



EDMUND G. BROWN JR.  
GOVERNOR



MATTHEW RODRIGUEZ  
SECRETARY FOR  
ENVIRONMENTAL PROTECTION

## State Water Resources Control Board

Division of Drinking Water

February 12, 2016

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

**CITATION NO. 05-13-16C-003  
TOTAL COLIFORM MCL EXCEEDANCE FOR NOVEMBER 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 November 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 has followed the directives in this citation and has returned to compliance. 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,

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

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

Enclosure: Citation No. 05-13-16C-003

## **ENCLOSURE**

---

CITATION NO. 05-13-16C-003

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26

**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, SECTION 64424(b)**  
**WATER SYSTEM NO. 3610085**  
**CITATION NO. 05-13-16C-003**  
**Issued on February 11, 2016**

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 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 November 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 sample collected during a single month is total coliform-positive.

In the month of November 2015, the Company collected twenty-three routine distribution system samples for analysis. Two routine samples resulted present for total coliform but absent for *E.coli*. A total of twelve repeat samples and ten triggered source samples were collected (**see Attachment No 1**). All triggered source samples resulted absent for total coliform and *E.coli*/Fecal, but three repeat samples resulted present for total coliform but absent for *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 the City of Upland and the City of Ontario. The Company's distribution system consists of five storage tanks supplying water to three pressure zones. The Company collects a minimum of six routine distribution system samples per week. Four of the samples are from the Lower Zone and two of the samples are from the Upper Zone. Water is produced from four active wells, Well Nos. 15, 16, 32 and one Tunnel. All active sources are sampled on a quarterly basis for total coliform. The Company provides continuous chlorination at all well heads and maintains a detectable chlorine residual throughout the distribution system. The Company is currently operating by authority of a Domestic Water Permit issued by the Division on May 3, 1968.

1

2 On November 17, 2015, the Company collected five routine samples from the distribution system  
3 for analysis. One routine sample resulted present for total coliform and absent for *E.coli*/Fecal.  
4 The sample location was 2400 Cliff Road.

5

6 On November 18, 2015, the Company proceeded to collect one repeat sample set from the  
7 distribution system, for a total number of three samples. The sample set consisted of one sample  
8 at the original site with the present total coliform, one upstream sample, and one downstream  
9 sample. The Company also collected total coliform samples from the two active sources that  
10 were serving the system pursuant to the Groundwater Rule. The repeat source samples resulted  
11 absent for total coliform and *E.coli*/Fecal, but two of the three repeat distribution samples resulted  
12 present for total coliform and absent for *E.coli*/Fecal. The sample locations were 2414 Cliff Road  
13 and 661 East 24<sup>th</sup> Street.

14

15 On November 19, 2015, the Company proceeded to collect one repeat sample set from the  
16 distribution system, in a total number of three samples. The sample set consisted of only one  
17 sample at the original total coliform positive site (2414 Cliff Road) one upstream sample, and one  
18 downstream sample. The Company also collected total coliform samples from the two active  
19 sources that were serving the system pursuant to the Groundwater Rule. The repeat source  
20 samples resulted absent for total coliform and *E.coli*/Fecal, but one of the three repeat distribution  
21 samples resulted present for total coliform and absent for *E.coli*/Fecal. The sample location was  
22 2414 Cliff Road.

23

24 On November 20, 2015, the Company proceeded to collect one repeat sample set from the  
25 distribution system, in a total number of three samples. The sample set consisted of one  
26 upstream sample and two downstream samples. The Company also collected total coliform

1 samples from the two active sources that were serving the system pursuant to the Groundwater  
2 Rule. All the repeat source and distribution samples resulted absent for total coliform and  
3 *E.coli*/Fecal.

4  
5 On November 24, 2015, the Company collected six routine samples from the distribution system  
6 for bacteriological analyses. One routine sample resulted present for total coliform and absent for  
7 *E.coli*/Fecal. The sample location was 2400 Cliff Road.

8  
9 On November 25, 2015, the Company proceeded to collect one repeat sample set from the  
10 distribution system, in a total number of three samples. The sample set consisted of one sample  
11 at the original site with the present total coliform, one upstream sample, and one downstream  
12 sample. The Company also collected total coliform samples from the four active sources that  
13 were serving the system pursuant to the Groundwater Rule. All the repeat source and distribution  
14 samples resulted absent for total coliform and *E.coli*/Fecal.

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

21  
22 **DIRECTIVES**

23  
24 San Antonio Water Company is hereby directed to take the following actions:  
25  
26

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

- 4 • The notice shall be issued to consumers by mail or direct delivery, including those  
5 that provide their drinking water to others (e.g. schools or school system, apartment  
6 building owners, or large private employers), and other service connections to which  
7 water is delivered by the water system. When consumers are not likely to be  
8 reached by mail or directly delivery, the notice shall be published in a local  
9 newspaper, posted in conspicuous public places served by the water system, or on  
10 the Internet; or delivered to community organizations. The notice has been  
11 distributed on December 8, 2015. **(Attachment No. 2)**

12  
13 2. San Antonio Water Company shall submit Proof of Notification that all the public notice  
14 requirements have been met pursuant to Section 64469(d), Title 22, CCR, **within 10 days**  
15 **following issuance of the public notice.** The Proof of Notification has been delivered to  
16 the Division on December 21, 2015. **(Attachment No. 3)**

17  
18 3. San Antonio Water Company has submitted a completed Positive Total Coliform Rule  
19 Investigation report **(Attachment No.4)** to the Division on December 7, 2015.

20  
21 All submittals required by this citation were sent to:

22  
23 Sean F. McCarthy, P.E.  
24 Senior Sanitary Engineer  
25 State Water Resources Control Board  
26 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.

February 12, 2016  
Date

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

Attachments (4)



Attachment No. 1

---

November 2015 Monthly Coliform Monitoring Report/Lab Results

WC

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

System Name <p align="center">San Antonio Water Company</p>	System Number <p align="center">3610085</p>
Sampling Period <p align="center">November</p>	Year <p align="center">2015</p>

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/E.coli Positives
1. Routine Samples (see note 1)	<u>12</u>	<u>23</u>	<u>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>12</u>	<u>3</u>	<span style="border: 1px solid black; padding: 2px;">0</span>
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>	<span style="border: 1px solid black; padding: 2px;">0</span>	<span style="border: 1px solid black; padding: 2px;">0</span>
4. MCL Computation for Total Coliform Positive Samples				
a. Totals (sum of columns)		<u>35</u>	<u>5</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		
...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 <b>only</b> to systems subject to the Groundwater Rule - see notes 7 and 8)		<u>0</u>	<u>0</u>	<span style="border: 1px solid black; padding: 2px;">0</span>

**RECEIVED**  
DEC 14 2015  
Initial: \_\_\_\_\_

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 <p align="center"><i>Kelly E. Mitchell</i></p>	Title <p align="center">Administrative Specialist</p>	Date <p align="center">12/7/2015</p>
---	--	---

NOTES AND INSTRUCTIONS:

1. Routine samples include:
  - a. Samples required pursuant to 22 CCR Section 64423 and any additional samples required by an approved routine sample siting plan established pursuant to 22 CCR Section 64422.
  - b. Extra samples 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 November Year 2015

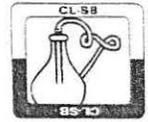
Routine Samples <sup>9</sup>			Repeat Samples <sup>6</sup>					Triggered Source Samples <sup>8</sup>				
TC+ Sample Date	TC+ Sample Site ID	<sup>12</sup> EC/FC Results	Repeat Collection Date	Repeat Sample Site IDs <sup>10</sup>	Coliform Results (Check one box)			Source Sample Date	Groundwater Source(s) Sampled	<sup>12</sup> TC Results	<sup>11,12</sup> E. coli Results	
					TC-	TC+ <u>BUT</u> FC/EC-	TC+ <u>AND</u> FC/EC+					
11/17/2015	2400 Cliff Rd.	-	11/18/2015	2414 Cliff Rd.		x		11/18/2015	Well 16	-	-	
			11/18/2015	661 E. 24th St.		x		11/18/2015	Well 15	-	-	
			11/18/2015	2400 Cliff Rd.	x					(+ / -)	(+ / -)	
11/17/2015	2400 Cliff Rd.								(+ / -)	(+ / -)		
11/18/2015	2414 Cliff Rd / 661 E 24th St	-	11/19/2015	2414 Cliff Rd.		x		11/19/2015	Well 16	-	-	
			11/19/2015	2400 Cliff Rd.	x			11/19/2015	Well 15	-	-	
			11/19/2015	661 E 24th St.	x					(+ / -)	(+ / -)	
			11/19/2015	2403 Cliff						(+ / -)	(+ / -)	
11/19/2015	2414 Cliff Rd / 661 E 24th St	-	11/20/2015	2400 Cliff Rd.	x			11/20/2015	Well 16	-	-	
			11/20/2015	2416 Prospect	x			11/20/2015	Well 15	-	-	
			11/20/2015	2403 Cliff Rd.	x					(+ / -)	(+ / -)	
11/19/2015	2414 Cliff Rd / 661 E 24th St							(+ / -)	(+ / -)			
11/24/2015	2400 Cliff Rd.	-	11/25/2015	2400 Cliff Rd.	x			11/25/2015	Well 15	-	-	
			11/25/2015	2403 Cliff Rd.	x			11/25/2015	Well 16	-	-	
			11/25/2015	775 & 24th St.	x			11/25/2015	Well 32	-	-	
			11/25/2015					11/25/2015	Booster 18	-	-	
		( + / - )	1							(+ / -)	(+ / -)	
			2							(+ / -)	(+ / -)	
			3								(+ / -)	(+ / -)
			4								(+ / -)	(+ / -)
		( + / - )	1							(+ / -)	(+ / -)	
			2								(+ / -)	(+ / -)
			3								(+ / -)	(+ / -)
			4								(+ / -)	(+ / -)
		( + / - )	1							(+ / -)	(+ / -)	
			2								(+ / -)	(+ / -)
			3								(+ / -)	(+ / -)
			4								(+ / -)	(+ / -)
		( + / - )	1							(+ / -)	(+ / -)	
			2								(+ / -)	(+ / -)
			3								(+ / -)	(+ / -)
			4								(+ / -)	(+ / -)

Comments:

**NOTES AND INSTRUCTIONS:**

- 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.
- 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.
- 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.
- 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.
- The Division recommends using E. coli (see note 8). If enterococci or coliphage is used, note which in the comment box below.
- 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:** Chad H  
**Sampled:** 11/17/15

**Received:** 11/17/15 16:20  
**Reported:** 11/20/15

## RESULTS

Laboratory ID	Sample Time	Sample Location	Cl Res (Field) mg/L	Total Coliform P/A	E. Coli P/A
15K1514-01	9:30	Holly Dr Booster	0.80	A	A
15K1514-02	11:15	2433 Euclid Crescent West	0.96	A	A
15K1514-03	9:00	2400 Cliff Rd	1.06	P [1]	A
15K1514-04	9:45	2490 Foreman	1.06	A	A
15K1514-05	9:15	856 Cypress	0.89	A	A
15K1514-06	8:35	SAW 15	0	A	A
15K1514-07	8:30	SAW 16	0	A	A

1 = Notified Tommy 11/18/15, 1153

*Bob Glaubig*

Bob Glaubig  
Laboratory Director

RECEIVED

NOV 20 5

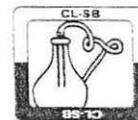
Initial: \_\_\_\_\_

RECEIVED

NOV 30 2015

Initial: \_\_\_\_\_

# 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:** Chad Herron  
**Sampled:** 11/18/15  
**Received:** 11/18/15 15:40  
**Reported:** 11/20/15

## RESULTS

Laboratory ID	Sample Time	Sample Location	Cl Res (Field) mg/L	Total Coliform P/A	E. Coli P/A
15K1620-01	14:00	2414 Cliff Rd	1.03	P [1]	A
15K1620-02	14:25	661 E 24th St	0.93	P [1]	A
15K1620-03	14:50	2400 Cliff Rd	1.01	A	A
15K1620-04	15:10	Well 16	0	A	A
15K1620-05	15:15	Well 15	0	A	A

1 = Notified Kelly 11/19/15, 1029

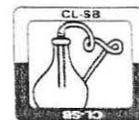
RECEIVED

NOV 30 2015

Initial: \_\_\_\_\_

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:** Chad H  
**Sampled:** 11/19/15

**Received:** 11/19/15 14:45  
**Reported:** 11/20/15

## RESULTS

Laboratory ID	Sample Time	Sample Location	Cl Res (Field) mg/L	Total Coliform P/A	E. Coli P/A
15K1758-01	11:45	SAW 16	0	A	A
15K1758-02	11:50	SAW 15	0	A	A
15K1758-03	12:20	2400 Cliff Rd	1.00	A	A
15K1758-04	12:38	2414 Cliff Rd	1.02	P[1]	A
15K1758-05	13:01	2403 Cliff Rd	1.00	A	A

1 = Notified Kelly 11/20/15, 1044

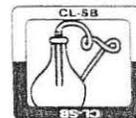
RECEIVED

NOV 30 2015

Initial: \_\_\_\_\_

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:** Chad H  
**Sampled:** 11/20/15

**Received:** 11/20/15 16:50  
**Reported:** 11/23/15

RECEIVED

NOV 30 2015

Initial: \_\_\_\_\_

## RESULTS

Laboratory ID	Sample Time	Sample Location	Cl Res (Field) mg/L	Total Coliform P/A	E. Coli P/A
15K1815-01	13:05	SAW 16	0	A	A
15K1815-02	13:05	SAW 15	0	A	A
15K1815-03	13:15	2400 Cliff Rd	1.03	A	A
15K1815-04	13:35	2416 Prospect	0.99	A	A
15K1815-05	13:51	2403 Cliff Rd	1.00	A	A

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:** Jeff Barker  
**Sampled:** 11/24/15

**Received:** 11/24/15 15:40

**Reported:** 11/30/15

## RESULTS

Laboratory ID	Sample Time	Sample Location	Cl Res (Field) mg/L	Total Coliform P/A	E. Coli P/A
15K2067-01	10:48	Holly Dr Booster	0.88	A	A
15K2067-02	9:55	2433 Euclid Crescent West	0.98	A	A
15K2067-03	9:18	2400 Cliff Rd	0.96	P [1]	A
15K2067-04	11:35	2490 Foreman	0.95	A	A
15K2067-05	11:12	2436 Park	1.03	A	A
15K2067-06	9:35	856 Cypress	0.83	A	A
15K2067-07	9:00	SAW 15		A	A
15K2067-08	8:45	SAW 16		A	A
15K2067-09	10:17	SAW 32		A	A
15K2067-10	11:57	Res 7	1.03	A	A

1 = Notified Roberta 11/25/15, 1026

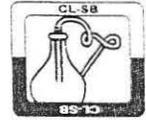
RECEIVED

DEC - 4 2015

Initial: \_\_\_\_\_

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:** Jeff  
**Sampled:** 11/25/15

**Received:** 11/25/15 16:50

**Reported:** 12/01/15

## RESULTS

Laboratory ID	Sample Time	Sample Location	Cl Res (Field) mg/L	Total Coliform P/A	E. Coli P/A
15K2236-01	14:18	SAW 32		A	A
15K2236-02	14:39	2400 Cliff Rd	1.0	A	A
15K2236-03	14:52	2403 Cliff Rd	1.03	A	A
15K2236-04	15:15	775 & 24th	1.05	A	A
15K2236-05	15:41	SAW 15		A	A
15K2236-06	15:45	SAW 16		A	A
15K2236-07	16:06	Booster 18	1.94	A	A

RECEIVED

DEC - 4 2015

Initial: \_\_\_\_\_

Bob Glaubig  
Laboratory Director

Attachment No. 2

---

Tier 2 Public Notice

## 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 53 samples to test for the presence of coliform bacteria during November 2015, including nine production wells. 9.4 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?**

Routine samples collected on 11/17/2015 and 11/24/2015 Cliff Road resulted in bacteria present for total coliform but absent for fecal/E.coli. We proceeded as required by the state to collect three (3) repeat samples, one from the Cliff Road sample tap, in the San Antonio Heights, and (2) Additional samples, that were collected within five services above and below each sample tap. Samples were also collected from each source (wells), that supply's water to the domestic system. The repeat samples from the source wells came back absent 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: December 8, 2015.

Attachment No. 3

---

Proof of Consumer 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. San Antonio Water believes the problem is the air detention vaults at B#18, the water company steam cleaned both vaults and chlorinated.

Consumers Notified [X] Yes [ ] No

If not, Explain:

Date of Notification: 12-16-2015

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: 12-21-2015 [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.

**Inland Valley Daily Bulletin**

(formerly The Daily Report)  
9616 Archibald Avenue Suite 100  
Rancho Cucamonga, CA 91730  
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:

12/16

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

Executed at Ontario, San Bernardino Co. California

This 16 day of December, 2015

*Brian Wade*

Signature

(Space below for use of County Clerk Only)

**Legal Notice Legal Notice Legal Notice Legal Notice**

**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 53 samples to test for the presence of coliform bacteria during November 2015, including nine production wells. 94 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?**

Routine samples collected on 11/17/2015 and 11/24/2015 on Cliff Road resulted in bacteria present for total coliform but absent for fecal/E.coli. We proceeded as required by the state to collect three (3) repeat samples, one from the Cliff Road sample tap in the San Antonio Heights, and (2) Additional samples, that were collected within five services above and below each sample tap. Samples were also collected from each source (wells), that supply's water to the domestic system. The repeat samples from the source wells came back absent 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**

50 Perished	speaker, often	Pennsylvania
49 Profound	38 Long-winded	29 Capital of
48 Cincinnati	Longfellow	gear teeth
47 Invitation letters	37 Wordsworth or	28 Fit together, as
		27 Boys and men
		26 WATERPITA

All Rights Reserved

Attachment No. 4

---

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 State Water Resources Control Board, Division of Drinking Water (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: PWSID NUMBER: 3610085 wholesale	System Type:	Name San Antonio Water Company	System Address & Email 139 North Euclid Avenue upland, Cam,91786 www.sawaterco.com	Telephone Number 909-982-4107
Operator in Responsible Charge (ORC)		Tommy Hudspeth	139 North Euclid Avenue Upland, ca, 91786. tommyh@sawaterco.com	909-982-4107 office 909-215-2403 cell
Person that collected TC samples if different than ORC		Chad Herron	cherron@sawaterco.com	909-982-4107 office 909-297-6773 cell
System Owner		San Antonio Water Company	www.sawaterco.com	909-982-4107 office
Certified Laboratory for Microbiological Analyses		Clinical lab		
Date Investigation Completed:11/24/2015				
Month(s) of Total Coliform MCL Failure :November				

### INVESTIGATION DETAILS

SOURCE	WELL Saw 15	WELL Saw 16	WELL (name)	WELL (name)	COMMENTS (attach additional pages if needed)
1. Inspect each well head for physical defects and report	yes	yes			
a. Is raw water sample tap upstream from point of disinfection?	yes	yes			
b. Is wellhead vent pipe screened?	yes	yes			
c. Is wellhead seal watertight?	yes	yes			
d. Is well head located in pit or is any piping from the wellhead submerged?	no	no			
e. Does the ground surface slope towards well head?	no	no			
f. Is there evidence of standing water near the wellhead?	no	no			
g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)	no	no			
h. Is the wellhead secured to prevent unauthorized access?	yes	yes			
i. To what treatment plant (name) does this well pump?	n/a	n/a			
j. How often do you take a raw water total coliform (TC) test?	weekly	weekly			
k. Provide the date and result of the last TC test at this location	1/20/2015	11/20/2015			Wells negative in all samples
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)					

TREATMENT	PLANT Saw 15	PLANT Saw 16	PLANT (NAME)	PLANT (NAME)	COMMENTS
1. If you provide continuous chlorination treatment was there any equipment failure?	no	no			
a. Did the distribution system maintain chlorine residual?					Yes >1.0MG/L
b. Was emergency chlorination initiated? If yes, for how long?					no
c. Did the distribution system lose chlorine residual?					no
2. If you <b>do not</b> provide routine chlorination, was emergency chlorination initiated? If Yes, when?					
3. Inspect each point where disinfectant is added and report					yes

# POSITIVE TOTAL COLIFORM INVESTIGATION

TREATMENT	PLANT Saw 15	PLANT Saw 16	PLANT (NAME)	PLANT (NAME)	COMMENTS
a. Is the disinfectant feed pump feeding disinfectant?					Yes
b. What is the feed rate of disinfectant in ml/minute?	3.7GPH	13.3GPH			Feed rates in GPH
c. What is the concentration of the disinfectant solution being fed? (percent or mg/l of chlorine as HOCl)					.40% mixed oxidant solution
d. By what method was the concentration of solution determined? (ex: measured, manufacturer's literature)					Manufacture supplied
e. What is the age (days) of the disinfectant solution currently being used at this treatment location?					1 Day
f. What is the raw water flow rate at the point where disinfectant is added in gallons per minute?	480 GPM	1037 GPM			
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?					1.01 MG/L
i. What is the contact time in minutes from the point of disinfectant application to the first customer?					45 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)	30	36	30	
2. Is the sample tap located in an <b>exterior</b> location or is it protected by an <b>enclosure</b> ?	enclosed			
3. Is the sample tap threaded, have a swing arm (kitchen sink) or an aerator (sinks)?	no			
4. Is the sample tap in <b>good condition</b> , 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 with disinfection			
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)?	Sunny, mild wind			

# POSITIVE TOTAL COLIFORM INVESTIGATION

STORAGE	TANK res 7	TANK res 12	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.?	Yes	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?	Buried	AG			
a. If buried or partially buried, are there provisions to direct surface water away from the site.	Yes				
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?	Yes				
8. Does the tank "float" on the distribution system or are there separate inlet and outlet lines?	Float	Float			
9. What is the <b>measured</b> chlorine residual (total/free) of the water exiting the storage tank <b>today</b> ?	.87 MG/L	.95 MG/L			
10. What is the volume of the storage tank in gallons?	.5mg	5.0 MG			
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?	Daily	Daily			

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	<b>40 Psi</b>
2. Did pressure in the distribution system drop to less than 5 psi prior to positive bacti?	<b>No</b>
3. Has the distribution system been worked on within the last week? (taps, hydrant flushing, main breaks, mainline extensions, etc.) If yes, provide details.	<b>No</b>
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	<b>No</b>
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	<b>Yes</b>
6. If there was a mainline leak, when was it repaired?	
7. On what date was the distribution system last flushed?	<b>11/20/2015</b>
8. Is there a written flushing procedure you can provide for our review?	<b>Yes</b>
9. Do you have an active cross-connection control program?	<b>Yes</b>
10. What is name & phone number of your Cross-Connection Control Program Coordinator?	<b>Tommy Hudspeth 909-215-2403</b>
11. Is the review and testing of backflow prevention devices current?	<b>Yes</b>
12. On what date was the last physical survey of the system done to identify cross-connections?	<b>2010</b>

# POSITIVE TOTAL COLIFORM INVESTIGATION

Page 4 of 4

BOOSTER STATION	Response
1. Do you have a booster pump? How many?	Yes/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?

Possible system flushing needed, observed sampling practices of operator when resamples were taken, going to do extra sampling on boosters at well sites. Checking detention tanks at well sites, flushed and cleaned both tanks (well 15/16), re-chlorinated both tanks and flushed again

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

NAME: Tommy Hudspeth  
DATE: 12/3/2015

TITLE: Water Utility Superintendent