Santa Ana Regional Water Quality Control Board

PUBLIC NOTICE

Notice of Regional Board Member
Tour of the Orange County Water District
GWRS Recycled Water Facility

Orange County Water District
18700 Ward Street
Fountain Valley, CA 92708

DATE: July 22, 2022
TIME: 11:15 a.m.

Members of the Santa Ana Regional Water Quality Control Board (Santa Ana Water Board) will take an informational tour of the Orange County Water District Groundwater Replenishment System (GWRS) Recycled Water Facility. The tour will depart from Orange County Water District at approximately 11:15 a.m. and is scheduled to last for 1 hour. A quorum of the Santa Ana Water Board may be present on the tour; however, no voting or formal action will take place, but the Board may observe and ask questions. The tour includes walking, climbing stairs, and standing for periods up to 45 minutes. The GWRS is an operational advanced water treatment plant and an active construction area. Closed toe shoes are required; high heels are not permitted. Pants/jeans/slacks are recommended, and skirts/shorts are discouraged.

The public is invited to participate; however, you will need to sign up in advance for safety reasons. To sign up for the tour, please contact Kira Erquiaga at kerquiaga@ocwd.com by July 18, 2022. Please contact Jessica Baenre at 951-782-3285 if you need any further information.

All visitors are required to fill out a OCWD Covid-Visitor Form. Visitors will need to complete this form on the day of the event and drop it off at the OCWD guard shack. The OCWD Covid-Visitors form has been included and can be found on page 2 of this Public Notice. Please complete the form in advance before arriving or you can request the Covid-Visitors Form from the guard before entering.

Kristine Murray, chair | Jayne Joy, executive officer

3737 Main Street, Suite 500, Riverside, CA 92501-3348 | www.waterboards.ca.gov/santaana
COVID-19 VISITOR FORM

THIS FORM MUST BE COMPLETED ON THE DATE OF THE VISIT

Print Name: __________________________ Company: ________________________

1. Are you experiencing or have experienced in the last 10 days Covid-19 symptoms (fever > 100.4 °F; difficulty breathing; loss of taste/smell; fatigue/muscle or body ache; new onset cough; nausea/vomiting/diarrhea; sore throat; headache, congestion/runny nose)?
   Yes ☐ No ☐

2. Have you recently been in contact with anyone who tested positive for the Covid-19 or who exhibits Covid-19 symptoms?
   Yes ☐ No ☐

3. It is your responsibility to inform OCWD if you test positive for Covid-19 or experience any COVID-19 like symptoms.

Signature: __________________________ Date: __________________________