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2
STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

3 IN RE: Julian Community Services District
4 P.O. Box 681
5 Julian, CA 92036
6

7 TO: Mr. Harry Seifert
8 General Manager
9

10 **CITATION FOR NONCOMPLIANCE - WATER SYSTEM NO. 3700909**
11 **CITATION NO. 05-14-13C-010**

12 Issued on August 27, 2013

13 Section 116650, Chapter 4, Part 12, Division 104 of the California Health and Safety Code
14 (H&S Code), authorizes the California Department of Public Health, Division of Drinking
15 Water and Environmental Management (CDPH) to issue a citation for failure to comply
16 with the requirements of Chapter 4, the California Safe Drinking Water Act, or any
17 regulation, permit, standard, or order issued or adopted thereunder.

18 **VIOLATION**

19 CDPH has determined that the Julian Community Services District (hereinafter JCSD) has
20 violated provisions contained in the H&S Code and Title 22, California Code of
21 Regulations (CCR). These violations include, but are not limited to, the following:

- 22 1. Title 22, CCR, Section 64426.1: Specifically, JCSD failed to meet the primary
23 drinking water standard for the Total Coliform Maximum Contaminant Level (MCL)
24 for the month of August 2013. A public water system which collects fewer than 40
25 samples per month is in violation of the Total Coliform MCL when more than one
26 sample collected during any month is Total Coliform-positive. During the month of
27 August 2013, two of JCSD's routine samples were Total Coliform-positive.
- 28 2. Title 22, CCR, Section 64430: Specifically, JCSD failed to complete triggered



1 source water monitoring within 24 hours of notification of a distribution positive
2 sample as required by Section 141.402(a) of Title 40 of the Code of Federal
3 Regulations.

4 **ENFORCEMENT HISTORY**

5 Since 2002, JCSD has been issued two Total Coliform Rule related enforcement actions.
6 By Notice of Violation letter dated March 20, 2002, JCSD was informed that CDPH had
7 not received Monthly Distribution Coliform Monitoring Reports for the months of January
8 2001 through February 2002. In 2006, a citation was issued to JCSD for failing to collect a
9 distribution coliform sample in October 2005.

10 **BACKGROUND**

11 JCSD is a small community water system that supplies water for domestic purposes to
12 approximately 1,105 residents through 206 service connections. JCSD collects three
13 routine bacteriological samples per month from the distribution system in accordance with
14 an approved Bacteriological Sample Siting Plan, which was last updated in 2007.
15 Currently, JCSD has four active groundwater wells, Townsite Well 9, Volcan Well 1,
16 Volcan Well 2, and Volcan Well 3. The wells are blended and treated at an iron and
17 manganese removal plant and chlorinated prior to distribution.

18 **CHRONOLOGY OF EVENTS**

19 **Wednesday, August 14, 2013:** JCSD collected three routine bacteriological samples
20 from the distribution system at the following sites: Road Station 38, Payson Dr, and C
21 Street between 9:00 and 9:30 AM. Heterotrophic plate count (HPC) bacteria samples were
22 also taken at these sites. JCSD did not sample the chlorine residual at these three sites.
23 The chlorine residual at the treatment plant effluent on this day was 1.35 milligrams per



1 liter (mg/L) and had ranged from 1.35-1.38 mg/L between August 9 and August 14, 2013.
2 The samples were received at the laboratory, Enviromatrix Analytical, Inc (EMA), at 10:44
3 AM.

4 **Thursday, August 15, 2013**: The laboratory, EMA, notified JCSD staff that Road Station
5 38 and C Street tested Total Coliform-positive and absent for E. Coli. The HPC results for
6 these sites were <1 and 1 colony forming units per milliliter (CFU/mL), respectively.

7 JCSD sampled for chlorine residual at Payson Dr on August 15, 2013 and the result was
8 1.29 mg/L.

9 **Friday, August 16, 2013**: JCSD collected six repeat samples between 8:30 and 9:00 AM;
10 one from each of the two routine sample sites that were reported as Total Coliform-
11 positive and four from upstream and downstream locations for each site at the following
12 addresses: Road Station 38 Office, CalFire Station 50, Julian Women's Club (2607 C
13 Street) and Larson 2013 3rd St. The samples were received at the laboratory, EMA, at
14 11:05 AM.

15 JCSD did not sample the chlorine residual at these six sites. However, the chlorine
16 residual at the treatment plant effluent on this day was 1.34 milligrams per liter (mg/L).

17 **Monday, August 19, 2013**: CDPH received a copy of the 8/16/13 repeat sample results
18 via email from EMA at approximately 12:30 PM. All sample results were Total coliform-
19 negative. CDPH requested via email the EMA laboratory report for the 8/14/13 routine
20 samples and then called EMA and requested information on the 8/14/13 results to
21 determine whether the groundwater wells had been sampled. At approximately 1:15 PM,
22 CDPH emailed JCSD to instruct the system that Groundwater Rule samples were not
23 collected as required and that the system must sample Townsite Well 9, Volcan Well 1,
24 Volcan Well 2, and Volcan Well 3. CDPH received the laboratory report for the 8/14/13
25 samples at approximately 3:30 PM.



1 **Tuesday, August 20, 2013**: CDPH received an email from JCSD at approximately 1:00
2 PM stating that the system was unaware of the Groundwater Rule requirements and that
3 the required Groundwater Rule samples would be collected on August 21, 2013. Volcan
4 Well 3 has been offline since approximately May 2013 and CDPH agreed that it did not
5 need to be sampled for Groundwater Rule compliance.

6 **Thursday, August 22, 2013**: JCSD sampled Townsite Well 9, Volcan Well 1 and Volcan
7 Well 2 at approximately 8:00 AM. CDPH reviewed JCSD's file and found that the system
8 did not have a Bacteriological Sample Siting Plan (BSSP) that included Groundwater Rule
9 sampling and that JCSD was not using the "Monthly Summary of Distribution System
10 Coliform Monitoring" form that included Groundwater Rule information. CDPH sent JCSD
11 via email a blank BSSP form and a blank "Monthly Summary Form".

12 **Friday, August 23, 2013**: CDPH and JCSD received an email at approximately 12:30 PM
13 from EMA with results for the three wells samples on 8/22/13. All samples were Total
14 Coliform-negative. JCSD indicated via email that an updated BSSP would be submitted by
15 August 30, 2013. The laboratory results from 8/14/13, 8/16/13 and 8/22/13 are attached to
16 this citation.

17 **DIRECTIVES**

18 JCSD is hereby directed to:

- 19 1. Forthwith, JCSD shall cease and desist from failing to comply with the Primary
20 Drinking Water Standard for bacteriological water quality.
- 21 2. By **September 30, 2013**, JCSD shall provide public notice of the Total Coliform
22 MCL violation in accordance with CCR, Section 64463.4. Public notice shall be via
23 1. mail or direct delivery to each customer, and 2. posting notice using one or
24 more of the following methods: posting on the internet and/or local newspaper,



1 posting in conspicuous public spaces served by the water system, and delivery to
2 community organizations. A draft notification shall be submitted to CDPH for
3 review and approval prior to conducting public notification.

- 4 **3. Within 10 days** of conducting public notifications, a copy of the notice and the
5 "Proof of Notification" certification shall be submitted to CDPH using the enclosed
6 form.
- 7 **4. By July 1, 2014**, JCSD shall report both violations 1 and 2 listed in the Violations
8 section of this citation in the 2013 Consumer Confidence Report.
- 9 **5. Pursuant to Section 64424(d)**, Title 22 of the CCR, the Water System shall collect
10 five (5) routine bacteriological samples during the month of **September 2013**.
11 The results of these samples shall be submitted with the attached Compliance
12 Certification form.
- 13 **6. By August 30, 2013**, JCSD shall submit a revised Bacteriological Sample Siting
14 Plan that includes:
- 15 a. A listing of repeat sample sites for all routine bacteriological sample sites.
 - 16 b. A list of the wells to be sampled in accordance with the Groundwater Rule.
 - 17 c. Procedural steps to contact CDPH in the event any repeat sample results
18 are positive for coliforms to obtain approval for the location and number of
19 repeat samples to be taken.
- 20 **7. JCSD shall complete the attached Compliance Certification form and return it to**
21 **CDPH no later than October 10, 2013.**
22



1 All Submittals required by this citation shall be sent to:

2 Sean Sterchi, P.E.
3 District Engineer
4 California Department of Public Health
5 1350 Front St., Rm. 2050
6 San Diego, CA 92101

7 **CIVIL PENALTY**

8 Sections 116650 (d) and (e) of the Health and Safety Code provides for the assessment of
9 a penalty for failure to comply with the requirements of the California Safe Drinking Water
10 Act. Failure to comply with any provision of this citation may result in CDPH imposing a
11 penalty not to exceed one thousand dollars (\$1,000) per day per violation as of the date of
12 violation of any provision of this citation

13 8/27/13 
14 Date Sean Sterchi, P.E.
15 San Diego District Engineer
16 Southern California Branch
17 Drinking Water Field Operations

18 Certified

- 19 Enclosures: Compliance Certification
20 "Proof of Notification" Certification
21 Instructions for Tier 2 Resolved Total Coliform Notice Template
22 Revised Bacteriological Sample Siting Plan Form (blank)
23 Monthly Summary of Distribution System Coliform Monitoring (blank)
24 Copies of Laboratory Results for 8/14/13, 8/16/13 and 8/22/13

25
26
27
28 cc: Mark McPherson, Chief, Land and Water Quality Division, County of San Diego,
29 Department of Environmental Health (w/o enclosures)

30

COMPLIANCE CERTIFICATION

Citation Number 05-14-13C-010

Name of Water System: Julian Community Services District

System Number: 3700909

Certification

Required Action

Date Completed

Proof of Notification Certification

Revised Bacteriological Sample Siting Plan

Five Bacteriological Samples Collected & Analyzed

Signature of Water System Representative

Date

Attach a copy of the Proof of Notification Certification, revised Bacteriological Sample Siting Plan, and the laboratory results of the five water samples.

THIS FORM MUST BE COMPLETED AND RETURNED TO THE DEPARTMENT NO LATER THAN OCTOBER 10, 2013

Disclosure: Be advised that Section 116725 and 116730 of 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.

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 posting the notification.

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.

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.

<u>If You Take Fewer Than 40 Samples a Month</u>	<u>If You Take 40 or More 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.	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: _____.

Client Name: Julian Community Services District
 Project Name: JULIAN COMMUNITY SERVICES DISTRICT

EMA Log #: 13H0397

Microbiological Parameters by Standard Methods

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
ROAD STA 38 (13H0397-02) Drinking Water Sampled: 08/14/13 09:00 Received: 08/14/13 10:44									
Total Coliforms	Present		None	1	3081449	08/14/13	08/15/13	SM9223	
E. Coli	Absent		"	"	"	"	"	"	
Heterotrophic Plate Count	ND	1	CFU/ml	"	3081450	"	08/16/13	SM9215 A, B	
C STREET (13H0397-03) Drinking Water Sampled: 08/14/13 09:20 Received: 08/14/13 10:44									
Total Coliforms	Present		None	1	3081449	08/14/13	08/15/13	SM9223	
E. Coli	Absent		"	"	"	"	"	"	
Heterotrophic Plate Count	1	1	CFU/ml	"	3081450	"	08/16/13	SM9215 A, B	
PAYSON DRIVE (13H0397-04) Drinking Water Sampled: 08/14/13 09:30 Received: 08/14/13 10:44									
Total Coliforms	Absent		None	1	3081449	08/14/13	08/15/13	SM9223	
E. Coli	Absent		"	"	"	"	"	"	
Heterotrophic Plate Count	ND	1	CFU/ml	"	3081450	"	08/16/13	SM9215 A, B	

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

Client Name: Julian Community Services District
 Project Name: JULIAN COMMUNITY SERVICES DISTRICT

EMA Log #: 13H0481

Microbiological Parameters by Standard Methods

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Date Prepared Date Analyzed	Method	Notes
ROAD STATION 38 (1) (13H0481-01) Drinking Water Sampled: 08/16/13 08:45 Received: 08/16/13 11:05								
Total Coliforms	Absent		None	1	3081614	08/16/13 11:18 08/17/13 11:20	SM9223	
E. Coli	Absent		"	"	"	08/16/13 11:18 08/17/13 11:20	"	
ROAD STATION 38 OFFICE (2) (13H0481-02) Drinking Water Sampled: 08/16/13 08:50 Received: 08/16/13 11:05								
Total Coliforms	Absent		None	1	3081614	08/16/13 11:18 08/17/13 11:20	SM9223	
E. Coli	Absent		"	"	"	08/16/13 11:18 08/17/13 11:20	"	
CALFIRE STATION 50 (3) (13H0481-03) Drinking Water Sampled: 08/16/13 09:00 Received: 08/16/13 11:05								
Total Coliforms	Absent		None	1	3081614	08/16/13 11:18 08/17/13 11:20	SM9223	
E. Coli	Absent		"	"	"	08/16/13 11:18 08/17/13 11:20	"	
C STREET (4) (13H0481-04) Drinking Water Sampled: 08/16/13 08:30 Received: 08/16/13 11:05								
Total Coliforms	Absent		None	1	3081614	08/16/13 11:18 08/17/13 11:20	SM9223	
E. Coli	Absent		"	"	"	08/16/13 11:18 08/17/13 11:20	"	
JULIAN WOMEN'S CLUB (5) (13H0481-05) Drinking Water Sampled: 08/16/13 08:37 Received: 08/16/13 11:05								
Total Coliforms	Absent		None	1	3081614	08/16/13 11:18 08/17/13 11:20	SM9223	
E. Coli	Absent		"	"	"	08/16/13 11:18 08/17/13 11:20	"	
LARSON 2013 30 ST (6) (13H0481-06) Drinking Water Sampled: 08/16/13 08:35 Received: 08/16/13 11:05								
Total Coliforms	Absent		None	1	3081614	08/16/13 11:18 08/17/13 11:20	SM9223	
E. Coli	Absent		"	"	"	08/16/13 11:18 08/17/13 11:20	"	

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EnviroMatrix



Analytical, Inc.

Client Name: Julian Community Services District
 Project Name: JULIAN COMMUNITY SERVICES DISTRICT

EMA Log #: 13H0658

Microbiological Parameters by Standard Methods

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Date Prepared Date Analyzed	Method	Notes
TOWNSITE WELL 9 (13H0658-01) Grnd-Water Sampled: 08/22/13 07:50 Received: 08/22/13 10:45								
Total Coliforms	Absent		None	1	3082229	08/22/13 10:55 08/23/13 10:56	SM9223	
E. Coli	Absent		"	"	"	08/22/13 10:55 08/23/13 10:56	"	
VOLCAN 1 (13H0658-02) Grnd-Water Sampled: 08/22/13 08:00 Received: 08/22/13 10:45								
Total Coliforms	Absent		None	1	3082229	08/22/13 10:55 08/23/13 10:56	SM9223	
E. Coli	Absent		"	"	"	08/22/13 10:55 08/23/13 10:56	"	
VOLCAN 2 (13H0658-03) Grnd-Water Sampled: 08/22/13 08:10 Received: 08/22/13 10:45								
Total Coliforms	Absent		None	1	3082229	08/22/13 10:55 08/23/13 10:56	SM9223	
E. Coli	Absent		"	"	"	08/22/13 10:55 08/23/13 10:56	"	
AMMERMAN 1478 FARMER RD (13H0658-04) Grnd-Water Sampled: 08/22/13 08:45 Received: 08/22/13 10:45								
Total Coliforms	Absent		None	1	3082229	08/22/13 10:55 08/23/13 10:56	SM9223	
E. Coli	Absent		"	"	"	08/22/13 10:55 08/23/13 10:56	"	

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EnviroMatrix



Analytical, Inc.

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

System Name	System Number
Sampling Period	Year
Month	

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/ E.coli Positives
1. Routine Samples (see note 1)	_____	_____	_____	_____
2. Repeat Samples following Samples that are Total Coliform Positive and Fecal/E.coli <i>Negative</i> (see notes 5 and 6)		_____	_____	<input style="width: 40px; height: 20px;" type="text"/>
3. Repeat Samples following Routine Samples that are Total Coliform <i>Positive</i> and Fecal/E.coli Positive (see notes 5 and 6)		_____	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
4. MCL Computation for Total Coliform Positive Samples				
a. Totals (sum of columns)		_____	_____	
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 type="checkbox"/> Yes	<input type="checkbox"/> No		
...with monthly MCL? (see note 4)	<input 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)		_____	_____	<input style="width: 40px; height: 20px;" type="text"/>
6. Invalidated Samples (Note what samples, if any, were invalidated; who authorized the invalidation; and when replacement samples were collected. Attach additional sheets, if necessary.)				
7. Summary Completed By:				
Signature	Title	Date		

NOTES AND INSTRUCTIONS:

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

COLIFORM MONITORING WORKSHEET

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

Page _____ of _____
Report Month _____ Year _____

Routine Samples ⁹			Repeat Samples ⁶					Triggered Source Samples ⁸			
TC+ Sample Date	TC+ Sample Site ID	¹² EC/FC Results	Repeat Collection Date	Repeat Sample Site IDs ¹⁰	Coliform Results (Check one box)			Source Sample Date	Groundwater Source(s) Sampled	¹² TC Results	^{11,12} E. coli Results
					TC-	TC+ <u>BUT</u> FC/EC-	TC+AND FC/EC+				
		(+ / -)		1						(+ / -)	(+ / -)
		(+ / -)		2						(+ / -)	(+ / -)
		(+ / -)		3						(+ / -)	(+ / -)
		(+ / -)		4						(+ / -)	(+ / -)
		(+ / -)		1						(+ / -)	(+ / -)
		(+ / -)		2						(+ / -)	(+ / -)
		(+ / -)		3						(+ / -)	(+ / -)
		(+ / -)		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*

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BACTERIOLOGICAL SAMPLE SITING PLAN

with GROUND WATER RULE ADDENDUM

System Information:

Name of Facility: _____ System Number: _____
 Street Address: _____ 24-Hr Phone No: _____
 Mailing Address: _____ Fax No.: _____
 Service Connections: _____ Population Served: _____ Sampling Frequency: _____

Sample Collection and Laboratory:

All water samples will be collected by: _____
 Water sampler employed by: _____
 Name of Laboratory: _____
 Lab Mailing Address: _____
 Lab ELAP Code: _____ Phone #: _____ Fax #: _____
 The Laboratory was sent a copy of this plan on (date): _____

Operational Raw Water Sampling:

Is your water continuously treated with chlorine? YES NO

Systems are required to take samples of source water prior to the addition of chlorine (raw water samples) on a monthly basis, unless previously approved for reduced (quarterly) sampling by the Department. Please list below your water sources and the months when raw water samples will be taken from each source:

1. _____ Months sampled: _____
2. _____ Months sampled: _____

Map of System:

A map of the distribution system showing the source (well, spring, etc.), storage tanks, treatment facilities, distribution piping, routine sample locations, and follow-up (repeat) sample locations is required. Have you enclosed this map? YES NO

(OVER)

BACTERIOLOGICAL SAMPLE SITING PLAN

with GROUND WATER RULE ADDENDUM

All Groundwater Systems:

Does your system operate groundwater wells? YES NO

If YES, collect raw water samples from each of your active* source(s) within 24 hours of notification of a total coliform positive (TC+) Distribution Sample, unless an alternative plan has been previously approved by the Department. Each of these "triggered source water samples" must be analyzed for total coliform and E. coli (fecal indicator) bacteria.

Does your system have an approved alternative plan? YES NO

If YES, Alternative Plan Date: _____ Department approval date: _____

*Sources that were operating at the time the TC+ Distribution Sample was collected, and up to 48 hours prior, depending on detention times and water age in the system.

Additional Requirements for Consecutive Systems:

Does your system purchase groundwater from another water system? YES NO

If YES, contact the wholesaler within 24 hours of notification of a TC+ Distribution Sample.

Wholesaler: _____ Contact: _____ 24-Hr Phone No.: _____

Wholesaler: _____ Contact: _____ 24-Hr Phone No.: _____

Wholesaler: _____ Contact: _____ 24-Hr Phone No.: _____

Additional Requirements for Wholesaler Systems:

Does your system sell groundwater to another water system? YES NO

If YES, collect raw water samples from your source(s) within 24 hours of notification by the consecutive water system of a TC+ Distribution Sample in *their* water system.

If a "triggered source water sample" is fecal indicator (E. coli) positive, contact all consecutive systems within 24 hours**:

System Name: _____ Contact: _____ 24-Hr Phone No.: _____

System Name: _____ Contact: _____ 24-Hr Phone No.: _____

System Name: _____ Contact: _____ 24-Hr Phone No.: _____

** A Tier 1 Public Notice is required for all fecal indicator positive source samples.

Report Prepared by: _____

Signature and Title: _____ Date: _____

(OVER)

BACTERIOLOGICAL SAMPLE SITING PLAN (cont.)

Sample Locations:

The following describes each routine sample location, what months the location will be sampled, and where follow-up (repeat) samples will be taken in the event of a "positive" routine sample:

Routine Sample Location:

1. _____
(location name or address)

Water samples will be collected from this location during the days of (circle):

1 st Qtr:	Jan.	Feb.	Mar.
2 nd Qtr:	Apr.	May	Jun.
3 rd Qtr:	July	Aug.	Sept.
4 th Qtr:	Oct.	Nov.	Dec.

Description: _____
(dedicated sample station, hose bib, sink faucet, etc.)

Follow-up (repeat) Sample Location:

1. _____
(routine sample location name or address)

2. _____
(location name or address up-stream)

3. _____
(location name or address down-stream)

4. _____
(location name or address down-stream)

5. _____
*triggered source water samples per Ground Water Rule

Routine Sample Location:

2. _____
(location name or address)

Water samples will be collected from this location during the days of (circle):

1 st Qtr:	Jan.	Feb.	Mar.
2 nd Qtr:	Apr.	May	Jun.
3 rd Qtr:	July	Aug.	Sept.
4 th Qtr:	Oct.	Nov.	Dec.

Description: _____
(dedicated sample station, hose bib, sink faucet, etc.)

Follow-up (repeat) Sample Location:

1. _____
(routine sample location name or address)

2. _____
(location name or address up-stream)

3. _____
(location name or address down-stream)

4. _____
(location name or address down-stream)

5. _____
*triggered source water samples per Ground Water Rule

Routine Sample Location:

3. _____
(location name or address)

Water samples will be collected from this location during the days of (circle):

1 st Qtr:	Jan.	Feb.	Mar.
2 nd Qtr:	Apr.	May	Jun.
3 rd Qtr:	July	Aug.	Sept.
4 th Qtr:	Oct.	Nov.	Dec.

Description: _____
(dedicated sample station, hose bib, sink faucet, etc.)

Follow-up (repeat) Sample Location:

1. _____
(routine sample location name or address)

2. _____
(location name or address up-stream)

3. _____
(location name or address down-stream)

4. _____
(location name or address down-stream)

5. _____
*triggered source water samples per Ground Water Rule