

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27

**STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH**

IN RE: Hemlock Mutual Water Company
12066 Celine Street
El Monte CA 91732

TO: Mr. Robert McClung, President
Hemlock Mutual Water Company

CITATION FOR NONCOMPLIANCE - WATER SYSTEM NO. 1910053

CITATION NO. 04-22-13C-001

Issued on January 15, 2013

Section 116650 of Chapter 4, Part 12, Division 104 of the California Health and Safety Code (H&S Code) 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 thereunder.

The Division of Drinking Water and Environmental Management of the California Department of Public Health (hereinafter, Department) hereby issues a citation to the Hemlock Mutual Water Company (hereinafter, Company) (mailing address: 12066 Celine Street, El Monte, CA 91732) for failure to comply with Sections 64421 and 64424 (d) of Title 22, California Code of Regulations and Directives 1, 2 and 4 of Citation No. 04-22-12C-053.



1 **APPLICABLE AUTHORITIES**
2

3 Section 116650 of H&S Code provides:
4

5 116650. Citations
6

- 7 (a) *If the Department determines that a public water system is in violation of this*
8 *chapter or any regulation, permit, standard, citation, or order issued or adopted*
9 *thereunder, the Department may issue a citation to the public water system. The*
10 *citation shall be served upon the public water system personally or by certified*
11 *mail. Service shall be deemed effective as of the date of personal service or the*
12 *date of receipt of the certified mail. If a person to whom a citation is directed*
13 *refuses to accept delivery of the certified mail, the date of service shall be*
14 *deemed to be the date of mailing.*
- 15
- 16 (b) *Each citation shall be in writing and shall describe the nature of the violation or*
17 *violations, including a reference to the statutory provision, standard, order,*
18 *citation, permit, or regulation alleged to have been violated.*
- 19
- 20 (c) *A citation may specify a date for elimination or correction of the condition*
21 *constituting the violation.*
- 22
- 23 (d) *A citation may include the assessment of a penalty as specified in subdivision*
24 *(e).*
- 25
- 26 (e) *The Department may assess a penalty in an amount not to exceed one thousand*
27 *dollars (\$1,000) per day for each day that a violation occurred, and for each day*



1 that a violation continues to occur. A separate penalty may be assessed for each
2 violation.

3
4 Title 22, California Code of Regulations, Article 3 Primary Standard – Bacteriological
5 Quality, Section 64421 (a), Section 64422, and Section 64424 (d) provide:

6
7 Section 64421. General Requirements.

8
9 (a) Each water supplier shall:

- 10 (1) Develop a routine sample siting plan as required in Section 64422;
- 11 (2) Collect routine, repeat and replacement samples as required in Sections
12 64423, 64424, and 64425;
- 13 (3) Have all samples analyzed by laboratories approved to perform those analyses
14 by the Department and report results as required in Section 64423.1;
- 15 (4) Notify the Department when there is an increase in coliform bacteria in
16 bacteriological samples as required in Section 64426; and
- 17 (5) Comply with the Maximum Contaminant Level as required in Section 64426.1.

18
19 Section 64422. Routine Sample Siting Plan.

20
21 (a) By September 1, 1992, each water supplier shall develop and submit to the
22 Department a siting plan for the routine collection of samples for total coliform
23 analysis, subject to the following:

- 24 (1) The sample sites chosen shall be representative of water throughout the
25 distribution system including all pressure zones, and areas supplied by each
26 water source and distribution reservoir.



1 (2) The water supplier may rotate sampling among the sample sites if the total
2 number of sites needed to comply with (a)(1) above exceeds the number of
3 samples required according to Table 64423-A. The rotation plan shall be
4 described in the sample siting plan.
5

6 (b) If personnel other than certified operators will be performing field tests and/or
7 collecting samples, the sample siting plan shall include a declaration that such
8 personnel have been trained, pursuant to Section 64415 (b).
9

10 (c) The supplier shall submit an updated plan to the Department at least once every
11 ten years and at any time the plan no longer ensures representative monitoring of
12 the system.
13

14 64424. Repeat Sampling
15

16 (d) If a public water system for which fewer than five routine samples/month are
17 collected has one or more total coliform-positive samples, the water supplier shall
18 collect at least five routine samples the following month. If the supplier stops
19 supplying water during the month after the total coliform-positive(s), at least five
20 samples shall be collected during the first month the system resumes operation. A
21 water supplier may request the Department waive the requirement to collect at
22 least five routine samples the following month, but a waiver will not be granted
23 solely on basis that all repeat samples are total coliform-negative. To request a
24 waiver, one of the following conditions shall be met:
25
26
27



1 (1) The Department conducts a site visit before the end of the next month the
2 system provides water to the public to determine whether additional monitoring
3 and/or corrective action is necessary to protect public health.

4 (2) The Department determines why the sample was total coliform-positive and
5 establishes that the system has corrected the problem or will correct the
6 problem before the end of the next month the system serves water to the
7 public. If a waiver is granted, a system shall collect at least one routine sample
8 before the end of the next month it serves water to the public and use it to
9 determine compliance with Section 64426.1.

10
11 Directives 1, 2 and 4 of Citation 04-22-12C-053 issued to the Company on October
12 23, 2012 provide:

13
14 Directive 1

15
16 The Company shall conduct a detailed investigation of the cause of the total coliform
17 MCL violation in October 2012 and submit the investigation report to the Department
18 by **November 30, 2012**. The report shall be prepared in accordance with the
19 requirements of Section 64426 (b)(2), Title 22, California Code of Regulations. The
20 report shall also document any corrective actives taken to minimize future total
21 coliform MCL failure.

22
23 Directive 2

24
25 The Company shall institute internal control mechanism(s) to ensure all compliance
26 samples are collected in a timely manner. **By November 30, 2012**, the Company shall

27



1 develop a plan to improve its water quality monitoring program and submit the plan to
2 the Department.

3
4 Directive 4

5
6 Under the Public Notification Rule, the total coliform MCL violation is a Tier 2 Violation.
7 By **November 4, 2012**, the Company shall complete the notification of persons served
8 by the Company of the October 2012 total coliform MCL violation. A template for the
9 Tier 2 total coliform MCL failure public notice is attached (Attachment 2). The content
10 of the notice shall be approved by the Department prior to issuance. A copy of the
11 notification shall be submitted to the Department within **10 days of issuance**, along
12 with the enclosed proof of notification form.

13
14 **STATEMENT OF FACTS**

15
16 Background

17
18 The Company's water system is a community water system located approximately 15
19 miles east of Los Angeles. It serves approximately 985 persons through 180 metered
20 and 16 unmetered service connections in the City of El Monte, Los Angeles County. A
21 copy of the service area map is attached (Attachment 1).

22
23 The Company operates the water system under the authority of Domestic Water
24 Supply Permit No. 87-053 issued by the Department (previously the Department of
25 Health Services) on December 7, 1987.



1 The Company's water system consists of two active wells, two hydropneumatic tanks,
2 two granular activated carbon (GAC) vessels and one 7,000-gallon storage tank in a
3 single pressure-zone distribution system. Water produced from the two active wells
4 (North Well and South Well) discharges into the hydropneumatic tanks. It then flows
5 through the GAC vessels. There are no carbons in these vessels currently. After
6 flowing through the empty GAC vessels, water is then fed into the distribution system.
7 Hypochlorite solution is injected into the effluent of the GAC vessels to provide
8 precautionary chlorination. The 7,000-gallon storage tank, previously a backwash
9 water holding tank for the GAC treatment facility, is not in service.

10
11 The Company's Coliform Sample Siting Plan (CSSP) dated September 2008, which
12 has the Department's approval, specifies the collection of one routine sample every
13 Tuesday, rotating among five routine sample sites. All repeat sample locations for
14 each routine sample site are listed in the approved CSSP. The Company contracts the
15 Clinical Laboratory of San Bernardino, Inc. (Clinical Laboratory) for coliform bacteria
16 analyses. The Company also measures chlorine residuals at the same time while
17 collecting the routine bacteriological sample from the distribution system. Because the
18 Company does not collect at least five samples each month, in the 2008 CSSP, the
19 Company indicates it will collect five routine samples in the month following a month
20 that one or more samples are positive for total coliform (Attachment 2).

21
22 The Company does not provide 4-log virus inactivation treatment for its groundwater
23 wells. The Company submitted a Ground Water Rule (GWR) Amendment to CSSP
24 dated September 29, 2009 to the Department. On October 12, 2009, the Department
25 sent a letter to the Company, approving Section G of the Amendment, the GWR
26 Triggered Source Water Monitoring Plan. The plan describes each routine sample
27 location and the sources which may influence it. The plan states that if a sample



1 collected at a routine sample location is positive for coliform bacteria, North Well and
2 South Well, if in operation during the time the routine sample was collected, will be
3 sampled for *E. coli* within 24 hours.
4

5 **Summary of Events**
6

7 Tuesday, October 23, 2012

8 The Department issued Citation No. 04-22-12C-053 (Citation) to the Company for the
9 total coliform MCL violation and Ground Water Rule triggered source monitoring
10 violation, and failure to comply with the requirements of Section 64426 - Significant
11 Rise in Bacterial Count of Title 22, California Code of Regulations in October 2012.
12

13 Wednesday, October 24, 2012

14 The Department sent the Citation via certified mail to Mr. Robert McClung, the
15 President of the Company.
16

17 Monday, November 5, 2012

18 Directive 4 of the Citation 04-22-12C-053 directed the Company to complete the
19 notification of persons served by the Company of the October 2012 total coliform MCL
20 violation by November 4, 2012. Mr. Kun Cheng, P.E, an Associate Sanitary Engineer
21 with the Department contacted Mr. Mark Smith, the Company's contracted operator
22 and Mrs. Estella Becerra by phone and e-mail, to inform them the Department had yet
23 to receive the Company's Tier 2 total coliform MCL failure public notice. The content
24 of the notice should have been approved by the Department prior to issuance.
25
26
27



1 Mrs. Becerra indicated during a phone conversation that Mr. McClung had not
2 received the Citation. Mr. Cheng provided a copy of the Citation and the certified mail
3 receipt to Mrs. Becerra via e-mail (Attachment 3).
4

5 Thursday, November 15, 2012

6 The Department received a copy of Certification of Notification for Total Coliform MCL
7 Violation from Mrs. Becerra via fax at 8:49 pm, indicating the Tier 2 total coliform MCL
8 failure public notice had been mailed out by the Company on the same date
9 (Attachment 4).
10

11 Friday, November 30, 2012

12 November 30, 2012 was the deadline for the Company to submit the investigation
13 report for the 2012 total coliform MCL violation and a water quality monitoring program
14 improvement plan required by Directives 1 and 2 of Citation 04-22-12C-053. Up-to-
15 date, the Department has not received the investigation report and improvement plan.
16

17 Wednesday, December 5, 2012

18 The Department received the Company's November 2012 Monthly Summary of
19 Distribution System Coliform Monitoring and the laboratory reports via e-mail from Mr.
20 Smith.
21

22 Even though one routine and three repeat samples collected in October 2012 tested
23 positive for total coliform (Attachment 5), the November 2012 monthly report
24 (Attachment 6) showed that the Company had only collected four total coliform
25 samples from the distribution system, instead of five samples specified in the
26 Company's 2008 CSSP.
27



1 **DETERMINATIONS**
2

3 The Department has determined that the Company is in violation of Sections 64421
4 and 64424 (d), of Title 22, California Code of Regulations due to: 1) the Company
5 does not collect at least five samples each month and the Company's 2008 CSSP
6 specifies the collection of five routine samples in the month following a month that one
7 or more samples are positive for total coliform; 2) one routine and three repeat
8 samples collected by the Company during the month of October 2012 were positive
9 for total coliform and negative for *E. coli.*, and 3) the Company only collected four
10 routine samples in November 2012.
11

12 In addition, the Department has determined that the Company is in violation of
13 Directives 1, 2 and 4 of Citation No. 04-22-12C-053. Directive 1 directs the Company
14 to conduct a detailed investigation of the cause of the total coliform MCL violation in
15 October 2012 and submit the investigation report to the Department by November 30,
16 2012. The Company has yet to submit the detailed investigation report. Directive 2
17 directs the Company to institute internal control mechanism(s) to ensure all
18 compliance samples are collected in a timely manner and develop a plan to improve
19 its water quality monitoring program. The deadline for the Company to submit the plan
20 to the Department was November 30, 2012. The Department has yet to receive such a
21 plan from the Company. Directive 4 directs the Company to complete the notification
22 of persons served by the Company of the October 2012 total coliform MCL violation by
23 November 4, 2012. The Company delivered the public notice by mail on November
24 15, 2012.
25
26
27



The following table enumerates the violations by the Company:

Violation/ Section of Title 22, California Code of Regulations or Directive of a Citation	Violation Dates
Less than five routine samples in November 2012/ Sections 64421 and 64424 (d) of Title 22	November 1 to November 30, 2012
Did not submit an investigation report for October 2012 Total Coliform MCL failure by November 30, 2012/ Directive 1 of Citation 04-22-12C-053	December 1, 2012 to present
Did not submit a water quality monitoring program improvement plan by November 30, 2012/Directive 2 of Citation 04-22-12C-053	December 1, 2012 to present
Did not complete Tier 2 Public Notification for the October 2012 Total Coliform MCL Violation by November 4, 2012/ Directive 4 of Citation 04-22-12C-053	November 5, 2012 to November 14

PENALTIES PURSUANT TO HEALTH AND SAFETY CODE SECTION 116650

Department hereby assesses Hemlock a civil penalty in the amount of \$500 (five hundred and sixty dollars) (the "Penalty") for non-compliance with Directives 1, 2, and 4 of Citation No. 04-22-12C-053. The Department calculated the amount of the Penalty based on the seriousness, number, and type of the violations. Specifically, the violations with the investigation report and water quality monitoring program improvement plan submittal deadlines were assessed together, at \$10.00 per day (up



1 to December 25, 2012) for the total amount of \$250. The Tier 2 public notification
2 violation was assessed \$25.00 per day for the total amount of \$250.

3
4 **DIRECTIVES**

5
6 The Company is hereby directed to take the following actions:

- 7
- 8 1. The Company shall submit a detailed investigation report of the cause of the total
9 coliform MCL violation in October 2012 to the Department by **February 28, 2013**.
10 The report shall be prepared in accordance with the requirements of Section
11 64426 (b) (2), Title 22, California Code of Regulations. The report shall also
12 document any corrective actions taken to minimize future total coliform MCL
13 failure.
 - 14
 - 15 2. By **February 28, 2013**, the Company shall submit to the Department the
16 Company's water quality monitoring program improvement plan. The plan shall
17 clearly identify the role and responsibility of all personnel involved in water quality
18 monitoring and compliance tracking duty and the internal control mechanism
19 ensuring all compliance samples are collected in a timely manner.
 - 20
 - 21 3. The Company shall comply with Directives 3 and 5 of Citation No. 04-22-12C-053.
 - 22
 - 23 4. The Company shall pay the Penalty of \$500 **within 30 days of receipt of this**
24 **Citation**. Payment shall be made by check made payable to California
25 Department of Public Health Safe Drinking Water Account with the number of the
26 Citation written on the check.
 - 27



1 The Department reserves the right to make modifications to this Citation, as it may
2 deem necessary to protect public health and safety. Such modifications may be
3 issued as amendments to this Citation and shall be effective upon issuance.
4

5 Nothing in this Citation relieves the Company of its obligation to meet the
6 requirements of H&S Code, Division 104, Part 12, Chapter 4 (California Safe Drinking
7 Water Act), or any regulation, permit, standard or order issued or adopted thereunder.
8

9 All submittals required by this Citation, excluding payment of the penalty, shall be
10 submitted to the Department at the following address:
11

12 Shu-Fang Orr, P.E.
13 District Engineer, Angeles District
14 Drinking Water Field Operations Branch
15 500 N. Central Avenue, Suite 500
16 Glendale, CA 91203
17

18 Payment of the penalty shall be submitted to:
19

20 Department of Public Health
21 Drinking Water Program
22 Fee Billing Unit
23 Attn: Perin L. Peebles
24 P.O. Box 997379, MS 7406
25 Sacramento, CA 95899-7379
26
27



1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27

PARTIES BOUND

This Citation shall apply to and be binding upon the Company, its general manager, board members, employees, contractors, and assignees.

SEVERABILITY

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

FURTHER ENFORCEMENT ACTION

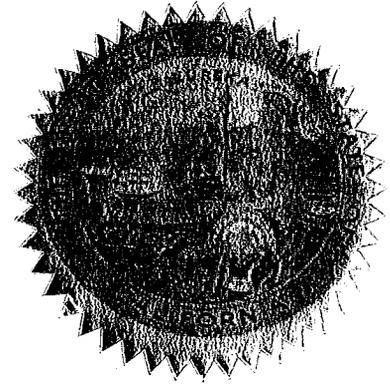
Division 104, Part 12, Chapter 4, (commencing with Section 116270) of the H&S Code authorizes the Department to issue additional citations with assessment of penalties if the Company continues to fail to correct a violation identified in a citation; take action to suspend or revoke a permit that has been issued to a public water system if the system has violated applicable law or regulations or has failed to comply with orders of the Department; and petition the superior court to take various enforcement measures against a public water system that has failed to comply with orders of the Department. The Department does not waive any further enforcement action by issuance of this citation.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27

1/15/2013
Date

Kurt Souza
Kurt Souza, P.E.

Section Chief
Southern California Section



BY CERTIFIED MAIL NO. 7008 3230 0001 6331 2195

Attachments (6):

1. Service Area Map
2. Hemlock Mutual Water Company Approved Coliform Sample Siting Plan (September 2008)
3. E-mail to the Company dated November 5, 2012
4. Public Notification Certification
5. October 2012 Monthly Summary of Distribution System Coliform Monitoring and Laboratory Reports
6. November 2012 Monthly Summary of Distribution System Coliform Monitoring and Laboratory Reports

cc: Mr. Don Flora, Vice President
Hemlock Mutual Water Company
12066 Celine Street
El Monte, CA 91732

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27

Mrs. Blanca Estella Becerra, Secretary
Hemlock Mutual Water Company
11828 Hemlock Street
El Monte, CA 91732

Mr. Fernando Avila, Board Member
Hemlock Mutual Water Company
5220 Cogswell Road
El Monte, CA 91732

Mr. Jose Becerra, Board Member
Hemlock Mutual Water Company
11828 Hemlock Street
El Monte, CA 91732

Mr. Omar Ramirez, Board Member
Hemlock Mutual Water Company
11828 Hemlock Street
El Monte, CA 91732



1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27

bcc: 1910053 – Enforcement File
1910053 – Correspondence File
District
Region
Reading
Cindy Forbes
Leah Walker
Kun Cheng - SDWIS

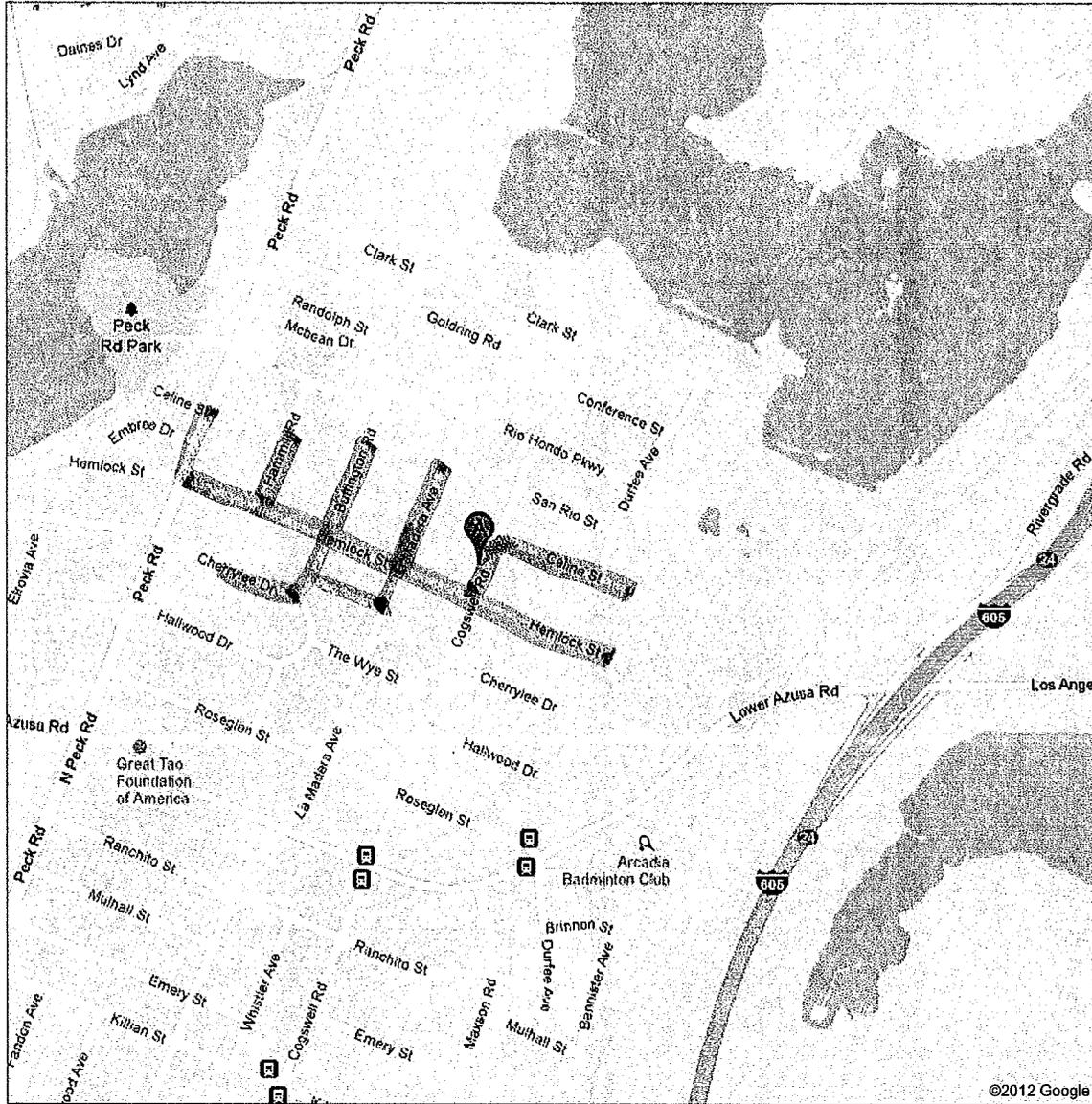


Service Area Map



Address 5221 Cogswell Rd
El Monte, CA 91732

Get Google Maps on your phone
Text the word "GMAPS" to 466453

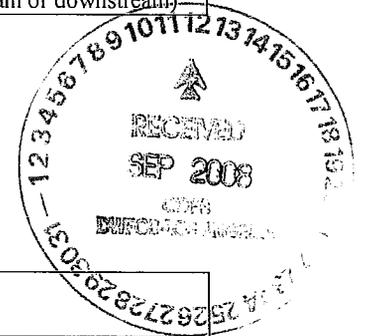
**Hemlock Mutual Water Company Approved Coliform Sample
Siting Plan
(September 2008)**

* Routine Sample Site No. 2:	Sampling Station #2 – (5221 Cogswell Road) _____
Routine and repeat sample locations <u>cannot</u> include water sources (i.e. Wells), storage tanks, pressure tanks, fire hydrants, blow-offs or the entry point to the distribution system. See "Guidelines" for more information regarding unacceptable sampling sites.	
If this routine sample contains coliform bacteria, the water system must collect a set of repeat samples within 24 hours of being notified of the result. (If your routine sampling frequency is equal to or less than one sample per month, the repeat sample set must consist of 4 samples. If your routine sampling frequency is greater than one sample per month, the repeat sample set need only consist of 3 samples.)	
Repeat Sample Set No. 2:	
Repeat sample site No. 1:	Sampling Station #2 – (5221 Cogswell Road) _____ (Collect one sample at the original routine sample site)
Repeat sample site No. 2:	5253 Cogswell Road (upstream) _____ (Collect one sample within five connections upstream)
Repeat sample site No. 3:	11939 Hemlock Road (downstream) _____ (Collect one sample within five connections downstream)
Repeat sample site No. 4:	_____ (Collect one additional sample within five connections upstream or downstream)

* Routine Sample Site No. 3:	Sampling Station #3 – (11804 Hemlock Road) _____
Routine and repeat sample locations <u>cannot</u> include water sources (i.e. Wells), storage tanks, pressure tanks, fire hydrants, blow-offs or the entry point to the distribution system. See "Guidelines" for more information regarding unacceptable sampling sites.	
If this routine sample contains coliform bacteria, the water system must collect a set of repeat samples within 24 hours of being notified of the result. (If your routine sampling frequency is equal to or less than one sample per month, the repeat sample set must consist of 4 samples. If your routine sampling frequency is greater than one sample per month, the repeat sample set need only consist of 3 samples.)	
Repeat Sample Set No. 3:	
Repeat sample site No. 1:	Sampling Station #3 – (11804 Hemlock Road) _____ (Collect one sample at the original routine sample site)
Repeat sample site No. 2:	5142 Bluffington Rd (upstream) _____ (Collect one sample within five connections upstream)
Repeat sample site No. 3:	11828 Hemlock Road (downstream) _____ (Collect one sample within five connections downstream)
Repeat sample site No. 4:	_____ (Collect one additional sample within five connections upstream or downstream)



* Routine Sample Site No. 4:	Sampling Tap #4 – (5202 Peck Road)
<p>Routine and repeat sample locations <u>cannot</u> include water sources (i.e. Wells), storage tanks, pressure tanks, fire hydrants, blow-offs or the entry point to the distribution system. See "Guidelines" for more information regarding unacceptable sampling sites.</p> <p>If this routine sample contains coliform bacteria, the water system must collect a set of repeat samples within 24 hours of being notified of the result. (If your routine sampling frequency is equal to or less than one sample per month, the repeat sample set must consist of 4 samples. If your routine sampling frequency is greater than one sample per month, the repeat sample set need only consist of 3 samples.)</p>	
Repeat Sample Set No. 4:	
Repeat sample site No. 1:	Sampling Tap #4 – (5202 Peck Road) <hr/> <small>(Collect one sample at the original routine sample site)</small>
Repeat sample site No. 2:	5224 Peck Road (upstream) <hr/> <small>(Collect one sample within five connections upstream)</small>
Repeat sample site No. 3:	5204 Hammill Road (downstream) <hr/> <small>(Collect one sample within five connections downstream)</small>
Repeat sample site No. 4:	<hr/> <small>(Collect one additional sample within five connections upstream or downstream)</small>



* Routine Sample Site No. 5:	Sampling #5 – (11828 Hemlock)
<p>Routine and repeat sample locations <u>cannot</u> include water sources (i.e. Wells), storage tanks, pressure tanks, fire hydrants, blow-offs or the entry point to the distribution system. See "Guidelines" for more information regarding unacceptable sampling sites.</p> <p>If this routine sample contains coliform bacteria, the water system must collect a set of repeat samples within 24 hours of being notified of the result. (If your routine sampling frequency is equal to or less than one sample per month, the repeat sample set must consist of 4 samples. If your routine sampling frequency is greater than one sample per month, the repeat sample set need only consist of 3 samples.)</p>	
Repeat Sample Set No. 5:	
Repeat sample site No. 1:	Sampling #5 – (11828 Hemlock) <hr/> <small>(Collect one sample at the original routine sample site)</small>
Repeat sample site No. 2:	11816 Hemlock (upstream) <hr/> <small>(Collect one sample within five connections upstream)</small>
Repeat sample site No. 3:	11836 Hemlock (downstream) <hr/> <small>(Collect one sample within five connections downstream)</small>
Repeat sample site No. 4:	<hr/> <small>(Collect one additional sample within five connections upstream or downstream)</small>

IV. Five Routine Samples required During The Month Following A Positive Sample

If one or more samples are positive for total coliform in a month, the water system is required to collect five routine samples during the following month. These five samples can be collected over the course of the month or all on the same day. Please list the locations from which these extra samples would be collected:

- 1. #1 (12066 Celine Street)
- 2. Sampling Station #2 (5221 Cogswell Rd)
- 3. Sampling Station #3 (11804 Hemlock Rd)
- 4. Sampling Tap #4 (5202 Peck Road)
- 5. Sampling Tap #5 11628 Hemlock

V. System Map or System Schematic

Please attach a system distribution map showing the location of all routine and repeat sample sites and the entry point of water into the distribution system.

VI. Coliform Monitoring of Disinfected Wells

Bacteriological monitoring of raw water source/s with disinfection is intended to detect a degradation of the groundwater quality that would otherwise be masked by the chlorination treatment. The water system shall initiate a minimum of at least **quarterly** raw water monitoring for coliform bacteria from each well with disinfection treatment. Should a well sample show positive for coliform bacteria, please contact the LA office Angeles District for follow-up procedures.

- Raw Water Sample Sites – North Well (1910053-001)
South Well (1910053-002)



Proposal: Bacteriological monitoring of raw water source/s with and without disinfection treatment will be monitored monthly by Hemlock Mutual Water Company. Hemlock Mutual Water Company will attach this data with the monthly bacteriological report to the Department before the 10th of each month.

The results should be labeled as "other" or "special" and will not be counted toward the monthly compliance with the Total Coliform Rule for distribution monitoring.

VII. Personnel and Laboratory Notification

Trained Sampler: Mark Smith
 (Sample collection must be performed by a person trained in sample collection. Provide name of sampler.)

Certified Laboratory: Clinical Laboratory of San Bernardino, Inc.
 (Provide name, phone number and address of the certified lab doing your water analysis. Arrangement made for weekend and holiday analysis if needed.)

State Lab Code: 1088
 Mailing Address: P.O Box 329 San Bernardino, Ca 92404
 Phone No.: (909)825-7693
 Fax: (909)825-7696

Notification: Laboratory must notify persons designated below within 24 hours whenever a sample is found to contain coliform bacteria. (Listed personnel shall contact the Department as per item "VII. Notification to the Department")

1. Mark Smith	(818)371-7502	
(Name)	(Daytime Phone #)	(Evening Phone #)
<hr/>		
2.		
(Name)	(Daytime Phone #)	(Evening Phone #)

VIII. Notification of the Department

The water system must notify the State Department of Health Services, Drinking Water Program LA office Angeles District within 24 hours of a violation of the total coliform standard (more than 1 positive in a month) or when any sampling is fecal or E. coli positive.

Shu-Fang Orr DHS Angeles District Engineer work: (213)580-5702
Kun Cheng DHS Sanitary Engineer work: (213)580-3187

Department of Public Health, DWFOB- LA Office (213)580-5723 (Day/Night-Leave Message)

IV. Monthly Coliform Summary Report

Person responsible for signing the report:

Name: _____ Title _____
Signature of System Representative: _____

KEEP A COPY OF THIS FORM FOR YOUR REFERENCE AND USE

Additional Information: When responding to a laboratory report of bacterial contamination, keep in mind the following:

1. Coliform bacteria should not be present in drinking water and the presence of coliform indicates a potentially serious problem. Appropriate investigation should be performed immediately.
2. Check water system components such as water sources, filtration and/or chlorination equipment and storage tanks for indications of unusual conditions or problems.
3. Correct problems immediately, do not wait for results of follow-up to take actions.



E-mail to the Company Dated November 5, 2012

Cheng, Kun (CDPH-DDWEM)

From: Cheng, Kun (CDPH-DDWEM)
Sent: Monday, November 05, 2012 2:53 PM
To: bestellaq@sbcglobal.net
Cc: Mark Smith (metcatcher@yahoo.com); mvsmith@mwdh2o.com
Subject: Citation October 2012 and Tier 2 Notice
Attachments: Citation 04-22-12C-053.pdf; PROOF OF NOTIFICATION TCR 2012 Oct.doc; Tier 2 Resolved TCR Notice.doc

Estella,

Per your request I have scanned a copy of the Citation recently issued to Hemlock Mutual Water Company. I have also provide you a copy of our certified mail receipt to show you that we mail it out on October 24, 2012. However, we have yet to receive the return receipt from Bob.

What needs to be fill out is the Tier 2 Public Notification form (Tier 2 Resolved Notice.doc). Hemlock has violated the same regulation many times in the past, Mr. Smith should be very experienced in filling out the Tier 2 Public Notification form. Please have it fill out and submit it for our approval before you can mail it out to your customer. By the way Hemlock had already past the due date to deliver the public notice to its customers.

Kun

Kun Cheng
Associate Sanitary Engineer
Angeles District
California Department of Public Health
Drinking Water Field Operations Branch
500 North Central Avenue, Suite 500
Glendale, CA 91203

Direct: (818) 551-2019
General: (818) 551-2004
Fax: (818) 551-2054

Public Notification Certification

PROOF OF NOTIFICATION

Name of Water System: Hemlock Mutual Water Company
System Number: 1910053

Certification of Notification for Total Coliform MCL Violation

As required by *California Code of Regulations*, Title 22, Section 64463.4, I notified the users of the water supplied by Hemlock Mutual Water Company of the violation of Section 64426.1, Title 22, *California Code of Regulations*. I complied with the requirement to conduct public notification as indicated below:

<u>Required Action (indicate all that were used)</u>	<u>Date Completed</u>
Public Notification – Hand Delivery	
Public Notification - Mail Delivery	11/15/12
Public Notification – Continuous Posting	
Public Notification - Consumer Confidence Report	
Public Notification - Other method Specify other method used:	



 Signature of Water System Representative

 Date

ATTACH A COPY OF THE NOTICE USED.

THIS FORM MUST BE COMPLETED AND RETURNED TO THE DEPARTMENT

**October 2012 Monthly Summary of Distribution System Coliform
Monitoring and Laboratory Reports**

MONTHLY SUMMARY OF DISTRIBUTION SYSTEM COLIFORM MONITORING

(including triggered source monitoring for systems subject to the Groundwater Rule)

System Name HEMLOCK MUTUAL WATER COMPANY	System Number 1910053
Sampling Period OCTOBER	Year 2012

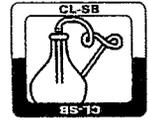
	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/ E.coli Positives
1. Routine Samples (see note 1)	5	5	1	0
2. Repeat Samples following Samples that are Total Coliform Positive and Fecal/E.coli <i>Negative</i> (see notes 5 and 6)		6	3	0
3. Repeat Samples following Routine Samples that are Total Coliform <i>Positive</i> and Fecal/E.coli Positive (see notes 5 and 6)		0	0	0
4. MCL Computation for Total Coliform Positive Samples				
a. Totals (sum of columns)		11	4	
b. If 40 or more samples collected in month, determine percent of samples that are total coliform positive [(total number positive/total number collected) x 100] =	NA	%		
c. Is system in compliance...with fecal/E. coli MCL? (see notes 2 and 3)	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	
...with monthly MCL? (see note 4)	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
5. Source Samples Triggered by Routine Samples that are Total Coliform Positive (This applies only to systems subject to the Groundwater Rule - see notes 7 and 8)		2	0	0
6. Invalidated Samples (Note what samples, if any, were invalidated; who authorized the invalidation; and when replacement samples were collected. Attach additional sheets, if necessary.)				
7. Summary Completed By:				

Signature 	Title	Date 11/15/12 #####
---------------	-------	----------------------------------

NOTES AND INSTRUCTIONS:

1. Routine samples include:
 - a. Samples required pursuant to 22 CCR Section 64423 and any additional samples required by an approved routine sample siting plan established pursuant to 22 CCR Section 64422.
 - b. Extra samples are required for systems collecting less than five routine samples per month that had one or more total coliform positives in previous month;
 - c. Extra samples for systems with high source water turbidities that are using surface water or groundwater under direct influence of surface water and do not practice filtration in compliance with regulations;
2. Note: For a repeat sample following a total coliform positive sample, any fecal/*E.coli* positive repeat (boxed entry) constitutes an MCL violation and requires immediate notification to the Department (22, CCR, Section 64426.1).
3. Note: For repeat sample following a fecal/*E.coli* positive sample, any total coliform positive repeat (boxed entry) constitutes an MCL violation and requires immediate notification to the Department (22, CCR, Section 64426.1).
4. Total coliform MCL (Notify Department within 24 hours of MCL violation):
 - a. For systems collecting less than 40 samples, if two or more samples are total coliform positive, then the MCL is violated.
 - b. For systems collecting 40 or more samples, if more than 5.0 percent of samples collected are total coliform positive, then the MCL is violated.
5. Positive results and their associated repeat samples are to be tracked on the Coliform Monitoring Worksheet.
6. Repeat samples must be collected within 24 hours of being notified of the positive results. For systems collecting more than one routine sample per month, three repeat samples must be collected for each total coliform positive sample. For systems collecting one or fewer routine samples per month, four repeat samples must be collected for each total coliform positive sample.
7. For systems subject to the Groundwater Rule: Positive results and the associated triggered source samples are to be tracked on the Coliform Monitoring Worksheet.
8. For triggered sample(s) required as a result of a total coliform routine positive sample, an *E.coli*, enterococci, or coliphage positive triggered sample (boxed entry) requires immediate notification to the Department, Tier 1 public notification, and corrective action.

Clinical Laboratory of San Bernardino, Inc.



Client: Hemlock Mutual Water Co.
P. O. Box 6280
El Monte CA, 91734

Contact: Mark Smith
Phone: (818) 371-7502
Fax:
System: 1910053

Project: Routine
Sub Project: Microbiology

Sampler: Roni Santos
Sampled: 10/02/12

Received: 10/02/12 16:15

Reported: 10/04/12

RESULTS

Laboratory ID	Sample Time	Sample Location	Cl Res (Field) mg/L	Total Coliform P/A	E. Coli P/A
12J0241-01	4:30	11828 Hemlock	1.23	P [1]	A

1 = Notified Mark Smith 10/3/12 1115

Robin Glenney
Project Manager

12J0241

PLATE COUNT

COLILERT

10 TUBE METHOD

CLINICAL LAB OF SAN BERNARDINO, INC

San Bernardino, California 92402

COLIFORM BACTERIA REPORT FORM

SET UP TIME	HOURS
WERE HOLDING TIMES MET?	NO
YES	NO

REPORT DATE: 10/2/92 SYSTEM NAME: **Hemlock MWC** SYSTEM NUMBER: **1910053**

LABORATORY: CLINICAL LAB OF SAN BERNARDINO, INC ELAP# 1088 SIGNATURE OF LAB DIRECTOR: _____ EMPLOYED BY: **HMWC**

DATE SAMPLED: 10/2/92 SAMPLER: R. SANDS

LABORATORY I.D. NUMBER (CLSB USE ONLY)	COLLECTION TIME	BOTTLE NUMBER	SITE NAME/STREET ADDRESS	TOTAL/FREE CHLORINE (mg/L)	SAMPLE TYPE *	TOTAL COLIFORM	FECAL E.coli	PLATE COUNT (Per 1 ml)	REMARKS
	0430	H-51	11808 Hemlock	1.23	I-D				
Driver: David Delatorre / Rec Date/Time: <u>10/2/92</u> <u>11:30</u> Relinquish Date/Time: <u>11</u> <u>4:15</u> Relinquish Temp: <u>12°C</u> Lab Rec: <u>SW</u>									
Please email all Bac-T results to Kun.cheng@CDPH.CA.GOV									

* 1=ROUTINE * W=WELL P=PRESENT NOTIFICATION REQUIRED? YES NO

2=REPEAT D=DISTRIBUTION A=ABSENT FAX# _____

3=REPLACEMENT SYSTEM _____ PHONE # _____ READ BY: _____ SET UP BY: _____

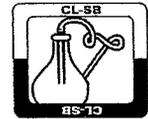
4=SPECIAL

PERSON NOTIFIED: _____ DATE STARTED: _____

DATE/TIME NOTIFIED: _____ DATE/TIME FINISHED: _____

ALL TESTING IS CONDUCTED IN ACCORDANCE WITH USEPA'S GUIDELINES 40 CFR PART 141 AS PUBLISHED IN THE FEDERAL REGISTER, VOL. 57, NO. 112, DATED 10 JUNE 1992

Clinical Laboratory of San Bernardino, Inc.



Client: Hemlock Mutual Water Co.
P. O. Box 6280
El Monte CA, 91734

Contact: Mark Smith
Phone: (818) 371-7502
Fax:
System: 1910053

Project: Routine
Sub Project: Microbiology

Sampler: Not Listed
Sampled: 10/04/12

Received: 10/04/12 14:35
Reported: 10/10/12

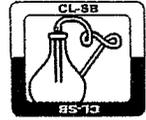
RESULTS

Laboratory ID	Sample Time	Sample Location	Cl Res (Field) mg/L	Total Coliform P/A	E. Coli P/A
12J0483-01	4:30	11828 Hemlock	1.90	P [1]	A
12J0483-02	4:40	11836 Hemlock	1.68	P [1]	A
12J0483-03	4:50	11822 Hemlock	1.72	P [1]	A

1 = Notified Mark Smith 10/5/12 1400

Robin Glenney
Project Manager

Clinical Laboratory of San Bernardino, Inc.



Client: Hemlock Mutual Water Co.
P. O. Box 6280
El Monte CA, 91734

Contact: Mark Smith
Phone: (818) 371-7502
Fax:
System: 1910053

Project: Routine
Sub Project: Microbiology

Sampler: Roni Santos
Sampled: 10/06/12

Received: 10/06/12 09:00

Reported: 10/09/12

RESULTS

Laboratory ID	Sample Time	Sample Location	Cl Res (Field) mg/L	Total Coliform P/A	E. Coli P/A
12J0558-01	7:30	South Well		A	A
12J0558-02	7:35	North Well		A	A
12J0558-03	7:45	11828 Hemlock	1.41	A	A
12J0558-04	8:00	11822 Hemlock	1.12	A	A
12J0558-05	8:15	11836 Hemlock	1.01	A	A

Robin Glenney
Project Manager

CLINICAL LAB OF SAN BERNARDINO, INC

San Bernardino, California 92402

PLATE COUNT

COLILERT

10 TUBE METHOD

1250558

COLIFORM BACTERIA REPORT FORM

SYSTEM NUMBER: **1910053**

SIGNATURE OF LAB DIRECTOR:

SYSTEM NAME: **Hemlock MWC**

CLINICAL LAB OF SAN BERNARDINO, INC

REPORT DATE:

EMPLOYED BY: **HMWC**

ELAP# 1088

SAMPLER: **R. SANTOS**

LABORATORY:

DATE SAMPLED: **10/6/12**

LABORATORY I.D. NUMBER (CLSB USE ONLY)	COLLECTION TIME	BOTTLE NUMBER	SITE NAME/STREET ADDRESS	TOTAL/FREE CHLORINE (mg/L)	SAMPLE TYPE *	TOTAL COLIFORM	FECAL E.coli	PLATE COUNT (Per 1 ml)	REMARKS
	0730	SW	SOUTH WELL		1-W				
	0735	NW	NORTH WELL		1-W				
	0745	H-7	11828 Hemlock	1.11	2-D				
	0800	H-8	11822 Hemlock	1.12	2-D				
	0815	H-9	11836 Hemlock	1.01	2-D				
Please email all Bac-T results to Kun.cheng@CDPH.CA.GOV									

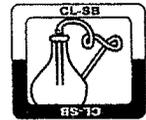
* 1=ROUTINE * W=WELL P=PRESENT NOTIFICATION REQUIRED? YES NO
 2=REPEAT D=DISTRIBUTION A=ABSENT FAX: _____
 3=REPLACEMENT SYSTEM PHONE # _____ READ BY: _____ SET UP BY: _____
 4=SPECIAL

PERSON NOTIFIED: _____ DATE STARTED: _____
 DATE/TIME NOTIFIED: _____ DATE/TIME FINISHED: _____

Rel: **Wendy Sandoz** 10-6-12
 Rec: **JF** 10/6/12 21.0 - C

ALL TESTING IS CONDUCTED IN ACCORDANCE WITH USEPA'S GUIDELINES 40 CFR PART 141 AS PUBLISHED IN THE FEDERAL REGISTER, VOL. 57, NO. 112, DATED 10 JUNE 1992

Clinical Laboratory of San Bernardino, Inc.



Client: Hemlock Mutual Water Co.
P. O. Box 6280
El Monte CA, 91734

Contact: Mark Smith
Phone: (818) 371-7502
Fax:
System: 1910053

Project: Routine
Sub Project: Microbiology

Sampler: Roni Santos
Sampled: 10/10/12

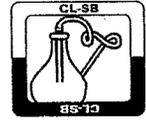
Received: 10/10/12 15:35
Reported: 10/12/12

RESULTS

Laboratory ID	Sample Time	Sample Location	Cl Res (Field) mg/L	Total Coliform P/A	E. Coli P/A
12J0867-01	4:25	12066 Celine St	1.21	A	A

Robin Glenney
Project Manager

Clinical Laboratory of San Bernardino, Inc.



Client: Hemlock Mutual Water Co.
P. O. Box 6280
El Monte CA, 91734

Contact: Mark Smith
Phone: (818) 371-7502
Fax:
System: 1910053

Project: Routine
Sub Project: Microbiology

Sampler: Roni Santos
Sampled: 10/16/12

Received: 10/16/12 16:15

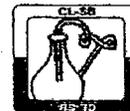
Reported: 10/18/12

RESULTS

Laboratory ID	Sample Time	Sample Location	Cl Res (Field) mg/L	Total Coliform P/A	E. Coli P/A
12J1320-01	4:35	5221 Cogswell	0.69	A	A

Stephen Kavousy For Robin Glenney
Project Manager

Clinical Laboratory of San Bernardino, Inc.



Client: Hemlock Mutual Water Co.
P. O. Box 6280
El Monte CA, 91734

Contact: Mark Smith
Phone: (818) 371-7502
Fax:
System: 1910053

Project: Routine
Sub Project: Microbiology

Sampler: Roni Santos
Sampled: 10/23/12

Received: 10/23/12 16:15

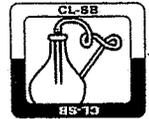
Reported: 10/25/12

RESULTS

Laboratory ID	Sample Time	Sample Location	Cl Res (Field) mg/L	Total Coliform P/A	E. Coli P/A
12J1710-01	4:30	11804 Hemlock	1.07	A	A

Robin Glenney
Project Manager

Clinical Laboratory of San Bernardino, Inc.



Client: Hemlock Mutual Water Co.
P. O. Box 6280
El Monte CA, 91734

Contact: Mark Smith
Phone: (818) 371-7502
Fax:
System: 1910053

Project: Routine
Sub Project: Microbiology
Sampler: Roni Santos
Sampled: 10/30/12
Received: 10/30/12 16:15
Reported: 10/31/12

RESULTS

Laboratory ID	Sample Time	Sample Location	Cl Res (Field) mg/L	Total Coliform P/A	E. Coli P/A
12J2125-01	4:30	5202 Peck Rd	2.20	A	A

Robin Glenney
Project Manager

**November 2012 Monthly Summary of Distribution System Coliform
Monitoring and Laboratory Reports**

12-17-12 KC

MONTHLY SUMMARY OF DISTRIBUTION SYSTEM COLIFORM MONITORING
(including triggered source monitoring for systems subject to the Groundwater Rule)

System Name HEMLOCK MUTUAL WATER COMPANY	System Number 1910053
Sampling Period NOVEMBER	Year 2012

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/ E.coli Positives
1. Routine Samples (see note 1)	<u>4</u>	<u>4</u>	<u>0</u>	<u>0</u>
2. Repeat Samples following Samples that are Total Coliform Positive and Fecal/E.coli <i>Negative</i> (see notes 5 and 6)	<u>5</u>	<u>0</u>	<u>0</u>	0
3. Repeat Samples following Routine Samples that are Total Coliform <i>Positive</i> and Fecal/E.coli Positive (see notes 5 and 6)		<u>0</u>	0	0
4. MCL Computation for Total Coliform Positive Samples				
a. Totals (sum of columns)		<u>04</u>	<u>0</u>	
b. If 40 or more samples collected in month, determine percent of samples that are total coliform positive [(total number positive/total number collected) x 100] =	<u>0</u>	%		
c. Is system in compliance... with fecal/E. coli MCL? (see notes 2 and 3)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
...with monthly MCL? (see note 4)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
5. Source Samples Triggered by Routine Samples that are Total Coliform Positive (This applies only to systems subject to the Groundwater Rule - see notes 7 and 8)		<u>0</u>	<u>0</u>	0
6. Invalidated Samples (Note what samples, if any, were invalidated; who authorized the invalidation; and when replacement samples were collected. Attach additional sheets, if necessary.)				

7. Summary Completed By:

Signature 	Title	Date #####
---------------	-------	----------------------

NOTES AND INSTRUCTIONS:

1. Routine samples include:
 - a. Samples required pursuant to 22 CCR Section 64423 and any additional samples required by an approved routine sample siting plan established pursuant to 22 CCR Section 64422.
 - b. Extra samples are required for systems collecting less than five routine samples per month that had one or more total coliform positives in previous month;
 - c. Extra samples for systems with high source water turbidities that are using surface water or groundwater under direct influence of surface water and do not practice filtration in compliance with regulations;
2. Note: For a repeat sample following a total coliform positive sample, any fecal/E.coli positive repeat (boxed entry) constitutes an MCL violation and requires immediate notification to the Department (22, CCR, Section 64426.1).
3. Note: For repeat sample following a fecal/E.coli positive sample, any total coliform positive repeat (boxed entry) constitutes an MCL violation and requires immediate notification to the Department (22, CCR, Section 64426.1).
4. Total coliform MCL (Notify Department within 24 hours of MCL violation):
 - a. For systems collecting less than 40 samples, if two or more samples are total coliform positive, then the MCL is violated.
 - b. For systems collecting 40 or more samples, if more than 5.0 percent of samples collected are total coliform positive, then the MCL is violated.
5. Positive results and their associated repeat samples are to be tracked on the Coliform Monitoring Worksheet.
6. Repeat samples must be collected within 24 hours of being notified of the positive results. For systems collecting more than one routine sample per month, three repeat samples must be collected for each total coliform positive sample. For systems collecting one or fewer routine samples per month, four repeat samples must be collected for each total coliform positive sample.
7. For systems subject to the Groundwater Rule: Positive results and the associated triggered source samples are to be tracked on the Coliform Monitoring Worksheet.
8. For triggered sample(s) required as a result of a total coliform routine positive sample, an *E.coli*, enterococci, or coliphage positive triggered sample (boxed entry) requires immediate notification to the Department, Tier 1 public notification, and corrective action.

Clinical Laboratory of San Bernardino, Inc.



Client: Hemlock Mutual Water Co.
P. O. Box 6280
El Monte CA, 91734

Contact: Mark Smith
Phone: (818) 371-7502
Fax:
System: 1910053

Project: Routine
Sub Project: Microbiology

Sampler: Roni Santos
Sampled: 11/06/12

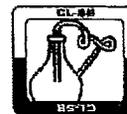
Received: 11/06/12 15:30
Reported: 11/08/12

RESULTS

Laboratory ID	Sample Time	Sample Location	Cl Res (Field) mg/L	Total Coliform P/A	E. Coli P/A
12K0386-01	8:00	11828 Hemlock	2.20	A	A
12K0386-02	8:10	North Well		A	A
12K0386-03	8:20	South Well		A	A

Robin Glenney
Project Manager

Clinical Laboratory of San Bernardino, Inc.



Client: Hemlock Mutual Water Co.
P. O. Box 6280
El Monte CA, 91734

Contact: Mark Smith
Phone: (818) 371-7502
Fax:
System: 1910053

Project: Routine
Sub Project: Microbiology

Sampler: Roni Santos
Sampled: 11/13/12

Received: 11/13/12 16:30

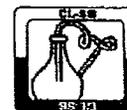
Reported: 11/15/12

RESULTS

Laboratory ID	Sample Time	Sample Location	Cl Res (Field) mg/L	Total Coliform P/A	E. Coli P/A
12K0947-01	4:30	12066 Celine St	1.88	A	A

Robin Glenney
Project Manager

Clinical Laboratory of San Bernardino, Inc.



Client: Hemlock Mutual Water Co.
P. O. Box 6280
El Monte CA, 91734

Contact: Mark Smith
Phone: (818) 371-7502
Fax:
System: 1910053

Project: Routine
Sub Project: Microbiology

Sampler: Roni Santos
Sampled: 11/20/12

Received: 11/20/12 18:15

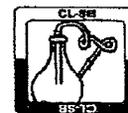
Reported: 11/26/12

RESULTS

Laboratory ID	Sample Time	Sample Location	Cl Res (Field) mg/L	Total Coliform P/A	E. Coli P/A
12K1574-01	4:30	5221 Cogswell	2.07	A	A

Robin Glenney
Project Manager

Clinical Laboratory of San Bernardino, Inc.



Client: Hemlock Mutual Water Co.
P. O. Box 6280
El Monte CA, 91734

Contact: Mark Smith
Phone: (818) 371-7502
Fax:
System: 1910053

Project: Routine
Sub Project: Microbiology

Sampler: Roni Santos
Sampled: 11/27/12

Received: 11/27/12 16:15

Reported: 11/29/12

RESULTS

Laboratory ID	Sample Time	Sample Location	Cl Res (Field) mg/L	Total Coliform P/A	E. Coli P/A
12K1895-01	4:30	11804 Hemlock	1.30	A	A

Robin Glenney
Project Manager

