



RON CHAPMAN, MD, MPH
Director & State Health Officer

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



EDMUND G. BROWN JR.
Governor

August 27, 2013

Cindy Gano
Drinking Water Contract Manager
California Department of Transportation, District 8
464 W. 4th St., 6th Floor, MS 1108
San Bernardino, CA 92401

CITATION NO. 05-13-13C-009
CALTRANS DESERT OASIS SAFETY ROADSIDE REST AREA
(SYSTEM NO. 3600044)

Dear Ms. Gano:

The Department of Public Health (Department) hereby issues a citation to the Caltrans Desert Oasis Safety Roadside Rest Area (Caltrans) for the following violation:

- Title 22, California Code of Regulations (CCR), Section 64426.1(b)(2). Specifically, the system failed to meet the Primary Drinking Water Standards for bacteriological quality in the month of July 2013. A public water system which collects fewer than 40 samples per month is in violation of the Total Coliform Maximum Contaminant Level (MCL) when more than one (1) sample collected during a single month is total coliform-positive.

If you have any questions regarding this letter, please contact Ms. Esther Brewer at (909) 383-5468.

Sincerely,

Sean F. McCarthy, P.E.
Senior Sanitary Engineer
San Bernardino District
CDPH - Drinking Water Field Operations Branch

Enclosure: Citation No. 05-13-13C-009

ENCLOSURE

CITATION NO. 05-13-13C-009

STATE OF CALIFORNIA

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

IN RE: Caltrans Desert Oasis Safety Roadside Rest Area
California Department of Transportation, District 8
464 W. 4th St., 6th Floor, MS 1108
San Bernardino, CA 92401

TO: Cindy Gano
Drinking Water Contract Manager

CITATION FOR NONCOMPLIANCE – WATER SYSTEM NO. 3600044

CITATION NO. 05-13-13C-009

Issued on August 27, 2013

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 Chapter 4 (California Safe Drinking Water Act), or any regulation, standard, permit or order issued thereunder.

California Department of Public Health, Division of Drinking Water (hereinafter Department), hereby issues a citation to the Caltrans Desert Oasis Safety Roadside Rest Area (hereinafter Caltrans) (mailing address: 464 W. 4th Street, 6th Floor, MS 1108, San Bernardino, CA 92401) for the following violations:

1. Title 22, California Code of Regulations (CCR), Section 64426.1(b)(2). Specifically, the system failed to meet the Primary Drinking Water Standards for bacteriological quality in the month of July 2013. A public water system which collects fewer than 40 samples per month is in violation of the Total Coliform Maximum Contaminant

1 Level (MCL) when more than one (1) sample collected during a single month is total
2 coliform-positive.

3
4 In the month of July 2013, three (3) of Caltrans routine distribution system samples, and
5 one source sample had a presence of total coliform, but were absent of *E.coli*.

6
7 In accordance with Section 116650 of the H & S Code, the above violation is classified
8 as a non-continuing violation.

9
10 **HISTORY**

11
12 The Caltrans Desert Oasis Safety Roadside Rest Area (Caltrans) is a transient, non-
13 community water system providing water to at least 25 different persons for at least 60
14 days of the year. The Caltrans rest area has water fountains and bathroom facilities,
15 and is open year round. It is located along Interstate 40, 29 miles east of Barstow. The
16 Caltrans system is supplied by one vertical well. The system provides continuous
17 chlorination. Caltrans is currently operating by authority of Domestic Water Permit No.
18 05-13-12P-002, issued by the Department of February 15, 2012.

19
20 Caltrans currently collects four (4) routine bacteriological samples per month from the
21 distribution system, at curb faucets on the east and west bound sides of Interstate 40.
22 A revised Bacteriological Sample Siting Plan (plan) was approved by the Department on
23 March 26, 2013.

24
25 On July 17, 2013, Caltrans collected two routine samples from the distribution system
26 located at the E/B Hose Bib #1 and W/B Hose Bib#5. Both samples were total coliform-
27 positive, but absent of *E.coli* bacteria. The system also collected one sample from the

1 source, Desert Oasis E/B Well, which was also total coliform-positive, but absent of
2 *E.coli* bacteria.

3
4 On July 18, 2013, Caltrans notified the Department that the MCL for Total Coliform was
5 exceeded.

6
7 On July 19, 2013, Caltrans collected six (6) repeat samples, and one (1) at the source.
8 One of the repeat samples, collected at the Men's Restroom, was total coliform-positive,
9 but *E.coli* negative. Caltrans closed the system to take corrective actions and
10 disinfected the well. Two leaks were found and repairs were made prior to retesting for
11 bacteriological contamination.

12
13 On July 25, 2013, three (2) additional samples were collected for coliform testing. Two
14 (2) were from the distribution system, and one (1) from the source. All samples were
15 absent of coliform bacteria.

16
17 On August 1, 2013, the system was reopened.

18
19 **DIRECTIVES:**

20
21 The System is hereby directed to take the following action:

- 22
23 1. Within 30 days of receipt of this citation, Caltrans shall notify it's consumers of the
24 bacteriological water quality failure in conformance with Section [64426.1(b)(2)],
25 Title 22, CCR. (Attachment No. 2)

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- A Tier 2 public notice shall be issued by posting in a conspicuous place, such as near faucets and drinking fountains, or at locations throughout the area served by the water system. The content of the notice shall be approved by the Department prior to posting. The posting shall be maintained for at least seven (7) consecutive days.
- Caltrans shall submit a copy of the notice and a certification that all the public notice requirements have been met pursuant to Section [64469(d)] Title 22, CCR. **(Attachment No. 3)**

2. Within 30 days of issuance of this citation, Caltrans shall complete and submit to the Department the Positive Total Coliform Investigation form, in accordance with Section 64426(b), of Title 22, CCR. **COMPLETED BY CALTRANS AUGUST 4, 2013. (Attachment No. 4)**

3. Caltrans shall collect a minimum of five routine samples from the distribution system in the month of August 2013. The results shall be reported to the Department by the 10th day of the following month.

All submittals required by this citation shall be sent to:

Sean F. McCarthy, P.E.
Senior Sanitary Engineer
Department of Public Health
Drinking Water Field Operations Branch
464 W. 4th Street, Suite 437
San Bernardino, CA 92401

1 **CIVIL PENALTIES**

2
3 Section 116650 (d) and (e) of the H&S Code allow for the assessment of a civil penalty
4 for failure to comply with requirements of the Safe Drinking Water Act. Failure to
5 comply with any provision in this citation will result in the Department imposing an
6 administrative penalty of up to \$25.00 (twenty-five dollars) per day as of the date of
7 violation of any provision of this citation.

8
9 August 27, 2013
10 Date

11 Sean F. McCarthy
12 Sean F. McCarthy, P.E.
13 Senior Sanitary Engineer
14 San Bernardino District

15
16 Attachments (4)



Attachment No. 1

MONTHLY COLIFORM SUMMARY AND
BACTERIOLOGICAL LAB RESULTS
FOR JULY 2013

MONTHLY SUMMARY OF WATER SYSTEM COLIFORM MONITORING

System Name <p style="text-align: center; font-size: 1.2em;">DESERT OASIS</p>	System Number <p style="text-align: center; font-size: 1.2em;">3600044</p>
Sampling Period <p style="text-align: center; font-size: 1.2em;">JULY</p>	Year <p style="text-align: center; font-size: 1.2em;">2013</p>

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/E.coli Positives
1. Routine Samples (see note 1)	<u>4</u>	<u>4</u>	<u>8 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>8 6</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>12 10</u>	<u>4 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	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="margin: 0;">RECEIVED</p> <p style="margin: 0;">AUG - 5 2013</p> <p style="margin: 0;">Drinking Water Program San Bernardino District</p> </div>	
...with monthly MCL? (see note 4)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
5. Triggered Source Samples following Routine Samples that are Total Coliform Positive (This applies only to systems subject to the Groundwater Rule - see notes 8 and 9)		<u>1</u>	_____	
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: Brenda Anderson				

Signature <p style="font-size: 1.2em; font-family: cursive;">Brenda D. Anderson</p>	Title <p style="text-align: center; font-size: 1.2em;">Supervisor</p>	Date <p style="text-align: center; font-size: 1.2em;">7/30/2013</p>
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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 must be tracked on the Coliform Monitoring Worksheet.
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.
8. For systems subject to the Groundwater Rule: Positive results and the associated triggered source samples must be tracked on the Coliform Monitoring Worksheet.
9. For triggered sample(s) following a total coliform routine positive sample, an E.coli (or other GW Rule accepted fecal indicator) positive triggered sample (boxed entry) **requires immediate notification to the Department, Tier 1 public notification, and corrective action.**

COLIFORM MONITORING WORKSHEET for Desert Oasis

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

Report Month JULY Year 2013

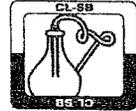
Routine Samples ¹⁰			Repeat Samples ^{6, 7}				Triggered Source Samples ⁹					
TC+ Sample Date	TC+ Sample Site ID	¹³ EC/FC Results	Repeat Collection Date	Repeat Sample Site IDs ¹¹	Coliform Results (Check one box)			Source Sample Date	Groundwater Source(s) Sampled ¹²	¹³ TC Results	¹³ E. coli Results	
					TC-	TC+ BUT FC/EC-	TC+ AND FC/EC+					
7/17/2013	HOSE BIB#1	(+/ -)	19-Jul	HB #1	x			19-Jul	WELL	POS	NEG	
			7/19/2013	MENS RM	x	x						
			1	HB #5	x						(+ / -)	(+ / -)
			4								(+ / -)	(+ / -)
7/17/2013	HB# 5	(+ / x)		HB #5	x					(+ / -)	(+ / -)	
				2 HB #4	x					(+ / -)	(+ / -)	
				3 HB # 6	x						(+ / -)	(+ / -)
				4							(+ / -)	(+ / -)
		(+ / -)		1						(+ / -)	(+ / -)	
				2							(+ / -)	(+ / -)
				3							(+ / -)	(+ / -)
				4							(+ / -)	(+ / -)
		(+ / -)		1						(+ / -)	(+ / -)	
				2							(+ / -)	(+ / -)
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		(+ / -)		1						(+ / -)	(+ / -)	
				2							(+ / -)	(+ / -)
				3							(+ / -)	(+ / -)
				4							(+ / -)	(+ / -)
		(+ / -)		1						(+ / -)	(+ / -)	
				2							(+ / -)	(+ / -)
				3							(+ / -)	(+ / -)
				4							(+ / -)	(+ / -)
		(+ / -)		1						(+ / -)	(+ / -)	
				2							(+ / -)	(+ / -)
				3							(+ / -)	(+ / -)
				4							(+ / -)	(+ / -)
		(+ / -)		1						(+ / -)	(+ / -)	
				2							(+ / -)	(+ / -)
				3							(+ / -)	(+ / -)
				4							(+ / -)	(+ / -)

Comments: Rest Area closed on 7-17 after repeat sample done. SOS found leak in 2 places in the system made repairs and tested system again test results came back

- NOTES AND INSTRUCTIONS (see Monthly Summary form for notes 6 and 7):
- For triggered sample(s) following a total coliform routine positive sample, an E.coli (or other GW Rule accepted fecal indicator) positive triggered sample (boxed entry) requires **immediate notification to the Department, Tier 1 public notification, and corrective action.**
 - Enter any TC+ positive samples occurring in the previous month. Include location and indicate if the routine sample was either positive or negative for E.coli or Fecal Coliforms.
 - For systems serving ≤ 1000 persons, a triggered source water sample may be used as the fourth repeat. Show result in GW source column too.
 - More than one groundwater source may be listed on each line if the results are the same (i.e. E.coli positive or negative)
 - Circle the appropriate result

Abbreviations: TC = Total Coliform, FC = Fecal Coliform, EC = E. coli

Clinical Laboratory of San Bernardino, Inc.



Cal Trans SBC SRRA 464 West 4th Street, 6th Floor, MS 1108 San Bernardino CA, 92401	Project: Desert Oasis #631 SBC SRRA Sub Project: System Number 3600044 Project Manager: Cindy Gano	Work Order: 13G0166 Received: 07/01/13 16:30 Reported: 07/03/13
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Desert Oasis E/B Hose Bib #1 **13G0166-01 (Water)** **Sample Date:** 07/01/13 11:20 **Sampler:** Tim Moore

Analyte	Method	Result	Units	Rep. Limit	Prepared	Analyzed	Batch	Qualifier
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Field Analyses

Cl Res Free (Field) Field **0.96** mg/L 07/01/13 07/01/13 1327179

Microbiology Analyses

Total Coliform	SM 9223	A	P/A		07/01/13	07/02/13	1327156	
E. Coli	SM 9223	A	P/A		07/01/13	07/02/13	1327156	
Total Coliform (Density)	SM 9223	ND	MPN/100	1.0	07/01/13	07/02/13	1327151	
E. Coli (Density)	SM 9223	ND	MPN/100	1.0	07/01/13	07/02/13	1327151	

Desert Oasis W/B Hose Bib #5 **13G0166-02 (Water)** **Sample Date:** 07/01/13 11:42 **Sampler:** Tim Moore

Analyte	Method	Result	Units	Rep. Limit	Prepared	Analyzed	Batch	Qualifier
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Field Analyses

Cl Res Free (Field) Field **0.82** mg/L 07/01/13 07/01/13 1327179

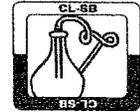
Microbiology Analyses

Total Coliform	SM 9223	A	P/A		07/01/13	07/02/13	1327156	
E. Coli	SM 9223	A	P/A		07/01/13	07/02/13	1327156	
Total Coliform (Density)	SM 9223	ND	MPN/100	1.0	07/01/13	07/02/13	1327151	
E. Coli (Density)	SM 9223	ND	MPN/100	1.0	07/01/13	07/02/13	1327151	

ND Analyte NOT DETECTED at or above the reporting limit

Robin Glenney
Project Manager

Clinical Laboratory of San Bernardino, Inc.



Cal Trans SBC SRRA 464 West 4th Street, 6th Floor, MS 1108 San Bernardino CA, 92401	Project: Desert Oasis #631 SBC SRRA Sub Project: System Number 3600044 Project Manager: Cindy Gano	Work Order: 13G1729 Received: 07/19/13 15:40 Reported: 07/22/13
--------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------

Desert Oasis W/B Hose Bib #4 **13G1729-01 (Water)** **Sample Date:** 07/19/13 11:55 **Sampler:** Tim Moore

Analyte	Method	Result	Units	Rep. Limit	Prepared	Analyzed	Batch	Qualifier
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Field Analyses

Cl Res Free (Field) Field **0.38** mg/L 07/19/13 07/19/13 1329417

Microbiology Analyses

Total Coliform	SM 9223	A	P/A		07/19/13	07/20/13	1329428	
E. Coli	SM 9223	A	P/A		07/19/13	07/20/13	1329428	
Total Coliform (Density)	SM 9223	ND	MPN/100 mL	1.0	07/19/13	07/20/13	1329428	
E. Coli (Density)	SM 9223	ND	MPN/100 mL	1.0	07/19/13	07/20/13	1329428	

Desert Oasis W/B Hose Bib #5 **13G1729-02 (Water)** **Sample Date:** 07/19/13 12:00 **Sampler:** Tim Moore

Analyte	Method	Result	Units	Rep. Limit	Prepared	Analyzed	Batch	Qualifier
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Field Analyses

Cl Res Free (Field) Field **0.36** mg/L 07/19/13 07/19/13 1329417

Microbiology Analyses

Total Coliform	SM 9223	A	P/A		07/19/13	07/20/13	1329428	
E. Coli	SM 9223	A	P/A		07/19/13	07/20/13	1329428	
Total Coliform (Density)	SM 9223	ND	MPN/100 mL	1.0	07/19/13	07/20/13	1329428	
E. Coli (Density)	SM 9223	ND	MPN/100 mL	1.0	07/19/13	07/20/13	1329428	

Desert Oasis W/B Hose Bib #6 **13G1729-03 (Water)** **Sample Date:** 07/19/13 12:07 **Sampler:** Tim Moore

Analyte	Method	Result	Units	Rep. Limit	Prepared	Analyzed	Batch	Qualifier
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Field Analyses

Cl Res Free (Field) Field **0.59** mg/L 07/19/13 07/19/13 1329417

Microbiology Analyses

Total Coliform	SM 9223	A	P/A		07/19/13	07/20/13	1329428	
E. Coli	SM 9223	A	P/A		07/19/13	07/20/13	1329428	
Total Coliform (Density)	SM 9223	ND	MPN/100 mL	1.0	07/19/13	07/20/13	1329428	
E. Coli (Density)	SM 9223	ND	MPN/100 mL	1.0	07/19/13	07/20/13	1329428	

ND Analyte NOT DETECTED at or above the reporting limit

Attachment No. 2

TEMPLATE – TIER 2 PUBLIC NOTICE

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>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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: _____.

Attachment No. 3

PROOF OF NOTIFICATION FORM

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 receipt of giving public notice.

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.

Attachment No. 4

COMPLETED POSITIVE TOTAL COLIFORM
INVESTIGATION REPORT FORM SUBMITTED BY
CALTRANS

500044
RECEIVED

POSITIVE TOTAL COLIFORM INVESTIGATION

This form is intended to assist public water systems in completing the investigation required by the California Department of Public Health (Section 64426(b) of Title 22, California Code of Regulations) and may be modified to take into account conditions unique to the system.

AUG - 5 2013

ADMINISTRATIVE INFORMATION

Entity Name:	PWSID NUMBER: 3600044	System Type: GW	Name	Desert Oasis Rest Area	System Address & Email	Telephone Number
Operator in Responsible Charge (ORC)			Brenda Anderson	State Rt 40 PM 28.4		951-314-3677
Person that collected TC samples if different than ORC			Clinical Laboratory Inc.	Code 1088	2188T Barton Rd. Grand Terrace, CA	909-825-7693
System Owner			Cal Trans		464 W 4th St. 6th Flr. MS 1108, San Bernardino, CA	922401
Certified Laboratory for Microbiological Analyses			Yes			
Date Investigation Completed:			July 24, 2013			
Month(s) of Total Coliform MCL Failure:						

INVESTIGATION DETAILS

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS (attach additional details if needed)
1. Inspect each well head for physical defects and report	one East				
a. Is raw water sample tap upstream from point of disinfection?	No				
b. Is wellhead vent pipe screened?	Yes				
c. Is wellhead seal watertight?	Yes				
d. Is well head located in pit or is any piping from the wellhead submerged?	No				
e. Does the ground surface slope towards well head?	No				
f. Is there evidence of standing water near the wellhead?	No				
g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)	No				
h. Is the wellhead secured to prevent unauthorized access?	Yes				
i. To what treatment plant (name) does this well pump?	Pressure Tank				
j. How often do you take a raw water total coliform (TC) test?	Annual				
k. Provide the date and result of the last TC test at this location					
2. Inspect and review records for surface water source (if applicable)					
a. Have there been any events in the watershed or near the intake that might have contributed to TC+ or EC+ results? (Describe)	No				

TREATMENT

	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS
1. If you provide continuous chlorination treatment was there any equipment failure?	One East				Chlorination pump failure
a. Did the distribution system maintain chlorine residual?	No				
b. Was emergency chlorination initiated? If yes, for how long?	No				
c. Did the distribution system lose chlorine residual?	Yes				
2. If you do not provide routine chlorination, was emergency chlorination initiated? If Yes, when?	No				No Rest Area Closed
3. Inspect each point where disinfectant is added and report					
a. Is the disinfectant feed pump feeding disinfectant?	No				
b. What is the feed rate of disinfectant in ml/minute?	75 ml/min				Crack found in pump face

POSITIVE TOTAL COLIFORM INVESTIGATION

Page 2 of 4
One East

TREATMENT	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS
c. What is the concentration of the disinfectant solution being fed? (percent or mg/l of chlorine as HOCl)	1%				
d. By what method was the concentration of solution determined? (ex: measured, manufacturer's literature)	measured				
e. What is the age (days) of the disinfectant solution currently being used at this treatment location?	two weeks				
f. What is the raw water flow rate at the point where disinfectant is added in gallons per minute?	50 gpm				
g. What is the total chlorine residual measured immediately downstream from the point of application?	1.5 ppm				
h. What is the free chlorine residual measured immediately downstream from the point of application?	.5 ppm				
i. What is the contact time in minutes from the point of disinfectant application to the first customer?	15 min				

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)					
	Routine Site TC+ or EC+	Upstream Site	Downstream Site	Sample 4 (specify)	
1. What is the height of the sample tap above grade? (inches)	24 inches				
2. Is the sample tap located in an exterior location or is it protected by an enclosure?	Yes No				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or an aerator (sinks)?	Yes, No, No				
4. Is the sample tap in good condition, free of leaks around the stem or packing?	Yes				
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?	Yes				
6. Is the sample tap and areas around the sample tap clean and dry (free of animal droppings other contaminants or spray irrigation systems)?	Yes				
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection?	Yes				
8. Describe how the tap was treated in preparation for sample collection (fan water, swabbed with disinfectant, flamed, etc.)	unknown				
9. Is this sample tap designated on the sampling plan submitted with this information request?	Yes				
10. What were the weather conditions at the time of the positive sample (rainy, windy, and sunny)?	unknown				

POSITIVE TOTAL COLIFORM INVESTIGATION

One East

STORAGE		TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
1. Is each tank locked to prevent unauthorized access?		Yes				
2. Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank?		Yes				
3. Is the overflow on each tank screened?		No				
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?		N/A				
5. Is the roof/cover of the tank sealed and free of any leaks?		N/A				
6. Is the tank above ground or buried?		Yes				
a. If buried or partially buried, are there provisions to direct surface water away from the site.		N/A				
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?		N/A				
8. Does the tank "float" on the distribution system or are there separate inlet and outlet lines?		N/A				
9. What is the measured chlorine residual (total/free) of the water exiting the storage tank today?		1.5/.77 ppm				
10. What is the volume of the storage tank in gallons?		1000				
11. Is the tank baffled?		N/A				
12. Prior to the TC+ or EC+, what was the previous date item #1-7 were checked and documented?		Tank inspected weekly				

DISTRIBUTION SYSTEM		SYSTEM RESPONSES			
1. What is the minimum pressure you are maintaining in the distribution system?		45 psi			
2. Did pressure in the distribution system drop to less than 5 psi prior to positive back?		No			
3. Has the distribution system been worked on within the last week? (taps, hydrant flushing, main breaks, mainline extensions, etc.) If yes, provide details.		Yes, July 24, 2013 - line flushing			
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?		Road paving on EW 140.			
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?		No			
6. If there was a mainline leak, when was it repaired?		N/A			
7. On what date was the distribution system last flushed?		Unknown			
8. Is there a written flushing procedure you can provide for our review?		Unknown			
9. Do you have an active cross-connection control program?		Unknown to this operator			
10. What is name & phone number of your Cross-Connection Control Program Coordinator?		Unknown			
11. Is the review and testing of backflow prevention devices current?		Yes			
12. On what date was the last physical survey of the system done to identify cross-connections?		Unknown			

POSITIVE TOTAL COLIFORM INVESTIGATION

Page 4 of 4

BOOSTER STATION	
	Response
1. Do you have a booster pump? How many?	None
2. Do you have a standby booster pump if the main pump fails?	N/A
3. Prior to bacteriological quality problems, did your booster pump fail?	N/A
4. Do you notice standing water, leakage at the booster station?	NA

GENERAL OPERATIONS	
	Response
1. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	None Reported
2. Where there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located.	No
3. Does the system have backup power or elevated storage?	No
4. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	None Reported. Note: Water used only for toilets, hand washing and irrigation.
5. What were the symptoms of illness if you received complaints about customers being sick?	None Reported.

ADDITIONAL INFORMATION TO BE SUBMITTED WITH RESPONSES TO THE ABOVE QUESTIONS

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

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

On July 17th 2013 there was a pin hole leak in the chlorination pressure tubing. The tubing was replaced.
 On July 23rd 2013 the LMI - C121 bleach pump head had a crack across the face. This caused loss of disinfection.
 Pump was replaced on July 24th 2013.

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

NAME: Paul Harding

TITLE: Operator II Cert #20279

DATE: August 4, 2013

Document 1