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STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

IN RE: California Rehabilitation Center - Norco
P.O. Box 1841
Norco, CA 92860-0991

TO: Cynthia Y. Tampkins, Warden
California Rehabilitation Center - Norco

CITATION FOR NONCOMPLIANCE - WATER SYSTEM NO. 3310800
CITATION NO. 05-20-14C-006
Issued on June 24, 2014

Section 116650, Article 9, Chapter 4, Part 12, Division 104 of the California Health and Safety Code (H & S Code), authorizes the issuance of a citation for failure to comply with the requirements of the California Safe Drinking Water Act, or any regulation, standard, permit or order issued thereunder.

VIOLATION

The California Department of Public Health, Drinking Water Field Operations Branch (hereinafter Department), hereby issues a citation to the California Rehabilitation Center – Norco (hereinafter CRC) (P.O. Box 1841, Norco, CA 92860-0991) for the following violation:

1. Title 22, California Code of Regulations (CCR), Section 64426.1(b)(2): Specifically, CRC failed to comply with the Primary Drinking Water Standard for total coliform

1 bacteria during the month of May 2014. For a public water system that collects
2 fewer than 40 samples in a month, the water system is in violation of the total
3 coliform Maximum Contaminant Level (MCL) when more than one sample
4 collected during any month is total coliform-positive. Three routine distribution
5 system samples collected during May 2014 were total coliform-positive.

6

7 **BACKGROUND**

8 The CRC water system is operated under Water Supply Permit No. 05-20-07P-004,
9 issued by the Department on January 29, 2007. CRC serves water to approximately
10 5,400 staff and inmates at the Rehabilitation Center in Norco, CA. Water is also
11 supplied to the Center Force (Hospitality House), and the Department of Forestry
12 (Camp Norco). CRC is located within the City of Norco in the northwestern portion of
13 Riverside County, and receives all of its potable water from two service connections
14 with the City of Norco (City). CRC has two reservoirs, one booster station at
15 Reservoir No. 1, and a chlorination station also located at Reservoir No. 1. The water
16 supplied by the City consists primarily of groundwater produced by the City's wells
17 and, depending on system demand and availability, treated groundwater purchased
18 from Western Municipal Water District (WMWD). The water supplied by the City
19 generally contains a disinfectant residual ranging from 0.02 – 2.2 mg/L, measured
20 daily by CRC at the two connections with the City. CRC provides additional
21 chlorination using liquid sodium hypochlorite administered at the effluent of Reservoir
22 No. 1 to boost chlorine residual levels in the distribution system as necessary.

23

24 CRC collects three routine coliform samples per week rotated among five designated
25 sampling sites in the distribution system in accordance their Department-approved
26 Bacteriological Sample Siting Plan (BSSP), dated March 28, 2011. In addition to the
27 routine samples, CRC collects a special sample at Reservoir No. 1 weekly for

1 bacteriological analysis. All routine coliform samples are also analyzed for
2 heterotrophic plate count (HPC) as required by the Department. Pursuant to CCR,
3 Title 22, Section 64534.4, CRC is required to measure residual disinfectant levels at
4 the same locations in the distribution system and at the same time total coliform
5 samples are collected. All routine coliform samples are also analyzed for general
6 physical parameters such as color, odor, and turbidity.

7

8 **PREVIOUS ENFORCEMENT ACTIONS**

9 The following enforcement actions were previously issued to this system for similar
10 violations:

11

12 January 21, 2014: The Department issued Citation No. 05-20-14C-001 for failure of
13 the total coliform MCL during the month of December 2013, and failure to meet the
14 minimum chlorine residual requirement for November 2011, July 2012, December
15 2012, March 2013, October 2013, and December 2013.

16

17 November 16, 2011: The Department issued Citation No. 05-20-11C-023 for failure of
18 the total coliform MCL during the month of October 2011, and failure to meet the
19 minimum chlorine residual for October 2011.

20

21 August 16, 2011: The Department issued Citation No. 05-20-11C-018 for failure of the
22 total coliform MCL during the month of June 2011, and failure to meet the minimum
23 chlorine residual requirement as directed in the previous Citations.

24

25 May 23, 2011: The Department issued Citation No. 05-20-11C-011 for failure of the
26 total coliform MCL during the month of April 2011, failure to comply with the
27 monitoring and reporting requirements of the Total Coliform Rule, failure to analyze



1 routine samples for HPCs, and failure to meet the minimum chlorine residual
2 requirement as directed in previous Citations.

3

4 April 7, 2011: The Department issued Citation No. 05-20-11C-007 for failure of the
5 total coliform MCL during the month of February 2011, failure to conduct repeat
6 sampling, failure to comply with the monitoring and reporting requirements of the Total
7 Coliform Rule, and failure to meet the minimum chlorine residual requirement as
8 directed in previous Citations. CRC was also assessed a civil penalty of \$800 for not
9 complying with previous Citation directives.

10

11 January 27, 2010: The Department issued Citation No. 05-20-10C-006 for failure to
12 meet the minimum chlorine residual requirement in the distribution system during the
13 months of July 2009, September 2009, and October 2009.

14

15 November 19, 2008: The Department issued Citation No. 05-20-08C-013 for failure of
16 the total coliform MCL during the month of September 2008, failure to measure the
17 residual disinfectant levels in the distribution system, and failure to meet the minimum
18 chlorine residual requirement as directed in the previous two Citations. CRC was also
19 assessed a civil penalty of \$1,600 for not complying with previous Citation directives.

20

21 October 14, 2005: The Department issued Citation No. 05-20-05C-018 for failure of
22 the total coliform MCL during the month of August 2005, in addition to failure to
23 conduct the proper follow-up monitoring and reporting. CRC was also cited for not
24 complying with various directives from Citation No. 05-20-03C-002, including the
25 requirement that CRC maintain a minimum of 0.2 mg/L residual disinfectant
26 throughout the distribution system.

27



1 January 27, 2003: The Department issued Citation No. 05-20-03C-002 for failure of
2 the total coliform MCL during the month of December 2002. The Citation required
3 CRC to maintain a chlorine residual of at least 0.2 mg/L throughout the distribution
4 system. The Citation also required CRC to submit a report to the Department
5 describing the modifications to the chlorination facility, distribution system, and
6 operations that would provide and maintain a reliable disinfectant residual in the water
7 supplied to consumers.

8

9 **CHRONOLOGY OF EVENTS**

10 The following is the chronology of events that occurred during May 2014 regarding the
11 total coliform MCL failure. The laboratory reports are included as [Attachment No. 1](#).

12

13 Wednesday, May 7, 2014: Three routine total coliform monitoring samples (routine
14 samples) and one special reservoir sample (at Reservoir No. 1) were collected. All
15 four samples were found to be absent for total coliform bacteria. Heterotrophic Plate
16 Counts (HPCs) ranged from non-detect (<1 CFU/mL) to 4 CFU/mL. Chlorine
17 residuals measured ranged from 0.23 mg/L to 1.1 mg/L at the routine sample sites,
18 and 1.4 mg/L at the reservoir.

19

20 Wednesday, May 14, 2014: Three routine samples and one special reservoir sample
21 were collected. All four samples were found to be absent for total coliform bacteria.
22 HPCs ranged from non-detect to 2 CFU/mL. Chlorine residuals ranged from 0.2 to
23 0.51 mg/L at the routine sample sites, and measured 0.65 mg/L at the reservoir.

24

25 Wednesday, May 21, 2014: Three routine total coliform samples and one special
26 reservoir sample were collected. One routine sample (Visitor Processing) was found
27 to be total coliform-positive, but absent for fecal coliform. The total coliform-positive



1 sample contained HPC of 24 CFU/mL, and chlorine residual measured at the site was
2 0.21 mg/L. HPC was non-detect in the other three samples. Chlorine residuals
3 ranged from 0.23 and 0.49 mg/L at the other two routine sample sites, and measured
4 1.19 mg/L at the reservoir.

5

6 **Thursday, May 22, 2014:** CRC notified the Department of the coliform positive results
7 by e-mail and also notified the City in compliance with the Groundwater Rule triggered
8 source water sampling requirement.

9

10 **Friday, May 23, 2014:** CRC collected three repeat samples, and one special sample
11 at the 5th Street intertie with the City. All four samples were found to be absent for
12 total coliform bacteria. HPCs ranged from non-detect to 1 CFU/mL, and chlorine
13 residual levels ranged from 0.20 to 0.23 mg/L in the repeat samples, and was
14 measured at 0.73 mg/L at the intertie. The two source water samples collected by the
15 City on May 22, 2014, were absent for total coliform bacteria and *E.coli*.

16

17 **Wednesday, May 28, 2014:** Three routine samples and one special reservoir sample
18 were collected. Two of the routine samples (Warehouse and Plant Ops) were found
19 to be total coliform-positive, but absent for fecal coliform. HPCs results were non-
20 detect for all samples. Chlorine residuals ranged from 0.21 to 0.24 mg/L at the
21 routine sample sites, and measured 0.85 mg/L at the reservoir.

22

23 **Thursday, May 29, 2014:** CRC notified the Department of the two routine distribution
24 system total coliform-positives, and also notified the City. CRC was determined to be
25 in violation of the total coliform MCL for the month of May 2014 with more than one
26 total coliform-positive sample collected during the month.

27

1 **Friday, May 30, 2014:** CRC collected six repeat samples and one special sample (at
2 the Western intertie) for total coliform analysis. All six repeat samples and the special
3 sample were found to be absent for total coliform bacteria, with chlorine residuals
4 detected from 0.2 to 1.07 mg/L. HPC analysis was not completed for the samples.
5 The two source water sample(s) collected by the City on May 29, 2014, were absent
6 for total coliform bacteria and *E.coli*.

7
8 **DISCUSSION OF CONTRIBUTING PROBLEMS, SANITARY HAZARDS AND**
9 **PUBLIC HEALTH SAFEGUARDS**

10 Due to its aging distribution system and history of distribution system coliform
11 detections, CRC is required to maintain an adequate disinfectant residual level
12 throughout the distribution system at all times (Provision No. 12 of CRC's Water
13 Supply Permit No. 05-20-07P-004). Compliance with this requirement is based on
14 maintaining a chlorine residual of at least 0.2 mg/L in at least 95 percent of the
15 samples collected monthly. According to available historical monitoring data, chlorine
16 residuals in the distribution system vary significantly, and have ranged from 0.14 to
17 1.03 mg/L as measured at different routine bacteriological sampling sites within the
18 same hour.

19
20 The difference in chlorine residual levels between routine bacteriological sample sites
21 is a result of chlorine demand in the distribution system, which CRC attributes to
22 aging pipes, faulty valves, and high temperature water supplied by the City. CRC
23 monitors the temperature and chlorine residual at the two connections with the City on
24 a daily basis for comparison with distribution system chlorine residuals to determine
25 the extent of chlorine demand in the system. While there is a correlation between
26 high water temperature and decreased chlorine residual levels, the data indicates that
27 there are other factors contributing to CRC's water quality problems. According to the



1 summary of daily temperature and chlorine residual measurements taken by CRC for
2 May 2014 ([Attachment No. 2](#)), the temperature of the water supplied by the City on
3 May 21 and 28, 2014, was about average for the month. The temperature of the
4 water measured on May 21, 2014, at the Fifth St. connection was about 85°F while
5 the water temperature measured at the Western connection was a little over 96°F.
6 Chlorine residual was measured at 0.38 mg/L at the Western connection and was
7 non-detect (<0.1 mg/L) at the Fifth St. connection. Although there was no residual
8 detected at the Fifth St. connection, all routine distribution system sample sites,
9 including the coliform-positive site, contained a detectable residual above 0.2 mg/L.
10 Similarly, both routine distribution total coliform-positive samples collected May 28,
11 2014, contained detectable residuals of 0.21 and 0.24 mg/L. The chlorine residual
12 measured at the Western connection was 1 mg/L, and the water leaving Reservoir
13 No. 1 contained at residual of 0.85 mg/L. The temperature of the water supplied by
14 the City on May 28th was about 98°F at the Western connection and 81°F at the Fifth
15 St. connection. The corresponding color result for the May 21st sample collected at
16 the Visitor Processing site was 3 units; however, the May 28th coliform-positive
17 samples did not contain any color. The distribution system is looped in general, but
18 there appears to be areas with stagnant water conditions that contribute to the
19 degradation of water quality. CRC has seen an increase in disinfection byproduct
20 levels in the system as a result of prolonged detention time of water in the system and
21 increased chlorine contact time.

22

23 In response to citations issued by the Department in recent months concerning on-
24 going DBP violations, CRC has committed to replacing multiple broken valves to
25 facilitate better water flow throughout the system. Improving water flow should
26 mitigate some of the water quality issues such as DBPs by reducing water detention
27 time and chlorine contact time. Making the necessary operational and infrastructural



1 changes to facilitate better water flow through the system should reduce chlorine
2 demand in the pipes and enable CRC to better control bacteriological growth by
3 maintaining a more effective disinfectant residual throughout the distribution system.

4

5 **DIRECTIVES**

6 CRC is hereby directed to take the following actions:

7

8 1. Forthwith, CRC shall cease and desist from failing to comply with the Primary
9 Drinking Water Standard for bacteriological water quality.

10

11 2. Forthwith, CRC shall maintain a minimum chlorine residual of 0.2 mg/L throughout
12 the distribution system pursuant to Provision No. 12 of Domestic Water Supply
13 Permit No. 05-20-07P-004. Chlorine residual samples shall be collected at
14 Reservoir No. 1 and at each coliform sample site monitored under the Total
15 Coliform Rule. Compliance with this Provision shall be based upon meeting the 0.2
16 mg/L minimum residual level in at least 95 percent of the samples collected each
17 month.

18

19 3. CRC shall include information regarding the May 2014 Total Coliform Rule
20 violation in its next Consumer Confidence Report, which must be completed and
21 distributed to staff and inmates before July 1, 2015. A draft of the Consumer
22 Confidence Report shall be submitted to the Department for review and approval
23 prior to distribution and/or posting.

24

25 4. Within 30 days of receipt of this citation, CRC shall provide a written response with
26 an update on the status of the valve replacement project.

27

1 All submittals required by this Citation shall be sent to:

2
3
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9

J. Steven Williams, P.E.
District Engineer
Department of Public Health
Division of Drinking Water and Environmental Management
1350 Front Street, Room 2050
San Diego, CA 92101

10 **CIVIL PENALTY**

11 Subsections 116650 (d) and (e) of the H&S Code allows for the assessment of an
12 administrative penalty for failure to comply with requirements of the California Safe
13 Drinking Water Act. Failure to comply with any provision of this citation may result in
14 the Department imposing a civil penalty of up to \$1,000 (one thousand dollars) per
15 day as of the date of violation of any provision of this citation.

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6-24-2014
Date

J. Steven Williams
J. Steven Williams, P.E.,
District Engineer
Drinking Water Field Operations Branch
Department of Public Health

22
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28 Attachments:

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- 1. May 2014 Coliform Laboratory Results
- 2. Summary of May 2014 Daily Chlorine Residual and Temperature Sample Results

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cc: County of Riverside, Department of Environmental Health

Deanna Rogers, Capital Outlay Analyst, Department of Corrections and Rehabilitation, Facilities Management Division, Capital Outlay Section, P.O. Box 942883, Sacramento, CA 94283-0001

Kimberly Hughes, Associate Warden – Business Services, California Rehabilitation Center - Norco, P.O. Box 1841, Norco, CA 92860-0991

Attachment No. 1

CLT

MONTHLY SUMMARY OF DISTRIBUTION SYSTEM COLIFORM MONITORING

System Name <p style="text-align: center; font-size: 1.2em;">California Rehabilitation Center</p>	System Number <p style="text-align: center; font-size: 1.2em;">3310800</p>
Sampling Period <p style="text-align: center; font-size: 1.2em;">May</p>	Year <p style="text-align: center; font-size: 1.2em;">5/5/2014</p>

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/E.coli Positives
1. Routine Samples (see note 1)	<u>12</u>	<u>12</u>	<u>3</u>	<u>0</u>
2. Repeat Samples Following Samples Which are Total Coliform Positive and Fecal/E.coli <i>Negative</i> (see notes 5 and 6)		<i>CLT</i> <u>9</u> 15	<u>0</u>	0
3. Repeat Samples Following Routine Samples Which are Total Coliform <i>Positive</i> and Fecal/E.coli Positive (see notes 5 and 6)		<u>0</u>		
4. MCL Computation For Total Coliform Positive Samples				
a. Totals (sum of columns)	<u>12</u>	<i>CLT</i> <u>21</u> 27	<i>CLT</i> <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]		<u>7.76%</u> <i>CLT</i>		
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. Invalidated Samples (Note what samples, if any, were invalidated; who authorized the invalidation; and when replacement samples were collected. Attach additional sheets, if necessary.)				
6. Summary Completed By: Michael Sullivan				

STATE OF CALIFORNIA
DEPT. OF PUBLIC HEALTH
JUN 16 2014

Signature 	Title <p style="text-align: center; font-weight: bold;">WATER & SEW TRT SUP</p>	Date <p style="text-align: center; font-weight: bold;">5/5/2014</p>
---------------	--	--

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 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 must be tracked on the worksheet on the other side.
 6. For systems collecting more than one routine sample per month, three repeat samples must be collected for each total coliform positive sample. Repeat samples must be collected within 24 hours of being notified of the positive results.
 7. For systems collecting one or less routine samples per month, four repeat samples must be collected for each total coliform positive sample.
- CDPH 8477 (10/2007)

TRUESDAIL LABORATORIES, INC.

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www.truesdail.com

REPORT

Client: California Rehabilitation Center

5th and Western Avenue

Norco, CA 91760

Attention: Singh Rai

Project Name: Weekly Routine

Project Number: Agmnt #5600003884

P.O. Number: 4400002277

Release Number:

Laboratory No. 813334

Page 1 of 6

Printed 5/21/2014

Samples Received on 5/7/2014 3:30:00 PM

Field ID	Lab ID	Collected	Matrix
Plant Ops	813334-001	05/07/2014 08:00	W
Unit IV	813334-002	05/07/2014 08:30	W
Navy	813334-003	05/07/2014 09:00	W
Reservoir	813334-004	05/07/2014 09:30	W

Comments:

Total Coliforms and HPC analyzed by PA. General Physical analyzed by JT. MBAS analyzed by AL. pH analyzed by FM. Specific Conductivity and TDS analyzed by JT.

Coliform P/A Test - Colisure (24h)

Batch ColisurePA 5/7/2014

Parameter	Unit	Analyzed	DF	MDL	RL	Result
813334-001 Coliforms, Total	P/A/100mL	05/08/2014 16:00	1.00	1.00	1.00	Abse00
813334-002 Coliforms, Total	P/A/100mL	05/08/2014 16:00	1.00	1.00	1.00	Abse00
813334-003 Coliforms, Total	P/A/100mL	05/08/2014 16:00	1.00	1.00	1.00	Abse00
813334-004 Coliforms, Total	P/A/100mL	05/08/2014 16:00	1.00	1.00	1.00	Abse00

Heterotrophic Plate Count HPC SM 9215B

Batch HPC-PCA 5/7/2014

Parameter	Unit	Analyzed	DF	MDL	RL	Result
813334-001 Plate Count	CFU/mL	05/09/2014 16:00	1.00	1.00	1.00	ND
813334-002 Plate Count	CFU/mL	05/09/2014 16:00	1.00	1.00	1.00	ND
813334-003 Plate Count	CFU/mL	05/09/2014 16:00	1.00	1.00	1.00	4
813334-004 Plate Count	CFU/mL	05/09/2014 16:00	1.00	1.00	1.00	ND

Method Blank

Parameter	Unit	DF	Result
Plate Count	CFU/n	1.00	ND

This report applies only to the sample, or samples, investigated and is not necessarily indicative of the quality or condition of apparently identical or similar products. As a mutual protection to clients, the public, and these laboratories, this report is submitted and accepted for the exclusive use of the client to whom it is addressed and upon the condition that it is not to be used, in whole or in part, in any advertising or publicity matter without prior written authorization from Truesdail Laboratories.

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REPORT

Client: California Rehabilitation Center
5th and Western Avenue
Norco, CA 91760

Laboratory No. 813427

Page 1 of 6

Printed 5/28/2014

Attention: Singh Rai

Project Name: Weekly Routine

Project Number: Agmnt #5600003884

P.O. Number: 4400002277

Release Number:

Samples Received on 5/14/2014 3:15:00 PM

Field ID	Lab ID	Collected	Matrix
Warehouse	813427-001	05/14/2014 08:00	W
Visitor Processing	813427-002	05/14/2014 08:30	W
Navy	813427-003	05/14/2014 09:00	W
Reservoir	813427-004	05/14/2014 09:30	W

Comments:

Total Coliforms and HPC analyzed by PA. pH and General Physical analyzed by JT. MBAS analyzed by AL.
Specific Conductivity and TDS analyzed by JT.

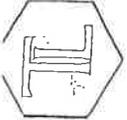
Coliform P/A Test - Colisure (24h)		Batch ColisurePA 5/14/2014				
Parameter	Unit	Analyzed	DF	MDL	RL	Result
813427-001 Coliforms, Total	P/A/100mL	05/15/2014 16:30	1.00	1.00	1.00	Abse00
813427-002 Coliforms, Total	P/A/100mL	05/15/2014 16:30	1.00	1.00	1.00	Abse00
813427-003 Coliforms, Total	P/A/100mL	05/15/2014 16:30	1.00	1.00	1.00	Abse00
813427-004 Coliforms, Total	P/A/100mL	05/15/2014 16:30	1.00	1.00	1.00	Abse00

Heterotrophic Plate Count HPC SM 9215B		Batch HPC-PCA 5/14/2014				
Parameter	Unit	Analyzed	DF	MDL	RL	Result
813427-001 Plate Count	CFU/mL	05/16/2014 14:30	1.00	1.00	1.00	ND
813427-002 Plate Count	CFU/mL	05/16/2014 14:30	1.00	1.00	1.00	ND
813427-003 Plate Count	CFU/mL	05/16/2014 14:30	1.00	1.00	1.00	2
813427-004 Plate Count	CFU/mL	05/16/2014 14:30	1.00	1.00	1.00	1

Method Blank

Parameter	Unit	DF	Result
Plate Count	CFU/n	1.00	ND

This report applies only to the sample, or samples, investigated and is not necessarily indicative of the quality or condition of apparently identical or similar products. As a mutual protection to clients, the public, and these laboratories, this report is submitted and accepted for the exclusive use of the client to whom it is addressed and upon the condition that it is not to be used, in whole or in part, in any advertising or publicity matter without prior written authorization from Truesdail Laboratories.



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CHAIN OF CUSTODY
813427

TURNAROUND TIME Normal TAT
 DATE: 5-14-14 PAGE: 1 OF 1

METHODS

COMPANY: California Rehabilitation Center (CRC)
 CONTACT: Mr. Singh Rai
 PHONE: Direct Line - (951) 737-2683 ext. 4470 FAX (951) 273-2342
 ADDRESS: 5th and Western Avenue
 Norco, CA 91760
 Project: Weekly Routine

SAMPLE I.D.	DATE	TIME	DESCRIPTION
Plant Ops			
Warehouse	5-14-14	0800	
Visitor Processing	5-14-14	0830	
-Unit IV-			
Navy	5-14-14	0900	
Reservoir	5-14-14	0930	

Total / Fecal / E coli (P/A)	Heterotrophic Plate Count (HPC)	Color, Odor, Turbidity	Specific Conductance	MBAS	Total Dissolved Solids (TDS)	pH
x	x	x	x	x	x	x
x	x	x	x	x	x	x
x	x	x	x	x	x	x
x	x	x	x	x	x	x

NUMBER OF CONTAINERS	COMMENTS
4	CL2 Residuals
4	0.20
4	0.21
4	0.51
4	0.65

Chain of Custody Signature Record

Signature	Company/ Agency	Date/ Time
<i>Michael Burnett</i>	CRC	5-14-14 11:45
<i>Mike Burnett</i>	TLI	5-14-14 11:45
<i>Mike Burnett</i>	TLI	5-14-14 3:15
<i>Michael Burnett</i>	TLI	5-14-14 3:15
Signature	Company/ Agency	Date/ Time
Signature	Company/ Agency	Date/ Time
Signature	Company/ Agency	Date/ Time
Signature	Company/ Agency	Date/ Time

LABORATORY SAMPLE LOGIN	MYOB Code	Description	Price
(Enter following line items on invoice):	21 - Coli (P/A)		5
	21 - HPC		3
	41 - Color		5
	41 - Odor		7
	41 - Turbidity		5
	41 - Elec Conductivity		7
	41 - MBAS		22
	41 - TDS		8
	41 - pH		4
Total			

TOTAL NUMBER OF CONTAINERS

SAMPLE CONDITIONS:
 RECEIVED
 Cool Warm
 5.9°C

Yes No

SPECIAL REQUIREMENTS:

For Sample Conditions
 See Form Attached

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REPORT

Client: California Rehabilitation Center
5th and Western Avenue
Norco, CA 91760

Attention: Singh Rai

Project Name: Weekly Routine

Project Number: Agmnt #5600003884

P.O. Number: 4400002277

Release Number:

Laboratory No. 813548

Page 1 of 6

Printed 6/3/2014

Samples Received on 5/21/2014 3:30:00 PM

Field ID	Lab ID	Collected	Matrix
Visitor Processing	813548-001	05/21/2014 08:30	W
Unit IV	813548-002	05/21/2014 09:30	W
Navy	813548-003	05/21/2014 10:00	W
Reservoir	813548-004	05/21/2014 09:00	W

Comments:

Total Coliforms and HPC analyzed by PA. pH and General Physical analyzed by JT. MBAS analyzed by AL.
Specific Conductivity and TDS analyzed by JT.

Coliform P/A Test - Colisure (24h)

Parameter	Unit	Batch ColisurePA 5/21/2014					Result
		Analyzed	DF	MDL	RL		
813548-001 Coliforms, Total	P/A/100mL	05/22/2014 15:45	1.00	1.00	1.00	Present	
Fecal Coliform		1.00				Absent	
813548-002 Coliforms, Total	P/A/100mL	05/22/2014 15:45	1.00	1.00	1.00	Abse00	
813548-003 Coliforms, Total	P/A/100mL	05/22/2014 15:45	1.00	1.00	1.00	Abse00	
813548-004 Coliforms, Total	P/A/100mL	05/22/2014 15:45	1.00	1.00	1.00	Abse00	

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Client: California Rehabilitation Center

Project Name: Weekly Routine

Project Number: Agmnt #5600003884

Printed 6/3/2014

Heterotrophic Plate Count HPC SM 9215B

Batch HPC-PCA 5/21/2014

Table with 7 columns: Parameter, Unit, Analyzed, DF, MDL, RL, Result. Rows include Plate Count results for IDs 813548-001 to 813548-004.

Method Blank

Table with 4 columns: Parameter, Unit, DF, Result. Row for Plate Count showing ND result.

Specific Conductivity - SM 2510B

Batch 05EC14E

Table with 7 columns: Parameter, Unit, Analyzed, DF, MDL, RL, Result. Rows include Specific Conductivity results for IDs 813548-001 to 813548-004.

Method Blank

Table with 4 columns: Parameter, Unit, DF, Result. Row for Specific Conductivity showing ND result.

Duplicate

Lab ID = 813548-004

Table with 7 columns: Parameter, Unit, DF, Result, Expected, RPD, Acceptance Range. Row for Specific Conductivity duplicate.

Lab Control Sample

Table with 7 columns: Parameter, Unit, DF, Result, Expected, Recovery, Acceptance Range. Row for Specific Conductivity lab control.

MRCSS - Secondary

Table with 7 columns: Parameter, Unit, DF, Result, Expected, Recovery, Acceptance Range. Row for Specific Conductivity MRCSS.

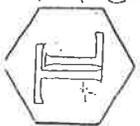
MRCVS - Primary

Table with 7 columns: Parameter, Unit, DF, Result, Expected, Recovery, Acceptance Range. Row for Specific Conductivity MRCVS.

MRCVS - Primary

Table with 7 columns: Parameter, Unit, DF, Result, Expected, Recovery, Acceptance Range. Row for Specific Conductivity MRCVS.

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CHAIN OF CUSTODY
813548

TURNAROUND TIME Normal TAT
 DATE: 5-21-14 PAGE: 1 OF 1

METHODS

COMPANY: California Rehabilitation Center (CRC) CONTACT: Mr. Singh Rai PHONE: Direct Line - (951) 737-2683 ext 4470 FAX (951) 273-2342 ADDRESS: 5th and Western Avenue Norco, CA 91760 Project: Weekly Routine SAMPLES (SIGNATURE): <i>Michael Sullivan</i>		Rec'd 05/21/14 S2a 813548		COMMENTS: CL2 Residuals								
SAMPLE I.D.	DATE	TIME	DESCRIPTION	Total / Fecal / E coli (P/A)	Heterotrophic Plate Count (HPC)	Color, Odor, Turbidity	Specific Conductance	MBAS	Total Dissolved Solids (TDS)	PH	NUMBER OF CONTAINERS	COMMENTS
Plant Ops												
Warehouse												
Visitor Processing	5-21-14	0830		X	X	X	X	X	X	X	4	0.21
Unit IV	5-21-14	0930		X	X	X	X	X	X	X	4	0.23
Navy	5-21-14	1000		X	X	X	X	X	X	X	4	0.49
Reservoir	5-21-14	0900		X	X	X	X	X	X	X	4	1.19
LABORATORY SAMPLE LOGIN (Enter following line items on invoice):												
Signature		Date/Time		MYOB Code	Description	Price	SAMPLE CONDITIONS:					
<i>Michael Sullivan</i>		5-21-14 11:25		21 - Coll (P/A)		5	RECEIVED					
Signature		Date/Time		21 - HPC		3	Cool <input checked="" type="checkbox"/> Warm <input type="checkbox"/>					
Signature		Date/Time		41 - Color		5	7.37C					
Signature		Date/Time		41 - Odor		7						
Signature		Date/Time		41 - Turbidity		5						
Signature		Date/Time		41 - Elec Conductivity		7						
Signature		Date/Time		41 - MBAS		22	Yes <input type="checkbox"/> No <input type="checkbox"/>					
Signature		Date/Time		41 - TDS		8	SPECIAL REQUIREMENTS:					
Signature		Date/Time		41 - pH		4						
Signature		Date/Time		Total								

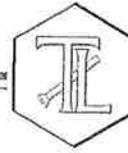
Chain of Custody Signature Record

- Signature: *Michael Sullivan* Date/Time: 5-21-14 11:25 Company/Agency: CRC
- Signature: *Mike Burnett* Date/Time: 5-21-14 11:25 Company/Agency: TL1
- Signature: *Mike Burnett* Date/Time: 5-21-14 3:30 Company/Agency: TL1
- Signature: *[Signature]* Date/Time: 5-21-14 3:30 Company/Agency: TL1
- Signature: _____ Date/Time: _____ Company/Agency: _____
- Signature: _____ Date/Time: _____ Company/Agency: _____
- Signature: _____ Date/Time: _____ Company/Agency: _____

For Sample Conditions See Form Attached

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REPORT

Client: California Rehabilitation Center
5th and Western Avenue
Norco, CA 91760

Laboratory No. 813577

Page 1 of 2

Printed 5/28/2014

Attention: Singh Rai

Project Name: Resample #1

Project Number: Agmnt #5600003884

P.O. Number: 4400002277

Release Number:

Samples Received on 5/23/2014 11:30:00 AM

Field ID	Lab ID	Collected	Matrix
Visitor Processing	813577-001	05/23/2014 08:00	W
Visiting	813577-002	05/23/2014 08:30	W
Friends Outside	813577-003	05/23/2014 09:00	W
Inert @ Western St.	813577-004	05/23/2014 09:30	W

Comments:

Total Coliforms and HPC analyzed by AL.

Coliform P/A Test - Colisure (24h)

Batch ColisurePA 5/23/2014

Parameter	Unit	Analyzed	DF	MDL	RL	Result
813577-001 Coliforms, Total	P/A/100mL	05/24/2014 12:00	1.00	1.00	1.00	Abse00
813577-002 Coliforms, Total	P/A/100mL	05/24/2014 12:00	1.00	1.00	1.00	Abse00
813577-003 Coliforms, Total	P/A/100mL	05/24/2014 12:00	1.00	1.00	1.00	Abse00
813577-004 Coliforms, Total	P/A/100mL	05/24/2014 12:00	1.00	1.00	1.00	Abse00

Heterotrophic Plate Count HPC SM 9215B

Batch HPC-PCA 5/23/2014

Parameter	Unit	Analyzed	DF	MDL	RL	Result
813577-001 Plate Count	CFU/mL	05/25/2014 12:00	1.00	1.00	1.00	1
813577-002 Plate Count	CFU/mL	05/25/2014 12:00	1.00	1.00	1.00	ND
813577-003 Plate Count	CFU/mL	05/25/2014 12:00	1.00	1.00	1.00	ND
813577-004 Plate Count	CFU/mL	05/25/2014 12:00	1.00	1.00	1.00	1

Method Blank

Parameter	Unit	DF	Result
Plate Count	CFU/n	1.00	ND

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Client: California Rehabilitation Center

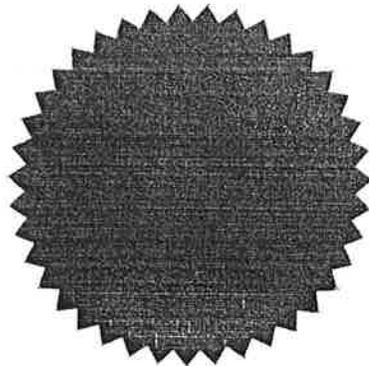
Project Name: Resample #1

Page 2 of 2

Project Number: Agmnt #5600003884

Printed 5/28/2014

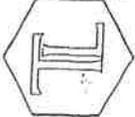
Residual Chlorine		Batch R-CI 5/23/2014				
Parameter	Unit	Analyzed	DF	MDL	RL	Result
813577-001 Chlorine Residual	mg/L	05/23/2014	1.00	0.500	0.100	0.200
813577-002 Chlorine Residual	mg/L	05/23/2014	1.00	0.500	0.100	0.220
813577-003 Chlorine Residual	mg/L	05/23/2014	1.00	0.500	0.100	0.230
813577-004 Chlorine Residual	mg/L	05/23/2014	1.00	0.500	0.100	0.730



Respectfully submitted,
TRUESDAIL LABORATORIES, INC.

Shelly Brady
Shelly Brady
Project Manager

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CHAIN OF CUSTODY
813577

X TURNAROUND TIME Normal TAT
 DATE: **5-23-14** PAGE: 1 OF 1

METHODS

COMPANY California Rehabilitation Center (CRC)
 CONTACT Mr. Singh Rai
 PHONE Direct Line: (951) 737-2683 ext 4470 FAX (951) 273-2342
 ADDRESS 5th and Western Avenue
 Norco, CA 91760
 Project: Weekly Routine

SAMPLE I.D.	DATE	TIME	DESCRIPTION
Visitor Processing	5-23-14	0800	
Visiting	5-23-14	0830	
Friends Outside	5-23-14	0900	
Inertive Western	5-23-14	0930	

Total / Fecal / E coli (P/A)	Heterotrophic Plate Count (HPC)	Color, Odor, Turbidity	Specific Conductance	MBAS	Total Dissolved Solids (TDS)	pH	NUMBER OF CONTAINERS	COMMENTS
x	x	x	x	x	x	x	2	CL2 Residuals 0.26
x	x	x	x	x	x	x	2	0.22
x	x	x	x	x	x	x	2	0.23
x	x	x	x	x	x	x	2	0.13
							8	

Chain of Custody Signature Record

1. <i>Michael Sullivan</i> Signature	<i>CRC</i> Company/ Agency	5-23-14/0829 Date/ Time
2. <i>Mike Brunant</i> Signature	<i>TLI</i> Company/ Agency	5-23-14 16:28 Date/ Time
3. <i>Mike Brunant</i> Signature	<i>TLI</i> Company/ Agency	5-23-14 11:30 Date/ Time
4. _____ Signature	Company/ Agency	Date/ Time
5. _____ Signature	Company/ Agency	Date/ Time
6. _____ Signature	Company/ Agency	Date/ Time
7. _____ Signature	Company/ Agency	Date/ Time
Total		

LABORATORY SAMPLE LOGIN
 (Enter following line items on invoice):

MYOB Code	Description	Price
21 - Coli (P/A)		5
21 - HPC		3
41 - Color		5
41 - Odor		7
41 - Turbidity		5
41 - Elec Conductivity		7
41 - MBAS		22
41 - TDS		8
41 - pH		4
Total		

TOTAL NUMBER OF CONTAINERS

SAMPLE CONDITIONS:

RECEIVED
 Cool Warm

15.2°C

Yes No

SPECIAL REQUIREMENTS:

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REPORT

Client: California Rehabilitation Center

5th and Western Avenue

Norco, CA 91760

Attention: Singh Rai

Laboratory No. 813643

Page 1 of 6

Printed 6/10/2014

Project Name: Weekly Routine

Project Number: Agmnt #5600003884

P.O. Number: 4400002277

Release Number:

Samples Received on 5/28/2014 6:10:00 PM

Field ID	Lab ID	Collected	Matrix
Plant Ops	813643-001	05/28/2014 08:30	W
Warehouse	813643-002	05/28/2014 09:00	W
Navy	813643-003	05/28/2014 10:00	W
Reservoir	813643-004	05/28/2014 09:30	W

Comments:

Total Coliforms and HPC analyzed by PA. pH and General Physical analyzed by JT. MBAS analyzed by AL.
Specific Conductivity and TDS analyzed by JT.

Heterotrophic Plate Count HPC SM 9215B		Batch HPC-PCA 5/28/2014				
Parameter	Unit	Analyzed	DF	MDL	RL	Result
813643-001 Plate Count	CFU/mL	05/30/2014 18:30	1.00	1.00	1.00	ND
813643-002 Plate Count	CFU/mL	05/30/2014 18:30	1.00	1.00	1.00	ND
813643-003 Plate Count	CFU/mL	05/30/2014 18:30	1.00	1.00	1.00	ND
813643-004 Plate Count	CFU/mL	05/30/2014 18:30	1.00	1.00	1.00	ND

Method Blank

Parameter	Unit	DF	Result
Plate Count	CFU/n	1.00	ND

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Client: California Rehabilitation Center

Project Name: Weekly Routine

Page 4 of 6

Project Number: Agmnt #5600003884

Printed 6/10/2014

Coliform P/A Test - Colilert (18h)

Batch ColilertPA 5/28/2014

Parameter	Unit	Analyzed	DF	MDL	RL	Result
813643-001 Coliforms, Total	P/A/100mL	05/29/2014 12:30	1.00	1.00	1.00	Present
Fecal Coliform		1.00				Absent
813643-002 Coliforms, Total	P/A/100mL	05/29/2014 12:30	1.00	1.00	1.00	Present
Fecal Coliform		1.00				Absent
813643-003 Coliforms, Total	P/A/100mL	05/29/2014 12:30	1.00	1.00	1.00	Absent
813643-004 Coliforms, Total	P/A/100mL	05/29/2014 12:30	1.00	1.00	1.00	Absent

Residual Chlorine

Batch R-Cl 5/28/2014

Parameter	Unit	Analyzed	DF	MDL	RL	Result
813643-001 Chlorine Residual	mg/L	05/28/2014	1.00	0.500	0.100	0.210
813643-002 Chlorine Residual	mg/L	05/28/2014	1.00	0.500	0.100	0.240
813643-003 Chlorine Residual	mg/L	05/28/2014	1.00	0.500	0.100	0.230
813643-004 Chlorine Residual	mg/L	05/28/2014	1.00	0.500	0.100	0.850

pH by SM 4500-H B

Batch 1405139

Parameter	Unit	Analyzed	DF	MDL	RL	Result
813643-001 pH	pH Unit	05/29/2014	1.00	0.0250	4.00	7.79
813643-002 pH	pH Unit	05/29/2014	1.00	0.0250	4.00	7.78
813643-003 pH	pH Unit	05/29/2014	1.00	0.0250	4.00	7.75
813643-004 pH	pH Unit	05/29/2014	1.00	0.0250	4.00	7.86

Duplicate

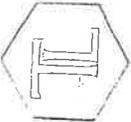
Lab ID = 813643-004

Parameter	Unit	DF	Result	Expected	RPD	Acceptance Range
pH	pH Un	1.00	7.88	7.86	0.254	0 - 20

Lab Control Sample

Parameter	Unit	DF	Result	Expected	Recovery	Acceptance Range
pH	pH Un	1.00	7.02	7.00	100	90 - 110

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CHAIN OF CUSTODY

813643

LABORATORY TIME Normal TAI
DATE: 5-28-14 PAGE 1 of 1

METHODS

COMPANY: California Rehabilitation Center (CRC)
CONTACT: Mr. Singh Rai
PHONE: Direct Line - (951) 737-2683 ext. 4470 FAX (951) 273-2342
ADDRESS: 5th and Western Avenue
Norco, CA 91760
Project: Weekly Routine

SAMPLE ID	DATE	TIME	DESCRIPTION
1- Plant Ops	5-28-14	0930	
2- Warehouse	5-28-14	0900	
Visitor Processing			
-Unit TV			
Navy	5-28-14	1000	
Reservoir	5-28-14	0930	

LABORATORY SAMPLE LOGIN (Enter following line items on invoice):	MYOB Code	Description	Price
	21 - Colt (P/A)		5
	21 - HPC		3
	41 - Color		5
	41 - Odor		7
	41 - Turbidity		5
	41 - Elec Conductivity		7
	44 - MBAS		22
	41 - TDS		8
	41 - pH		4
	Total		

Chain-of Custody Signature Record

1. <i>Michael Sullivan</i> Signature	CRC Company/ Agency	5-28-14 Date/ Time
2. <i>Mike Brunet</i> Signature	TLI Company/ Agency	5-28-14 11:30 Date/ Time
3. <i>Mike Brunet</i> Signature	TLI Company/ Agency	5-28-14 6:16 Date/ Time
4. <i>[Signature]</i> Signature	TLI Company/ Agency	5-28-14 6:10 Date/ Time
5. _____ Signature	_____ Company/ Agency	_____ Date/ Time
6. _____ Signature	_____ Company/ Agency	_____ Date/ Time
7. _____ Signature	_____ Company/ Agency	_____ Date/ Time

NUMBER OF CONTAINERS	COMMENTS
4	CL2 Residuals
4	
4	
4	
16	TOTAL NUMBER OF CONTAINERS

SAMPLE CONDITIONS:
Cool Warm
Yes No
8.7°C

SPECIAL REQUIREMENTS:

For Sample Conditions
See Form Attached

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REPORT

Client: California Rehabilitation Center

5th and Western Avenue

Norco, CA 91760

Attention: Singh Rai

Project Name: Resample

Project Number: Agmnt #5600003884

P.O. Number: 4400002277

Release Number:

Laboratory No. 813671

Page 1 of 2

Printed 5/31/2014

Samples Received on 5/30/2014 10:10:00 AM

Field ID	Lab ID	Collected	Matrix
Warehouse	813671-001	05/30/2014 08:00	W
Vocational Auto	813671-002	05/30/2014 08:15	W
Dorm 315	813671-003	05/30/2014 08:30	W
Inert @ Western	813671-004	05/30/2014 08:45	W
Plant Operations	813671-005	05/30/2014 09:00	W
Fac 1 Yard	813671-006	05/30/2014 09:15	W
Pressure Reducing V	813671-007	05/30/2014 09:30	W

Comments:

Total Coliform analyzed by AL.

Coliform P/A Test - Colisure (24h)

Batch ColisurePA 5/31/2014

Parameter	Unit	Analyzed	DF	MDL	RL	Result
813671-001 Coliforms, Total	P/A/100mL	05/31/2014 13:00	1	1.00	1.00	Abse00
813671-002 Coliforms, Total	P/A/100mL	05/31/2014 13:00	1	1.00	1.00	Abse00
813671-003 Coliforms, Total	P/A/100mL	05/31/2014 13:00	1	1.00	1.00	Abse00
813671-004 Coliforms, Total	P/A/100mL	05/31/2014 13:00	1	1.00	1.00	Abse00
813671-005 Coliforms, Total	P/A/100mL	05/31/2014 13:00	1	1.00	1.00	Abse00
813671-006 Coliforms, Total	P/A/100mL	05/31/2014 13:00	1	1.00	1.00	Abse00
813671-007 Coliforms, Total	P/A/100mL	05/31/2014 13:00	1	1.00	1.00	Abse00

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Client: California Rehabilitation Center

Project Name: Resample

Project Number: Agmnt #5600003884

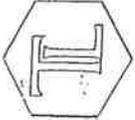
Residual Chlorine		Batch R-CI 5/30/2014 (CRC)				
Parameter	Unit	Analyzed	DF	MDL	RL	Result
813671-001 Chlorine Residual	mg/L	05/30/2014	1	0.500	0.100	0.200
813671-002 Chlorine Residual	mg/L	05/30/2014	1	0.500	0.100	0.230
813671-003 Chlorine Residual	mg/L	05/30/2014	1	0.500	0.100	0.210
813671-004 Chlorine Residual	mg/L	05/30/2014	1	0.500	0.100	0.780
813671-005 Chlorine Residual	mg/L	05/30/2014	1	0.500	0.100	0.200
813671-006 Chlorine Residual	mg/L	05/30/2014	1	0.500	0.100	0.210
813671-007 Chlorine Residual	mg/L	05/30/2014	1	0.500	0.100	1.07

Respectfully submitted,

TRUESDAIL LABORATORIES, INC.

Shelly Brady
Project Manager

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CHAIN OF CUSTODY

813671
 METHODS

X

TURNAROUND TIME Normal TAT

DATE: 5-30-14 PAGE: 1 OF 1

COMPANY		California Rehabilitation Center (CRC)	
CONTACT		Mr. Singh Rai	
PHONE	ADDRESS	DATE	DESCRIPTION
Direct Line - (951) 737-2683 ext 4470	5th and Western Avenue	5-30-14 0900	Whose house
FAX (951) 273-2342	Norco, CA 91760	5-30-14 0815	Vocational Auto
		5-30-14 0830	Docm315
		5-30-14 0845	Inactive water
		5-30-14 0900	Plant operations
		5-30-14 0915	Fac 1 Yard
		5-30-14 0930	Pressure reducing Valve

SAMPLES (SIGNATURE)		Michael Sullivan	
SAMPLE I.D.	DATE	TIME	DESCRIPTION
1	5-30-14	0900	Whose house
2	5-30-14	0815	Vocational Auto
3	5-30-14	0830	Docm315
4	5-30-14	0845	Inactive water
5	5-30-14	0900	Plant operations
6	5-30-14	0915	Fac 1 Yard
7	5-30-14	0930	Pressure reducing Valve

LABORATORY SAMPLE LOGIN		(Enter following line items on invoice):	
MYOB Code	Description	Price	Quantity
21 - Coli (P/A)		5	
21 - HPC		3	
41 - Color		5	
41 - Odor		7	
41 - Turbidity		5	
41 - Elec Conductivity		7	
41 - MBAS		22	
41 - TDS		8	
41 - pH		4	
Total			

Chain of Custody Signature Record		Signature		Date/Time	
1	Michael Sullivan	CRC	Company/ Agency	5-30-14	10:10
2	Mike Baumert	TLI	Company/ Agency	5-30-14	10:10
3			Company/ Agency		
4			Company/ Agency		
5			Company/ Agency		
6			Company/ Agency		
7			Company/ Agency		

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41 - MBAS		22	
41 - TDS		8	
41 - pH		4	
Total			

Attachment No. 2

	5th Street			Western			Plant Ops			Navy
MAY 2014	Temp (°C)	Temp (°F)	Cl2	Temp (°C)	Temp (°F)	Cl2	Temp (°C)	Temp (°F)	Cl2	Cl2
1	35.2	95.4	0.47	36.6	97.9	0.13	26.3	79.3	0.19	0.23
2	29.6	85.3	0.1	36.3	97.3	1.89	31.1	88.0	0.06	0.89
3										
4										
5	30	86.0	0.06	35.3	95.5	0.99	32.7	90.9	0.08	0.68
6	30	86.0	0.08	36.2	97.2	1.11	27.6	81.7	0.06	0.18
7	29.8	85.6	0.03	36.5	97.7	0.99	27.8	82.0	0.23	1.1
8	30.2	86.4	0.05	36.4	97.5	0.75	32.7	90.9	0.27	1.7
9	29.3	84.7	0.02	36.1	97.0	1.37	32.3	90.1	0.24	1.36
10										
11										
12	29.3	84.7	0.02	36.1	97.0	0.65	25.3	77.5	0.33	0.85
13	30	86.0	0.03	36.2	97.2	0.29	26.3	79.3	0.69	0.48
14	29.6	85.3	0.02	36.1	97.0	0.6	29.8	85.6	0.64	0.51
15	29.5	85.1	0.2	36.4	97.5	0.8	28.1	82.6	0.02	0.63
16	29.1	84.4	0.14	36.2	97.2	0.66	28.2	82.8	0.12	0.63
17										
18										
19	28.8	83.8	0.08	36.4	97.5	0.59	28.6	83.5	0.07	0.49
20	29	84.2	0.52	35.8	96.4	0.35	28.7	83.7	0.04	0.59
21	29.4	84.9	0.03	35.8	96.4	0.38	28.5	83.3	0.03	0.49
22	28.4	83.1	0.17	35.9	96.6	0.6	27.5	81.5	0.26	0.39
23	29	84.2	0.02	35.6	96.1	0.73	28.4	83.1	0.27	0.4
24										
25				35.7	96.3	0.93				
26										
27	28	82.4	0.01	36.7	98.1	0.81	31.5	88.7	0.1	0.27
28	27.4	81.3	0.15	36.6	97.9	1	28.8	83.8	0.24	0.18
29	32.4	90.3	0.24	36.5	97.7	1.07	28.2	82.8	0.04	0.31
30	28.6	83.5	0.43	36.1	97.0	0.78	29	84.2	0.05	1.07
31										
Average	29.6	85.4	0.14	36.2	97.1	0.79	28.9	84.1	0.19	0.6
Range	(28.7 - 34.5)	(83.7 - 94.1)	(0.1 - 1.06)	(31 - 36.2)	(87.8 - 97.2)	(0.67 - 1.36)	(21 - 25.3)	(77.5 - 90.9)	(0.02 - 0.69)	(0.18 - 1.7)