

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH

IN RE: **USFS/DINKEY CREEK CAMPGROUND**  
Water System No. 1000137

TO: Mr. Ed Dietz  
USFS/Dinkey Creek Campground  
1600 Tollhouse Road  
Clovis, CA 93611-0532

**CITATION FOR NONCOMPLIANCE**  
**TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION**  
**July 2013**

**TOTAL COLIFORM MONITORING AND REPORTING**  
**June and August 2013**

**Issued on October 15, 2013**

Section 116650, Chapter 4, Part 12, Division 104 of the California Health and Safety Code (CHSC), authorizes the issuance of a citation for failure to comply with a requirement of the California Safe Drinking Water Act, or any regulation, standard, permit, or order issued hereunder.

**VIOLATION**

The Drinking Water Field Operations Branch of the California Department of Public Health (hereinafter 'Department') hereby issues a Citation to USFS Dinkey Creek Campground (hereinafter 'Water System'), for failure to comply with Section 116555(a)(1) of the CHSC and Section 64426.1(b)(2) of Title 22, California Code of Regulations (CCR). Specifically,

1 the Water System (mailing address:1600 Tollhouse Road, Clovis, CA 93611-0532) failed to  
 2 comply with the total coliform Maximum Contaminant Level (MCL) for the month of July  
 3 2013.

4  
 5 The Water System operates under a domestic water supply permit issued by the Department  
 6 in March of 2011. USFS/Dinkey Creek Campground is a transient non-community water  
 7 system serving a population of approximately one hundred seventy-five (175) transient  
 8 persons. The Department's records show that the operating season for the Water System is  
 9 normally from May to October of each calendar year.

10  
 11 Section 64426.1(b)(2) specifies that a public water system collecting fewer than 40 samples  
 12 per month is in violation of the total coliform MCL when more than one sample collected  
 13 during any month is total coliform-positive.

14  
 15 The Water System is required to collect a minimum of one (1) bacteriological sample from  
 16 the distribution system per quarter. The bacteriological water analysis results submitted by  
 17 the Water System reported the presence of total coliform bacteria in two (2) of three (3)  
 18 samples collected by the Water System in July 2013. None of the positive samples showed  
 19 the presence of fecal coliform or *E. coli* bacteria.

20  
 21 The following table summarizes the bacteriological monitoring conducted during the  
 22 months of June, July and August 2013.

23

24 25 Collection Date	Number of Samples	Sample Type	Number TC positive	Number E. Coli positive
26 6/3/2013	1	Routine	1	0
27 6/5/2013	1	Repeat	0	0

1	7/1/2013	1	Routine	1	0
2	7/3/2013	1	Repeat	0	0
3	7/28/2013	1	Routine	1	0
4	8/5/2013	1	Routine	0	0

5 Due to the above-mentioned total coliform positive samples, the Water System failed the  
6 total coliform MCL for the month of July 2013. All water samples for coliform bacteria  
7 collected during 2013 are summarized in Attachment A.

8  
9 **The cause of the current contamination is unknown since no specific source of**  
10 **contamination has been identified. Data submitted to the Department does not reflect**  
11 **that the Seasonal Reactivation Protocol was conducted by the Water System. The**  
12 **Department has required continuous chlorination of the distribution system owing to**  
13 **the significant rise in bacteria including E. Coli seen in October of 2010. It is**  
14 **unknown whether the continuous chlorination has been implemented at this time. No**  
15 **chlorine residuals have been reported with the results.**

16  
17 **The proper repeat sampling was not conducted in June or July of 2013. Furthermore,**  
18 **the five routine samples required the month following a month with one or more total**  
19 **coliform-positive samples were not collected in July or August of 2013.**

20  
21 The Groundwater Rule adopted by the Department, effective August 18, 2011, requires the  
22 collection of a sample for bacteriological evaluation from wells serving the system in  
23 response to a coliform positive distribution sample. **This requirement was not met in**  
24 **June or July of 2013.**

1     **ASSOCIATED VIOLATIONS**

2     Additionally, the Water System has failed to comply with the following Section 64424 of  
3     Title 22, CCR:

4  
5     Section 64424(a) specifies that if a routine sample is total coliform-positive, the water  
6     supplier shall collect a repeat sample set as described in Sections 64424(a) 1 and 64424(b)  
7     within 24 hours of being notified of the positive result. The repeat samples shall all be  
8     collected within the same 24 hour period.

9  
10    Sections 64424(a)1 and 64424(b) specifies that for systems collecting only one sample per  
11    quarter, a repeat sample set shall consist of four (4) samples as follows: one (1) from the  
12    routine sample site at which the positive occurred, one (1) from the upstream repeat sample  
13    site, one (1) from the downstream repeat sample site and one (1) from the operating well or  
14    another location within the system that would best help to identify the source or area of  
15    contamination. **Only one repeat sample was collected in June and in July following the**  
16    **positive total coliform samples in those months.**

17  
18    Section 64424(c) specifies that if one or more samples in the repeat sample set is total  
19    coliform-positive, the water supplier shall collect and have analyzed an additional set of  
20    repeat samples. The supplier shall repeat this process until either no coliform are detected  
21    in one complete repeat sample set or the supplier determines that the MCL for total  
22    coliform specified in Section 64426.1 has been exceeded and notifies the Department

23  
24    Section 64424(d) specifies that if a public water system for which fewer than five routine  
25    samples per month are collected has one or more total coliform-positive samples, the water  
26    supplier shall collect at least five routine samples the following month. **Only one routine**  
27    **sample was collected in July and August 2013.**

1  
2 Section 64422(a) specifies that each water supplier shall develop and submit to the  
3 Department a siting plan for the routine collection of samples for total coliform analysis.

4 Although the Water System has submitted a bacteriological sample siting plan (BSSP)  
5 dated May 26, 2010, it was unclear from the lab reports whether any of the routine or repeat  
6 samples collected during June, July or August 2013 were collected as identified in this plan.  
7

### 8 **NOTIFICATION REQUIREMENTS**

9 Section 64426.1(c) requires a public water system to notify the Department and the  
10 consumers of the water system, when a violation of Section 64426.1(b)(1) through (4)  
11 occurs. Notification to the Department shall be by the end of the business day on which the  
12 violation has been determined. If the Department is closed, notification shall be within 24  
13 hours of the determination. The Department was not notified of the positive total coliform  
14 results.  
15

16 The Water System shall post the public notice provided as Attachment B in conspicuous  
17 locations within the water system when it is reactivated in Spring of 2014. Section  
18 116450(g) requires that upon receipt of notification from a public water system, schools  
19 must notify school employees, students, and parents (if the students are minors), residential  
20 rental property owners or managers (including nursing homes and care facilities) must  
21 notify their tenants and business property owners, managers or operators must notify  
22 employees of businesses located on the property. These secondary notification  
23 requirements are included in the public notice. The Department hereby waives public  
24 notification by newspaper, electronic mailing or posting, or by direct delivery to each  
25 customer.  
26  
27

1 Proof of notification is required. The Water System shall complete Attachment C and  
2 return it to the Department by June 30, 2014.

3  
4 **DIRECTIVES**

5  
6 The USFS/Dinkey Creek Campground is hereby directed to take the following actions:

7  
8 1. Upon reactivation of the campground in Spring 2014, by June 15, 2014, the  
9 USFS/Dinkey Creek Campground's water system shall provide public notification  
10 of the total coliform Maximum Contaminant Level failure by posting the notice  
11 provided as Attachment B in conspicuous locations for at least seven days  
12 throughout the area served by the water system.

13  
14 By June 30, 2014, the Water System shall provide proof of public notification of the  
15 total coliform MCL violation by completing Attachment C and returning it to:

16  
17 Betsy S. Lichti, Senior Sanitary Engineer  
18 Department of Public Health  
19 Drinking Water Field Operations Branch  
20 265 W. Bullard Avenue, Suite 101  
21 Fresno, CA 93704

22  
23 2. **EACH OPERATING SEASON, PRIOR TO PROVIDING WATER TO THE**  
24 **PUBLIC**, the Water system shall follow the Protocol for Reactivation of Seasonal  
25 Water systems for disinfection, flushing and bacteriological testing each year prior  
26 to opening. This protocol is provided as Attachment D.

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3. By **November 15, 2013**, the Water System shall submit a written response to the  
Department acknowledging that it has received this citation and will comply with all

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the directives listed herein. The Water System shall include information regarding the status of the implementation of continuous chlorination of the distribution system.

4. The Water System shall comply with the requirement for the installation and operation of continuous chlorination as established in the inspection report dated February 15, 2011.
5. In the event that continuous chlorination is indeed being provided, the chlorine residual must be measured and reported at the same time and location(s) that the bacteriological sample(s) are collected. The residual(s) should be provided to the Department along with the bacteriological laboratory analysis.
6. By **November 15, 2013**, the Water System shall submit an amended Bacteriological Sample Siting Plan (BSSP). Five locations shall be identified for the routine sampling along with their corresponding repeat sampling sites. The plan shall include a provision to conduct triggered source monitoring following any total coliform positive sampling. Guidelines for developing the BSSP are provided as Attachment E.
7. The Water System shall notify the Department of any further violations of the total coliform MCL as well as any detection of fecal coliform or *E. Coli* bacteria by the end of the business day on which the violation has been determined, or, if the Department is closed, within 24 hours of the determination.
8. By **November 15, 2013**, the Water System shall complete and submit the enclosed "Positive Total Coliform Investigation" form to the Department that describes the

1 incident and all corrective actions taken, as well as the results of the investigation.  
2 The appropriate investigation report is provided as Attachment F.

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4 **CIVIL PENALTIES**

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

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12  
13 10/15/13  
14 Date

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



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19  
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22 BSL/EL

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24 **Attachments:**

- 25 Attachment A: Summary of Bacteriological Samples collected during 2013
- 26 Attachment B: Public Notice
- 27 Attachment C: Proof of Notification Form
- Attachment D: Protocol for Reactivation of Seasonal Water Systems
- Attachment E: Guidelines for the Development of a Bacteriological Sample Siting Plan
- Attachment F: Positive Total Coliform Investigation Form

# Bacteriological Distribution Monitoring Report

**1000137    USFS/Dinkey Creek Campground    Distribution System Freq: 1/Q**

Sample Date	Time	Location	T Coli	E Coli	F Coli	Type	CI2	Violation	Comment
3/31/2013		Closed for the Season							
5/15/2013	7:30	Campground	A	A		Other			
6/3/2013	8:04	Campground	P	A		Routine			
6/5/2013	7:30	Dinkey Creek	A	A		Repeat		MR5	10/11/13 Addressed in 03-2014
7/1/2013	8:00	Dinkey Creek	P	A		Routine			
7/3/2013	6:08	Dinkey Creek	A	A		Repeat			
7/28/2013	10:40	Outside Spigot	P	A		Routine		MCL	10/11/13 Addressed in 03-2014
8/5/2013	6:00	Dinkey Creek Campground F	A	A		Routine		MR4	10/11/13 Addressed in 03-2014

### Violation Key

MCL	Exceeds the maximum contaminant level	MR5	Incorrect number of repeat samples as follow-up to a positive sample
MR1	No monthly sample for the report month	MR6	No source sample
MR2	No quarterly sample for the report month	MR7	No summary report submitted
MR3	Incorrect number of routine samples for the report month	MR8	Other comments and/or info
MR4	Did not collect 5 routine samples for previous month's positive sample	MR9	CI2 not reported

**IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER**

Este informe contiene información muy importante sobre su agua potable.  
Tradúzcalo o hable con alguien que lo entienda bien.

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**USFS/Dinkey Creek Campground Had Levels of Coliform Bacteria  
Above the Drinking Water Standard**

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

We routinely monitor for drinking water contaminants. We took three samples to test for the presence of coliform bacteria in July 2013. Two of these samples showed the presence of total coliform bacteria. The standard is that no more than one sample per month may show the presence of coliform bacteria.

**What should I do?**

- **You do not need to boil your water or take other corrective actions.**
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *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 treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing.**
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

**What happened? What is being done?**

[Describe corrective action]. \_\_\_\_\_  
\_\_\_\_\_.

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

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

**Secondary Notification Requirements**

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

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

This notice is being sent to you by USFS/Dinkey Creek Campground

Date distributed: \_\_\_\_\_.

**PROOF OF NOTIFICATION**

(Return with copy of notice)

As required by Section 116450 of the California Health and Safety Code, I notified all users of water supplied by the **USFS/Dinkey Creek Campground** of the failure to meet the **total coliform bacteria MCL** for the month of **July 2013** as directed by the Department.

Notification was made on \_\_\_\_\_ by  
(date)

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

\_\_\_\_\_  
Signature of Water System Representative

\_\_\_\_\_  
Date

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

Due: June 30, 2014  
Total Coliform MCL Failure: July 2013  
System Number: 1000137  
Citation No.: 03-23-13C-046



RON CHAPMAN, MD, MPH  
Director & State Health Officer

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



EDMUND G. BROWN JR.  
Governor

**PROTOCOL FOR REACTIVATION OF SEASONAL WATER SYSTEMS**  
**DRINKING WATER FIELD OPERATIONS BRANCH**  
**May 2013**

**1. Disinfection of the Well and Distribution System**

The well shall be disinfected with enough chlorine to provide a chlorine residual of 5 mg/L in all parts of the distribution system. Swimming pool chlorine is not considered acceptable for disinfection purposes. Chlorine must be certified under NSF Standard 60 for use in drinking water systems. Use the following chart for determining how much chlorine to use to achieve a 5 mg/L residual:

Volume to be treated (gallons):	1,000	2,000	5,000	10,000	25,000	50,000	100,000	250,000
<b>Amount of Chlorine Solution to Use Based on Solution Strength</b>								
<b>5% Chlorine solution</b>	1 pint	1 quart	0.5 gal	1 gal	2.5 gal	5 gal	10 gal	25 gal
<b>12.5% Chlorine solution</b>	1 cup	1 pint	1 quart	0.5 gal	1 gal	2 gal	4 gal	10 gal

The chlorine shall be held in the distribution system for at least 24 hours. The system should then be flushed till no chlorine is detectable in the system.

**2. Bacteriological Monitoring**

Following the disinfection process and flushing of the distribution system, water samples shall be collected directly from each well discharge and from the distribution system at the five routine sample sites to be analyzed for total coliform bacteria. The samples should be labeled as "special" samples. The disinfection and sampling process shall be repeated until samples from both the well and distribution system are negative for total coliform bacteria. Any distribution sample shall be collected at locations identified as "routine" sample sites on the system's approved Bacteriological Sample Siting Plan.

**3. Ongoing Bacteriological Monitoring**

The first routine samples to be collected for compliance with the monitoring requirements of the Total Coliform Rule shall be collected one week after the facility is open to the public. This monitoring shall continue either monthly or quarterly as specified in the approved Bacteriological Sample Siting Plan. All results shall be reported to the Department at the following address by the 10<sup>th</sup> day of the month following sample collection:

Betsy S. Lichti, P.E.  
Senior Sanitary Engineer, Fresno District  
California Department of Public Health  
265 W. Bullard Avenue, Suite 101  
Fresno, CA 93704

If the water system has any questions regarding the procedure outlined above with regards to the activation of their seasonal water systems, they may contact the CDPH Drinking Water Field Operations Branch, Fresno District staff at (559) 447-3300.



RON CHAPMAN, MD, MPH  
Director & State Health Officer

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



EDMUND G. BROWN JR.  
Governor

**GUIDELINES FOR COMPLETING THE  
BACTERIOLOGICAL SAMPLE SITING PLAN FOR SMALL WATER SYSTEMS**

The total coliform regulation requires the water supplier to submit a bacteriological sample siting plan to the Department for review and approval. The locations where samples are to be collected must be written down and formally approved by the Department. These guidelines and Attachment 1, “Bacteriological Sample Siting Plan” Form, are to assist you in complying with these requirements.

To comply with the requirements for submitting a Bacteriological Sample Siting Plan, two (2) items must be submitted to the Department at this time.

1. A system map, street map, or system schematic showing all sampling locations must be submitted. The map can be prepared by any system representative. It does not have to be prepared by an engineer. The following are also to be shown on the map:
  - Water Sources (i.e., well or spring)
  - Treatment Facilities (i.e., chlorination)
  - Storage Tanks
  - Pressure Reducing Stations
  - Booster Stations
  - Pressure Zones
  - Dead Ends
  - Service Area Boundaries
  - Routine Sample Sites
  - Repeat Sample Sites
  - Special Sample Sites
  
2. Complete Attachment 1, the “Bacteriological Sample Siting Plan” form, and **return the system map and form to the Department for review and approval.**

Once the Bacteriological Sample Siting Plan has been approved by the Department, copies should be provided to the person responsible for sample collection, the laboratory and the person responsible for reporting coliform-positive samples to the Department.

## Selection of Sampling Sites

The routine sampling sites chosen must be representative of the water distribution system including all pressure zones, areas supplied by each water source and distribution reservoir.

Looped Systems: If your entire water distribution system is looped, then one routine sample point may be representative of your system, assuming valves are open.

Pressure Zones: You should only be concerned about sampling in different pressure zones if your water system serves different areas of varying elevations, for example in mountainous areas.

### ***How many routine sampling sites are required?***

A minimum of five (5) routine sampling sites must be selected and indicated on your map and sampling plan form. If your water system is required to collect fewer than 5 routine samples a month, then 5 routine samples must be collected the month following any coliform positive sample. This is the reason for identifying 5 routine sites in your plan.

If the water system is not adequately represented by 5 routine sample locations, you may identify additional locations and collect more than one sample per month. Each site identified should be rotated for sampling at least every three months.

### ***How many repeat sampling sites are required?***

For systems normally collecting one or fewer samples per month, a repeat sample set consists of four samples (could be greater than four if more than one source is providing water to the distribution) to be collected from the following locations:

- One repeat sample from the same routine location.
- One repeat sample from an *upstream location*.  
(within 5 connections of the routine site)
- One repeat sample from a *downstream location*.  
(within 5 connections of the routine site)
- One sample from *each active source*.  
(The following criteria should be considered when determining where to collect the fourth repeat sample.)
  - For systems with only one active well and do not provide continuous chlorination, the sample may be collected at the wellhead.
  - For systems with more than one active well, it may not be possible to determine which well was serving the area where the positive routine sample

was collected. For these systems, repeat samples should be collected at each well head.

- Contact the Department for assistance.

For systems collecting more than one routine sample per month, a repeat sample set consists of three samples from the following locations:

- One repeat sample from the same routine location.
- One repeat sample from an upstream location.  
(within 5 connections of the routine site)
- One repeat sample from a downstream location.  
(within 5 connections of the routine site)

***What if the water system does not have enough locations to select the required number of routine and repeat sample sites?***

If the water system does not have enough sample locations to identify 5 routine sites and 3 to 4 repeat sites per routine, you may either (1) identify fewer than 5 routine sites as long as the sampling adequately reflects water quality in the distribution system, or (2) use some of the routine sites as repeat sites for other routines (i.e., double up on use of available sites).

### **Pointers for Sample Site Selection**

- When selecting a routine sample site you should be able to select a site upstream and a site downstream for repeat sampling.
- Select a site where the water is used continuously all year round.
- Pick a site that is easily accessible, i.e., a fenced yard with a locked gate and vicious dog is not a good selection.
- When choosing a sampling tap you should consider these factors:

The sampling tap should be located in as clean an environment as possible. It should be protected from contamination by humans, animals, airborne materials or other sources of contamination.

If you choose an outside private tap, it should be one that is in frequent use, clean, and at least 1½ feet (18 inches) above the ground. The sample tap should discharge downward.

If you choose an inside tap, be sure that you are not sampling from drinking fountains; taps that have aerators or strainers, or swivel faucets; or taps off of individual homeowner treatment units.

Do not choose a fire hydrant as sampling tap.

Avoid taps that are surrounded by excessive foliage or taps that are dirty or corroded.

Avoid taps that leak, have fittings with packing, or have permanent hoses or attachments fastened to the tap (Never collect a sample from a hose).

Avoid the use of dead ends for routine sample collection, and use them for repeat samples only if no other sample sites are available and if there is continuous water use from a service off the dead-end.

**Instructions for Completing the  
Bacteriological Sample Siting Plan Form**

This form has been designed to include all the requirements for the Bacteriological Sample Siting Plan.

- **Public Water System Classification**

The public water system (PWS) classification for your water system is either community, nontransient noncommunity or transient noncommunity. This classification determines the type and frequency of all water quality testing. If you are uncertain of your classification, contact the Department.

- **Month/Daily Users**

The monthly population determines the frequency of bacteriological sample collection for community water systems. The daily population determines the frequency of sample collection for transient and nontransient noncommunity systems.

- **Active Service Connections (Community water systems only)**

This is the number of active hook-ups served by the system. If your system has a hook-up to a vacant lot, do not count this as an active connection. If a vacant lot has a right to a future connection, do not count this as an active connection. If a residence is connected to the system, but the residence is vacant, count this as an active hook-up.

- **Sampling Frequency**

This is the minimum number of routine bacteriological samples required at the frequency specified. If any routine sample is positive for coliform bacteria, additional repeat samples will be required. Repeat samples are in addition to the required routine samples. If you are uncertain of the routine sampling frequency for your water system, contact the Department.

A coliform-positive sample will increase the routine monitoring for a small system the following month. A system normally collecting less than 5 routine

samples per month, which has a coliform positive sample, must collect a minimum of five (5) routine samples the following month.

- **Trained Sampler**

The person collecting samples must be trained.

Sampling Service: Water systems utilizing a certified laboratory or other sampling service for water sample collection will be considered to have trained samplers. Enter the name of the laboratory or sampling service collecting your samples. A copy of the approved Bacteriological Sample Siting Plan should be provided to the laboratory or sampling service, if one is used.

Other Trained Samplers: Any person receiving a certificate from AWWA for attendance of the Water Sampling Training should submit a copy of their certificate along with the completed form. Any other samplers should submit a statement of their experience and training to this Department for approval.

- **Analyzing Lab**

Enter the state-certified laboratory, which will be analyzing your water samples.

- **Person Responsible to Report Coliform-Positive Samples to CDPH**

This should be the person that the laboratory is required to contact when a sample is total or fecal coliform positive. This person must notify the Department within 24 hours of a violation of the total coliform standard (more than one positive sample in a month) or when any sample is fecal or *E. coli* positive. This person should have the authority to take corrective action as required by regulation and the Department. This should be the same person listed on your Emergency Notification Plan.

- **Day/Evening Phone Number**

The Department requires that the water system provide the phone numbers of the person listed above so that they can be contacted by the laboratory or the Department at any time during the day or evening in the event of a bacteriological emergency.

- **Signature and Date**

The person preparing the Sample Siting Plan should sign and date the plan. If the Department has questions regarding the sampling plan, this is the person to be contacted.

- **Sample ID**

This should be entered on the laboratory slip when the sample is turned into the laboratory. This is the unique identifier for the water sample location or the location address may also be used. For systems, which have no more than five (5) routine locations, these routine sites will be 1-ROU, 2-ROU, 3-ROU, 4-ROU, and 5-ROU.

For systems collecting one or fewer routine samples per month, a minimum of five (5) routine sampling sites with three (3) repeat sampling sites for each routine sample locations must be listed.

For systems collecting more than one routine sample per month, a minimum of five (5) routine sampling sites with two (2) repeat sampling sites for each routine sample location must be listed. Repeat sample sites are to be located within five (5) service connections upstream and downstream of the routine sample site.

All sample locations should be marked in some way with the Sample ID or location address, i.e., the code painted on the sampling location or tagged with a water proof tag so the person collecting the water sample is sure to collect the water from the correct sample locations.

- **Sample Type**

This describes what type of sample (routine or repeat) is to be collected at this location.

- **Sample Point**

This is the type of the sample location. Use the following abbreviations, when appropriate.

HB	Hose Bib (exterior)
SF	Sink Faucet
PC	Goose Neck Type Copper Tube with Pet Cock

- **Location of Sample Point**

This is the description of the area in the distribution that the sample site is located. Routine sample sites shall not be located at dead ends.

DE	Dead End (Not Recommended)
PZ	Pressure Zone
RD	Representative Distribution

- **Location Address**

This is the actual physical location where the water sample is to be collected. If possible use a street address, i.e., 103 Good Street. If the location does not have a street address, use the nearest crossroads or use the last name of the resident, i.e., “Brown Residence.” If the location is a business, please list the business name and address.

When describing the location, keep in mind that the person collecting water samples must be able to locate the sample site from your description.

- **Months Sample Collected at This Location**

This is the schedule for routine samples to be collected. For example, suppose two (2) sites are representative of your systems. Site No. 1 will be sampled in January, March, May, July, September, and November. Site No. 2 will be sampled in February, April, June, August, October, and December. All routine sites identified should be rotated to allow sampling at least every 3 months.

**BACTERIOLOGICAL SAMPLE SITING PLAN FOR SMALL WATER SYSTEMS**

<b>System No.:</b>		<b>System Name:</b>		<b>List all Active Sources that may need to be sampled for each Total Coliform Positive:</b>	
<b>PWS Classification:</b>		<b>No. Monthly Users: Daily Users:</b>			
<b>No. Active Service Connections:</b>		<b>Sampling Frequency:</b>			
<b>Name of Trained Sampler:</b>		<b>Analyzing Lab:</b>			
<b>Person responsible to report coliform-positive samples to CDPH:</b>				<b>Day/Evening Phone No:</b>	
<b>Signature of Water System Representative:</b>				<b>Date:</b>	
<b>Sample ID</b>	<b>Sample Type</b>	<b>Sample Point</b>	<b>Location of Sample Point</b>	<b>Address of Sample Point</b>	<b>Months Sample Collection at this Location</b>
1-ROU	Routine				
1-REP1	Repeat				Repeat Sample Only
1-REP2	Repeat				Repeat Sample Only
1-REP3 *	Repeat				Repeat Sample Only
2-ROU	Routine				
2-REP1	Repeat				Repeat Sample Only
2-REP2	Repeat				Repeat Sample Only
2-REP3	Repeat				Repeat Sample Only
3-ROU	Routine				
3-REP1	Repeat				Repeat Sample Only
3-REP2	Repeat				Repeat Sample Only
3-REP3	Repeat				Repeat Sample Only
4-ROU	Routine				
4-REP1	Repeat				Repeat Sample Only
4-REP2	Repeat				Repeat Sample Only
4-REP3	Repeat				Repeat Sample Only
5-ROU	Routine				
5-REP1	Repeat				Repeat Sample Only
5-REP2	Repeat				Repeat Sample Only
5-REP3	Repeat				Repeat Sample Only
<b>If the water system has one or more total coliform-positive samples, at least five routine samples will be collected the following month.</b>					
<b>If chlorine is being used, is it used on a continuous basis? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, quarterly raw water samples must be taken</b>					
<b>* May be a source sample to satisfy the triggered source monitoring requirement under the Ground Water Rule</b>					

**POSITIVE TOTAL COLIFORM INVESTIGATION**  
**Simple Well with Pressure Tank Systems**

Attachment F

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**

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

**INVESTIGATION DETAILS**

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

# POSITIVE TOTAL COLIFORM INVESTIGATION

## Attachment F

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the TCR positive finding.	
3. Has the distribution system been worked on within the last week? (service taps, hydrant flushing, main breaks, main extensions, etc.) If yes, provide details.	
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	
6. If there was a mainline leak, when was it repaired?	
7. On what date was the distribution system last flushed?	
8. Is there a written flushing procedure you can provide for our review?	
9. Do you have an active cross connection control program?	
10. What is name and phone number of your Cross-Connection Control Program Coordinator?	
11. Is the review and testing of backflow prevention devices current?	
12. On what date was the last physical survey of the system done to identify cross-connections?	

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	Sample 4 (specify)
1. What is the height of the sample tap above grade? (inches)				
2. Is the sample tap located in an exterior location or is it protected by an enclosure?				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?				
4. Is the sample tap in good condition, free of leaks around the stem or packing?				
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?				
6. Is the sample tap and area around the sample tap clean and dry (free of animal droppings, other contaminants or spray irrigation systems)				
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection				
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)				
9. Is this sample tap designated on the sampling plan submitted with this information request?				
10. What were weather conditions at the time of positive sample (rainy, windy, sunny)?				

# POSITIVE TOTAL COLIFORM INVESTIGATION

Attachment F

Page 3 of 3

GENERAL OPERATIONS:	Response
1. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	
2. Where there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located.	
3. Does the system have backup power or elevated storage?	
4. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	
5. What were the symptoms of illness if you received complaints about customers being sick?	

## ADDITIONAL INFORMATION TO BE SUBMITTED WITH RESPONSES TO THE ABOVE QUESTIONS

1. **Sketch** of System showing all sources, treatment locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
2. A set of photographs of the well, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by our Department
3. Name, certification level and certificate number of the Operator in Responsible Charge.
4. Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.

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

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

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_