

## State Water Resources Control Board

Division of Drinking Water

November 2, 2015

Charles Moorrees  
General Manager  
San Antonio Water Company  
139 North Euclid Avenue  
Upland, CA 91786

**CITATION NO. 05-13-15C-008**  
**TOTAL COLIFORM MCL EXCEEDANCE IN SEPTEMBER 2015**  
**SAN ANTONIO WATER COMPANY (SYSTEM NO. 3610085)**

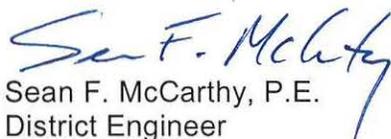
Dear Mr. Charles Moorrees:

The State Water Resources Control Board, acting by and through its Division of Drinking Water (Division), hereby issues a citation to San Antonio Water Company (hereinafter, Company) for the following 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 September 2015. 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.

The Company must follow the directives in this citation. If you have any questions in regards to this letter, please contact Mr. Wei Chang at (909) 383-6029 or by e-mail at [wei.chang@waterboards.ca.gov](mailto:wei.chang@waterboards.ca.gov)

Sincerely,



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

Enclosure: Citation No. 05-13-15C-008

## **ENCLOSURE**

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CITATION NO. 05-13-15C-008

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**STATE OF CALIFORNIA**  
**WATER RESOURCES CONTROL BOARD**  
**DIVISION OF DRINKING WATER**

TO: San Antonio Water Company  
139 N Euclid Avenue  
Upland, CA 91786  
  
ATTN: Charles Moorrees  
General Manager

**CITATION FOR VIOLATION OF CALIFORNIA CODE OF REGULATIONS,**  
**TITLE 22, SECTIONS 64426.1 (b)(2)**  
**WATER SYSTEM NO. 3610085**  
**CITATION NO. 05-13-15C-008**  
**Issued on November 2, 2015**

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 Company) for the following violations:

- 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 September 2015. A public water system who 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.

In the month of September 2015, the Company collected 30 routine distribution system samples for bacteriological analyses. Two routine samples resulted present for total coliform but absent for *E.coli*. A total of six (6) repeat samples and two (2) triggered source samples were collected (**see Attachment No 1**). All repeats and triggered source samples resulted absent for total coliform and *E.coli*/Fecal.

## HISTORY

San Antonio Water Company (Company) is a community water system supplying water for domestic purposes to approximately 3,371 persons through 1,193 service connections. The Company serves residents in San Antonio Heights and wholesales water to City of Upland and City of Ontario. The Company's distribution system consists of five (5) storage tanks supplying water to three (3) pressure zones. The Company collects a minimum of six (6) routine distribution system samples per week. Four (4) of the samples are from the Lower Zone and two (2) of the samples are from the Upper Zone. Water is produced from four (4) active wells, Well Nos. 15, 16, 32 and Tunnel. All active sources are sampled on a quarterly basis for total coliform. The Company provides continuous chlorination at all well heads and maintains detectable chlorine residual throughout the distribution system. The Company is currently operating by authority of Domestic Water Permit issued by the Division on May 3, 1968.

1 On September 29, 2015, the Company collected six (6) routine samples from the distribution  
2 system for bacteriological analyses. Two (2) routine samples resulted present for total coliform  
3 and absent for *E.coli*/Fecal. The two locations are 2436 Park Boulevard and 2490 Forman Street.

4

5 On October 1, 2015, the Company proceeded to collect two repeat sample sets from the  
6 distribution system, in a total number of six (6) samples. Each sample set consisted of one  
7 sample at the original site with the present total coliform, one upstream sample, and one  
8 downstream sample. The Company also collected total coliform samples from the two active  
9 sources that were serving the system pursuant to the Groundwater Rule. All the repeat  
10 distribution and source samples resulted absent for total coliform and *E.coli*/Fecal.

11

12 Pursuant to Section 64426.1(b), a public water system who collects fewer than 40 samples per  
13 month and if more than one sample collected during any month is total coliform-positive, is in  
14 violation of the total coliform Maximum Contaminant Level (MCL). Therefore, the Company is in  
15 violation of the Total Coliform MCL, because more than one sample collected during the month of  
16 September 2015 was total coliform-positive.

17

18 Pursuant to Sections 64422(c), a water system shall submit an updated bacteriological sample  
19 siting plan (BSSP) at least once every ten years and at any time the plan no longer ensures  
20 representative monitoring of the system. The upstream and downstream locations of the routine  
21 location, 2436 Park Boulevard, did not match the locations specified in the Company's BSSP  
22 submitted to the Division in October 2014. Therefore, the Company is required to update the  
23 BSSP.

24

25 **DIRECTIVES**

26

1 San Antonio Water Company is hereby directed to take the following actions:

2  
3 1. San Antonio Water Company shall notify its consumers of the bacteriological water quality  
4 failure (Total Coliform MCL violation) in conformance with Section 64426.1(c), Title 22, CCR:  
5 A Tier 2 Resolved Total Coliform Notice.

- 6 • The notice shall be issued to consumers by mail or direct delivery, including those  
7 that provide their drinking water to others (e.g. schools or school system, apartment  
8 building owners, or large private employers), and other service connections to which  
9 water is delivered by the water system. When consumers are not likely to be  
10 reached by mail or directly delivery, the notice shall be published in a local  
11 newspaper, posted in conspicuous public places served by the water system, or on  
12 the Internet; or delivered to community organizations. A Tier 2 Public Notice  
13 Template is attached. **(Attachment No. 2)**
- 14 • San Antonio Water Company shall give the notice **as soon as possible within 30**  
15 **days upon receipt of the citation.** An extension up to 60 days for providing the  
16 notice can be requested subject to the Division's approval in conformance with  
17 Section 64463.4(b), Title 22, CCR.

18  
19 2. San Antonio Water Company shall send the Tier 2 Public Notice to the Division for approval  
20 prior to distribution or posting.

21  
22 3. San Antonio Water Company shall submit Proof of Notification that all the public notice  
23 requirements have been met pursuant to Section 64469(d), Title 22, CCR, **within 10 days**  
24 **following issuance of the public notice.** A Proof of Notification Form is attached.  
25 **(Attachment No. 3)**

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- 4. **By November 30, 2015**, San Antonio Water Company must submit a completed Positive Total Coliform Rule Investigation report (**Attachment No.4**) to the Division.
  
- 5. San Antonio Water Company shall update the current bacteriological sample siting plan on file (**Attachment No. 5**), and submit the updated plan to the Division, **within 30 days upon receipt of the citation**. A blank form is also included in **Attachment No. 5**.

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.

November 2, 2015  
Date

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

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Attachments (5)

Attachment No. 1

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September 2015 Monthly Coliform Monitoring Report/Lab  
Results



# COLIFORM MONITORING WORKSHEET

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

Report Month September Year 2015

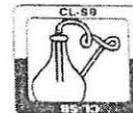
Routine Samples <sup>9</sup>			Repeat Samples <sup>6</sup>				Triggered Source Samples <sup>8</sup>				
TC+ Sample Date	TC+ Sample Site ID	<sup>12</sup> EC/FC Results	Repeat Collection Date	Repeat Sample Site IDs <sup>10</sup>	Coliform Results (Check one box)			Source Sample Date	Groundwater Source(s) Sampled	<sup>12</sup> TC Results	<sup>11,12</sup> E. coli Results
					TC-	TC+ BUT FC/EC-	TC+ AND FC/EC+				
9/29/2015	2490 Forman	-	10/1/2015	2490 Forman St.	-	-	-	10/1/2015	Well 15	-	-
			10/1/2015	2524 Forman St.	-	-	-	10/1/2015	Well 16	-	-
			10/1/2015	2460 Forman St.	-	-	-			(+ / -)	(+ / -)
				4						(+ / -)	(+ / -)
9/29/2015	2436 Park Blvd.	-	10/1/2015	2436 Park Blvd.	-	-	-	10/1/2015	Well 15	-	-
			10/1/2015	2430 Park Blvd.	-	-	-	10/1/2015	Well 16	-	-
			10/1/2015	965 Hillcrest	-	-	-			(+ / -)	(+ / -)
				4						(+ / -)	(+ / -)
		(+ / -)								(+ / -)	(+ / -)
		(+ / -)								(+ / -)	(+ / -)
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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.

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

# 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:** Jeff  
**Sampled:** 09/29/15  
**Received:** 09/29/15 16:00  
**Reported:** 10/02/15

RECEIVED

OCT - 7 2015

Initial: AM

## RESULTS

Laboratory ID	Sample Time	Sample Location	Cl Res (Field) mg/L	Total Coliform P/A	E. Coli P/A
1512503-01	9:12	Holly Dr Booster	1.03	A	A
1512503-02	9:00	2433 Euclid Crescent West	1.02	A	A
1512503-03	8:36	2400 Cliff Rd	1.04	A	A
1512503-04	9:45	2490 Foreman	0.98	P [1]	A
1512503-05	9:30	2436 Park	0.99	P [1]	A
1512503-06	8:45	-856 Cypress	1.04	A	A
1512503-07	8:22	SAW 15		A	A
1512503-08	8:16	SAW 16		A	A
1512503-09	10:30	Res 7	1.05	A	A

1 = Notified Kelly 9/30/15, 1624

*Bob Glaubig*

Bob Glaubig  
Laboratory Director

Setup By: \_\_\_\_\_  
 Date/Time: \_\_\_\_\_  
 Hours: \_\_\_\_\_  
 Were Holding Times Met?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

**Clinical Laboratory of San Bernardino, Inc**  
 PO Box 329  
 San Bernardino, CA 92402  
 T = 909-825-7693 F = 909-825-7696  
**Coliform Bacteria Report Form**

	Plate Count (HPC)
X	Colilert
	Colilert w/ Density
	10 Tube Method (MTF)

1512503

Date of Report: \_\_\_\_\_ System Name: San Antonio Water System Number: \_\_\_\_\_  
 Laboratory: Clinical Laboratory of San Bernardino, Inc ELAP#: 1088 Signature of Lab Director: \_\_\_\_\_  
 Date Sampled: 9/29/15 Sampler: Jeff Employed By: SAWCo

Laboratory Number	Collection Time	Bottle Number	Site Name or Street Address	Total/Free Chlorine (mg/l)	Sample Type	Total Coli form	Fecal or E. coli	Plate Count Per 1 ml	Remarks
<b>DISTRIBUTION SYSTEMS</b>									
	9:12 Am	S-1	Holly Dr Booster	1.03					
	9:00 Am	S-2	2433 Euclid Crescent West	1.02					
	8:36 Am.	S-3	2400 Cliff Road	1.04					
	9:45 Am	S-4	2490 Foreman	.98					
	9:30 Am	S-5	2436 Park	.99					
	8:45 Am.	S-6	856 Cypress	1.04					
<b>PRODUCTION WELLS</b>									
	8:22 Am	S-7	SAW 15	NA					
	8:16 Am.	S-8	SAW 16	NA					
	8:22	S-9	SAW 32						
	10:30 Am	S-10	RES #7	1.05					
		S-11	TUNNEL WATER						

Driver: **Chris Martinez**  
 Received Date/Time: 9-29-15 3:00  
 Relinquish Date/Time: 9-29-15 4:00  
 Relinquish Temp (C): 44  
 No. of Containers: 9  
 Lab Receipt By: [Signature]  
 None  NaThio  Ascorb Acid  NaSO3  
 HNO3  HCl  H2SO4  NaOH  AmCl  
 ZnAcet  Other \_\_\_\_\_  
 Ice  Blue Ice  Intact  Custody Seals

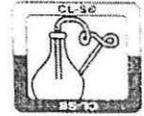
= Routine    W = Well    P = Present  
 = Repeat    D = Distribution    A = Absent  
 = Replacement System  
 = Special

Notification Required? Yes    No  
 Phone# 909-215-2403    982-4107  
 Date/Time Notified: \_\_\_\_\_

Person Notified: \_\_\_\_\_

	Colilert	HPC	MTF	Density
Samples Read By:				
Date/Time Read:				

# 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:** Jeff  
**Sampled:** 10/01/15

**Received:** 10/01/15 15:45  
**Reported:** 10/05/15

## RESULTS

Laboratory ID	Sample Time	Sample Location	CI Res (Field)	Total Coliform	E. Coli
			mg/L	P/A	P/A
15J0136-01	15:45	2490 Foreman	0.97	A	A
15J0136-02	8:35	2524 Foreman	0.90	A	A
15J0136-03	8:53	2460 Foreman	0.97	A	A
15J0136-04	9:28	2430 Park	0.94	A	A
15J0136-05	9:50	965 Hillcrest ✓	0.99	A	A
15J0136-06	10:20	2400 Park	0.91	A	A
15J0136-07	10:40	Well 16		A	A
15J0136-08	10:55	Well 15		A	A

RECEIVED

OCT - 8 2015

Initial:                     

*Bob Glaubig*

Bob Glaubig  
Laboratory Director

Attachment No. 2

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Tier 2 Public Notice Template

**Instructions for Tier 2 Resolved Total Coliform Notice Template**

**Template Attached**

Since exceeding the total coliform bacteria maximum contaminant level is a Tier 2 violation, you must provide public notice to persons served as soon as practical but within 30 days after you learn of the violation [California Code of Regulations, Title 22, Chapter 15, Section 64463.4(b)]. **Each water system required to give public notice must submit the notice to the State Water Resources Control Board, Division of Drinking Water (DDW) for approval prior to distribution or posting, unless otherwise directed by the DDW [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 <sup>(a)</sup>	Publication in a local newspaper
		Posting <sup>(b)</sup> in conspicuous 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 <sup>(b)</sup>	Publication in a local newspaper or newsletter distributed to customers
		Email message to employees or students
		Posting <sup>(b)</sup> 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**

The notice must (1) be provided in English, Spanish, and the language spoken by any non-English-speaking group exceeding 10 percent of the persons served by the water

system and (2) include a telephone number or address where such individuals may contact the water system for assistance.

If any non-English-speaking group exceeds 1,000 persons served by the water system but does not exceed 10 percent served, the notice must (1) include information in the appropriate language(s) regarding the importance of the notice and (2) contain the telephone number or address where such individuals may contact the water system to obtain a translated copy of the notice from the water system 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.

<b><u>If You Take Fewer Than 40 Samples a Month</u></b>	<b><u>If You Take 40 or More Samples a Month</u></b>
State the number of samples testing positive for coliform. The standard is that no more than one sample per month may be positive.	State the percentage of samples testing positive for coliform. The standard is that no more than 5.0 percent of samples may test positive each month.

### **Corrective Action**

In your notice, describe corrective actions you have taken. Listed below are some steps commonly taken by water systems with total coliform violations. Use one or more of the following actions, if appropriate, or develop your own:

- “We have increased sampling for coliform bacteria to catch the problem early if it recurs.”
- “The well and/or distribution system has been disinfected and additional samples do not show presence of coliform bacteria.”

### **After Issuing the Notice**

Send a copy of each type of notice and a certification that you have met all the public notice requirements to the DDW 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 those 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

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Proof of Consumer Notification

## 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 Division 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 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.

Attachment No. 4

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Positive Total Coliform Investigation Form



# POSITIVE TOTAL COLIFORM INVESTIGATION

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)					
d. By what method was the concentration of solution determined? (ex: measured, manufacturer's literature)					
e. What is the age (days) of the disinfectant solution currently being used at this treatment location?					
f. What is the raw water flow rate at the point where disinfectant is added in gallons per minute?					
g. What is the <b>total</b> chlorine residual measured immediately downstream from the point of application?					
h. What is the <b>free</b> chlorine residual measured immediately downstream from the point of application?					
i. What is the contact time in minutes from the point of disinfectant application to the first customer?					

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)				
2. Is the sample tap located in an <b>exterior</b> location or is it protected by an <b>enclosure</b> ?				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or an aerator (sinks)?				
4. Is the sample tap in good condition, free of leaks around the stem or packing?				
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?				
6. Is the sample tap and areas around the sample tap clean and dry (free of animal droppings other contaminants or spray irrigation systems)?				
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection?				
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.).				
9. Is this sample tap designated on the sampling plan submitted with this information request?				
10. What were the weather conditions at the time of the positive sample (rainy, windy, and sunny)?				

# POSITIVE TOTAL COLIFORM INVESTIGATION

STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
1. Is each tank locked to prevent unauthorized access?					
2. Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank?					
3. Is the overflow on each tank screened?					
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?					
5. Is the roof/cover of the tank sealed and free of any leaks?					
6. Is the tank above ground or buried?					
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?					
8. Does the tank "float" on the distribution system or are there separate inlet and outlet lines?					
9. What is the <b>measured</b> chlorine residual (total/free) of the water exiting the storage tank <b>today</b> ?					
10. What is the volume of the storage tank in gallons?					
11. Is the tank baffled?					
12. Prior to the TC+ or EC+, what was the previous date item #1-7 were checked and documented?					

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	
2. Did pressure in the distribution system drop to less than 5 psi prior to positive bacti?	
3. Has the distribution system been worked on within the last week? (taps, hydrant flushing, main breaks, mainline extensions, etc.) If yes, provide details.	
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	
6. If there was a mainline leak, when was it repaired?	
7. On what date was the distribution system last flushed?	
8. Is there a written flushing procedure you can provide for our review?	
9. Do you have an active cross-connection control program?	
10. What is name & phone number of your Cross-Connection Control Program Coordinator?	
11. Is the review and testing of backflow prevention devices current?	
12. On what date was the last physical survey of the system done to identify cross-connections?	

# POSITIVE TOTAL COLIFORM INVESTIGATION

BOOSTER STATION	Response
1. Do you have a booster pump? How many?	
2. Do you have a standby booster pump if the main pump fails?	
3. Prior to bacteriological quality problems, did your booster pump fail?	
4. Do you notice standing water, leakage at the booster station?	

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?	
2. Where there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located.	
3. Does the system have backup power or elevated storage?	
4. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	
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?**

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

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Attachment No. 5

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San Antonio Water Company Current Bacteriological Sample  
Siting Plan and Blank Monitoring Form



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: \_\_\_\_\_

REC-103  
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] / Headman 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  
Sources Influencing Location: Tunnel, well #15, well #16  
Upstream Sample Location (within 5 service connections): Well #32 (low zone)  
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):

Routine Sample Location: 2. 2433 Euclid Crescent West  
Sources Influencing Location: Tunnel, well #15, well #16  
Upstream Sample Location (within 5 service connections): Well #32 (low zone)  
2470 Euclid Crescent West  
Down Stream Sample Location (within 5 service connections):  
85 East 24th St

Routine Sample Location: 3. 856 Cypress to 2516 CLIFF  
Sources Influencing Location: Tunnel, well #15, well #16  
Upstream Sample Location (within 5 service connections): well #32 (High Zone)  
2521 CLIFF ~~DR~~  
Down Stream Sample Location (within 5 service connections): Moved north, across street  
2511 Thunder Mt Rd due to conflict w/homeowner

Routine Sample Location: 4. Holly DR Booster  
Sources Influencing Location: Tunnel, well #15, well #16  
Upstream Sample Location (within 5 service connections): well #32, This zone is  
2677 Holly Drive Filled from the upper zone,  
Down Stream Sample Location (within 5 service connections): it is a zone by itself. Sample  
620 West 26th St 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:

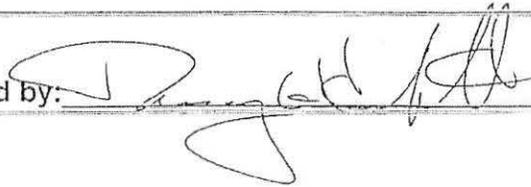
Notify the Division of Drinking Water within 24 hours after the system has been notified of a positive total coliform/ E.Coli / Fecal in the distribution system

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



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: System Number:
Street Address: Ph. No.:
Consecutive, Wholesaler or Neither: Fax:
Provide Continuous 4-log treatment of Viruses YES NO
Service Connections: Population Served: Coliform Samples/Month:

B. Sample Collection:

All water samples will be collected by:
Name of Laboratory:
Mailing Address:
State Lab Code: Phone #: 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:

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 Contact Phone No.
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:** \_\_\_\_\_

**Signature and Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**G. Sample Locations:**

The following describes each routine sample location and the sources which may influence it. If the routine sample location is positive, the source(s) affecting it will be sampled within 24 hours. Only sources in use during the time of initial sampling will be required to be sampled (production log required):

<b><u>Routine Sample Location:</u></b> 1. _____	<b><u>Sources Influencing Location:</u></b> _____
<b><u>Upstream Sample Location(within 5 service connections):</u></b> _____	_____
<b><u>Down Stream Sample Location(within 5 service connections):</u></b> _____	_____
<b><u>Additional Sample Location (if collect 4 repeat samples):</u></b> _____	_____

<b><u>Routine Sample Location:</u></b> 2. _____	<b><u>Sources Influencing Location:</u></b> _____
<b><u>Upstream Sample Location(within 5 service connections):</u></b> _____	_____
<b><u>Down Stream Sample Location(within 5 service connections):</u></b> _____	_____

<b><u>Routine Sample Location:</u></b> 3. _____	<b><u>Sources Influencing Location:</u></b> _____
<b><u>Upstream Sample Location(within 5 service connections):</u></b> _____	_____
<b><u>Down Stream Sample Location(within 5 service connections):</u></b> _____	_____

<b><u>Routine Sample Location:</u></b> 4. _____	<b><u>Sources Influencing Location:</u></b> _____
<b><u>Upstream Sample Location(within 5 service connections):</u></b> _____	_____
<b><u>Down Stream Sample Location(within 5 service connections):</u></b> _____	_____

**Report Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_