



EDMUND G. BROWN JR.  
GOVERNOR

MATTHEW RODRIGUEZ  
SECRETARY FOR  
ENVIRONMENTAL PROTECTION

## State Water Resources Control Board

Division of Drinking Water

September 9, 2014  
System No.: 5400670

Ms. Jean McKinley, Board President  
Triple R Mutual Water  
16521 Mustang Dr.  
Springville, CA 93265

RE: Citation No. 03-12-14C-025  
Violation of Title 22, California Code of Regulations, Section 64426.1,  
For June 2014

Dear Ms. McKinley:

Enclosed is a Citation issued to the Triple R Mutual Water (Water System) public water system.

The Water System will be billed at the Division's hourly rate (currently estimated at \$126.00) for the time spent on issuing this Citation. The California Health and Safety Code Section 116577 provides that a public water system must reimburse the Division for actual costs incurred by the Division for specified enforcement actions, including but not limited to, preparing, issuing and monitoring compliance with a citation. At this time, the Division has spent approximately two (2) billable hours on enforcement activities associated with this violation.

The Water System will receive a bill sent from the Division of Drinking Water Fee Billing Unit in August of the next fiscal year. This bill will contain fees for any enforcement time spent on the Water System for the current fiscal year.

If you have any questions regarding this letter and the enclosed citation, please contact the Visalia District office at (559) 447-3300.

Sincerely,

A handwritten signature in blue ink that reads "Tricia A. Wathen".

Tricia A. Wathen, P.E.  
Senior Sanitary Engineer, Visalia District  
SOUTHERN CALIFORNIA BRANCH  
DRINKING WATER FIELD OPERATIONS

TAW/LR  
Enclosures  
cc: Tulare County Environmental Health Division

STATE OF CALIFORNIA  
WATER RESOURCES CONTROL BOARD  
DIVISION OF DRINKING WATER

IN RE: **TRIPLE R MUTUAL WATER**  
Water System No. 5400670

TO: Ms. Jan McKinley, Board President  
Triple R Mutual Water Company  
16521 Mustang Dr.  
Springville, CA 93265

CC: Tulare County Environmental Health Services Department

CITATION FOR VIOLATION OF  
CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 64426.1  
June 2014

Issued on September 9, 2014

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

The State Water Resources Control Board (hereinafter "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 the Triple R Mutual Water Company (hereinafter "Water System") (16521 Mustang Dr., Springville, CA 93265) for violation of California Code of Regulations (CCR), Title 22, Section 64426.1.



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**APPLICABLE AUTHORITIES**

The applicable statutes and regulations are provided in Appendix A attached hereto and incorporated by reference.

**STATEMENT OF FACTS**

The Water System is a community water system serving a residential population of approximately 400 persons through 154 service connections. Effective July 1, 2014 the Tulare County Department of Environmental Health transferred the jurisdictional regulatory oversight for this water system to the Division. The Water System currently operates under a Water Supply Permit issued by the Tulare County Department of Environmental Health on May 18, 2008.

The Water System is required to collect a minimum of one (1) distribution system bacteriological samples per month. The bacteriological water analysis results submitted by the Water System reported the presence of total coliform bacteria in ten (10) of twenty (20) samples collected by the Water System in June 2014. Two (2) of the positive samples showed the presence of *E. coli* bacteria.

In response to the presence of total coliform bacteria detected five (5) routine samples collected on June 9, 2014, Water System staff collected the same 5 sites as repeat samples on June 17, 2014. All of the samples detected the presence of total coliform bacteria at concentrations ranging from 1,120 to 1,733 MPN/100ml (Most Probable Number in 100 milliliters). In addition, 2 of the 5 samples also detected the presence of *E. coli* bacteria at a concentration of 1.0 MPN/100mL. The Water System has a total of ten (10) groundwater wells; triggered source monitoring was conducted from all of the wells on June 17, 2014. The June 17<sup>th</sup> results from the Cattle well showed the presence of total coliform bacteria at a concentration of 727 MPN/100ml and less than 1 (< 1) MPN/100ml; all of the other wells were negative for total coliform bacteria. Subsequent sampling from

1 the Cattle well in samples collected in June and July 2014 continued to detect the  
2 presence of total coliform bacteria and 1 sample also detected the presence of *E. coli*  
3 bacteria. The well has been identified as a probable source of contamination. The  
4 Division required the Water System to implement continuous chlorination of the distribution  
5 system after the results from the June 17, 2014 sampling had been reported. The  
6 requirements associated with continuous chlorination are listed under the Directives  
7 section of this document. On July 8, 2014, five (5) routine distribution system samples  
8 were collected, and the results were negative for total coliform and *E. coli* bacteria.  
9

10 All water samples for coliform bacteria collected from the distribution system from January  
11 2013 through July 2014 are summarized in Attachment A. The available raw water  
12 bacteriological source sampling is summarized in Attachment B.  
13

14 The Division was notified of the total coliform MCL failure on June 12, 2014. Due to the  
15 high level of nitrate in the water supplied to the distribution system, notification to the public  
16 was via an Unsafe Water Alert issued on June 12, 2014 advising each customer not to use  
17 the tap water for drinking and cooking until further notice. A copy of the notice that was  
18 delivered to each customer is provided in Attachment C. The Unsafe Water Alert was lifted  
19 on June 27, 2014 upon notification that 2 sets of samples collected on June 24<sup>th</sup> and June  
20 25<sup>th</sup> were negative for total coliform bacteria. Proof of Notification is required. The Water  
21 System shall complete Attachment D and return it to the Division by **September 25, 2014**.  
22

### 23 **DETERMINATION**

24 Title 22, CCR, Section 64426.1, Total Coliform Maximum Contaminant Level (MCL)  
25 provides that a public water system that collects fewer than 40 bacteriological samples per  
26 month has violated the regulation if more than one (1) sample collected during any month  
27 is total coliform-positive.



1 The Division has determined that the Water System failed to comply with Title 22, CCR,  
2 Section 64426.1, Total Coliform MCL for the month of June 2014 due to the presence of  
3 total coliform bacteria in in ten (10) of twenty (20) samples collected in June 2014.  
4

5 **DIRECTIVES**

6 The Water System is hereby directed to take the following actions:  
7

- 8 1. Comply with Title 22, CCR, Section 64426.1, in all future monitoring periods.  
9
- 10 2. By **October 1, 2014**, the Water System shall provide to the Division certification of  
11 public notification using the enclosed Proof of Notification form (Attachment D).  
12
- 13 3. By **October 1, 2014**, the Water System shall complete and submit the enclosed  
14 "Positive Total Coliform Investigation" form to the Division that describes the  
15 incident and all corrective actions taken, and the results of the investigation. The  
16 appropriate investigation report is provided as Attachment E.  
17
- 18 4. The Water System shall provide for disinfection of the water delivered to the  
19 distribution system on a continuing basis at the storage tank. A chlorine residual of  
20 at least 1.0 mg/L shall be maintained in all areas of the distribution system at all  
21 times whenever the water delivered to the distribution system is supplied via the  
22 storage tank.  
23
- 24 5. The Water System shall have on staff or under contract a minimum of a D1  
25 Certified Distribution Operator to operate the chlorination equipment.  
26 Documentation of the certification of the operator shall be provided to the Division  
27 by **September 25, 2014**. The operator shall visit the well site and review the  
chlorination treatment on at least a weekly basis and document the date and time of



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the visit, the settings on the chemical feed equipment, the chlorine stock on hand and the chlorine residual at the well site and in the farthest part of the distribution system. Documentation of the site visits shall be submitted to the Division by the 10th day of the following month.

6. The chlorine residual shall be measured at the time and location of the collection of the monthly distribution system bacteriological samples. This residual shall be provided to the Division on the laboratory analysis report.

7. The Water System shall initiate monthly sampling of the raw well water for coliform bacteria. The sample must be collected at a location ahead of chlorination and shall be analyzed for total and fecal coliform or *E. coli* bacteria using a density analytical method with the analytical results reported in MPN/100 mL. The results of all samples shall be submitted to the Division by the 10<sup>th</sup> day of the following month.

8. The Water System shall initiate distribution sampling for TTHM and HAA5 on an annual basis. The sample must be collected during the month of warmest water temperature (July, August or September) from a location representing the maximum residence time in the distribution system. If the annual sample exceeds the MCL, the monitoring frequency will be increased to 1 sample per quarter. The Water System must notify the Division if an exceedance of the TTHM, HAA5 MCLs or Chlorine Disinfectant MRDL (maximum residual disinfectant level) of 4.0 mg/L occurs. These levels are listed below.

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<u>Contaminant</u>	<u>MCL</u>
Total Trihalomethane (TTHM)	0.080 mg/L
Haloacetic Acids (HAA5)	0.060 mg/L
	<u>MRDL</u>
Chlorine	4.0 mg/L as Cl <sub>2</sub>

The Division reserves the right to make such modifications to the Citation as it may deem necessary to protect public health and safety. Such modifications may be issued as amendments to this Citation and shall be effective upon issuance.

Nothing in this Citation relieves the Water System of its obligation to meet the requirements of the California Safe Drinking Water Act or any regulation, standard, permit or order issued thereunder.

All submittal required by this Citation shall be submitted to the Division at the following address:

Tricia A. Wathen, P.E.  
Senior Sanitary Engineer  
State Water Resources Control Board  
Division of Drinking Water  
265 W. Bullard Avenue, Suite 101  
Fresno, CA 93704

**PARTIES BOUND**

This Citation shall apply to and be binding upon the Triple R Mutual Water Company, its officers, directors, agents, employees, contractors, successors, and assignees.

**SEVERABILITY**

The Directives of this Citation are severable, and the Water System shall comply with each and every provision thereof notwithstanding the effectiveness of any provision.

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**FURTHER ENFORCEMENT ACTION**

The California SDWA authorizes the Board to: issue citation with assessment of administrative penalties to a public water system for violation or continued violation of the requirements of the California SDWA or any permit, regulation or order issued or adopted thereunder including, but not limited to, failure to correct a violation identified in a citation or compliance order. The California SDWA also authorizes the Board to take action to suspend or revoke a permit that has been issued to a public water system if the system has violated applicable law or regulations or has failed to comply with an order of the Board; and to petition the superior court to take various enforcement measures against a public water system that has failed to comply with an order of the Board. The Board does not waive any further enforcement action by issuance of this citation.

September 9, 2014  
Date

Tricia A. Wathen  
Tricia A. Wathen, P.E.  
Senior Sanitary Engineer, Visalia District  
DRINKING WATER FIELD OPERATIONS BRANCH

**TW/LR**

**Attachments:**

- Attachment A: Summary of Distribution Bacteriological Samples from January 2013 to July 2014
- Attachment B: Summary of Source Bacteriological Samples from June and July 2014
- Attachment C: Public Notice for June 2014
- Attachment D: Proof of Notification Form
- Attachment E: Positive Total Coliform Investigation report

03-12-14C-025-5400670-22 TCRMCL June-2014Cit ID 9-9-14



## APPENDIX A

### Applicable Statues and Regulations for Citation No. 03-12-14C-025

#### Section 116650 of the CHSC states in relevant part:

##### §116650. Citations

- (a) If the Division determines that a public water system is in violation of this chapter or any regulation, permit, standard, citation, or order issued or adopted thereunder, the Division may issue a citation to the public water system. The citation shall be served upon the public water system personally or by certified mail. Service shall be deemed effective as of the date of personal service or the date of receipt of the certified mail. If a person to whom a citation is directed refuses to accept delivery of the certified mail, the date of service shall be deemed to be the date of mailing.
- (b) Each citation shall be in writing and shall describe the nature of the violation or violations, including a reference to the statutory provision, standard, order, citation, permit, or regulation alleged to have been violated.
- (c) A citation may specify a date for elimination or correction of the condition constituting the violation.
- (d) A citation may include the assessment of a penalty as specified in subdivision (e).
- (e) The Division may assess a penalty in an amount not to exceed one thousand dollars (\$1,000) per day for each day that a violation occurred, and for each day that a violation continues to occur. A separate penalty may be assessed for each violation.

#### Section 64426.1 of Title 22, California Code of Regulations (CCR) states in relevant part:

##### §64426.1. Total Coliform Maximum Contaminant Level (MCL).

- (a) Results of all samples collected in a calendar month pursuant to Sections 64423, 64424, and 64425 that are not invalidated by the Department or the laboratory shall be included in determining compliance with the total coliform MCL. Special purpose samples such as those listed in §64421(b) and samples collected by the water supplier during special investigations shall not be used to determine compliance with the total coliform MCL.
- (b) A public water system is in violation of the total coliform MCL when any of the following occurs:
  - (1) For a public water system which collects at least 40 samples per month, more than 5.0 percent of the samples collected during any month are total coliform-positive; or
  - (2) For a public water system which collects fewer than 40 samples per month, more than one sample collected during any month is total coliform-positive; or
  - (3) Any repeat sample is fecal coliform-positive or E. coli-positive; or
  - (4) Any repeat sample following a fecal coliform-positive or E. coli-positive routine sample is total coliform-positive.
- (c) If a public water system is not in compliance with paragraphs (b)(1) through (4), during any month in which it supplies water to the public, the water supplier shall notify the Department by the end of the business day on which this is determined, unless the determination occurs after the Department office is closed, in which case the supplier shall notify the Department within 24 hours of the determination. The water supplier shall also notify the consumers served by the water system. A Tier 2 Public Notice shall be given for violations of paragraphs (b)(1) or (2), pursuant to section 64463.4. A Tier 1 Public Notice shall be given for violations of paragraphs (b)(3) or (4), pursuant to section 64463.1.

# Bacteriological Distribution Monitoring Report

**5400670 Triple R MWC**
*Distribution System Freq: 1/M*

Sample Date	Location	T Coli	E Coli	F Coli	HPC	Type	Cl2	Cl2 Avg	Viol. Type	GWR Satisfied?	Comments
7/8/2014	Eaton	A	A			Routine	0.4				
7/8/2014	Lienal	A	A			Routine	0.4				
7/8/2014	Ott	A	A			Routine	0.5				
7/8/2014	Peterson	A	A			Routine	0.3				
7/8/2014	Hammer	A	A			Routine	0.5				
6/25/2014	Eaton	<1	<1			Repeat					
6/25/2014	Lienall	<1	<1			Repeat					
6/25/2014	Ott	<1	<1			Repeat					
6/25/2014	Peterson	<1	<1			Repeat					
6/25/2014	Hammer	<1	<1			Repeat					
6/24/2014	Eaton	<1	<1			Repeat					
6/24/2014	Leinall	<1	<1			Repeat					
6/24/2014	Ott	<1	<1			Repeat					
6/24/2014	Peterson	<1	<1			Repeat					
6/24/2014	Hammer	<1	<1			Repeat					
6/17/2014	Eaton	1733	<1			Repeat					
6/17/2014	Ott	1203	1.0			Repeat					
6/17/2014	Lienall	1203	<1			Repeat					
6/17/2014	Pearson	1120	<1			Repeat					
6/17/2014	Hammer	1553	1.0			Repeat					
6/9/2014	Eaton	P	A			Routine				Yes	
6/9/2014	Lienace	P	A			Routine					
6/9/2014	Ott	P	A			Routine			MCL		
6/9/2014	Peterson	P	A			Routine					
6/9/2014	Hammer	P	A			Routine					

**Violation Key**

MCL	Exceeds the maximum contaminant level	MR5	Incorrect number of repeat samples as follow-up to a positive sample
MR1	No monthly sample for the report month	MR6	No source sample
MR2	No quarterly sample for the report month	MR7	No summary report submitted
MR3	Incorrect number of routine samples for the report month	MR8	Other comments and/or info
MR4	Did not collect 5 routine samples for previous month's positive sample	MR9	Cl2 not reported

# TRIPLE R MWC

5400670

Distribution System Freq: M

Chlorinator: N

Collected by: T. Day

Sample Date	Time	Location	T Coli	E Coli	F Coli	Type	Cl2	Violation	Comment
1/3/2013	8:40	Eaton Residence	A	A		Routine			
2/4/2013	12:05	Eaton Residence	A	A		Routine			
3/11/2013	11:42	Eaton Res	A	A		Routine			
4/9/2013	12:02	Eaton Residence	A	A		Routine			
5/13/2013	12:25	Eaton Residence	A	A		Routine			
6/11/2013	12:18	Eaton Residence	A	A		Routine			
7/9/2013	11:35	Eaton Residence	A	A		Routine			
8/6/2013	12:20	Eaton Residence	P	A		Routine			
8/13/2013	10:10	Mendoza Well	A	A		Repeat			Repeat 1 of 5
8/13/2013	10:22	Winton Well	A	A		Repeat			Repeat 2 of 5
8/13/2013	10:35	Eaton Residence	A	A		Repeat			Repeat 3 of 5
8/13/2013	10:55	Peterson Residence	A	A		Repeat			Repeat 4 of 5
8/13/2013	11:12	Hammer Residence	A	A		Repeat			Repeat 5 of 5
9/17/2013	9:00	Eaton Residence	A	A		Routine			Routine sample 1 of 5.
9/17/2013	9:10	Peterson Residence	A	A		Routine			Routine sample 2 of 5.
9/17/2013	9:20	Hammer Residence	A	A		Routine			Routine sample 3 of 5.
9/17/2013	9:30	By Mendoza Well	A	A		Routine			Routine sample 4 of 5.
9/17/2013	9:35	By Winton well	A	A		Routine			Routine sample 5 of 5.
10/7/2013	9:33	Eaton Residence	A	A		Routine			
11/14/2013	12:45	Eaton Residence	A	A		Routine			
12/9/2013	12:20	Eaton Residence	A	A		Routine			
1/20/2014	12:25	Eaton Residence	A	A		Routine			
2/18/2014	12:35	Eaton Residence	A	A		Routine			
3/4/2014	12:20	Eaton Residence	A	A		Routine			
4/7/2014	12:21	Eaton Residence	A	A		Routine			
5/5/2014	12:50	Eaton Residence	P	A		Routine			
5/12/2014	12:20	Mendoza Well	A	A		Repeat			Repeat sample 1 of 4
5/12/2014	12:50	Eaton Residence	A	A		Repeat			Repeat sample 2 of 4
5/12/2014	13:05	Peterson Residence	A	A		Repeat			Repeat sample 3 of 4
5/12/2014	13:20	Hammer Residence	A	A		Repeat			Repeat sample 4 of 4

## Source Bacteriological Monitoring Report

**5400670 Triple R MWC**

<i>Sample Date</i>	<i>Time</i>	<i>Source</i>	<i>Sample Type</i>	<i>Test Method</i>	<i>T Coli</i>	<i>E Coli</i>	<i>F Coli</i>	<i>HPC</i>	<i>Violation</i>	<i>Comments</i>
7/31/2014	10:55	Winton	Well	P/A	A	A				
7/30/2014	12:25	Cattle	Well	MPN	36	<1				
7/22/2014	1:00	Cattle	Well	MPN	<1	<1				
7/8/2014	1:02	Cattle	Well	MPN	2.0	<1				
6/30/2014	8:05	Jones	Well	MPN	<1	<1				
6/25/2014	8:15	Cattle	GWR Well	MPN	326	2				
6/24/2014	1:11	Cattle	GWR Well	MPN	7.4	<1				
6/17/2014		Wells: Goldsmith, Striklin, Tharp, Maverick, Downum, Mendoza	GWR Well	MPN	<1	<1				
6/17/2014	12:25	Cattle	GWR Well	MPN	727	<1				

June 12, 2014

**UNSAFE WATER ALERT**

Este informe contiene información muy importante sobre su agua potable. Tradúzcalo ó hable con alguien que lo entienda bien.

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**Triple R Mutual Water Company water is possibly contaminated with Bacteria**

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**DO NOT DRINK YOUR WATER****Failure to follow this advisory could result in illness.**

Due to the recent detection of total coliform bacteria in the Triple R Mutual Water Company's distribution system, the California Department of Public Health and Triple R Mutual Water Company Water System are advising residents of Triple R Mutual Water Company to NOT USE THE TAP WATER FOR DRINKING AND COOKING UNTIL FURTHER NOTICE. As long as the water is not used for drinking, you may continue to use the water for bathing, showering and sanitation purposes.

**What should I do?**

- **DO NOT DRINK YOUR TAP WATER---USE ONLY BOTTLED WATER.** Bottled water should be used for all drinking (including baby formula and juice), brushing teeth, washing dishes, making ice and food preparation **until further notice.**
- **DO NOT TRY AND TREAT THE WATER YOURSELF.** Boiling, freezing, filtering, adding chlorine or other disinfectants, or letting water stand will not make the water safe.

**We will inform you when tests show that the water is safe again. We expect to resolve the problem within the next week.**

For more information call:

Water Utility contact: Jan McKinley, Board President, (559) 539-2706, 16521 Mustang Drive, Springville, CA, 93265.

California Department of Public Health at: Visalia District Office, (559) 447-3300.

This notice is being sent to you by Triple R Mutual Water Company.

California Public Water System ID # 5400670. Date Distributed: June 12, 2014.

*Please share this information with all other people who receive 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 notice in a public place or distributing copies by hand.*

Date: June 27, 2014

## **CANCELLATION OF UNSAFE WATER ALERT**

On June 12, 2014 you were notified not to use the tap water for drinking and cooking until further notice.

Triple R Mutual Water Company (Triple R MWC) in conjunction with the California Department of Public Health, has determined that, through abatement of the health hazard and comprehensive testing of the water, your water is bacteriologically safe to drink. **You are now able to use your water for drinking and cooking without the potential for illness from bacteria in the water.**

Triple R MWC's water continues to have nitrate levels that exceed the nitrate Maximum Contaminant Level (MCL) of 45 milligrams per liter. **As a reminder, do not give the water to infants under 6 months old or pregnant women or use it to make infant formula.** Triple R MWC is currently in the process of installing nitrate treatment and is expected to have the project completed within a month. Additional information regarding the nitrate treatment will be provided to you when the project is complete.

For more information call: Triple R Mutual Water Company: (559) 539-2706

California Department of Public Health: (559) 447-3300

**PROOF OF NOTIFICATION**  
(Return with copy of the Notice)

As required by Section 116450 of the California Health and Safety Code, I notified all users of water supplied by the **Triple R Mutual Water Company (System No. 5400670)** of the failure to meet the **total coliform bacteria MCL** for the month of **June 2014** as directed by the Division. At least one primary distribution method is required: mail, hand-delivery or newspaper publication. A second method is also required in order to reach persons not likely to be reached by a mailing, direct delivery or newspaper publication (renters, nursing home patients, prison inmates, etc.):

Notification was made on \_\_\_\_\_  
(date)

To summarize report delivery used and good-faith efforts used, please check all items below that apply and fill-in where appropriate:

- The notice was distributed by mail delivery to each customer served by the water system.
- The notice was distributed by direct delivery to each customer served by the water system. Specify direct delivery method(s) used: \_\_\_\_\_
- Publication of the notice in a local newspaper or newsletter of general circulation (attach a copy of the published notice, including name of newspaper and date published).
- Posted the notice at the following conspicuous locations served by the water system (if needed, please attach a list of locations). \_\_\_\_\_
- Posted the notice on the Internet at www.\_\_\_\_\_
- Other method used to notify customers. \_\_\_\_\_

**DISCLOSURE:** Be advised that Section 116725 and 116730 of the California Health and Safety Code state that any person who knowingly makes any 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 separate violation for each day that violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in the county jail not to exceed one year, or by both the fine and imprisonment.

Certified by Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**POSITIVE TOTAL COLIFORM INVESTIGATION**  
**Simple Well with Pressure Tank Systems**

This form is intended to assist public water systems in completing the investigation required by the 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**

<b>PWS Name:</b>		<b>PWSID NUMBER:</b>	
Operator in Responsible Charge (ORC)		Address	
Person that collected TC samples if different than ORC		Telephone #	
Owner			
Certified Laboratory for Microbiological Analyses			
Date Investigation Completed:			
Month(s) of Total Coliform MCL Failure:			

**INVESTIGATION DETAILS**

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS
1. Inspect each well head for physical defects and report					
a. Is raw water sample tap upstream from point of disinfection?					
b. Is wellhead vent pipe screened?					
c. Is wellhead seal watertight?					
d. Is well head located in pit or is any piping from the wellhead submerged?					
e. Does the ground surface slope towards well head?					
f. Is there evidence of standing water near the wellhead?					
g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)					
h. Is the wellhead secured to prevent unauthorized access?					
i. To what treatment plant (name) does this well pump?					
j. How often do you take a raw water total coliform (TC) test?					
k. Provide the date and result of the last TC test at this location					

**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 experiencing the TCR positive finding.

# POSITIVE TOTAL COLIFORM INVESTIGATION

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
3. Has the distribution system been worked on within the last week? (service taps, hydrant flushing, main breaks, main 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 and 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?	

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 exterior location or is it protected by an enclosure?				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or 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 area 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, sunny),				

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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.

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