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1. Sections 64423 Title 22, CCR. Specifically, the SMMWC failed to collect and/or report a routine distribution sample for the month of September 2013.

BACKGROUND

The SMMWC is a small community water system that serves a population of approximately 45 via 19 service connections. The water system has been operating with a domestic water supply permit issued by this office on July 31, 2003. The water system consists of one well that produces approximately 250 gpm (gallons per minute). A galvanized steel reservoir provides a storage capacity of 32,000 gallons. The well water is disinfected continuously with sodium hypochlorite and chlorine tablets.

The Total Coliform Rule monitoring plan requires the SMMWC to collect one routine coliform sample every month from the system. During the month of September 2013, the SMMWC failed to collect and/or report the required routine coliform sample, which resulted in non-compliance with Section 64423, Title 22, CCR.

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DIRECTIVES

The SMMWC is hereby directed to take the following actions:

1. Immediately, follow proper TCR routine and repeat sampling/reporting procedures in accordance with Article 3, Title 22, CCR, Sections 64423, 64424.
2. The system shall notify the public of the monitoring failure to collect and analyze the required routine bacteriological distribution sample for the month of September 2013.
3. Begin submitting the required Monthly Summary of Distribution System Coliform Monitoring Form (copy attached) by the 10th of each month along with a letter to the department stating a commitment to comply with the requirements as set forth above.
4. A copy of the response and proof of public notification shall be submitted to:

Kurt Souza, P.E., Chief
 Southern California Section
 Santa Barbara District
 Drinking Water Field Operations Branch
 1180 Eugenia, Suite 200
 Carpinteria, CA 93013-2000



11/6/2013
 Date

Kurt Souza
 Kurt Souza, P.E., Chief
 Southern California Section
 Santa Barbara District (CDPH-DWFOB)

cc: Ventura County Environmental Health
 Mr. Lynn Hicks, Operator

PROOF NOTIFICATION

Name of Water System: South Mountain Mutual Water Company

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.

 Newspaper (if the problem has been corrected).

 Personally hand-delivering a copy to each of the consumers.

 Posted on a public bulletin board, that will be seen by each of the consumers (for small water non community water systems with permission from the Department).

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

Dated: _____

Signature of Person Serving Notice

Drinking Water Notification to Consumers

****Notice:** Complete this Proof of Notification and return it along with a copy of the notification to the Department within **30 Days** of receiving your notification order.

Disclosure: Be advised that the California Health and Safety Code states that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the attached order may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for 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 a fine of not more than \$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.