

State of California—Health and Human Services Agency  
California Department of Public Health



RON CHAPMAN, MD, MPH  
Director & State Health Officer



EDMUND G. BROWN JR.  
Governor

July 26, 2013

David Moore, Facility Manager  
National Park Service – Hole in the Wall  
2701 Barstow Road  
Barstow, CA 92311

Dear Mr. Moore:

**CITATION NO. 05-13-13C-007**  
**NATIONAL PARK SERVICE – HOLE IN THE WALL SYSTEM (SYSTEM NO. 3600321)**

The Department of Public Health (Department) hereby issues a citation to the National Park Service – Hole in the Wall (Park Service) for the following violations:

- Title 22, California Code of Regulations (CCR), Section 64426.1(b)(2). Specifically, the Park Service failed to meet the Primary Drinking Water Standards for bacteriological quality in the month of June 2013. A public water system which collects fewer than 40 samples per month is in violation of the Total Coliform Maximum Contaminant Level (MCL) when more than one (1) sample collected during a single month is total coliform-positive.
- Title 22, CCR, Section 64426.1(c). Specifically, the Park Service failed to notify the Department within 24 hours, of the Total Coliform MCL exceedance.
- Title 22, CCR, Section 64430. Specifically, the Park Service failed to conduct triggered source sampling pursuant to the Groundwater Rule (GWR), provision 40, Code of Federal Regulations.

If you have any questions regarding this letter, please contact Esther Brewer at (909) 383-5468.

Sincerely,

Sean F. McCarthy, P.E.  
Senior Sanitary Engineer  
South Coast Section  
CDHS - Drinking Water Field Operations Branch

Enclosure: Citation No. 05-13-13C-007

## **ENCLOSURE**

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CITATION NO. 05-13-13C-007

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STATE OF CALIFORNIA  
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

IN RE: National Park Service  
Hole in the Wall  
2701 Barstow Road  
Barstow, CA 92311

TO: David Moore  
Facility Manager

**CITATION FOR NONCOMPLIANCE – WATER SYSTEM NO. 3600321**

**CITATION NO. 05-13-13C-007**

**Issued on July 26, 2013**

Section 116650, Article 9, 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 the requirements of Chapter 4 (California Safe Drinking Water Act), or any regulation, standard, permit or order issued thereunder.

California Department of Public Health, Division of Drinking Water (hereinafter Department), hereby issues a citation to the National Park Service – Hole in the Wall (hereinafter Park Service) (mailing address: 2701 Barstow Road, Barstow, CA 92311) for the following violations:

1. Title 22, California Code of Regulations (CCR), Section 64426.1(b)(2). Specifically, the Park Service failed to meet the Primary Drinking Water Standards for bacteriological quality in the month of June 2013. A public water system which collects fewer than 40 samples per month is in violation of the



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Total Coliform Maximum Contaminant Level (MCL) when more than one (1) sample collected during a single month is total coliform-positive.

2. Title 22, CCR, Section 64426.1(c). Specifically, the Park Service failed to notify the Department of the Total Coliform MCL violation. The water supplier shall notify the Department by the end of the business day on which the violation is determined, unless the determination occurs after the Department is closed, in which case the supplier shall notify the Department within 24 hours of the determination.

3. Title 22, CCR, Article 3.5, Section 64430. Specifically, the Park Service failed to conduct triggered source water monitoring within 24 hours of being notified of the total-coliform positive sample in the distribution system. A public water system that uses ground water shall comply with the provisions as set forth in the Groundwater Rule (GWR), 40 Code of Federal Regulations.

In the month of June 2013, the Park Service had two distribution system samples that were total coliform positive, but absent of *E.coli*. The Park Service collected two repeat sample sets from the distribution system, but failed to collect the required sample(s) from the source. (Attachment No. 1)

In accordance with Section 116650 of the H & S Code, the above violation is classified as a non-continuing violation.



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## HISTORY

The National Park Service, Mojave National Preserve - Hole in the Wall Campground (Park Service) system is classified as a Transient-Noncommunity Water System. The Park Service system is situated within the Mojave Campground site and includes a fire station, group camp site, picnic area, and visitor center. The Park Service system is located 18 miles north of I-40 on the Essex Rd exit on Black Canyon Road. The system is supplied by two wells, Well No. 1 (Fire Station Well) and Well No. 2 (Rocking L Well). Well No. 2 is a submersible well and is used as the primary well for the campground and other facilities. Well No. 1 is a submersible well and used primarily as a backup well. Continuous chlorination is provided and a residual ranging from 0.2 to 1.0 mg/L is maintained throughout the distribution system.

The Park Service currently collects two routine bacteriological samples per month from the distribution system, in accordance with the revised Coliform Sample Siting Plan dated December 12, 2002. The Park Service is currently operating by authority of Domestic Water Permit No. 03-13-03P-002, issued by the Department on January 27, 2003.

On June 5, 2013, the Park Service collected two routine distribution system samples for bacteriological analysis. One of the samples collected was total coliform-positive, but absent of *E.coli*. The affected location was at Group Site N. Bib. The lab report indicates that the contaminated site had a disinfectant residual level of 0.3 mg/L of total chlorine.



1 On June 7, 2013, the Park Service collected a repeat sample set from the  
2 distribution system. One of the repeat samples, located at the original location, was  
3 total-coliform positive, but *E.coli* negative. The residual reported by the lab was 0.4  
4 mg/L. No source samples were collected within 24 hours of either total-coliform  
5 positive sample.  
6

7 The Park Service had a total of two total-coliform positive samples in the month of  
8 June 2013, which constituted an MCL violation of the Total Coliform Rule, and failed  
9 to notify the Department of the violation. The Park Service also failed to conduct  
10 triggered source monitoring following the total-coliform positive results, which is a  
11 procedural violation of the Groundwater Rule (GWR).  
12

13 **DIRECTIVES:**  
14

15 The Company is hereby directed to take the following action:  
16

- 17 1. By August 30, 2013, the Park Service shall notify it's consumers of the  
18 bacteriological water quality failure in conformance with Section [64426.1(b)(2)],  
19 Title 22, CCR. (Attachment No. 2)  
20
- 21 • A Tier 2 public notice shall be issued by posting in a conspicuous place, such  
22 as near faucets and drinking fountains, or at locations throughout the area  
23 served by the water system. The content of the notice shall be approved by  
24 the Department prior to posting. The posting shall be maintained for at least  
25 seven (7) consecutive days.  
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- The Park Service shall submit a copy of the notice and a certification that all the public notice requirements have been met pursuant to Section [64469(d)] Title 22, CCR. (Attachment No. 3)
2. By August 31, 2013, the Park Service shall revise and submit to the Department for review and approval, a Coliform Sample Siting Plan which shall include procedures that will be followed in accordance with the Total Coliform and Groundwater Rules.
  3. Within 30 days of receipt of this citation, complete and submit to the Department the Positive Total Coliform Investigation form, in accordance with Section 64426(b), of Title 22, CCR. (Attachment No. 4)
  4. The Park Service shall collect a minimum of five routine samples from the distribution system during the month of July 2013. The results shall be reported to the Department by the 10<sup>th</sup> day of the following month.

All submittals required by this citation shall be sent to:

Sean F. McCarthy, P.E.  
Senior Sanitary Engineer  
Department of Public Health  
Drinking Water Field Operations Branch  
464 W. 4<sup>th</sup> Street, Suite 437  
San Bernardino, CA 92401

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**CIVIL PENALTIES**

Section 116650 (d) and (e) of the H&S Code allow for the assessment of a civil penalty for failure to comply with requirements of the Safe Drinking Water Act. Failure to comply with any provision in this citation will result in the Department imposing an administrative penalty of up to \$25.00 (twenty-five dollars) per day as of the date of violation of any provision of this citation.

July 26, 2013  
Date

Sean F. McCarthy  
Sean F. McCarthy, P.E.  
Senior Sanitary Engineer  
San Bernardino District

Attachments (4)

**Attachment No. 1**

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MONTHLY COLIFORM SUMMARY  
*AND*  
BACTERIOLOGICAL LAB RESULTS FOR  
JUNE 2013

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

System Name <i>Hole in the Wall</i>	System Number <i>3600321</i>
Sampling Period <i>June</i>	Year <i>2013</i>

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/E.coli Positives
1. Routine Samples (see note 1)	<u>2</u>	<u>2</u>	<u>1</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>3</u>	<u>1</u>	<span style="border: 1px solid black; padding: 2px;">0</span>
3. Repeat Samples following Routine Samples that are Total Coliform <i>Positive</i> and Fecal/E.coli Positive (see notes 5 and 6)		<u>3</u>	<span style="border: 1px solid black; padding: 2px;">0</span>	<span style="border: 1px solid black; padding: 2px;">0</span>
4. MCL Computation for Total Coliform Positive Samples				
a. Totals (sum of columns)		<u>8</u>	<u>2</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>NA</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>20</u>	<u>20</u>	<span style="border: 1px solid black; padding: 2px;">0</span>

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 <i>Maintenance</i>	Date <i>7.19.13</i>
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**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.

# COLIFORM MONITORING WORKSHEET

COMPLETED FOR POSITIVE ROUTINE SAMPLES, ALL REPEAT SAMPLES, AND ALL TRIGGERED SOURCE SAMPLES)

Page 1 of 1  
Report Month JUNE Year 2013

Routine Samples <sup>9</sup>			Repeat Samples <sup>6</sup>					Triggered Source Samples <sup>8</sup>			
TC+ Sample Date	TC+ Sample Site ID	<sup>12</sup> EC/FC Results	Repeat Collection Date	Repeat Sample Site IDs <sup>10</sup>	Coliform Results (Check one box)			Source Sample Date	Groundwater Source(s) Sampled	<sup>12</sup> TC Results	<sup>11</sup> <sup>12</sup> E. coli Results
					TC-	TC+ BUT FC/EC-	TC+ AND FC/EC+				
6.7.13	HTW GROUP SITE N. B. B	(+/ -)	6.7.13	1 HITW - RETAKE	X					(+/-)	(+/-)
			6.7.13	2 FIREGR. UP						(+/-)	(+/-)
			6.7.13	3 EG LOOP. DOWN						(+/-)	(+/-)
				4						(+/-)	(+/-)
6.10.13	HTW GROUP SITE	(+/ -)	6.10.13	1 EG DOWN						(+/-)	(+/-)
			6.10.13	2 HITW						(+/-)	(+/-)
			6.10.13	3 FIREGR. UP						(+/-)	(+/-)
				4						(+/-)	(+/-)
		(+/ -)		1					(+/-)	(+/-)	
		(+/ -)		2					(+/-)	(+/-)	
		(+/ -)		3					(+/-)	(+/-)	
		(+/ -)		4					(+/-)	(+/-)	
		(+/ -)		1					(+/-)	(+/-)	
		(+/ -)		2					(+/-)	(+/-)	
		(+/ -)		3					(+/-)	(+/-)	
		(+/ -)		4					(+/-)	(+/-)	
		(+/ -)		1					(+/-)	(+/-)	
		(+/ -)		2					(+/-)	(+/-)	
		(+/ -)		3					(+/-)	(+/-)	
		(+/ -)		4					(+/-)	(+/-)	
		(+/ -)		1					(+/-)	(+/-)	
		(+/ -)		2					(+/-)	(+/-)	
		(+/ -)		3					(+/-)	(+/-)	
		(+/ -)		4					(+/-)	(+/-)	
		(+/ -)		1					(+/-)	(+/-)	
		(+/ -)		2					(+/-)	(+/-)	
		(+/ -)		3					(+/-)	(+/-)	
		(+/ -)		4					(+/-)	(+/-)	

Comments:

**NOTES AND INSTRUCTIONS:**

- 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.
- 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.
- 9 Also include any data for positive samples that occurred in the previous month that led to repeat monitoring occurring in the reporting month. Include location and indicate if the routine sample was either positive or negative for *E. coli* or Fecal Coliforms.
- 10 For systems serving ≤ 1000 persons that collect one or fewer routine samples per month, a triggered source water sample may be used as the fourth repeat, as noted in an approved plan, if *E. coli* was the indicator used. Show result in GW source column too.
- 11 The Department recommends using *E. coli* (see note 8). If enterococci or coliphage is used, note which in the comment box below.
- 12 Circle the appropriate result.

Abbreviations: TC = Total Coliform, FC = Fecal Coliform, EC = *E. coli*

# Geo-Monitor, Inc.



*Client:* Mojave National Preserve  
2701 Barstow Road  
Barstow, CA 92311

*Contact:* Dave Moore / Ned Gelgie  
*Phone:* (760) 221-1831  
*Fax:* (760) 928-2062  
*System No:* 3610301

*Project:*

*Sampler:* Theron Taylor  
*Date Sampled:* June 5, 2013  
*Date/Time Setup:* June 5, 2013 1600  
*Date/Time Read:* June 6, 2013 1600  
*Date Reported:* June 7, 2013

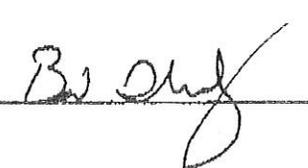
## Results

Laboratory ID	Sample Time	Sample Location	Cl Res (mg/L)	Sample Type	SM 9223		SM 9215B
					Total Coliform	E. coli	HPC cfu / 1 mL
B133	7:45	Hole in the Wall - Group Site N. Bib	0.3	1-D	Present (1)	Absent	
B134	8:00	Hole In the Wall - Picnic Area - S	0.2	1-D	Absent		
B135	9:00	Mid Hills - Resv.	0.2	1-D	Absent		
B136	9:15	Mid Hills Lower	0.2	1-D	Absent		
B137	10:00	Kelso - Downstairs	0.2	1-D	Absent		
B138	10:15	Kelso - Bib Outside RR	0.2	1-D	Absent		

(1) Notified Ned G. 6-6-13 @ 13:36

### Sample Types

1 = routine  
2 = repeat  
3 = replacement  
4 = special  
W = well  
D = distribution

Director: 

# Geo-Monitor, Inc.



**Client:** Mojave National Preserve  
 2701 Barstow Road  
 Barstow, CA 92311

**Contact:** Dave Moore / Nod Geigle  
**Phone:** (760) 221-1831  
**Fax:** (760) 928-2062  
**System No:** 3610301

**Project:**

**Sampler:** Ned Geigle  
**Date Sampled:** June 7, 2013  
**Date/Time Setup:** June 7, 2013 1450  
**Date/Time Read:** June 8, 2013 0850  
**Date Reported:** June 10, 2013

## Results

Laboratory ID	Sample Time	Sample Location	Cl Res (mg/L)	Sample Type	SM 9223		SM 9215B
					Total Coliform	E. coli	HPC cfu / 1 mL
B166	6:45	Upstream - Fire Center	0.5	1-D	Absent		
B167	6:55	Retake - Equest Shelter - N. B. h	0.4	1-D	Present (1)	Absent	
B168	7:00	Down Stream - Equest Loop	0.4	1-D	Absent		

(1) Notified Ned Geigle 6-8-13 @ 10:00

Sample Types

- 1 = routine
- 2 = repeat
- 3 = replacement
- 4 = special
- W = well
- D = distribution

**Director:** \_\_\_\_\_

# Geo-Monitor, Inc.



*Client:* Mojave National Preserve  
2701 Barstow Road  
Barstow, CA 92311

*Contact:* Dave Moore / Ned Geigle  
*Phone:* (760) 221-1831  
*Fax:* (760) 928-2062  
*System No:* 3610301

*Project:*

*Sampler:* Ned Geigle  
*Date Sampled:* June 10, 2013  
*Date/Time Setup:* June 10, 2013 1100  
*Date/Time Read:* June 11, 2013 1100  
*Date Reported:* June 11, 2013

## Results

Laboratory ID	Sample Time	Sample Location	Cl Res (mg/L)	Sample Type	SM 9223		SM 9215B
					Total Coliform	E. coli	HPC cfu / 1 mL
B198	6:35	Equostrian Downstream	0.7	1-D	Absent		
B199	6:41	Retake EQ <i>N. bibb</i>	0.7	1-D	Absent		
B200	6:57	Upstream Fire Center	0.7	1-D	Absent		

### Sample Types

- 1 = routine
- 2 = repeat
- 3 = replacement
- 4 = special
- W = well
- D = distribution

*Director:* *B. J. [Signature]*

# Chlorination Report

Month/Year June 2013

RECEIVED  
JUL 2 2013

Drinking Water Program  
San Bernardino District

System# 3600321

Water Meter (last month) 3994700

Date	Meter #	gallons	CL2 equiv. (lb/1000 gal)	CL2 Residue (ppm)	CL2 req. (lb/1000 gal)	CL2 req. (lb/1000 gal)	Other Loc.	Meter #	CL2 pumped	Comments
1	3997102	2400		0.8	0.7	0.4	SL#1=0.4			5'0" Board #2 200ml #2
2	3998500	1400		0.7	0.4	0.4	SL#2=0.4			5'10" Board #2 500ml, #1 200ml
3	3998700	2000		0.8	0.4	0.4	SL#3=0.7			5'10" Pumping
4	3998700	0		0.6	0.4	0.4	SL#4=0.7			5'8" Pumping
5	3998700	0		0.6	0.4	0.4	SL#5=0.3			5'3"
6	3998700	0		0.8	0.6	0.6	SL#1=0.4			5'0" "Positive Sample" OK
7	4005102	0		0.8	0.4	0.4	SL#2=0.4			4'8" 200ml #2 #2 Res
8	4011000	3900		0.8	0.5	0.5	SL#3=0.4			6'4" "
9	4011500	500		0.7	0.5	0.5	SL#4=0.7			5'6" 300ml #2, 200ml #1 Pumping
10	4016402	4900		0.7	0.5	0.5	SL#5=0.7			6'2" Retake
11	4016900	0		0.7	0.5	0.5	SL#1=0.5			5'11" EA Retake 0.5
12	4016900	0		0.8	0.5	0.5	SL#2=0.3			5'6"
13	4016900	0		0.9	0.6	0.6	SL#3=0.4			5'5" Pumping
14	4023500	6600		0.8	0.5	0.5	SL#4=0.6			6'6" 200ml #2 to #2 Res
15	4023900	400		1.00	0.7	0.5	SL#5=0.5			6'1" "
16	4023900	0		0.9	0.6	0.6	SL#1=0.7			5'9" 200ml #2 to #2 Res
17	4023900	0		0.6	0.5	0.5	SL#2=0.4			5'4"
18	4023900	0		0.5	0.5	0.5	SL#3=0.3			4'11"
19	4023900	0		0.6	0.6	0.6	SL#4=0.5			4'8" Pumping
20	4030102	6800		0.7	0.4	0.6	SL#1=0.6			5'0" Pumping 200ml #2 to #2
21	4036100	6000		0.7	0.7	0.7	SL#2=0.6			5'11" 200ml #2, 100ml #1
22	4038500	2400		0.8	0.4	0.6	SL#3=0.6			5'11" 200ml #2 (STIRRED)
23	4038500	0		0.7	0.6	0.6	SL#4=0.5			5'6"
24	4038500	0		0.7	0.6	0.6	SL#5=0.5			5'6" N. 6'6"
25	4038500	0		0.7	0.6	0.6	SL#1=0.5			5'11"
26	4045000	0		0.6	0.6	0.6	SL#2=0.5			4'10"
27	4050400	0		0.6	0.6	0.6	SL#3=0.5			5'6" Board #2-300ml #2
28	4057600	6100		0.8	0.6	0.6	SL#4=0.8			6'3" Board #2-300ml #2

60500 gal Total  
2016.6 daily avg.

Chlorine Sampling Reports

Report #

**Attachment No. 2**

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TIER 2 PUBLIC NOTICE TEMPLATE

## Instructions for Tier 2 Resolved Total Coliform Notice Template

### Template Attached

Since exceeding the total coliform bacteria maximum contaminant level is a Tier 2 violation, you must provide public notice to persons served as soon as practical but within 30 days after you learn of the violation [California Code of Regulations, Title 22, Chapter 15, Section 64463.4(b)]. **Each water system required to give public notice must submit the notice to the Department for approval prior to distribution or posting, unless otherwise directed by the Department [64463(b)].**

### Notification Methods

You must use the methods summarized in the table below to deliver the notice to consumers. If you mail, post, or hand deliver, print your notice on letterhead, if available.

<i>If You Are a...</i>	<i>You Must Notify Consumers by...</i>	<i>...and By One or More of the Following Methods to Reach Persons Not Likely to be Reached by the Previous Method...</i>
Community Water System [64463.4(c)(1)]	Mail or direct delivery <sup>(a)</sup>	Publication in a local newspaper
		Posting <sup>(b)</sup> in public places served by the water system or on the Internet
		Delivery to community organizations
Non-Community Water System [64463.4(c)(2)]	Posting in conspicuous locations throughout the area served by the water system <sup>(b)</sup>	Publication in a local newspaper or newsletter distributed to customers
		Email message to employees or students
		Posting <sup>(b)</sup> on the Internet or intranet
		Direct delivery to each customer

(a) Notice must be distributed to each customer receiving a bill including those that provide their drinking water to others (e.g., schools or school systems, apartment building owners, or large private employers), and other service connections to which water is delivered by the water system.

(b) Notice must be posted in place for as long as the violation or occurrence continues, but in no case less than seven days.

The notice attached is appropriate for the methods described above. However, you may wish to modify it before using it for posting. If you do, you must still include all the required elements and leave the health effects and notification language in italics unchanged. This language is mandatory [64465].

### Multilingual Requirement

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

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

**Population Served**

Make sure it is clear who is served by your water system -- you may need to list the areas you serve.

**Description of the Violation**

Make sure that the notice is clear about the fact that the coliform problem has been resolved, and there is no current cause for concern. The description of the violation and the MCL vary depending on the number of samples you take. The following table should help you complete the second paragraph of the template.

<b><u>If You Take Fewer Than 40 Samples a Month</u></b>	<b><u>If You Take 40 or More Samples a Month</u></b>
State the number of samples testing positive for coliform. The standard is that no more than one sample per month may be positive.	State the percentage of samples testing positive for coliform. The standard is that no more than 5.0 percent of samples may test positive each month.

**Corrective Action**

In your notice, describe corrective actions you have taken. Listed below are some steps commonly taken by water systems with total coliform violations. Use one or more of the following actions, if appropriate, or develop your own:

- “We have increased sampling for coliform bacteria to catch the problem early if it recurs.”
- “The well and/or distribution system has been disinfected and additional samples do not show presence of coliform bacteria.”

**After Issuing the Notice**

Send a copy of each type of notice and a certification that you have met all the public notice requirements to the Department within ten days after you issue the notice [64469(d)].

It is recommended that you notify health professionals in the area of the violation. People may call their doctors with questions about how the violation may affect their health, and the doctors should have the information they need to respond appropriately.

## 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.

### [System] Has Levels of Coliform Bacteria Above the Drinking Water Standard

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

We routinely monitor for drinking water contaminants. We took [number] samples to test for the presence of coliform bacteria during [month year]. [Number/percentage] of our samples showed the presence of total coliform bacteria. The standard is that no more than [1 sample per month/5.0 percent of samples] may do so.

#### 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. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the system's 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, and further testing shows that this problem has been resolved.**
- 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 was 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 [system].

State Water System ID#: \_\_\_\_\_. Date distributed: \_\_\_\_\_.

**Attachment No. 3**

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PROOF OF NOTIFICATION FORM

**Drinking Water Notification to Consumers**

**PROOF OF NOTIFICATION**

**Name of Water System:** \_\_\_\_\_

Please explain what caused the problem if you have determined what it was and what steps you have taken to correct it. \_\_\_\_\_

\_\_\_\_\_

Consumers Notified \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, Explain: \_\_\_\_\_

\_\_\_\_\_

Date of Notification: \_\_\_\_\_

On the date of notification set forth above, I served the above referenced document(s) on the consumers by:

\_\_\_\_\_ Sending a copy through the U.S. Mail, first class, postage prepaid, addressed to each of the resident(s) at the place where the property is situated, pursuant to the California Civil Code. Attach copy of Notice.

\_\_\_\_\_ Newspaper (if the problem has been corrected). Attach a copy of Notice.

\_\_\_\_\_ Personally hand-delivering a copy to each of the consumers. Attach a copy of Notice.

\_\_\_\_\_ Posted on a public bulletin board, that will be seen by each of the consumers (for small, non-community water systems with prior Department approval). Attach copy of Notice.

**I hereby declare the forgoing to be true and correct under penalty of perjury.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Serving Notice

**\*\*Notice:** Complete this Proof of Notification and return it along with a copy of the notification to the Department within 10 days of receipt of giving public notice.

Disclosure: Be advised that the California Health and Safety Code states that any person who knowingly makes a 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 each separate violation for each day that violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by fine of not more than twenty-five thousand dollars (\$25,000) for each day of violation, or be imprisoned in county jail not to exceed one year or by both the fine and imprisonment.

**Attachment No. 4**

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POSITIVE TOTAL COLIFORM  
INVESTIGATION FORM

**POSITIVE TOTAL COLIFORM INVESTIGATION**

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**

Entity Name:	Name	System Address & Email	Telephone Number
PWSID NUMBER:	System Type:		
Operator in Responsible Charge (ORC)			
Person that collected TC samples if different than ORC			
System Owner			
Certified Laboratory for Microbiological Analyses			
Date Investigation Completed:			
Month(s) of Total Coliform MCL Failure:			

**INVESTIGATION DETAILS**

<b>SOURCE</b>	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS (attach additional pages if needed)
1. Inspect each well head for physical defects and report					
a. Is raw water sample tap upstream from point of disinfection?					
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. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)					
h. Is the wellhead secured to prevent unauthorized access?					
i. To what treatment plant (name) does this well pump?					
j. How often do you take a raw water total coliform (TC) test?					
k. Provide the date and result of the last TC test at this location					
2. Inspect and review records for surface water source (if applicable)					
a. Have there been any events in the watershed or near the intake that might have contributed to TC+ or EC+ results? (Describe)					

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

# POSITIVE TOTAL COLIFORM INVESTIGATION

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

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	Sample 4 (specify)
1. What is the height of the sample tap above grade? (inches)				
2. Is the sample tap located in an <b>exterior</b> location or is it protected by an <b>enclosure</b> ?				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or an 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 areas 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 the weather conditions at the time of the positive sample (rainy, windy, and sunny)?				

# POSITIVE TOTAL COLIFORM INVESTIGATION

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

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 positive back?	
3. Has the distribution system been worked on within the last week? (taps, hydrant flushing, main breaks, mainline 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 & 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?	

# POSITIVE TOTAL COLIFORM INVESTIGATION

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

<b>GENERAL OPERATIONS:</b>	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.
5. Updated source water assessment(s) (DWSAP) if there have been changes to well construction or potentially contaminating activities (PCA list) since last inspection.

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