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

IN RE: Land Projects Mutual Water Company
8810 West Avenue E-8
Lancaster, CA 93536

TO: Mr. John Houghton
General Manager

CITATION FOR NONCOMPLIANCE - WATER SYSTEM NO. 1910246

CITATION NO. 04-07-13C-002

Issued on December 20, 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 Land Projects Mutual Water Company (hereinafter, the Company) (mailing address: 8810 West Avenue E-8, Lancaster, CA 93536) for failure to comply with Sections 64426.1 (b)(2) of Title 22, California Code of Regulations.

APPLICABLE AUTHORITIES

Section 116650 of H&S Code provides:

116650. Citations

- (a) *If the Department determines that a public water system is in violation of this chapter or any regulation, permit, standard, citation, or order issued or adopted thereunder, the Department may issue a citation to the public water system. The citation shall be served upon the public water system personally or by certified mail. Service shall be deemed effective as of the date of personal service or the date of receipt of the certified mail. If a person to whom a citation is directed refuses to accept delivery of the certified mail, the date of service shall be deemed to be the date of mailing.*
- (b) *Each citation shall be in writing and shall describe the nature of the violation or violations, including a reference to the statutory provision, standard, order, citation, permit, or regulation alleged to have been violated.*
- (c) *A citation may specify a date for elimination or correction of the condition constituting the violation.*
- (d) *A citation may include the assessment of a penalty as specified in subdivision (e).*
- (e) *The Department may assess a penalty in an amount not to exceed one thousand 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, Section 64426.1(b)(2) states in relevant part:

5
6 Section 64426.1. Total Coliform Maximum Contaminant Level (MCL).

7
8 (b) A public water system is in violation of the total coliform MCL when any of the
9 following occurs:

10
11 (1) For a public water system which collects at least 40 samples per month, more
12 than 5.0 percent of the samples collected during any month are total coliform-
13 positive; or

14 (2) For a public water system which collects fewer than 40 samples per month,
15 more than one sample collected during any month is total coliform-positive; or

16 (3) Any repeat samples is fecal coliform-positive or E. coli-positive; or

17 (4) Any repeat sample following a fecal coliform-positive or E. coli-positive routine
18 sample is total coliform-positive.

19
20 **STATEMENT OF FACTS**

21 Background

22
23 The Company operates a community water system that serves a population of
24 approximately 1,500 through 535 residential and 4 commercial service connections
25 within the Antelope Acres area in Lancaster, which is located in the northerly portion of
26 Los Angeles County. The Company has been operating its water system under the
27

1 authority of a water supply permit (Permit No. 73-035) issued by the Department on
2 November 2, 1973 and a permit amendment (Permit Amendment No. 1910246PA-
3 001) issued by the Department on October 4, 2009.

4
5 The active sources of water supply for the Company consist of three active wells,
6 Wells 3, 5 and 8 with a capacity of 580 gallons per minute (gpm), 915 gpm, and 1,000
7 gpm, respectively. The water produced by the wells is chlorinated with a 12 percent
8 liquid sodium hypochlorite solution for precautionary purposes. There are two steel
9 tank reservoirs in the system: Tanks 4 and 5 with storage capacity of 0.03 million
10 gallons (MG) and 0.53 MG, respectively. The Company maintains a pressure of
11 approximately 40 psi in its distribution system and does not have an interconnection
12 with another water system.

13
14 The Company is required to collect a minimum of two bacteriological samples monthly
15 from its distribution system. This number is based on the Company's 539 active
16 service connections and service population of 1,500 people. The Bacteriological
17 Sample Siting Plan (BSSP) for the Total Coliform Rule (TCR) was last updated in
18 June 2008. The BSSP lists four routine sample collection sites, two samples are
19 taken monthly from these routine sampling collection sites. There are eight repeat
20 sample collection sites, which are located within the required five service connections
21 of the routine sample collection sites. The bacteriological samples are collected by
22 the Company's certified operator and analyzed by Clinical Laboratory of San
23 Bernardino, Inc. or Antelope Valley-East Kern Water Agency's Laboratory. Free
24 chlorine residual levels are also measured at the bacteriological sampling locations
25 when the total coliform samples are collected and the results are reported to the
26 Department.
27

1 On November 26, 2013, the Company collected routine bacteriological samples at
2 8839 – D2 (90th & D) and 8011 – D10 (80th & D10) in accordance the Company's
3 approved BSSP. The Company also collected its monthly bacteriological sample from
4 Well 8, the only active source running at that time. On November 29, 2013, the
5 laboratory, Clinical Laboratory of San Bernardino, Inc., notified the Company that
6 these two routine samples were total coliform-positive and E. coli-negative. The
7 monthly sample from Well 8 was total coliform-negative. The chlorine residuals were
8 0.5 mg/L for both samples. The Company followed-up by collecting repeat samples
9 on November 30, 2013 at those routine sites as well as the upstream and downstream
10 locations, in accordance to the approved BSSP. The Company was not required to
11 collect a trigger sample from Well 8 pursuant to the Groundwater Rule since it had
12 already sampled Well 8 on November 26, 2013. On December 1, 2013, the laboratory
13 notified the Company that all repeat samples were total coliform-negative and E. coli-
14 negative except for the repeat sample taken at 8816 Ave D which was total coliform-
15 positive and E. coli-negative. The Company followed up by collecting additional
16 repeat samples on December 2, 2013, at the 8816 Ave D site as well as the upstream
17 and downstream locations. The Company also collected a trigger sample from Well 8
18 in accordance with the approved Groundwater Rule plan. The additional repeat
19 samples were total coliform-negative and E. coli-negative. The chlorine residuals
20 were between 0.5 and 0.7 mg/L for repeat samples.

21 For water systems which collect fewer than 40 samples per month, more than one
22 total coliform-positive during any month is in violation of TCR. During the month of
23 November 2013, the Company had three coliform-positive samples out of eleven
24 samples collected, including repeat samples. This is above the maximum allowed.
25 Therefore, the Company violated the TCR for the month of November 2013.
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DETERMINATIONS

The Department has determined that the Company is in violation of Section 64426.1(b)(2) of Title 22, California Code of Regulations due to exceeding the number of total coliform positives samples allowed per month.

DIRECTIVES

The Company is hereby directed to take the following actions:

- 1. Cease violating the requirements of Section 64426.1(b)(2) of Title 22.
- 2. Within 30 days of receipt this Citation, the Company shall notify persons served by the Company's water system about the total coliform MCL violation in accordance with Section 64463.4 of Title 22, CCR. The content of the notice shall be approved by the Department prior to issuance. A copy of the notification shall be submitted to the Department within 10 days of the issuance.
- 3. Within 10 days of receipt of this citation, the Company shall submit a letter stating the Company's commitment to comply with the requirements as set forth above

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

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

4
5 All submittals required by this Citation, shall be submitted to the Department at the
6 following address:

7 Paul Williams, P.E.
8 District Engineer, Hollywood District
9 Drinking Water Field Operations Branch
10 500 N. Central Avenue, Suite 500
11 Glendale, CA 91203

12 **PARTIES BOUND**

13
14 This Citation shall apply to and be binding upon the Company, its officers, managers,
15 agents, employees, contractors, successors and assignees.

16
17 **SEVERABILITY**

18
19 The directives of this Citation are severable, and the Company shall comply with each
20 and every provision thereof notwithstanding the effectiveness of any provision.

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FURTHER ENFORCEMENT ACTION

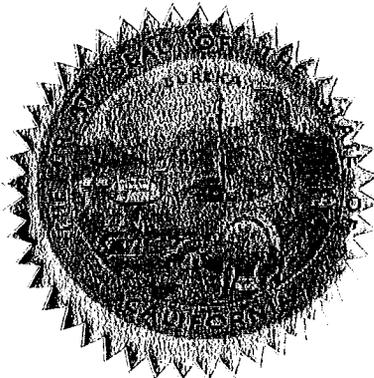
Division 104, Part 12, Chapter 4, (commencing with Section 116270) of the H&S Code authorizes the Department to issue additional citations with assessment of penalties if a public water system continues to fail to correct a violation identified in a citation; take action to suspend or revoke a permit 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. By issuance of this citation, the Department does not waive any right to take further enforcement action against the Company including but not limited to the assessment of civil penalties as authorized by law.

December 20, 2013

Date

Paul Williams

Paul Williams, P.E.
District Engineer
Hollywood District
Drinking Water Field Operations Branch



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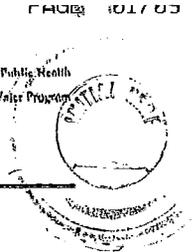
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Attachments (3):

- 1. November 2013 Monthly Bacteriological Report
- 2. Tier 2 Public Notification Template
- 3. Public Notification Certification

**November 2013
Monthly Bacteriological Report**

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



System Name LAND PROJECT MUTUAL WATER COMPANY	System Number 1910246
Sampling Period NOVEMBER	Year 2013

	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>2</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>9</u>	<u>1</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>11</u>	<u>3</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] = _____ %				
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)		<u>1</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: **Brach Smith**

REVISED

Signature: 	Title: Assistant GM	Date: 12/17/13
----------------	-------------------------------	--------------------------

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

(COMPLETE FOR POSITIVE ROUTINE SAMPLES, ALL REPEAT SAMPLES, AND ALL TRIGGERED SOURCE SAMPLES)

Routine Samples ^a			Repeat Samples ^b				Triggered Source Samples ^b					
TC+ Sample Date	TC+ Sample Site ID	12 EC/FC Results	Repeat Collection Date	Repeat Sample Site ID# ¹⁰	Coliform Results (Check one box)			Source Sample Date	Groundwater Source(s) Sampled	12 TC Results	11,12 E. coli Results	
					TC-	TC+ BUT FC/EC-	TC+ AND FC/EC+					
11/28/2013	D & 80th	(-)	11/30/2013	D & 80th	X				NOT TAKEN			
			11/30/2013	8816 Avenue D		X						
			11/30/2013	8753 Avenue D2	X							
				4								
11/28/2013	D10 & 80 St.	(-)	11/30/2013	D10 & 80 Street	X				NOT TAKEN			
			11/30/2013	8009 D12	X							
			11/30/2013	8040 Avenue D1D	X							
				4								
11/30/2013	8816 ave D	(-)	12/2/2013	8816 Avenue D	x			12/2/2013	well B	(-)	(-)	
			12/2/2013	D & 80th	x							
			12/2/2013	8760 Avenue D	x							
				4								
		(+/ -)		1						(+ / -)	(+ / -)	
				2						(+ / -)	(+ / -)	
				3							(+ / -)	(+ / -)
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		(+/ -)		1						(+ / -)	(+ / -)	
				2						(+ / -)	(+ / -)	
				3							(+ / -)	(+ / -)
				4							(+ / -)	(+ / -)

Comments: Triggered source samples not taken 11/30/2013 for D & 80th or D10 & 80th.

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 5 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

LAND PROJECT MWVC - 1910246
 CHLORINE RESIDUAL / TOTAL COLIFORM SUMMARY - 2013

May-13

Location	Date	Chlorine Residual (ppm)	Time	Total Coliforms	Coliforms
D and 90th	5/28/2013	0.5	7:40	A	A
F AND 93RD ST	5/28/2013	0.6	8:00	A	A

Jul-13

Location	Date	Chlorine Residual (ppm)	Time	Total Coliforms	Coliforms
F8 and 90th ST	7/30/2013	0.7	7:28	A	A
F and 80th st	7/30/2013	0.6	7:37	A	A

Sep-13

Location	Date	Chlorine Residual (ppm)	Time	Total Coliforms	Coliforms
F and 80th st	9/24/2013	0.8	8:00	A	A
D and 90th	9/24/2013	0.5	8:15	A	A

Nov-13

Location	Date	Chlorine Residual (ppm)	Time	Total Coliforms	Coliforms
D10 & 80th	11/26/2013	0.5	7:20	P	a
D & 90th	11/26/2013	0.5	7:50	P	a
D & 90th	11/30/2013	0.5	8:20	a	B
8753 ave DE	11/20/2013	0.6	8:25	a	B
8816 ave D	11/20/2013	0.5	8:30	P	B
D10 & 80th	11/30/2013	0.7	8:40	a	a
8009 ave D12	11/30/2013	0.7	8:45	a	a
8040 ave D10	11/30/2013	0.7	8:50	a	a
D and 90th	12/2/2013	0.7	11:20	B	B
8816 ave D	12/2/2013	0.7	11:30	B	a
8760 ave D	12/2/2013	0.7	11:40	a	a

Feb-13

Location	Date	Chlorine Residual (ppm)	Time	Total Coliforms	Coliforms
F8 and 90th ST	2/26/2013	0.6	5:55	A	A
D10 and 80th ST	2/26/2013	0.7	6:10	A	A

Apr-13

Location	Date	Chlorine Residual (ppm)	Time	Total Coliforms	Coliforms
F8 and 90th ST	4/28/2013	0.6	19:00	A	A
D10 and 80th ST	4/29/2013	0.6	18:10	A	A

Jun-13

Location	Date	Chlorine Residual (ppm)	Time	Total Coliforms	Coliforms
F AND 93RD ST	6/25/2013	0.6	6:30	A	A
D10 and 80th ST	6/25/2013	0.6	7:00	A	A

Aug-13

Location	Date	Chlorine Residual (ppm)	Time	Total Coliforms	Coliforms
F8 and 90th ST	8/27/2013	0.6	11:50	A	A
D10 and 80th ST	8/27/2013	0.7	12:00	A	A

Oct-13

Location	Date	Chlorine Residual (ppm)	Time	Total Coliforms	Coliforms
F8 and 90th ST	10/29/2013	0.6	9:30	A	A
F AND 93RD ST	10/29/2013	0.6	8:40	A	A

Dec-13

Location	Date	Chlorine Residual (ppm)	Time	Total Coliforms	Coliforms

SIGNATURE: *Brach Smith*
 BRACH SMITH

DATE: 12/16/13

DEPARTMENT OF
PUBLIC HEALTH
DRINKING WATER PROGRAM
LOS ANGELES REGION

RAW WATER COLIFORM MONITORING

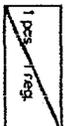
NAME OF WATER SYSTEM: LAND PROJECT MUTUAL WATER COMPANY

SYSTEM NO: 1910246

MONTH: November

YEAR: 2013

SOURCE NAME	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
WELL NO. 1	STANDARD	STANDARD	STANDARD	STANDARD								
WELL NO. 3	STANDARD	STANDARD	1 NEG	STANDARD	STANDARD	STANDARD	1 NEG	1 NEG	1 NEG	1 NEG	1 NEG	STANDARD
WELL NO. 5	Offline	Offline	Offline	Offline								
WELL NO. 8	1 NEG	1 NEG	1 NEG	5 NEG	1 NEG	1 NEG	1 NEG	1 NEG				
TOTAL	1	1	2	5	1	1	2	2	2	2	2	1

EXAMPLES:     

ATTACH CONFIRMATION RESULTS WITH THE TOTAL COLIFORM POSITIVE RESULTS.

COMMENTS:

DATE: 12/13/13

SIGNATURE: *Brett Smith*

Clinical Laboratory of San Bernardino, Inc.



Client: Land Project Mutual Water
8810 W Avenue E-8
Lancaster CA, 93536

Contact: John Houghton
Phone: (661) 948-2550
Fax: (661) 948-3622
System: 1910246

Project: Standard Analysis
Sub Project: Drinking Water

Sampler: John Houghton
Sampled: 11/26/13

Received: 11/26/13 17:18
Reported: 12/02/13

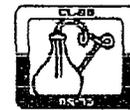
RESULTS

Laboratory ID	Sample Time	Sample Location	Cl Res Free (Field) mg/L	Total Coliform P/A	E. Coli P/A
13K2042-01	7:10	Well #8		A	A
13K2042-02	7:50	D & 90th	0.50	P [1]	A
13K2042-03	7:20	D10 & 80 St	0.50	P [1]	A

1 = Notified John 11/29/13 1105

Robin Glenney
Project Manager

Clinical Laboratory of San Bernardino, Inc.



Client: Land Project Mutual Water
8810 W Avenue E-8
Lancaster CA, 93536

Contact: John Houghton
Phone: (661) 948-2550
Fax: (661) 948-3622
System: 1910246

Project: Standard Analysis
Sub Project: Microbiology Analysis

Sampler: John Houghton
Sampled: 11/30/13

Received: 11/30/13 11:15
Reported: 12/03/13

RESULTS

Laboratory ID	Sample Time	Sample Location	Cl Res Free (Field) mg/L	Total Coliform P/A	E. Coli P/A
13L0019-01	8:40	D10 & 80 St	0.70	A	A
13L0019-02	8:45	8009 D12	0.70	A	A
13L0019-03	8:50	8040 Ave D10	0.70	A	A
13L0019-04	8:20	D & 90th	0.50	A	A
13L0019-05	8:30	8816 Ave D	0.50	P [1]	A
13L0019-06	8:25	8753 Ave D2	0.60	A	A

1 = Notified John 12/1/13. 0945

Robin Glenney
Project Manager

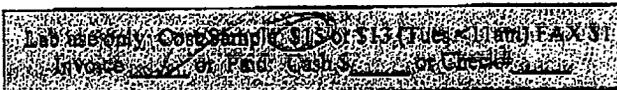
BACTERIOLOGICAL ANALYSIS CHAIN OF CUSTODY AND LABORATORY REPORT

This form is to be used for 100mL Analysis for Presence or Absence of Total Coliform and E. coli only. (FoT 101.060, 101.070)

MAILING LABEL PLEASE PRINT

CONTACT INFORMATION Fax# 256-2557 Phone 661 917 8998 or 661 917 1677 Contact JOHN HOUGHTON or BRACH SMITH

Purveyor/Name LAND PROJECTS MUTUAL WATER CO Mailing Address 8810 WEST AVE E8 City/State/Zip LANCASTER CA 93536



SAMPLE DELIVERY:

Mon-Wed 7:30am - 3:30pm \$2 discount Tue < 11:00am Thu 7:30am - 11:00am Fri No samples accepted

Table with columns: Signature, Print Name, Date, Time Rec'd, Time Relinq'd, No. bottles. Rows for Collected by, Received, Transported by, Received, Transported by, Received in laboratory by.

Collector or transporter remarks:

DEPARTMENT OF PUBLIC HEALTH NOTIFICATION:

CDPH ADDRESS: 500 NORTH CENTRAL AVE SUITE 500 GLENDALE CA 91203

YES NO (if no, please initial) System Number: 1910246 Attention: DAVID CHANG

One sample, one bottle, per ID. ONLY USE BOTTLES PROVIDED BY LAB WITH SODIUM THIOSULFATE PRESERVATIVE! Please see back page for directions. Sample collector please provide the following sample information. Signature above attests to the accuracy of this information.

Main data table with columns: Lab #, ID, Time Collected, Sample Point Location/Description, Chlorine, T, Y, Date and Location of original-positive, Total Coliform P/A, E. coli P/A.

Samples must be maintained in <10°C cooler during transport. Sample arrived at lab in <10°C cooler Holding time met TEST reason: A = routine, report to CDPH B = replacement C = special D = resample (list info. for original positive above) TYPE of sample: DRINKING WATER: 1 = Well 2 = Distribution 3 = Holding tank 4 = OTHER, describe:

Laboratory Remarks: Sample set up by: Date: 12/2 Time: 1430 Analysis completed date: 12/3/13 Time: 1000 C-18

The analysis is performed according to EPA/ELAP approved procedures for the defined substrate method for testing drinking water (SM9223). INTERPRETATION OF RESULTS: The result of TOTAL COLIFORM "A" indicates the absence of bacteriological contamination in the sample and the water is fit for human consumption based upon bacteriological quality.

NOTIFICATION REQUIRED: circle NONE or Notified: Date: Person: By:



Signature of Laboratory Director

BACTERIOLOGICAL ANALYSIS CHAIN OF CUSTODY AND LABORATORY REPORT

This form is to be used for 100mL Analysis for Presence or Absence of Total Coliform and E. coli only. (FoT 101.060, 101.070)

MAILING LABEL PLEASE PRINT

CONTACT INFORMATION Fax# _____

Purveyor/Name LAND PROJECTS MUTUAL WATER

Phone _____ or _____

Mailing Address _____

Contact _____ or _____

City/State/Zip _____

SAMPLE DELIVERY:

Mon-Wed 7:30am - 3:30pm \$2 discount Tue < 11:00am
Thu 7:30am - 11:00am
Fri No samples accepted



	Signature	Print Name	Date	Time Rec'd	Time Relinq'd	No. bottles
Collected by:	<u>Brach Smith</u>	BRACH SMITH	12/2/13		3:25	1
Received,						
Transported by:						
Received,						
Transported by:						
Received in laboratory by:	<u>Ker</u>	<u>Ker</u>	12/2/13	1525		1

Collector or transporter remarks: _____

DEPARTMENT OF PUBLIC HEALTH NOTIFICATION:

YES NO _____ (if no, please initial)

CDPH ADDRESS: Glendale, CA 91203

System Number: 1910246
Attention: D. Cheng

One sample, one bottle, per ID. ONLY USE BOTTLES PROVIDED BY LAB WITH SODIUM THIOSULFATE PRESERVATIVE! Please see back page for directions. Sample collector please provide the following sample information. Signature above attests to the accuracy of this information.

Lab # <small>LAB USE ONLY</small>	ID #	Time Collected	Sample Point Location/Description Address if different from above	Chlorine T = Total or F = Free residual as mg/L	T E S T	I Y P E	If Resample Date and Location of original positive	Total Coliform P/A LAB USE ONLY	E. coli P/A LAB USE ONLY

Samples must be maintained in <10°C cooler during transport. Sample arrived at lab in <10°C cooler Holding time met

TEST reason: A = routine, report to CDPH B = replacement C = special D = resample (list info. for original positive above)

TYPE of sample: DRINKING WATER: 1 = Well 2 = Distribution 3 = Holding tank 4 = OTHER, describe: _____

Laboratory Remarks: _____

Sample set up by: dal Date: 12/2/13 Time: 1517 Analysis completed date: 12/3/13 Time: 1000 018

The analysis is performed according to EPA/ELAP approved procedures for the defined substrate method for testing drinking water (SM9223).

INTERPRETATION OF RESULTS: The result of TOTAL COLIFORM "A" indicates the absence of bacteriological contamination in the sample and the water is fit for human consumption based upon bacteriological quality. If a result of TOTAL COLIFORM "P" is obtained, presence of coliform bacteria was detected, the water is not fit for human consumption and further testing and/or appropriate remedial action is needed. If there is presence of total coliform, the presence or absence of E. coli will be determined. E. coli presence indicates fecal contamination.

NOTIFICATION REQUIRED: PRELIMINARY
Notified: Date: _____
Person: _____
By: _____



[Signature]
Laboratory Director

Tier 2 Public Notification 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 ^(a)	Publication in a local newspaper
		Posting ^(b) 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 ^(b)	Publication in a local newspaper or newsletter distributed to customers
		Email message to employees or students
		Posting ^(b) 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.

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

Public Notification Certification

PROOF OF NOTIFICATION

Name of Water System: Land Projects Mutual Water Company

System Number: 1910246

**Certification of Notification for
Tier 2 Total Coliform MCL Violation**

As required by California Code of Regulations (CCR), Title 22, Section 64463.4, I notified the users of the water supplied by Land Projects Mutual Water Company of the violation of Section 64426.1(b)(2), 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	<input type="text"/>
Public Notification - Mail Delivery	<input type="text"/>
Public Notification – Continuous Posting	<input type="text"/>
Public Notification - Consumer Confidence Report	<input type="text"/>
Public Notification - Other method Specify other method used: _____	<input type="text"/>

Signature of Water System Representative

Date

ATTACH A COPY OF THE NOTICE USED.

THIS FORM MUST BE COMPLETED AND RETURNED TO THE DEPARTMENT