

## State Water Resources Control Board

Division of Drinking Water

June 30, 2016

Mr. Daniel Smith  
Assistant General Manager  
Apple Valley Heights CWD  
P.O. Box 938  
Apple Valley, CA 92307

**CITATION NO. 05-13-16C-009**  
**TOTAL COLIFORM MCL EXCEEDANCE FOR MAY 2016**  
**APPLE VALLEY HEIGHTS COUNTY WATER DISTRICT (SYSTEM NO. 3600009)**

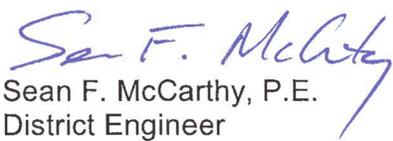
Dear Mr. Smith:

The State Water Resources Control Board, acting by and through its Division of Drinking Water (Division), hereby issues a citation to Apple Valley Heights County Water District (hereinafter, District) for the following violation:

- Title 22, California Code of Regulations (CCR), Section 64426.1(b)(2). Specifically, the District failed to meet the Primary Drinking Water Standards for bacteriological quality in the month of May 2016. 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 District has followed all the directives listed 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,



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

Enclosure: Citation No. 05-13-16C-009

## **ENCLOSURE**

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CITATION NO. 05-13-16C-009

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

TO: Apple Valley Heights County Water District

P.O. Box 938

Apple Valley, CA 92307

ATTN: Daniel Smith

Assistant General Manager

**CITATION FOR VIOLATION OF CALIFORNIA CODE OF REGULATIONS,**

**TITLE 22, SECTION 64424(b)**

**WATER SYSTEM NO. 3600009**

**CITATION NO. 05-13-16C-009**

**Issued on June 30, 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 Apple Valley Heights Water District (hereinafter District) for the following violation:

- Title 22, California Code of Regulations (CCR), Section 64426.1(b)(2). Specifically, the District failed to meet the Primary Drinking Water Standards for bacteriological quality in the month of May 2016. 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 May 2016, the District collected two routine distribution system samples for analysis. One routine sample resulted present for total coliform but absent for *E.coli*. A total of three repeat samples and two triggered source samples were collected (**see Attachment No 1**). All triggered source samples resulted absent for total coliform and *E.colii*/Fecal, but one repeat sample resulted present for total coliform but absent for *E.colii*/Fecal.

## HISTORY

Apple Valley Heights County Water District (District) is community and is located south of the Town of Apple Valley in San Bernardino County. The District serves an estimated population of 917 people through 307 service connections. The District's water system comprises of two wells, four storage tanks, two booster stations, and the distribution system's pipelines with isolation valves and fire hydrants.

The District was approved to provide chlorination of the its groundwater sources in 2012. Currently the District has no connections with other water systems. The District's water system is currently operating by authority of Water Permit No. 03-13-03 (P)-001 issued by the Division on January 21, 2003.

1 The District is required to collect a minimum of one routine bacteriological water quality sample  
2 every month from the distribution system, in accordance with Section 64423(a) of the Title 22,  
3 CCR. The District currently monitors two sample sites per month.

4

5 On May 2, 2016, the District collected two routine samples from the distribution system for  
6 analysis. One routine sample resulted present for total coliform and absent for *E.coli*/Fecal. The  
7 sample location was 9429 Cerra Vista.

8

9 On May 3, 2016, the District proceeded to collect one repeat sample set from the distribution  
10 system, for a total number of three samples. The sample set consisted of one sample at the  
11 original site with the present total coliform, one upstream sample, and one downstream sample.  
12 The District also collected total coliform samples from the two active sources that were serving  
13 the system pursuant to the Groundwater Rule. The repeat source samples resulted absent for  
14 total coliform and *E.coli*/Fecal, but one of the three repeat distribution samples resulted present  
15 for total coliform and absent for *E.coli*/Fecal. The sample locations were 9430 Cerra Vista.

16

17 On May 4, 2016, the District proceeded to collect one repeat sample from 9430 Cerra Vista. The  
18 sample resulted absent for total coliform and *E.coli*/Fecal.

19

20 Pursuant to Section 64426.1(b), if a public water system collects fewer than 40 samples per  
21 month and more than one sample collected during any month is total coliform-positive, the public  
22 water system is in violation of the total coliform Maximum Contaminant Level (MCL). Therefore,  
23 the District violates the Total Coliform MCL, because more than one sample collected during the  
24 month of May 2016 was total coliform-positive.

25

26 **DIRECTIVES**

1  
2 Apple Valley Heights County Water District is hereby directed to take the following actions:

3  
4 1. Apple Valley Heights County Water District shall notify its consumers of the bacteriological  
5 water quality failure (Total Coliform MCL violation) in conformance with Section 64426.1€,  
6 Title 22, CCR: A Tier 2 Resolved Total Coliform Notice.

- 7       • The notice shall be issued to consumers by mail or direct delivery, including those  
8 that provide their drinking water to others (e.g. schools or school system, apartment  
9 building owners, or large private employers), and other service connections to which  
10 water is delivered by the water system. When consumers are not likely to be  
11 reached by mail or directly delivery, the notice shall be published in a local  
12 newspaper, posted in conspicuous public places served by the water system, or on  
13 the Internet; or delivered to community organizations. The notice has been  
14 distributed on May 16, 2016. **(Attachment No. 2)**

15  
16 2. Apple Valley Heights County Water District shall submit Proof of Notification that all the  
17 public notice requirements have been met pursuant to Section 64469(d), Title 22, CCR,  
18 **within 10 days following issuance of the public notice.** The Proof of Notification has  
19 been submitted to the Division. **(Attachment No. 3)**

20  
21 3. Apple Valley Heights County Water District has submitted a completed Positive Total  
22 Coliform Rule Investigation report **(Attachment No.4)** to the Division on May 6, 2016.

23  
24 All submittals required by this citation were sent to:  
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Sean F. McCarthy, P.E.  
Senior Sanitary Engineer  
State Water Resources Control Board  
Division of Drinking Water  
464 W. 4<sup>th</sup> 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.

*June 30, 2016*

Date

*Sean F. McCarthy*

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

Attachments: (4)

Certified Mail No.: 7006 2150 0004 3940 7938



Attachment No. 1

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May 2016 Monthly Coliform Monitoring Report

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

System Name <b>Apple Valley Heights County Water District</b>	System Number <b>3600009</b>
Sampling Period <b>May</b>	Year <b>2016</b>

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/E.coli Positives
1. Routine Samples (see note 1)	<u>2</u>	<u>6</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>7</u>	<u>1</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>13</u>	<u>3</u>	
b. If 40 or more samples collected in month, determine percent of samples that are total coliform positive [(total number positive/total number collected) x 100] = _____ %				
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>1</u>	<u>1</u>	<span style="border: 1px solid black; padding: 2px;">0</span>
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 <b>Daniel B. Smith</b>	Title <b>Genera Manager</b>	Date <b>6/16/2016</b>
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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)

Page 2 of 2  
Report Month May Year 2016

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+AND FC/EC+						
5/2/2016	9429 Cerra Vista	( + - )	3-May	9429 Cerra Vista	X			2-May	Well 3 & 4	( + - )	( + - )		
			3-May	9430 Cerra Vista		X						( + / - )	( + / - )
			3-May	9370 Cerra Vista	X							( + / - )	( + / - )
			4									( + / - )	( + / - )
		( + / - )	4-May	9430 Cerra Vista	X					( + / - )	( + / - )		
			2						( + / - )	( + / - )			
			3						( + / - )	( + / - )			
			4						( + / - )	( + / - )			
5/17/2016	9614 Bella Vista	( + - )	18-May	9614 Bella Vista	X			19-May	Well 3 & 4	( + - )	( + - )		
			18-May	9159 Bella Vista	X							( + / - )	( + / - )
			18-May	22895 Roundup Way	X							( + / - )	( + / - )
			18-May	4								( + / - )	( + / - )
		( + / - )	1							( + / - )	( + / - )		
			2						( + / - )	( + / - )			
			3						( + / - )	( + / - )			
			4						( + / - )	( + / - )			
		( + / - )	1							( + / - )	( + / - )		
			2						( + / - )	( + / - )			
			3						( + / - )	( + / - )			
			4						( + / - )	( + / - )			
		( + / - )	1							( + / - )	( + / - )		
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			4						( + / - )	( + / - )			

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*

Attachment No. 2

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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.

### Apple Valley Heights County Water District Had 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 (4) four samples to test for the presence of coliform bacteria during May 2016. 25% 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?**

Water samples were taken from bathroom facets with aerators, the results came back positive for coliform bacteria. The aerators caused the *false positive* results.

- We have increased sampling for coliform bacteria to catch the problem early if it recurs.
- Removal of aerators, flushing, and additional samples do not show presence of coliform bacteria.

For more information, please contact Gail Hunter or Daniel Smith at 760-247-7330 or 9429 Cerra Vista St.

*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 Apple Valley Heights County Water District.

State Water System ID#: 3600009. Date distributed: 5/16/2016.

Attachment No. 3

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Proof of Consumer Notification

**Drinking Water Notification to Consumers**

**PROOF OF NOTIFICATION**

**Name of Water System:** Apple Valley Heights County Water District

Please explain what caused the problem if you have determined what it was and what steps you have taken to correct it. Water samples were taken from bathroom facets with aerators, the results came back positive for coliform bacteria. The aerators caused the false positive results. Removal of aerators, flushing, and additional samples do not show presence of coliform bacteria.

Consumers Notified  X  Yes   No

If not, Explain: \_\_\_\_\_

Date of Notification: May 16, 2016

On the date of notification set forth above, I served the above referenced document(s) on the consumers by:

- X  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: 6/28/2016  
David B. Smith  
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.

Attachment No. 4

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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: <u>3600009</u> System Type:	Name <u>Daniel B. Smith</u>	System Address & Email <u>9429 Cerra Vista</u>	Telephone Number <u>760-247-7330</u>
Operator in Responsible Charge (ORC)	<u>Daniel B. Smith</u>		
Person that collected TC samples if different than ORC			
System Owner			
Certified Laboratory for Microbiological Analyses	<u>Geo-Monitor</u>		
Date Investigation Completed:			
Month(s) of Total Coliform MCL Failure: <u>1 month</u>			

### INVESTIGATION DETAILS

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS <small>(attach additional pages if needed)</small>
1. Inspect each well head for physical defects and report	<u>3</u>	<u>4</u>			
a. Is raw water sample tap upstream from point of disinfection?	<u>Yes</u>	<u>Yes</u>			
b. Is wellhead vent pipe screened?	<u>Yes</u>	<u>Yes</u>			
c. Is wellhead seal watertight?	<u>Yes</u>	<u>Yes</u>			
d. Is well head located in pit or is any piping from the wellhead submerged?	<u>No</u>	<u>No</u>			
e. Does the ground surface slope towards well head?	<u>No</u>	<u>No</u>			
f. Is there evidence of standing water near the wellhead?	<u>No</u>	<u>No</u>			
g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)	<u>No</u>	<u>No</u>			
h. Is the wellhead secured to prevent unauthorized access?	<u>Yes</u>	<u>Yes</u>			
i. To what treatment plant (name) does this well pump?	<u>N/A</u>	<u>N/A</u>			
j. How often do you take a raw water total coliform (TC) test?	<u>monthly</u>	<u>Monthly</u>			
k. Provide the date and result of the last TC test at this location	<u>5-2-16</u>	<u>5-2-16</u>			<u>Absent</u>
2. Inspect and review records for surface water source (if applicable)	<u>N/A</u>	<u>N/A</u>			
a. Have there been any events in the watershed or near the intake that might have contributed to TC+ or EC+ results? (Describe)	<u>No</u>	<u>No</u>			

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

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

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)	Tct 36"	Tct 36"	Tct 36"	
2. Is the sample tap located in an <b>exterior</b> location or is it protected by an <b>enclosure</b> ?	ENC	Ext	ENC	
3. Is the sample tap threaded, have a swing arm (kitchen sink) or an aerator (sinks)?	aerator	threaded	aerator	
4. Is the sample tap in good condition, free of leaks around the stem or packing?	Yes	Yes	Yes	
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?	Yes	Yes	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	Yes	Yes	
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection?	Yes	Yes	Yes	
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.).	Ran Water	Ran Water	Ran Water	
9. Is this sample tap designated on the sampling plan submitted with this information request?	no	No	NO	
10. What were the weather conditions at the time of the positive sample (rainy, windy, and sunny)?	windy	windy	windy	

# POSITIVE TOTAL COLIFORM INVESTIGATION

STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
1. Is each tank locked to prevent unauthorized access?	Mesa	Central			
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?	ground	ground			
a. If buried or partially buried, are there provisions to direct surface water away from the site.	Yes/N/A	Yes/N/A			
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 <b>measured</b> chlorine residual (total/free) of the water exiting the storage tank <b>today</b> ?	0	0			
10. What is the volume of the storage tank in gallons?	60,000	200,000			
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?	4/1/16	4/1/16			

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	20 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 - no
6. If there was a mainline leak, when was it repaired?	N/A
7. On what date was the distribution system last flushed?	10/1/15
8. Is there a written flushing procedure you can provide for our review?	no
9. Do you have an active cross-connection control program?	Yes
10. What is name & phone number of your Cross-Connection Control Program Coordinator?	
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?	2014

# POSITIVE TOTAL COLIFORM INVESTIGATION

BOOSTER STATION	Response
1. Do you have a booster pump? How many?	Yes - 2
2. Do you have a standby booster pump if the main pump fails?	NO
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 Storage tanks
4. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	NO - 0
5. What were the symptoms of illness if you received complaints about customers being sick?	N/A

## 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?**

Bad sample test sites. Bathroom sink with Aerator's.

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

NAME: Daniel Smith

TITLE: General Manager

DATE: 5/6/16