Citation No. 03-23-13C-044

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

IN RE: **DRIFTWOOD MOBILE HOME PARK**
Water System No. 1000258

TO: Mr. James A. Petersen
Driftwood Mobile Home Park
4723 Galicia Way
Oceanside, CA 92056

CITATION FOR NONCOMPLIANCE
TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION
September and October 2013

TOTAL COLIFORM MONITORING AND REPORTING
Second Quarter of 2013

Issued on October 22, 2013

Section 116650, Chapter 4, Part 12, Division 104 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, or any regulation, standard, permit, or order issued hereunder.

VIOLATION

The Drinking Water Field Operations Branch of the California Department of Public Health (hereinafter 'Department') hereby issues a Citation to Driftwood Mobile Home Park (hereinafter 'Water System'), for failure to comply with Section 116555(a)(1) of the CHSC

and Section 64426.1(b)(2) of Title 22, California Code of Regulations (CCR). Specifically, the Water System (mailing address: 4723 Galicia Way, Oceanside, CA 92056) failed to comply with the total coliform Maximum Contaminant Level (MCL) for the months of September and October 2013.

The Water System operates under a domestic water supply permit issued by the County of Fresno (hereinafter County) in April of 1996. Driftwood Mobile Home Park is a transient non-community water system serving a population of approximately twenty-five (25) transient persons. The Department's records show that the operating season for the Water System is year round. The Department has taken on the task of tracking compliance as of September 1, 2007, since the County relinquished regulatory authority for public drinking water systems.

Section 64426.1(b)(2) specifies that a public water system collecting fewer than 40 samples per month is in violation of the total coliform MCL when more than one sample collected during any month is total coliform-positive.

The Water System is required to collect a minimum of one (1) distribution system bacteriological sample per quarter. The bacteriological water analysis results submitted by the Water System reported the presence of total coliform bacteria in four (4) of six (6) samples collected by the Water System during September 2013. Additionally, bacteriological water analysis results submitted by the Water System reported the presence of total coliform bacteria in two (2) of six (6) samples collected by the Water System during October 2013. None of the positive samples showed the presence of fecal coliform or *E. coli* bacteria.

The following table summarizes the bacteriological monitoring conducted during the months of September and October of 2013.

Collection Date	Number of Samples	Sample Type	Number TC positive	Number E. Coli positive
9/16/13	1	Routine	1	0
9/24/13	1	Repeat	1	0
9/25/13	4	Repeat	2 (inc. well)	0
10/9/13	4	Repeat	0	0
10/16/13	2	Repeat	2 (inc. well)	0

Due to the above-mentioned total coliform positive samples, the Water System failed the total coliform MCL for the months of September and October 2013. All water samples for coliform bacteria collected 2011, 2012 and 2013 are summarized in Attachment A.

The source of the contamination appears to be the well. It has tested positive for total coliform bacteria in two of three samples collected during September and October of 2013.

Water System staff was in contact with Department staff and, under guidance, collected six samples during October 2013.

The federal Groundwater Rule requires the collection of a sample for bacteriological evaluation from wells serving the system in response to a coliform positive distribution sample. This requirement was met with each round of repeat sampling conducted in September and October 2013.

ASSOCIATED VIOLATIONS

Section 116555(a)(1) and (3) of the CHSC,

Section 11655(a)(1) and (3) of the CHSC specifies "Any person who owns a public water system shall ensure that the system does all of the following:

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

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

Compliance with primary and secondary drinking water standards is determined from water quality monitoring conducted in accordance with regulatory requirements.

A. BACTERIOLOGICAL MONITORING AND REPORTING

Section 64423.(a)(3) specifies that the minimum number of routine bacteriological samples for transient non-community water systems that use groundwater and serve 1,000 or fewer persons a month, shall be one bacteriological sample in each calendar quarter during those periods that the system is in operation or provides water to the public.

Based on a reported population of about twenty five persons, the Water System is required to collect and report a minimum of one (1) bacteriological water quality sample each quarter. All water samples for coliform bacteria collected during 2011, 2012 and 2013 are summarized in Attachment A.

The Department has not received any bacteriological monitoring results for samples collected during the second quarter of 2013.

NOTIFICATION REQUIREMENTS

Section 64426.1(c) requires a public water system to notify the Department and the consumers of the water system, when a violation of Section 64426.1(b)(1) through (4) occurs. Notification to the Department shall be by the end of the business day on which the violation has been determined. If the Department is closed, notification shall be within 24 hours of the determination. The Department was notified of the positive repeat sampling on September 27, 2013 in accordance with the above-referenced section.

A Tier 2 Public Notice for violation of paragraph 64426.1(b)(2) shall be given pursuant to Section 64463.4 and 64465. The Tier 2 Public Notice shall include the mandatory health effects language from Appendix 64465-A for a total coliform MCL failure.

The Water System shall either mail or conduct direct delivery of the public notice to all consumers served within the general service area. Section 116450(g) requires that upon receipt of notification from a public water system, 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 their tenants and business property owners, managers or operators must notify employees of businesses located on the property. These secondary notification requirements are included in the public notice.

Proof of notification is required.

DIRECTIVES

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

1. By **October 31, 2013**, the Driftwood Mobile Home Park water system shall provide public notification of the total coliform Maximum Contaminant Level failure by posting the notice provided as Attachment B in conspicuous locations throughout the area served by the water system. The Water System is additionally required to use one or more of the following notification methods in order to reach persons not likely to be reached by a public posting: publication in a local newspaper or newsletter distributed to customers, e-mailing the public notice to water system customers, post the public notice on the internet, or by delivery to each customer.

2. By **November 15, 2013**, the Water System shall provide proof of public notification of the total coliform MCL violation by completing Attachment C and returning it to:

   Betsy S. Lichti, Senior Sanitary Engineer
   Department of Public Health
   Drinking Water Field Operations Branch
   265 W. Bullard Avenue, Suite 101
   Fresno, CA 93704

3. **By October 31, 2013**, the Water System shall enlist the services of a certified distribution operator to conduct a one-time thorough disinfection of the well, storage tank and distribution system per guidelines established by the American Water Works Association. The recommended dosage should provide a residual of 5 mg/L throughout the storage tank and distribution. The appropriate dosages are provided in Attachment D.

4. By **November 15, 2013**, the Water System shall complete and submit the enclosed "Positive Total Coliform Investigation" form to the Department that describes the incident and all corrective actions taken, and the results of the investigation. The appropriate investigation report is provided as Attachment E.

CIVIL PENALTIES

Sections 116650(d) and 116650(e) of the CHSC allow for the assessment of a civil penalty for failure to comply with requirements of the California Safe Drinking Water Act. Failure to comply with any provision of this Citation may result in the Department imposing an administrative penalty of not less than $100 (one hundred dollars) per day as of the date of violation of any provision of this Citation.

October 22, 2013
Date

Betsy S. Lichti, P.E.
Senior Sanitary Engineer, Fresno District
DRINKING WATER FIELD OPERATIONS BRANCH

BSL/el

Attachments:
Attachment A: Summary of Bacteriological Samples collected during 2011, 2012 and 2013
Attachment B: Public Notice
Attachment C: Proof of Notification Form
Attachment D: Chorine Dosage Chart
Attachment E: Positive Total Coliform Investigation

Bacteriological Distribution Monitoring Report

1000258 Driftwood Mobile Home Park — *Distribution System Freq: 1/Q*

Sample Date	*Time*	*Location*	*T Coli*	*E Coli*	*F Coli*	*Type*	*Cl2*	*Violation*	*Comment*
1/10/2011	9:35	Site #1	A	A		Repeat			
1/10/2011	9:40	Site #2	A	A		Repeat			
1/10/2011	9:45	Site #3	A	A		Repeat			
1/27/2011	9:00	32303 Trimmer Springs, Sanger - Site 1	A	A		Routine			
1/27/2011	9:05	32303 Trimmer Springs, Site 2	A	A		Routine			
1/27/2011	9:10	Site 3	A	A		Routine			
1/27/2011	9:15	32303 Trimmer Springs, Sanger - Site 4	A	A		Routine			
6/27/2011	8:30	Site #1	A			Routine			
9/19/2011	9:00	Site #1	A	A		Routine			
12/19/2011	13:25	Site 1	A		A	Routine			
3/8/2012	10:30	#1 Laundry	A			Routine			
6/19/2012	9:00	#7	A			Routine			
9/4/2012	6:40	Laundry	P	A		Routine			
9/10/2012	8:35	Laundry	A	A		Repeat			
9/10/2012	8:40	Site 7	A	A		Repeat			
9/10/2012	8:44	29	A	A		Repeat			
9/10/2012	8:50	well	A	A		Source Repeat			
10/1/2012		No Sample						MR4	*12/28/12 Issued 03-23-12E-*
12/10/2012	11:30	#9	A			Routine			
2/11/2013	10:00	#10	A			Routine			
6/30/2013		No Sample						MR2	
9/16/2013	14:00	Laundry	P	A		Routine			
9/24/2013	12:55	Patio Faucet	2.2	<1.1		Repeat		MCL	
9/25/2013	13:00	Well	P	A		Source Repeat			
9/25/2013	13:10	Original Laundry	P	A		Repeat			
9/25/2013	13:20	Upstream Laundry	A	A		Repeat			
9/25/2013	13:30	Downstream Laundry	A	A		Repeat			
10/9/2013	15:15	Well	A	A		Source Repeat			
10/9/2013	15:20	Storage Tank	A	A		Repeat			
10/9/2013	15:25	Space #29	A	A		Repeat			
10/9/2013	15:30	Space #4	A	A		Repeat			
10/16/2013	13:45	Well	P	A		Source Repeat		MCL	
10/16/2013	13:50	Storage Tank	P	A		Repeat			

Violation Key

MCL	Exceeds the maximum contaminant level
MR1	No monthly sample for the report month
MR2	No quarterly sample for the report month
MR3	Incorrect number of routine samples for the report month
MR4	Did not collect 5 routine samples for previous month's positive sample
MR5	Incorrect number of repeat samples as follow-up to a positive sample
MR6	No source sample
MR7	No summary report submitted
MR8	Other comments and/or info
MR9	Cl2 not reported

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.

Driftwood Mobile Home Park Has Levels of Coliform Bacteria Above the Drinking Water Standard

Our water system recently failed a drinking water standard. Although this incident was not an emergency, as our customers, you have a right to know what you should do, what happened and what we did to correct this situation.

We routinely monitor for drinking water contaminants. We took six samples to test for the presence of coliform bacteria during September 2013. Four of these samples showed the presence of total coliform bacteria. Additionally, we took six samples to test for the presence of coliform bacteria during October 2013. Two 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.**
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. C*oliforms 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.**
- 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.
- 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?

[Describe corrective action]._____
_____.

For more information, please contact _____[name of contact] at _____[phone number] or _____[mailing address].

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.

Secondary Notification Requirements

Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- SCHOOLS: Must notify school employees, students, and parents (if the students are minors).
- RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS (including nursing homes and care facilities): Must notify tenants.
- BUSINESS PROPERTY OWNERS, MANAGERS, OR OPERATORS: Must notify employees of businesses located on the property.

This notice is being sent to you by Driftwood Mobile Home Park Date distributed: _____.

ATTACHMENT C

PROOF OF NOTIFICATION
(Return with copy of notice)

As required by Section 116450 of the California Health and Safety Code, I notified all users of water supplied by the **Driftwood Mobile Home Park** of the failure to meet the **total coliform bacteria MCL** for the months of **September and October 2013** as directed by the Department.

Notification was made on _____ by
(date)

_____ **mailed** and/or **hand delivered** and/or **posted** written notice.
(*circle all that apply*)

_____
Signature of Water System Representative

_____
Date

DISCLOSURE: Be advised that Section 116725 and 116730 of the California Health and Safety Code state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the attached order may be liable for a civil penalty not to exceed five thousand dollars ($5,000) for separate violation for each day that violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than $25,000 for each day of violation, or be imprisoned in the county jail not to exceed one year, or by both the fine and imprisonment.

Due: October 31, 2013
Total Coliform MCL Failure: September 2013
System Number: 1000258
Citation No.: 03-23-13C-044

Southern California Drinking Water Field Operations Branch
265 W. Bullard Avenue, Suite 101, Fresno, CA 93704
(559) 447-3300; Fax (559) 447-3304
Internet Address: http://www.dhs.ca.gov/ps/ddwem/

APPENDIX A

Chemical Requirements for 50-mg/L Chlorine Solution

This appendix is for information only and is not a part of AWWA C654.

Table A.1 Chlorine compound required to dose 100 ft of water-filled well at 50 mg/L

Well-Hole or Well-Casing Diameter *in.*	Volume per 100 ft of Water Depth *gal*	Amount of Chemical Compound		
		Calcium Hypochlorite* (65-percent available Cl_2)	Sodium Hypochlorite† (12 trade percent§)	Liquid Chlorine‡ (100-percent available Cl_2) *lb*
4	65.28	0.7 oz	3.5 fl oz	0.03
6	146.9	1.5 oz	7.8 fl oz	0.06
8	261.1	2.7 oz	13.9 fl oz	0.11
10	408.0	4.2 oz	1.4 pt	0.17
12	587.5	6.0 oz	2.0 pt	0.25
16	1,044.0	10.7 oz	3.5 pt	0.44
20	1,632.0	1 lb 1 oz	0.7 gal	0.68
24	2,350.0	1 lb 8 oz	1.0 gal	0.98
30	3,672.0	2 lb 6 oz	1.5 gal	1.53
36	5,287.0	3 lb 6 oz	2.2 gal	2.21
48	9,400.0	6 lb 1 oz	3.9 gal	3.92
60	14,690.0	9 lb 7 oz	6.1 gal	6.13

NOTE: See Table A.2 for metric conversions.

* Quantities of Ca $(OCl)_2$ based on 65 percent available chlorine by dry weight (16 oz = 1 lb).

† Quantities of NaOCl based on 12-trade-percent available chlorine by US liquid measure (1 gal = 4 qt = 8 pt = 128 fl oz).

‡ Quantities of Cl_2 based on 100-percent available chlorine by weight.

§ Trade percent is a term used by chlorine manufacturers; trade percent × 10 = grams of available chlorine in 1 L of solution.

Table A.2 Metric conversion factors

US Customary Unit	Conversion Factor	Metric Equivalent
inch (in.)	× 25.4	millimetre (mm)
feet (ft)	× 0.3048	metre (m)
US gallon (gal)	× 3.7854	litre (L)
US quart (qt)	× 0.9463	litre (L)
fluid ounce (fl oz)	× 0.02957	litre (L)
avoirdupois ounce (avdp oz)	× 0.02835	kilogram (kg)
avoirdupois pound (avdp lb)	× 0.45359	kilogram (kg)

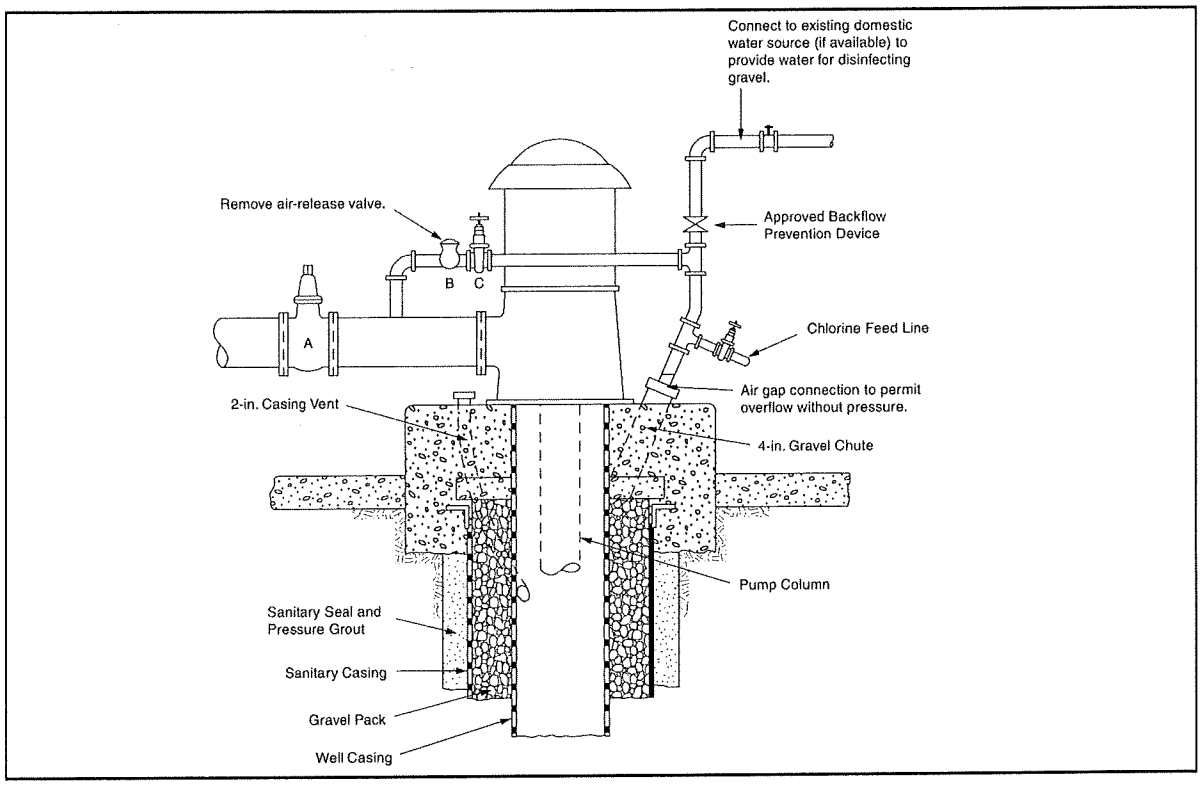

Figure A.1 Gravel-pack chlorination

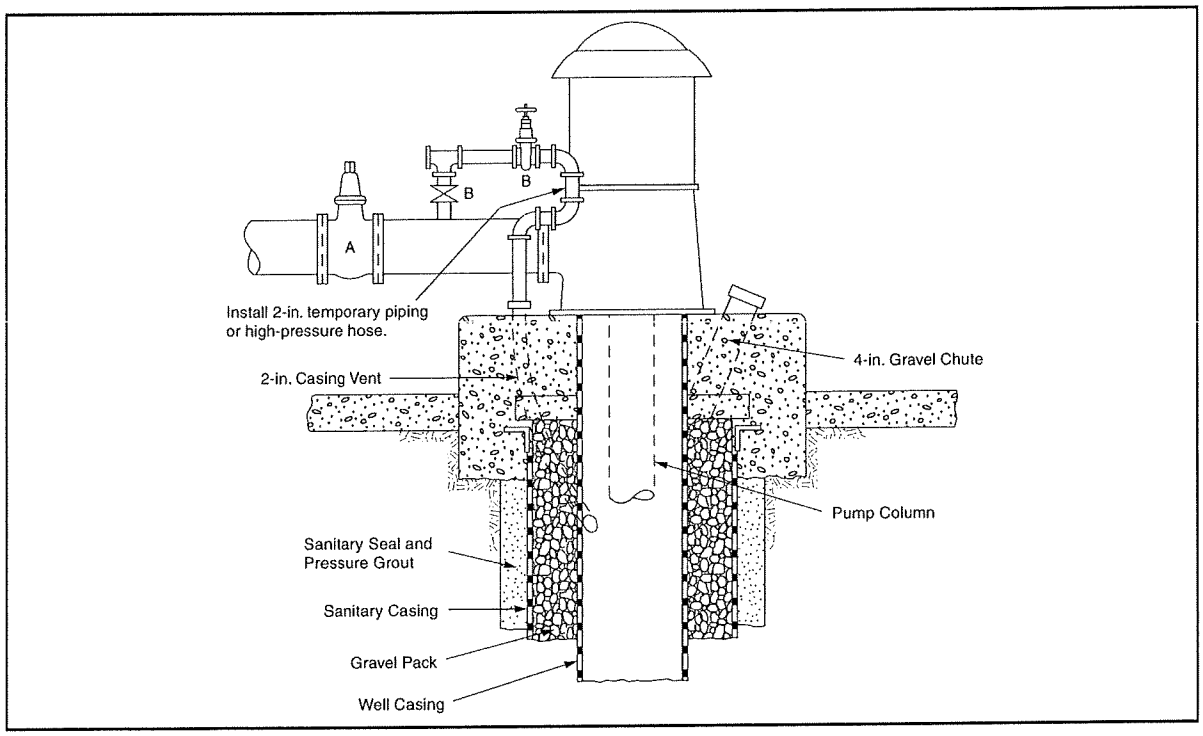

Figure A.2 Circulating chlorinated water inside well casing

APPENDIX B

Chlorine Dosages

This appendix is for information only and is not a part of AWWA C652.

Table B.1 Amounts of chemicals required to give various chlorine concentrations in 100,000 gal (378.5 m^3) of water*

Desired Chlorine Concentration in Water	Chlorine Required		Sodium Hypochlorite Required						Calcium Hydrochlorite Required	
			5 Percent Available Chlorine		10 Percent Available Chlorine		15 Percent Available Chlorine		65 Percent Available Chlorine	
mg/L	*lb*	*(kg)*	*gal*	*(L)*	*gal*	*(L)*	*gal*	*(L)*	*lb*	*(kg)*
2	1.7	(0.8)	3.9	(14.7)	2.0	(7.6)	1.3	(4.9)	2.6	(1.1)
10	8.3	(3.8)	19.4	(73.4)	9.9	(37.5)	6.7	(25.4)	12.8	(5.8)
50	42.0	(19.1)	97.0	(367.2)	49.6	(187.8)	33.4	(126.4)	64.0	(29.0)

*Amounts of sodium hypochlorite are based on concentrations of available chlorine by volume. For either sodium hypochlorite or calcium hypochlorite, extended or improper storage of chemicals may cause a loss of available chlorine.

Table B.2 Amounts of chemicals required to give various chlorine concentrations in 200 mg/L in various volumes of water*

Volume of Water		Chlorine Required		Sodium Hypochlorite Required						Calcium Hydrochlorite Required	
				5 Percent Available Chlorine		10 Percent Available Chlorine		15 Percent Available Chlorine		65 Percent Available Chlorine	
gal	*(L)*	*lb*	*(kg)*	*gal*	*(L)*	*gal*	*(L)*	*gal*	*(L)*	*lb*	*(kg)*
10	(37.9)	0.02	(9.1)	0.04	(0.15)	0.02	(0.08)	0.02	(0.08)	0.03	(13.6)
50	(189.3)	0.1	(45.4)	0.2	(0.76)	0.1	(0.38)	0.07	(0.26)	0.15	(68.0)
100	(378.5)	0.2	(90.7)	0.4	(1.51)	0.2	(0.76)	0.15	(0.57)	0.3	(136.1)
200	(757.1)	0.4	(181.4)	0.8	(3.03)	0.4	(1.51)	0.3	(1.14)	0.6	(272.2)

*Amounts of sodium hypochlorite are based on concentrations of available chlorine by volume. For either sodium hypochlorite or calcium hypochlorite, extended or improper storage of chemicals may cause a loss of available chlorine.

POSITIVE TOTAL COLIFORM INVESTIGATION

Attachment E

Simple Well with Pressure Tank Systems

This form is intended to assist public water systems in completing the investigation required by the California Department of Public Health (Section 64426(b) of Title 22, California Code of Regulations) and may be modified to take into account conditions unique to the system.

ADMINISTRATIVE INFORMATION

PWS Name:		**PWS ID NUMBER:**	
	Name	**Address**	**Telephone #**
Operator in Responsible Charge (ORC)			
Person that collected TC samples if different than ORC			
Owner			
Certified Laboratory for Microbiological Analyses			
Date Investigation Completed:			
Month(s) of Total Coliform MCL Failure:			

INVESTIGATION DETAILS

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS
1. Inspect each well head for physical defects and report					
a. Is raw water sample tap upstream from point of disinfection?					
b. Is wellhead vent pipe screened?					
c. Is wellhead seal watertight?					
d. Is well head located in pit or is any piping from the wellhead submerged?					
e. Does the ground surface slope towards well head?					
f. Is there evidence of standing water near the wellhead?					
g. Is there a check valve on the well discharge line? Is the check valve seating properly?					
h. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)					
i. Is the wellhead secured to prevent unauthorized access?					
j. To what treatment plant (name) does this well pump?					
k. How often do you take a raw water total coliform (TC) test?					
l. Provide the date and result of the last TC test at this location					

POSITIVE TOTAL COLIFORM INVESTIGATION

Attachment E

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the TCR positive finding.	
3. Has the distribution system been worked on within the last week? (service taps, hydrant flushing, main breaks, main extensions, etc.) If yes, provide details.	
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?	
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?	
9 Do you have an active cross connection control program?	
10. What is name and 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?	

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 **ext**erior location or is it protected by an **enc**losure?				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?				
4. Is the sample tap in good condition, free of leaks around the stem or packing?				
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?				
6. Is the sample tap and area around the sample tap clean and dry (free of animal droppings. other contaminants or spray irrigation systems)				
7 Is the area around the sample tap free of excessive vegetation or other impediments to sample collection				
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)				
9. Is this sample tap designated on the sampling plan submitted with this information request?				
10. What were weather conditions at the time of positive sample (rainy, windy, sunny)?				

POSITIVE TOTAL COLIFORM INVESTIGATION

Attachment E

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?	
2. Where there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located.	
3. Does the system have backup power or elevated storage?	
4. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	
5. What were the symptoms of illness if you received complaints about customers being sick?	

ADDITIONAL INFORMATION TO 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 our Department
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.

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 YOUR PUBLIC WATER SYSTEM?

CERTIFICATION: I CERTIFY THAT THE INFORMATION SUBMITTED IN RESPONSE TO THE QUESTIONS ABOVE IS ACCURATE TO THE BEST OF MY PROFESSIONAL KNOWLEDGE

NAME:_____ **TITLE:**_____ **DATE:** _____