Nicolaus Joint Union High School
Attn: Mary Lynch, Superintendent
2454 Nicolaus Ave.
Nicolaus, CA 95659

Issued: August 17, 2018
VIA CERTIFIED MAIL

CITATION FOR NONCOMPLIANCE

With Title 22 California Code of Regulations

Section 64426.1(b)

Section 116650 of the California Health and Safety Code (CHSC) authorizes the issuance of a citation for failure to comply with a requirement of the California Safe Drinking Water Act (CHSC, Division 104, Part 12, Chapter 4, commencing with Section 116270), or any regulation, standard, permit, or order issued thereunder. The State Water Resources Control Board (hereinafter "State Board"), acting by and through its Division of Drinking Water (hereinafter "Division") and the Deputy Director

for the Division, hereby issues a citation to East Nicolaus Joint Union High School for failure to comply with Section 64426.1(b), Title 22, of the California Code of Regulations (CCR).

APPLICABLE AUTHORITIES

See **Attachment 'A'** for a list of the applicable authorities.

STATEMENT OF FACTS

The East Nicolaus Joint Union High School, domestic water system (System) is classified as a nontransient noncommunity water system serving approximately 325 people per day. In accordance with Section 64423 of Title 22, the System is required to collect one routine bacteriological sample per month, unless there was a positive bacteriological sample the previous month. If there was a positive sample the previous month, five routine bacteriological samples are required, unless otherwise waived by the Division. On August 8, 2018, one routine sample was collected from the distribution system which indicated the presence of total coliform bacteria. On August 10, 2018, one out of four repeat samples collected from the distribution system also indicated the presence of total coliform bacteria. No sample discussed herein was positive for E. coli.

DETERMINATIONS

The Division has determined that the System violated Section 64426.1(b)(2), Title 22, of the CCR, in that more than one sample in a month contained total coliform bacteria in the distribution system. The System also triggered a Level 2 Assessment for August 2018, per the revised Total Coliform Rule (rTCR), codified in Title 40 of the Code of Federal Regulations (CFR), Section 141.859.

DIRECTIVES

The System is hereby directed to take the following actions:

1. Comply with Total Coliform Rule codified in Section 64426.1, Title 22, of the CCR in all future monitoring periods.

2. **Within 30 days** of receipt of this Citation, provide public notification in accordance with **Attachment B**, to all persons served by the System of the MCL violation as required by Section 64463.4(c) and Section 64465, Title 22, of the CCR. Notification shall be completed in accordance Section 64463.4(c)(2) specified in the attached Applicable Authorities.

3. Changes and/or modifications to **Attachment B** shall not be made unless approved by the Division.

4. Complete and return **Attachment C**, "Certification of Completion of Public Notification" form **within 10 days** of giving public notice. A copy of the notice used to provide public notification shall be attached to the form.

5. **Within 30 days** of receipt of this Citation, submit a signed copy of the Level 2 Assessment (**Attachment D**) to the Division; verifying that all deficiencies specified therein have been corrected.

6. Collect and report five (5) routine bacteriological samples in the distribution system in the month of **September 2018**.

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

Reese B. Crenshaw, P. E.
Valley District Engineer
Drinking Water Field Operations
Division of Drinking Water
State Water Resources Control Board
364 Knollcrest Drive, Suite 101
Redding, CA 96002
(530) 224-4800

Nothing in this Citation relieves the System of its obligation to meet the requirements of Health and Safety Code, Division 104, Part 12, Chapter 4 (California Safe Drinking Water Act), or any regulation, permit, standard or order issued or adopted thereunder.

The Division 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.

FURTHER ENFORCEMENT ACTION

The California SDWA authorizes the State Board to: issue citation with assessment of administrative penalties to a public water system for violation or continued violation of the requirements of the California SDWA or any permit, regulation, permit 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 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.

PARTIES BOUND

This Citation shall apply to and be binding upon the System, its officers, directors, agents, employees, contractors, successors, and assignees.

SEVERABILITY

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

R. Crenshaw 8/17/18

Reese B. Crenshaw, P.E., District Engineer
Valley District
Drinking Water Field Operations Branch

Date

Attachments:

- Attachment 'A' - Applicable Authorities
- Attachment 'B' - Public Notification Template
- Attachment 'C' - Certification of Completion
- Attachment 'D' – rTCR Level 2 Assessment Form

ATTACHMENT A

APPLICABLE AUTHORITIES

Section 116650 of the CHSC 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.

ATTACHMENT A

Section 116701 of the CHSC states in relevant part:

<u>Petitions to Orders and Decisions</u>

(a) Within 30 days of issuance of an order or decision issued by the deputy director under Article 8 (commencing with Section 116625) or Article 9 (commencing with Section 116650), an aggrieved person may petition the state board for reconsideration. Where the order or decision of the deputy director is issued after a hearing under Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, this section shall apply instead of Section 11521 of the Government Code.

(b) The petition shall include the name and address of the petitioner, a copy of the order or decision for which the petitioner seeks reconsideration, identification of the reason the petitioner alleges the issuance of the order was inappropriate or improper, the specific action the petitioner requests, and other information as the state board may prescribe. The petition shall be accompanied by a statement of points and authorities of the legal issues raised by the petition.

(c) The evidence before the state board shall consist of the record before the deputy director and any other relevant evidence that, in the judgment of the state board, should be considered to implement the policies of this chapter. The state board may, in its discretion, hold a hearing for receipt of additional evidence.

(d) The state board may refuse to reconsider the order or decision if the petition fails to raise substantial issues that are appropriate for review, may deny the petition upon a determination that the issuance of the order or decision was appropriate and proper, may set aside or modify the order or decision, or take other appropriate action. The state board's action pursuant to this subdivision shall constitute the state board's completion of its reconsideration.

(e) The state board, upon notice and hearing, if a hearing is held, may stay in whole or in part the effect of the order or decision of the deputy director.

(f) If an order of the deputy director is subject to reconsideration under this section, the filing of a petition for reconsideration is an administrative remedy that must be exhausted before filing a petition for writ of mandate under Section 116625 or 116700.

Section 64423(a)(2), Title 22, of the CCR states in relevant part:

(2) The minimum number of samples for nontransient-noncommunity water systems shall be based on the known population served as shown in Table 64423-A during those months when the system is operating. A nontransient-noncommunity water system using groundwater which serves 25-1000 persons may request from the State Board a reduction in monitoring frequency if it has not violated the requirements in this article during the past twelve months. The minimum reduced frequency shall not be less than one sample per quarter.

Table 64423-A
Minimum Number of Routine Total Coliform Samples

Monthly Population Served	*Service Connections*	*Minimum Number of Samples*
25 to 1000	15 to 400	1 per month
1,001 to 2,500	401 to 890	2 per month
2,501 to 3,300	891 to 1,180	3 per month
3,301 to 4,100	1,181 to 1,460	4 per month
4,101 to 4,900	1,461 to 1,750	5 per month
4,901 to 5,800	1,751 to 2,100	6 per month
5,801 to 6,700	2,101 to 2,400	7 per month
6,701 to 7,600	2,401 to 2,700	2 per week
7,601 to 12,900	2,701 to 4,600	3 per week
12,901 to 17,200	4,601 to 6,100	4 per week
17,201 to 21,500	6,101 to 7,700	5 per week

ATTACHMENT A

Table 64423-A

Minimum Number of Routine Total Coliform Samples

Monthly Population Served	*Service Connections*	*Minimum Number of Samples*
21,501 to 25,000	7,701 to 8,900	6 per week
25,001 to 33,000	8,901 to 11,800	8 per week
33,001 to 41,000	11,801 to 14,600	10 per week
41,001 to 50,000	14,601 to 17,900	12 per week
50,001 to 59,000	17,901 to 21,100	15 per week
59,001 to 70,000	21,101 to 25,000	18 per week
70,001 to 83,000	25,001 to 29,600	20 per week
83,001 to 96,000	29,601 to 34,300	23 per week
96,001 to 130,000	34,301 to 46,400	25 per week
130,001 to 220,000	46,401 to 78,600	30 per week
220,001 to 320,000	78,601 to 114,300	38 per week
320,001 to 450,000	114,301 to 160,700	50 per week
450,001 to 600,000	160,701 to 214,300	55 per week
600,001 to 780,000	214,301 to 278,600	60 per week
780,001 to 970,000	278,601 to 346,400	70 per week
970,001 to 1,230,000	346,401 to 439,300	75 per week
1,230,001 to 1,520,000	439,301 to 542,900	85 per week
1,520,001 to 1,850,000	542,901 to 660,700	90 per week
1,850,001 to 2,270,000	660,701 to 810,700	98 per week
2,270,001 to 3,020,000	810,701 to 1,078,600	105 per week
3,020,001 to 3,960,000	1,078,601 to 1,414,300	110 per week
3,960,001 or more	1,414,301 or more	120 per week

Section 64426.1(b), Title 22, of the CCR states in relevant part:

(b) A public water system is in violation of the total coliform maximum contaminant level (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.

Section 64463.4(c)(2), Title 22, of the CCR states in relevant part:

Unless otherwise directed by the Division in writing based on its assessment of the violation or occurrence and the potential for adverse effects on public health and welfare, noncommunity water systems shall give the public notice by:

(A) Posting in conspicuous locations throughout the areas served by the water system; and

(B) Using one or more of the following methods to reach persons not likely to be reached by a public posting:

1. *Publication in a local newspaper or newsletter distributed to customers:*
2. *E-mail message to employees or students:*
3. *Posting on the Internet or intranet: or*
4. *Direct delivery to each customer.*

Section 141.859(a)(1), Title 40 of the CFR, states in relevant part:

ATTACHMENT A

(a) Treatment technique triggers. Systems must conduct assessments in accordance with paragraph (b) of this section after exceeding treatment technique triggers in paragraphs (a)(1) and (a)(2) of this section.

(1) Level 1 treatment technique triggers.

i. For systems taking 40 or more samples per month, the system exceeds 5.0% total coliform-positive samples for the month.

ii. For systems taking fewer than 40 samples per month, the system has two or more total coliform-positive samples in the same month.

iii. The system fails to take every required repeat sample after any single total coliform-positive sample.

(2) Level 2 treatment technique triggers.

i. An E. coli MCL violation, as specified in § 141.860(a).

ii. A second Level 1 trigger as defined in paragraph (a)(1) of this section, within a rolling 12-month period, unless the State has determined a likely reason that the samples that caused the first Level 1 treatment technique trigger were total coliform-positive and has established that the system has corrected the problem.

iii. For systems with approved annual monitoring, a Level 1 trigger in two consecutive years.

(b) Requirements for assessments.

(3) Level 1 assessments. A system must conduct a Level 1 assessment consistent with State requirements if the system exceeds one of the treatment technique triggers in paragraph (a)(1) of this section.

i. The system must complete a Level 1 assessment as soon as practical after any trigger in paragraph (a)(1) of this section. In the completed assessment form, the system must describe sanitary defects detected, corrective actions completed, and a proposed timetable for any corrective actions not already completed. The assessment form may also note that no sanitary defects were identified. The system must submit the completed Level 1 assessment form to the State within 30 days after the system learns that it has exceeded a trigger.

ii. If the State reviews the completed Level 1 assessment and determines that the assessment is not sufficient (including any proposed timetable for any corrective actions not already completed), the State must consult with the system. If the State requires revisions after consultation, the system must submit a revised assessment form to the State on an agreed-upon schedule not to exceed 30 days from the date of the consultation.

iii. Upon completion and submission of the assessment form by the system, the State must determine if the system has identified a likely cause for the Level 1 trigger and, if so, establish that the system has corrected the problem, or has included a schedule acceptable to the State for correcting the problem.

(4) Level 2 assessments. A system must ensure that a Level 2 assessment consistent with State requirements is conducted if the system exceeds one of the treatment technique triggers in paragraph (a)(2) of this section. The system must comply with any expedited actions or additional actions required by the State in the case of an E. coli MCL violation.

i. The System must ensure that a Level 2 assessment is completed by the State or by a party approved by the State as soon as practical after any trigger in paragraph (a)(2) of this section. The system must submit a completed Level 2 assessment form to the State within 30 days after the system learns that it has exceeded a trigger. The assessment form must describe sanitary defects detected, corrective actions completed, and a proposed timetable for any corrective actions not already completed. The assessment form may also note that no sanitary defects were identified.

ii. The System may conduct Level 2 assessments if the system has staff or management with the certification or qualifications specified by the State unless otherwise directed by the State.

iii. If the State reviews the completed Level 2 assessment and determines that the assessment is not sufficient (including any proposed timetable for any corrective actions not already completed), the State must consult with the system. If the State requires revisions after consultation, the system must

submit a revised assessment form to the State on an agreed-upon schedule not to exceed 30 days.

iv. *Upon completion and submission of the assessment form by the system, the State must determine if the system has identified a likely cause for the Level 2 trigger and determine whether the system has corrected the problem, or has included a schedule acceptable to the State for correcting the problem.*

ATTACHMENT B

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.

The East Nicolaus Joint Union High School water system did not meet Bacteriological Drinking Water Standards in August 2018

Our water system violated the bacteriological drinking water standard for August 2018. As our consumers, 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. Two out of five water samples collected in August of 2018, indicated the presence of total coliform bacteria. The standard is that no more than one (1) sample per month may have the presence of total coliform.

What should I do?

- **You do not need to boil your water or take other corrective actions.** This is not an emergency, if it had been, you would have been notified immediately.
- Usually, coliforms are a sign that there could be a problem with the well or distribution system (pipes). Whenever we test for total coliform bacteria in any sample, we also test to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find E. Coli bacteria in our 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 is being done?

We are not sure what caused the positive coliform detections.

In response to the positive total coliform detections mentioned above, we disinfected the well and distribution system on August 17, 2018 and will be taking follow up samples near the end of the week of August 20, 2018.

For more information, please contact Mark McMurry @ 530-656-2255

State Water System ID#: 5100136

ATTACHMENT C

CERTIFICATION OF COMPLETION OF PUBLIC NOTIFICATION

This form, when completed and returned to the Division of Drinking Water (364 Knollcrest Drive, Suite 101, Redding, CA 96002 or fax to 530-224-4844), serves as certification that public notification to water users was completed as required by the California Water Quality and Monitoring Regulations. Completing public notification and providing the Division with certification is important. Failure to do so will result in additional hourly time charges to your water utility and may result in a formal enforcement action with monetary penalties.

Public Water System Name East Nicolaus Joint Union High School

Public Water System No. 5100136

Public notification for the July 2018 bacteriological failure was performed by the following required methods:

- Posting in conspicuous locations throughout the area served by the water system:
  List locations:_____

AND

- Use of one or more of the following methods to reach persons not likely to be reached by posting in conspicuous places during the summer (Check all that apply):

_____ Posting on the school's Internet site.

_____ Email or hand delivery to faculty and students or parents.

I hereby certify that the above information is factual.

_____
Printed Name

_____
Signature

_____
Date

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

ATTACHMENT D

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# 5100136 PWS Name: East Nicolaus Joint Union High School Circle one: CWS / **NTNC** / TNC

Operator in Responsible Charge (print name): Mark McMurry
Phone:530-656-2255
Assessment trigger date: 8-10-2018
Date Assessment Completed: 8-16-2018
SEASONAL: YES ☐ NO ☒
Reason for Assessment: L2 required
Person who collected TC positive samples: Cranmer – Greg Land
Contact info for person who collected samples: 530-518-5866
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).	☒	☐	☐	1.1 Office H/B is routine sample 1.2 The sample points had vacuum breakers on them.	1.2 Remove vacuum breakers
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?	☐	☐	☐		
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:					
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.	☐	☐	☐	2.2 Greg Land – Cranmer 2.5 / 2.6 - it is assumed that the sample points were properly flushed and disinfected.	2.5 / 2.6 – Continue to ensure that samples are properly disinfected and flushed before taking a sample.
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?	☒	☐	☐		
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?	☐	☒	☐		
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?	☐	☐	☒		
3.5	Are all of the backflow prevention devices operational and maintained?	☒	☐	☐		
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)?	☐	☒	☐		

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

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)?	☐	☐	☐		
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.					
4.23	What is the age of the pressure tank? Attach additional sheets if needed.					
4.24	Does the pressure tank use a bladder and/or air compressor? Attach additional sheets if needed.					
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?	☐	☐	☐		
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?	☐	☐	☐		
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?		☐		☐	☐
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?	☐	☒	☐		
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?	☐	☒	☐		
	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?	☐	☐	☐		
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	Y	N	N/A		
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	**Y**	**N**	**N/A**		
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:
There is a possibility that the ongoing problem with total coliform positive detections are due to vacuum breakers being installed on the sample points, which are hose bibs.
The Division highly recommends installing designated ¼ inch copper sample taps in order to avoid possible contamination from threaded hose bibs.

Name of SWRCB-Division of Drinking Water or LPA representative completing the form (PRINTED): Paul J. Rowe, P.E.

Signature: Paul Rowe **Date:** 8-16-2018

Water system responsible party (PRINTED): Mark McMurry

Signature: **Date:**

Reserved for Regulatory Agency (DDW / LPA) Review

	Yes	No	Comments
1. Has assessment been successfully completed?	☒	☐	
2. Likely reason for EC+ occurrence has been found.	☐	☐	n/a
3. System has corrected the problem.	☐	☐	
4. Were all issues identified corrected?	☐	☐	
4. Corrective Action Approved?	☐	☐	