



EDMUND G. BROWN JR.
GOVERNOR

MATTHEW RODRIGUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board

Division of Drinking Water

October 22, 2014

Charles Moorrees
General Manager
San Antonio Water Company
139 N. Euclid Ave.
Upland, CA 91786

**CITATION NO. 05-13-14C-009
SAN ANTONIO WATER COMPANY (SYSTEM NO. 3610085)**

Dear Mr. Morrees:

The State Water Resources Control Board, acting by and through its Division of Drinking Water (Division), hereby issues a citation to the San Antonio Water Company (hereinafter Company) for the following Total Coliform Rule violation:

- Title 22, California Code of Regulations (CCR), Section 64426.1(b)(2). Specifically, the Company failed to meet the Primary Drinking Water Standards for bacteriological quality in the month of August 2014. 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 Brenda Pauli (909) 383-6029 or Esther Brewer at (909) 383-5468.

Sincerely,

A handwritten signature in blue ink that reads "Sean F. McCarthy".

Sean F. McCarthy, P.E.
Senior Sanitary Engineer
San Bernardino District
Southern California Field Operations Branch

Enclosure: Citation No. 05-13-14C-009

ENCLOSURE

CITATION NO. 05-13-14C-009

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STATE OF CALIFORNIA
WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER

TO: San Antonio Water Company
139 N. Euclid Ave.
Upland, CA 91786

ATTN: Charles Moorrees
General Manager

CITATION FOR VIOLATION OF CALIFORNIA CODE OF REGULATIONS,
TITLE 22, SECTION 64533(a) - WATER SYSTEM NO. 3610085

CITATION NO. 05-13-14C-009

Issued on October 22, 2014

Section 116650 of the California Health and Safety Code authorizes the issuance of a citation to a public water system for violation of the California Safe Drinking Water Act (Health and Safety Code, Division 104 , Part 12, Chapter 4, commencing with Section 116270) (hereinafter "California SDWA"), or any regulation, standard, permit or order issued or adopted thereunder.

The State Water Resources Control Board, acting by and through its Division of Drinking Water (hereinafter "Division") and the Deputy Director for the Division (hereinafter "Deputy Director"), hereby issues a citation to San Antonio Water Company (hereinafter

1 Company) (mailing address: 139 N. Euclid Ave. Upland, CA 91786) for the following
2 violation:

- 3
- 4 • Title 22, California Code of Regulations (CCR), Section 64426.1(b)(2). Specifically,
5 the Company failed to meet the Primary Drinking Water Standards for bacteriological
6 quality in the month of August 2014. A public water system which collects fewer than
7 40 samples per month is in violation of the Total Coliform Maximum Contaminant
8 Level (MCL) when more than one (1) sample collected during a single month is total
9 coliform-positive.

10

11 In the month of August 2014, the Company collected 25 routine distribution system
12 samples for bacteriological analysis. One of the routine samples resulted present for total
13 coliform but absent for *E.coli*. A total of six (6) repeat samples were collected, two (2)
14 rounds of three (3) repeats samples (**Attachment No 1**). Two (2) repeat samples resulted
15 present for total coliform but absent for *E.coli*/Fecal.

16

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

19

20 HISTORY

21

22 The San Antonio Water Company (Company) is a community water system supplying
23 water for domestic purposes to approximately 3,371 persons through 1,193 service
24 connections. The San Antonio Water Company is located at 139 N. Euclid Ave. Upland,
25 CA 91786, in San Bernardino County. The Company's distribution system consists of five
26 (5) reservoirs supplying water to three (3) pressures zones. The Company collects a

1 minimum of six (6) routine distribution system samples per week, four (4) from the Lower
2 Zone and two (2) from the Upper Zone. Water is produced from four (4) active wells, Well
3 Nos. 15, 16, 32 and the Tunnel. All active sources are sampled on a quarterly basis for
4 total coliform. The Company provides continuous chlorination at all well heads and
5 maintains detectable chlorine residual throughout the distribution system. The Company
6 is currently operating by authority of Domestic Water Permit issued by the Division on
7 May 3, 1968.

8

9 On August 19, 2014, the Company collected six (6) routine samples from the distribution
10 system for bacteriological analyses. From the six routine samples, samples station 2400
11 Cliff Rd. resulted present for total coliform and absent for E.coli/Fecal.

12

13 On August 20, 2014, the Company proceeded to collect three (3) repeat samples from
14 the distribution system, one at the original site with the present total coliform, one
15 upstream, and one downstream. The Company also collected total coliform samples from
16 the one active source serving the system, per the Groundwater Rule. Most repeat
17 samples resulted absent for total coliform; however repeat sample at the 2400 Cliff Rd.
18 sample site returned present for total coliform but absent for E.coli/Fecal.

19

20 On August 21, 2014, the Company collected three (3) more bacteriological repeat
21 samples and one (1) source sample, which all resulted absent for total coliform and
22 *E.Coli/Fecal*.

23

24 The Company notified the Division of the August 19, 2014 routine present total coliform
25 result within 24 hours. The Company and the Division kept in constant contact through
26 repeat monitoring.

1 Pursuant to Section 64426.1(b) a public water system who collects fewer than 40
2 samples per month and if more than one sample collected during any month is total
3 coliform-positive, it is in violation of the total coliform MCL. Therefore, the Company is in
4 violation of the Total Coliform Maximum Contaminant Level (MCL), because more than
5 one sample collected during the month of August was total coliform-positive.

6
7 Per Section 64422 of Title 22, CCR, systems should update their Bacteriological/Coliform
8 Sampling Siting Plan (BSSP) at least once every ten years. Based on Division records
9 and files the San Antonio Water Company's BSSP is dated June 5, 2003 and should be
10 updated. The BSSP should include routine sample sites, appropriate upstream repeat
11 sample sites, downstream repeat sample sites, triggered source monitoring and a
12 distribution system map.

13 14 **DIRECTIVES**

15
16 The San Antonio Water Company is hereby directed to take the following actions:

- 17
18 1. San Antonio Water Company shall notify it's consumers of the bacteriological water
19 quality failure in conformance with Section [64426.1(b)(2)], Title 22, CCR: A Tier 2
20 Resolved Total Coliform Notice has been submitted and approved for distribution.
21 Public notification must be completed, via two methods, as described below:

- 22
23 • **By November 10, 2014**, the notice shall be issued to consumers by mail or direct
24 delivery, including those that provide their drinking water to others (e.g. schools,
25 or schools system, apartment building owners, or large private employers), and
26 other service connections to which water is delivered by the water system; **and**

- 1 • Use of one or more of the following methods to reach persons not likely to be
2 reached by a mailing or direct delivery (renters, nursing home patients, etc.). The
3 posting shall be maintained for at least seven (7) consecutive days, or for as long
4 as the violation or occurrence continues.

- 5
6 i. Publication in a local newspaper (**San Antonio WC completed
7 this directive September 19, 2014, see Attachment No. 2**)
8 ii. Posting in conspicuous public places served by the water system,
9 or on the internet
10 iii. Delivery to community organizations

- 11
12 2. **Within 10 days following issuance of the public notice**, San Antonio Water
13 Company shall submit Proof of Notification that all the public notice requirements
14 have been met pursuant to Section 64469(d), Title 22, CCR. (**San Antonio WC
15 completed this directive only for the newspaper posting on September 29,
16 2014, see Attachment No. 2**)

- 17
18 3. San Antonio Water Company shall submit a revised Bacteriological Sample Siting
19 Plan (Plan) for Division review and approval. (**San Antonio WC completed this
20 directive October 22, 2014, see Attachment No. 4**)

- 21
22 4. San Antonio Water Company must submit a completed Positive Total Coliform Rule
23 Investigative report to the Division. (**San Antonio WC Completed this directive on
24 September 15, 2014, see Attachment No. 3**)
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All submittals required by this citation shall be sent to:

Sean F. McCarthy, P.E.
Senior Sanitary Engineer
State Water Resources Control Board
Division of Drinking Water
464 W. 4th Street, Suite 437
San Bernardino, CA 92401

CIVIL PENALTIES

Section 116650 (d) and (e) of the H&S Code allow for the assessment of a civil penalty for failure to comply with requirements of the Safe Drinking Water Act. Failure to comply with any provision in this citation will result in the Division imposing an administrative penalty of up to \$200.00 (two hundred dollars) per day as of the date of violation of any provision of this citation.

October 22, 2014
Date

Sean F. McCarthy
Sean F. McCarthy, P.E.
Senior Sanitary Engineer
San Bernardino District

Attachments (4)

Attachment No. 1

Monthly Coliform Monitoring Report/Lab Results

MONTHLY SUMMARY OF DISTRIBUTION SYSTEM COLIFORM MONITORING

(including triggered source monitoring for systems subject to the Groundwater Rule)

System Name <p style="text-align: center; font-size: 1.2em;">San Antonio Water Company</p>	System Number <p style="text-align: center; font-size: 1.2em;">3610085</p>
Sampling Period <p style="text-align: center; font-size: 1.2em;">August</p>	Year <p style="text-align: center; font-size: 1.2em;">2014</p>

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/ E.coli Positives
1. Routine Samples (see note 1)	24	25	1	0
2. Repeat Samples following Samples that are Total Coliform Positive and Fecal/E.coli <i>Negative</i> (see notes 5 and 6)		6	2	0
3. Repeat Samples following Routine Samples that are Total Coliform <i>Positive</i> and Fecal/E.coli Positive (see notes 5 and 6)		0	0	0
4. MCL Computation for Total Coliform Positive Samples				
a. Totals (sum of columns)		31	3	
b. If 40 or more samples collected in month, determine percent of samples that are total coliform positive [(total number positive/total number collected) x 100] = _____ %				
c. Is system in compliance...with fecal/E. coli MCL? (see notes 2 and 3)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
...with monthly MCL? (see note 4)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
5. Source Samples Triggered by Routine Samples that are Total Coliform Positive (This applies only to systems subject to the Groundwater Rule - see notes 7 and 8)		2	0	0

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OCT 16 2014
Drinking Water Program
San Bernardino District

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 <p style="font-size: 1.2em;">Production lead</p>	Date <p style="font-size: 1.2em;">10-10-14</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 Division** (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 Division** (22, CCR, Section 64426.1).
4. Total coliform MCL (Notify the Division 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 Division, Tier 1 public notification, and corrective action.**

COLIFORM MONITORING WORKSHEET

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

Report Month Aug Year 2014

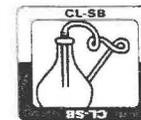
Routine Samples ⁹			Repeat Samples ⁶				Triggered Source Samples ⁸							
TC+ Sample Date	TC+ Sample Site ID	¹² EC/FC Results	Repeat Collection Date	Repeat Sample Site IDs ¹⁰	Coliform Results (Check one box)			Source Sample Date	Groundwater Source(s) Sampled	¹² TC Results	^{11,12} E. coli Results			
					TC-	TC+BUT FC/EC-	TC+AND FC/EC+							
8/19/2014	2400Cliff Rd.	+	8/20/2014	2400 Cliff Rd.	X			8/20/2014	SAW 16	-	-			
			8/20/2014	Hydrant @ 2400 Cliff Rd		X					(+ / -)	(+ / -)		
			8/20/2014	2403 Cliff Rd	X						(+ / -)	(+ / -)		
												(+ / -)	(+ / -)	
		(+ / -)	8/21/2014	2400 Cliff Rd	X			8/21/2014	SAW 16	-	-			
			8/21/2014	2403 Cliff Rd.	X						(+ / -)	(+ / -)		
			8/21/2014	Hydrant @ 2400 Cliff Rd.	X						(+ / -)	(+ / -)		
				4								(+ / -)	(+ / -)	
		(+ / -)		1							(+ / -)	(+ / -)		
				2								(+ / -)	(+ / -)	
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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 Division, 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 Division 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.

Clinical Laboratory of San Bernardino, Inc.



Client: San Antonio Water Co.
139 N Euclid Ave
Upland CA, 91786

Contact: Charles Moorrees
Phone: (909) 982-4107
Fax: (909) 920-3047
System: 3610085

Project: Routine
Sub Project: Microbiology

Sampler: Tommy
Sampled: 08/19/14 *ROUTINES*

Received: 08/19/14 13:45

Reported: 08/21/14

RESULTS

Laboratory ID	Sample Time	Sample Location	Cl Res (Field) mg/L	Total Coliform P/A	E. Coli P/A
14H1594-01	10:30	Holly Dr Booster	0.87	A	A
14H1594-02	9:57	2433 Euclid Crescent West	0.97	A	A
14H1594-03	9:39	2400 Cliff Rd	0.93	P [1]	A
14H1594-04	10:56	2490 Foreman	0.97	A	A
14H1594-05	10:41	2436 Park	0.98	A	A
14H1594-06	9:47	856 Cypress	0.83	A	A
14H1594-07	9:24	SAW 16	0	A	A

1 = Notified Tommy 8/20/14 0842

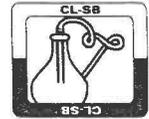
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AUG 25 2014

Drinking Water Program
San Bernardino District

Bob Glaubig
Laboratory Director

Clinical Laboratory of San Bernardino, Inc.



Client: San Antonio Water Co.
139 N Euclid Ave
Upland CA, 91786

Contact: Charles Moorrees
Phone: (909) 982-4107
Fax: (909) 920-3047
System: 3610085

Project: Routine
Sub Project: Microbiology

Sampler: Brandon Minor
Sampled: 08/20/14 REPEAT 1

Received: 08/20/14 15:00
Reported: 08/22/14

1 RESULTS

Laboratory ID	Sample Time	Sample Location	Cl Res (Field) mg/L	Total Coliform P/A	E. Coli P/A
14H1781-01	9:50	2400 Cliff Rd	0.86	A	A
14H1781-02	9:55	Hyd @ 2400 Cliff Rd	0.90	P [1]	A
14H1781-03	10:05	2403 Cliff Rd	0.91	A	A
14H1781-04	10:15	SAW 16		A	A

1 = Notified Tommy 8/21/14 1025

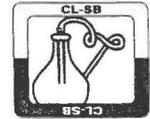
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AUG 27 2014

Drinking Water Program
San Bernardino District

Bob Glaubig
Laboratory Director

Clinical Laboratory of San Bernardino, Inc.



Client: San Antonio Water Co.
139 N Euclid Ave
Upland CA, 91786

Contact: Charles Moorrees
Phone: (909) 982-4107
Fax: (909) 920-3047
System: 3610085

Project: Routine -
Sub Project: Microbiology

Sampler: Brandon Minor
Sampled: 08/21/14 REPEATS 2
Received: 08/21/14 16:45
Reported: 08/25/14

RESULTS

Laboratory ID	Sample Time	Sample Location	Cl Res (Field) mg/L	Total Coliform P/A	E. Coli P/A
14H1922-01	11:30	2400 Cliff Rd	0.91	A	A
14H1922-02	11:25	2403 Cliff Rd	0.94	A	A
14H1922-03	11:20	Hyd @ 2400 Cliff Rd	1.01	A	A
14H1922-04	11:40	SAW 16		A	A

Bob Glaubig

Bob Glaubig
Laboratory Director

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AUG 27 2014
Drinking Water Program
San Bernardino District

Attachment No. 2

Proof of Notification

Drinking Water Notification to Consumers

PROOF OF NOTIFICATION

Name of Water System: San Antonio Water Company

Please explain what caused the problem if you have determined what it was and what steps you have taken to correct it. Dirty Sample tap - Remove hardware
Flushed and Installed new Fittings

Consumers Notified X Yes No
If not, Explain: _____
RECEIVED
SEP 29 2014

Date of Notification: 9-22-14 Drinking Water Program
San Bernardino District

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.
- X 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 Division approval). Attach copy of Notice.

I hereby declare the forgoing to be true and correct under penalty of perjury.

Dated: 9-15-14 [Signature]
Signature of Person Serving Notice

****Notice:** Complete this Proof of Notification and return it along with a copy of the notification to the Division 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.

Inland Valley Daily Bulletin

(formerly The Daily Report)
2041 E. 4th Street
Ontario, CA 91764
909-987-6397
legals@inlandnewspapers.com

PROOF OF PUBLICATION (2015.5 C.C.P.)

STATE OF CALIFORNIA County of San Bernardino

I am a citizen of the United States, I am over the age of eighteen years, and not a party to or interested in the above-entitled matter. I am the principle clerk of the printer of INLAND VALLEY DAILY BULLETIN, a newspaper of general circulation printed and published daily in the City of Ontario, County of San Bernardino, and which newspaper has been adjudged a newspaper of general circulation by the Superior Court of the County of San Bernardino, State of California, on the date of August 24, 1951, Case Number 70663. The notice, of which the annexed is a true printed copy, has been published in each regular and entire issue of said newspaper and not in any supplement thereof on the following dates, to wit:

9/22/14

I declare under the penalty of perjury that the foregoing is true and correct.

Executed at Ontario, San Bernardino Co. California

This 22nd day of September, 2014

Sherry Began
Signature

ALP2-12/2011

(Space below for use of County Clerk Only)

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.

The San Antonio Water Company 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 32 samples to test for the presence of coliform bacteria during August 2014. 6.25 percent of those samples showed the presence of total coliform bacteria. The standard is that no more than 2 samples per month or 5 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?

Repeat samples were taken from the approved sample tap at Cliff Road in the San Antonio Heights as well as above and below the sample tap. The samples from above and below came back absent for coliform bacteria and the sample from the sample tap came back positive for coliform bacteria (non-fecal). The sample tap was subsequently replaced with new piping and fittings. Samples were taken again at the new tap and above and below the sample tap as well as the source well providing the water supply to the domestic system. All samples came back negative for coliform bacteria.

For more information, please contact Tommy Hudspeth at 909.982.4107 or 139 N. Euclid Avenue, Upland, CA 91786.

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 the San Antonio Water Company.

State Water System ID#: 3610085. Date distributed: September 18, 2014.

Published: September 22, 2014 #572629

Positive Total Coliform Investigation Form

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.

ADMINISTRATIVE INFORMATION

Entity Name:	Name	System Address & Email	Telephone Number
PWSID NUMBER:	System Type:	Tommyh@Sawaterco.com	909-982-4407
Operator in Responsible Charge (ORC)		139 North S. Velid Ave, Upland, ca	
Person that collected TC samples if different than ORC		Same / Bminor@Sawaterco.com	909-982-407
System Owner		Same www.sawaterco.com	Same
Certified Laboratory for Microbiological Analyses		Clincal Lab	909-825-7693
Date Investigation Completed:		9-15-2014	
Month(s) of Total Coliform MCL Failure:		August 2014	

INVESTIGATION DETAILS

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS (attach additional pages if needed)
1. Inspect each well head for physical defects and report					
a. Is raw water sample tap upstream from point of disinfection?	Yes				
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?					
j. How often do you take a raw water total coliform (TC) test?	Weekly				
k. Provide the date and result of the last TC test at this location	6-3-2014				Resample negative
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)	N/A				

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

POSITIVE TOTAL COLIFORM INVESTIGATION

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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)	4%				.40% mixed oxidants
d. By what method was the concentration of solution determined? (ex: measured, manufacturer's literature)					Sodium Hypo test kit
e. What is the age (days) of the disinfectant solution currently being used at this treatment location?	1 day				1 day
f. What is the raw water flow rate at the point where disinfectant is added in gallons per minute?	1100 gpm				1100 gpm
g. What is the total chlorine residual measured immediately downstream from the point of application?					
h. What is the free chlorine residual measured immediately downstream from the point of application?	1.03 mg/L				1.03 mg/L
i. What is the contact time in minutes from the point of disinfectant application to the first customer?	45 min				45 min

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Rolling Site 16 or 16a	Upstream site	Downstream Site	Sample 1 (specify)
1. What is the height of the sample tap above grade? (inches)	30	36	30	
2. Is the sample tap located in an exterior location or is it protected by an enclosure?	enclosure			
3. Is the sample tap threaded, have a swing arm (kitchen sink) or an aerator (sinks)?	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 (ran water, swabbed with disinfectant, flamed, etc.).	Swabbed			
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)?	no			

POSITIVE TOTAL COLIFORM INVESTIGATION

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STORAGE	TANK (name) 1	TANK (name) 2	TANK (name)	TANK (name)	COMMENTS
1. Is each tank locked to prevent unauthorized access?	Yes	Yes			
2. Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank?	Yes	Yes			
3. Is the overflow on each tank screened?	Yes	Yes			
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?	no	no			
5. Is the roof/cover of the tank sealed and free of any leaks?	Yes	Yes			
6. Is the tank above ground or buried?	AG	AG			
a. If buried or partially buried, are there provisions to direct surface water away from the site.					
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?	Yes	Yes			
8. Does the tank "float" on the distribution system or are there separate inlet and outlet lines?	Float	Float			
9. What is the measured chlorine residual (total/free) of the water exiting the storage tank today ?	.90	.97			
10. What is the volume of the storage tank in gallons?	5mg	150mg			
11. Is the tank baffled?	no	no			
12. Prior to the TC+ or EC+, what was the previous date item #1-7 were checked and documented?	CL2-daily	CL2-month			

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	40 PSI
2. Did pressure in the distribution system drop to less than 5 psi prior to positive bacti?	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.	no
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	no
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	Yes
6. If there was a mainline leak, when was it repaired?	
7. On what date was the distribution system last flushed?	Jan 2014
8. Is there a written flushing procedure you can provide for our review?	Yes
9. Do you have an active cross-connection control program?	Yes
10. What is name & phone number of your Cross-Connection Control Program Coordinator?	Tommy Hudspeth 909 922-4107
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?	2010

POSITIVE TOTAL COLIFORM INVESTIGATION

P. 005

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San Antonio Water Co

SEP/15/2014/MON 10:08 AM

BOOSTER STATION	Response
1. Do you have a booster pump? How many?	8
2. Do you have a standby booster pump if the main pump fails?	Yes
3. Prior to bacteriological quality problems, did your booster pump fail?	no
4. Do you notice standing water, leakage at the booster station?	no

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?	no
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?	Elevated
4. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	no
5. What were the symptoms of illness if you received complaints about customers being sick?	

ADDITIONAL INFORMATION TO BE SUBMITTED WITH RESPONSES TO THE ABOVE QUESTIONS

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

Dirty Sample Tals,

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

NAME: Tommy Hudspeath

TITLE: Leadman

DATE: 9-15-2014

Attachment No. 4

Updated Coliform Sample Siting Plan



EDMUND G. BROWN JR.
GOVERNOR



MATTHEW RODRIGUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board

Division of Drinking Water

San Bernardino District Office, 464 W. 4th Street, Suite 437, San Bernardino, CA 92401, (909) 383-4328

TOTAL COLIFORM AND GROUNDWATER RULE MONITORING FORM

A. System Information:

Name of Facility: SAN Antonio water company System Number: 3610085
 Street Address: 139 North Euclid Avenue Ph. No.: 909-982-4107
 Consecutive, Wholesaler or Neither: Domestic / wholesaler Fax: 909-920-3047
 Provide Continuous 4-log treatment of Viruses YES NO
 (if yes, only complete part F and submit a Monthly CT Calculation Report to DDW)
 Service Connections: 1184 Population Served: 3371 Coliform Samples/Month: 24 Plus

B. Sample Collection:

All water samples will be collected by: SAN Antonio water company Staff
 Name of Laboratory: Clinical Lab
 Mailing Address: P.O. Box 329 San Bernardino CA 92402
 State Lab Code: 1088 Phone #: 909 Fax #: _____
 The Laboratory was sent a copy of this plan on: _____

C. Map of System:

A map of the distribution system showing the distribution sites and which sources can influence them, pressure zones and storage facilities.
 Have you enclosed this map? YES NO
 Explain: _____

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 OCT 20 2014
 Drinking Water Program
 San Bernardino District

D. Consecutive Systems:

Does your system purchase groundwater? YES NO
 If yes, contact the wholesaler within 24 hours of notification of a TC+ Distribution Sample.
 Wholesaler: _____ Contact: _____ Phone No: _____
 Wholesaler: _____ Contact: _____ Phone No. _____

E. Wholesaler Systems:

Does your system sell groundwater? YES NO
 If yes, collect source(s) samples within 24 hours of being notified by a consecutive system.
 If source sample is fecal indicator positive, contact all consecutive systems within 24 hours*:
 System Upland water Contact Wate Pendergraph Phone No. 909-376-1198
 System _____ Contact _____ Phone No. _____
 System _____ Contact _____ Phone No. _____

*A Tier 1 notice is required for all fecal indicator positive source samples

F. Report Prepared by: Tommy Hudspeth

Signature and Title: [Signature] / Leadman Date: 10-16-14

G. Sample Locations:

The following describes each routine sample location, repeat sample locations, and sources which may influence routine sample locations. If a sample is positive/present for TC, the system shall collect repeat and triggered source samples within 24 hours of notification. Only influencing sources, in use during the time of positive/present TC sample, are required to be sampled (production log required).

Routine Sample Location: 1. 2400 Cliff Rd
Upstream Sample Location (within 5 service connections): 2430 Cliff Rd or 2478 Prospect Dr
Down Stream Sample Location (within 5 service connections): 876 East 24th St or 565 East 24th St
Additional Sample Location (if collect 4 repeat samples):

Sources Influencing Location: Tunnel, well #15, well #16
well #32 (low zone)

Routine Sample Location: 2. 2433 Euclid Crescent West
Upstream Sample Location (within 5 service connections): 2470 Euclid Crescent West
Down Stream Sample Location (within 5 service connections): 85 East 24th St

Sources Influencing Location: Tunnel, well #15, well #16
well #32 (low zone)

Routine Sample Location: 3. 856 Cypress to 2516 Cliff
Upstream Sample Location (within 5 service connections): 2521 Cliff ~~St~~
Down Stream Sample Location (within 5 service connections): 2511 Thunder Mt Rd

Sources Influencing Location: Tunnel, well #15, well #16
well #32 (High Zone)
Moved north, across street due to conflict w/homeowner

Routine Sample Location: 4. Holly Dr Booster
Upstream Sample Location (within 5 service connections): 2677 Holly Drive
Down Stream Sample Location (within 5 service connections): 620 West 26th St

Sources Influencing Location: Tunnel, well #15, well #16
well #32, This zone is filled from the upper zone, it is a zone by itself. Sample Tap moved from booster station vault to street level.

F. Report Prepared by: _____

Signature and Title: _____ Date: _____

G. Sample Locations:

The following describes each routine sample location, repeat sample locations, and sources which may influence routine sample locations. If a sample is positive/present for TC, the system shall collect repeat and triggered source samples within 24 hours of notification. Only influencing sources, in use during the time of positive/present TC sample, are required to be sampled (production log required).

Routine Sample Location:

5 2436 Park Blvd

Sources Influencing Location:

Tunnel, well#15, well#16

Upstream Sample Location (within 5 service connections):

2458 Park or 1001 Terrace Dr

well#32

Down Stream Sample Location (within 5 service connections):

2357 Paloma Cr or 2393 Park Blvd

Additional Sample Location (if collect 4 repeat samples):

Routine Sample Location:

6 2490 Foreman

Sources Influencing Location:

Tunnel, well#16, well#15

Upstream Sample Location (within 5 service connections):

2530 Foreman

well#32

Down Stream Sample Location (within 5 service connections):

2461 Foreman

Routine Sample Location:

Sources Influencing Location:

Upstream Sample Location (within 5 service connections):

Down Stream Sample Location (within 5 service connections):

Routine Sample Location:

Sources Influencing Location:

Upstream Sample Location (within 5 service connections):

Down Stream Sample Location (within 5 service connections):

H. Sampling Frequency:

Number of Routine Samples to be Collected : 6 per Week/Month

Specific instructions for collecting routine samples:

San Antonio water collects 2 Additional Samples 6 total weekly. The water company also collects Present/Absent Bac-T on the Tunnel, plus one monthly Turbidity Tunnel Sample. All sources that are producing to the domestic system are also sampled for Present/Absent.

The Tunnel is sampled before and after chlorination

Following a present/positive Total Coliform Sample (notification from laboratory), the system should:

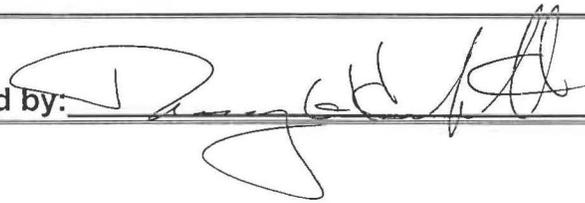
Notify the Division of Drinking Water within 24 hours after the system has been notified of a positive total coliform/ E.Coli / Fecal in the distribution system

Collect repeat samples per Section 64424 of Title 22 California Code of Regulation, within 24 hours of a notification

Collect triggered source monitoring per Section 64430 of Title 22 California Code of Regulation, within 24 hours of notification

If the water system purchases groundwater from a wholesale system, the water system shall notify the wholesaler within 24 hours of notification of a TC+ distribution sample

Report Approved by:



Date: 10-16-14