

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

*Este informe contiene información muy importante sobre su agua potable.
Para mas informacion, por favor visite nuestra pagina www.venturawater.net.*

Ventura Water Experienced Levels of Coliform Bacteria Above the Drinking Water Standard

This is a mandatory notification, required by State law: Ventura's water system violated a drinking water standard during the month of October 2016. Although this is not an emergency, as our customers, you have a right to know what happened, and what was done to correct this isolated incident.

THE INCIDENT HAS BEEN RESOLVED AND THERE IS ABSOLUTELY NO THREAT TO PUBLIC HEALTH!

This is **NOT** an emergency (If it had been you would have been notified immediately!)

You do **NOT** need to boil your water or take other corrective actions.

What causes coliform bacteria?

- *Coliforms are common 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 as required by State law this was a warning of potential concerns.*
- Usually, coliforms are a sign that there could be a problem with the system's treatment or distribution system (pipes). Whenever coliform bacteria are detected in any sample, follow-up testing is performed to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **Ventura Water did not find any of these bacteria in our original or subsequent testing, and further testing shows that this problem has been resolved.**

What are the risks to customers?

- Although your water is in compliance with all drinking water regulations, as a precaution, 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 with your doctor.

What happened?

- Ventura Water routinely monitors for drinking water contaminants. During the month of October 2016, 185 water samples were collected to test for the presence of coliform bacteria. 6.5% of those samples showed the presence of total coliform bacteria. The standard is that no more than 5.0 percent of samples may do so.

- On October 19, 2016 Ventura Water staff discovered parts of the distribution system had low disinfectant levels and the presence of Coliform Bacteria in 2 out of 29 weekly sample locations.
- The affected areas of the distribution system were flushed to remove the water with the low disinfectant levels and some of the repeat samples indicated the presence of Coliform Bacteria.
- The coliform samples that tested positive were located in the midtown area. (**See Attached Map**)

What was done?

- Ventura Water staff conducted an investigation to determine the cause of low disinfectant levels.
- Two water storage supply sources were determined to be the cause of the problem. The disinfectant levels were immediately raised in the affected water storage supply sources and the system was flushed to remove the water with low disinfectant levels.
- Subsequent samples were collected after the water with low disinfectant levels was flushed out of the water system and did not show presence of coliform bacteria.
- Ventura Water staff conducted and completed a detailed system assessment of the situation. A copy of the completed assessment will be made available at www.venturawater.net.
- Ventura Water is taking extra precautions to keep disinfectant levels higher in the system to prevent any reoccurrences.

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 Ventura Water

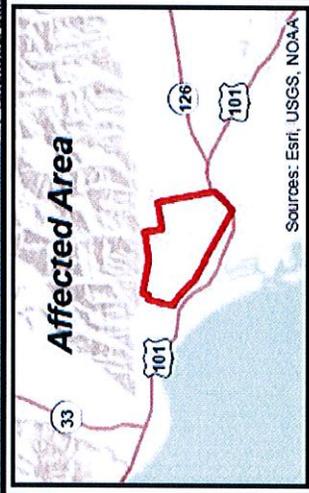
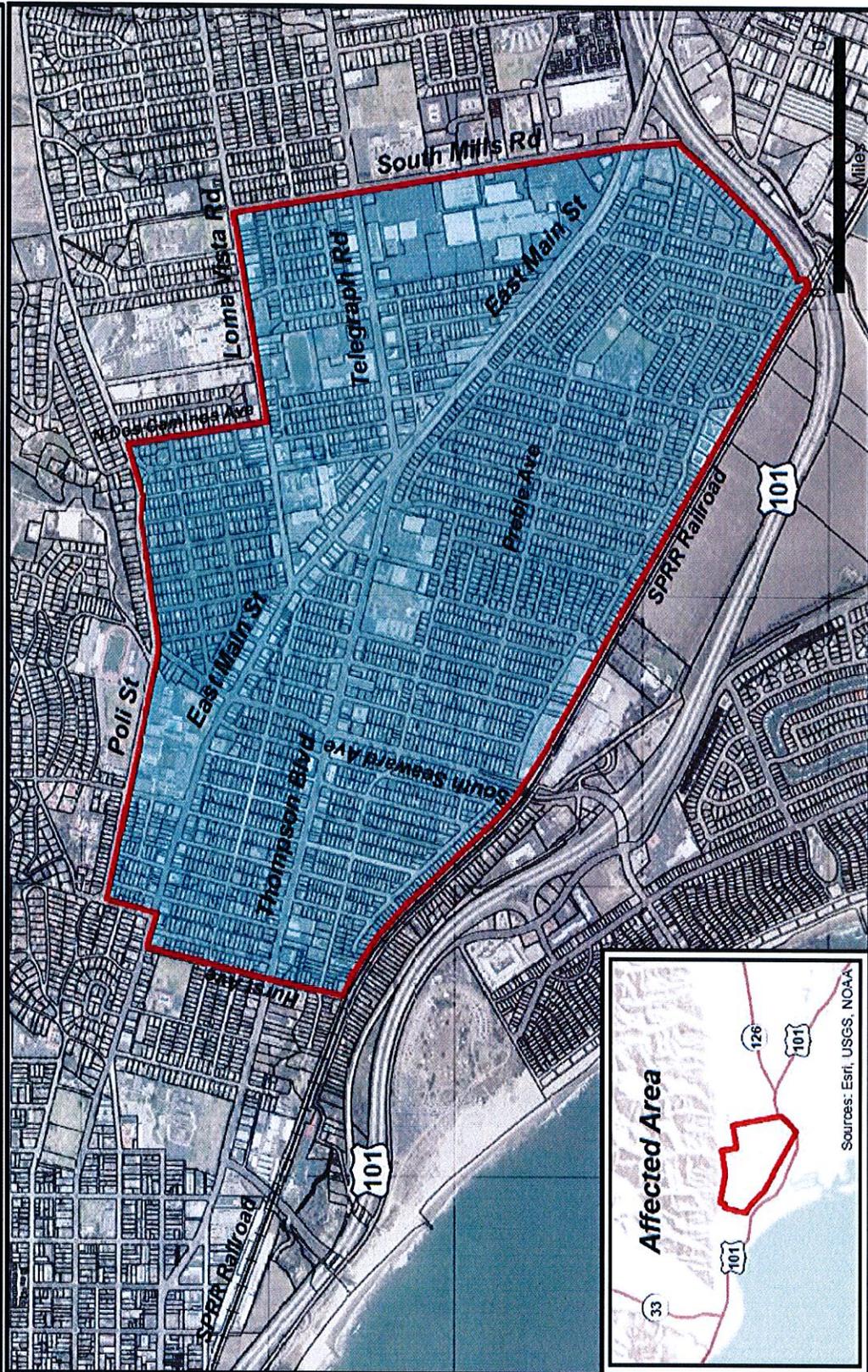
For more information, please contact Ventura Water's Customer Care at (805) 667-6500 or via email at myvtawater@cityofventura.net.

State Water System ID#: 5610017



CITY OF VENTURA Water Quality Affected Area

Date: 11/09/2016



This map is a product of the City of San Buenaventura, California. While reasonable efforts have been made to ensure the accuracy of this map, the City of San Buenaventura cannot guarantee its accuracy.

INFORMACIÓN IMPORTANTE SOBRE SU AGUA POTABLE

Para más información, favor de visitar nuestra pagina en www.venturawater.net

Ventura Water ha experimentado niveles de bacterias coliforms por encima del estándar de agua potable

Esta es una notificación obligatoria, requerida por la ley estatal: El sistema de agua de Ventura violó un estándar de agua potable durante el mes de octubre de 2016. Aunque esto no es una emergencia, como nuestro cliente, usted tiene derecho a saber qué pasó y qué se hizo para corregir este incidente aislado.

EL INCIDENTE HA SIDO RESUELTO Y ABSOLUTAMENTE NO HAY AMENAZA PARA LA SALUD PÚBLICA.

NO es una emergencia. Si hubiera sido, usted habría sido notificado inmediatamente.

NO necesita hervir su agua ni tomar otras acciones correctivas.

¿Qué causa las bacterias coliformes?

- *Coliformes son bacterias comunes que están naturalmente presentes en el medio ambiente y se utilizan como un indicador de que otras bacterias potencialmente dañinas pueden estar presentes. Se encontraron coliformes en más muestras de las permitidas, y como lo exigía la ley estatal, esto era una advertencia de posibles preocupaciones.*
- Por lo general, coliformes son una señal de que podría haber un problema con el sistema de tratamiento o distribución (tuberías). Siempre que se detectan bacterias coliformes en cualquier muestra, se realizan pruebas de seguimiento para ver si existen otras bacterias de mayor preocupación, como coliformes fecales o E. coli. **Ventura Water no encontró ninguna de estas bacterias en nuestra pruebas, originales o subsiguientes, y pruebas adicionales muestran que este problema ha sido resuelto.**

¿Cuáles son los riesgos para clientes?

- Aunque su agua cumple con todas las regulaciones de agua potable, como precaución, personas con sistemas inmunológicos gravemente comprometidos, bebés y algunos ancianos pueden estar en mayor riesgo. (Estas personas deben buscar consejo sobre agua potable de sus proveedores de atención médica.)
- Directrices generales sobre maneras de disminuir el riesgo de infección por microbios están disponibles en la línea directa de agua potable segura de la EPA de los EE.UU. al 1 (800) 426-4791.
- Si tiene otros problemas de salud relacionados con el consumo de este agua, puede consultar con su médico.

¿Que pasó?

- Ventura Water monitorea rutinariamente los contaminantes del agua potable. Durante el mes de octubre de 2016, 185 muestras de agua fueron recolectadas para probar la presencia de bacterias coliformes. 6,5% de esas muestras mostraron la presencia de bacterias coliformes totales. La norma es que no más del 5,0 por ciento de las muestras puede hacerlo.

- En el 19 de octubre de 2016, el personal de Ventura Water descubrió que partes del sistema de distribución tenían bajos niveles de desinfectantes y la presencia de bacterias coliformes en 2 de las 29 localidades de muestra semanales.
- Las zonas afectadas del sistema de distribución fueron enjuagadas para eliminar el agua con los bajos niveles de desinfectante y algunas de las muestras repetidas indicaron la presencia de bacterias coliformes.
- Las muestras de coliformes que resultaron positivas se localizaron en el área del centro de la ciudad. (**Ver el mapa adjunto.**)

¿Lo que fue hecho?

- El personal de Ventura Water llevó a cabo una investigación para determinar la causa de bajos niveles de desinfectante.
- Se determinó que dos fuentes de suministro de agua eran la causa del problema. Los niveles de desinfectante se elevaron inmediatamente en las fuentes de suministro de agua afectadas y el sistema se enjuagó para eliminar el agua con bajos niveles de desinfectante.
- Muestras subsecuentes se recogieron después de que el agua con bajos niveles de desinfectante se eliminó del sistema de agua y no mostró presencia de bacterias coliformes.
- El personal de Ventura Water llevó a cabo y completó una evaluación detallada del sistema sobre la situación. Una copia de la evaluación completa estará disponible en www.venturawater.net.
- Ventura Water está tomando precauciones adicionales para mantener los niveles de desinfectante más altos en el sistema para prevenir cualquier recurrencia.

Por favor comparta esta información con todas las otras personas que beben este agua, especialmente aquellas que no han recibido este aviso directamente (por ejemplo, personas en apartamentos, hogares de ancianos, escuelas y negocios). Puede hacerlo publicando este aviso público en un lugar público o distribuyendo copias a mano o por correo.

Requisitos de Notificación Secundaria

Al recibir la notificación de una persona que opera un sistema público de agua, la siguiente notificación debe ser dada dentro de 10 días [Código de Salud y Seguridad Sección 116450(g)]:

- **ESCUELAS:** Debe notificar a los empleados de la escuela, estudiantes y padres (si los estudiantes son menores de edad).
- **PROPIETARIOS DE PROPIEDADES DE ALQUILER RESIDENCIAL O GERENTES** (incluyendo hogares de ancianos y centros de cuidado): Debe notificar a los inquilinos.
- **PROPIETARIOS DE PROPIEDADES COMERCIALES, GERENTES O OPERADORES:** Debe notificar a los empleados de las empresas ubicadas en la propiedad.

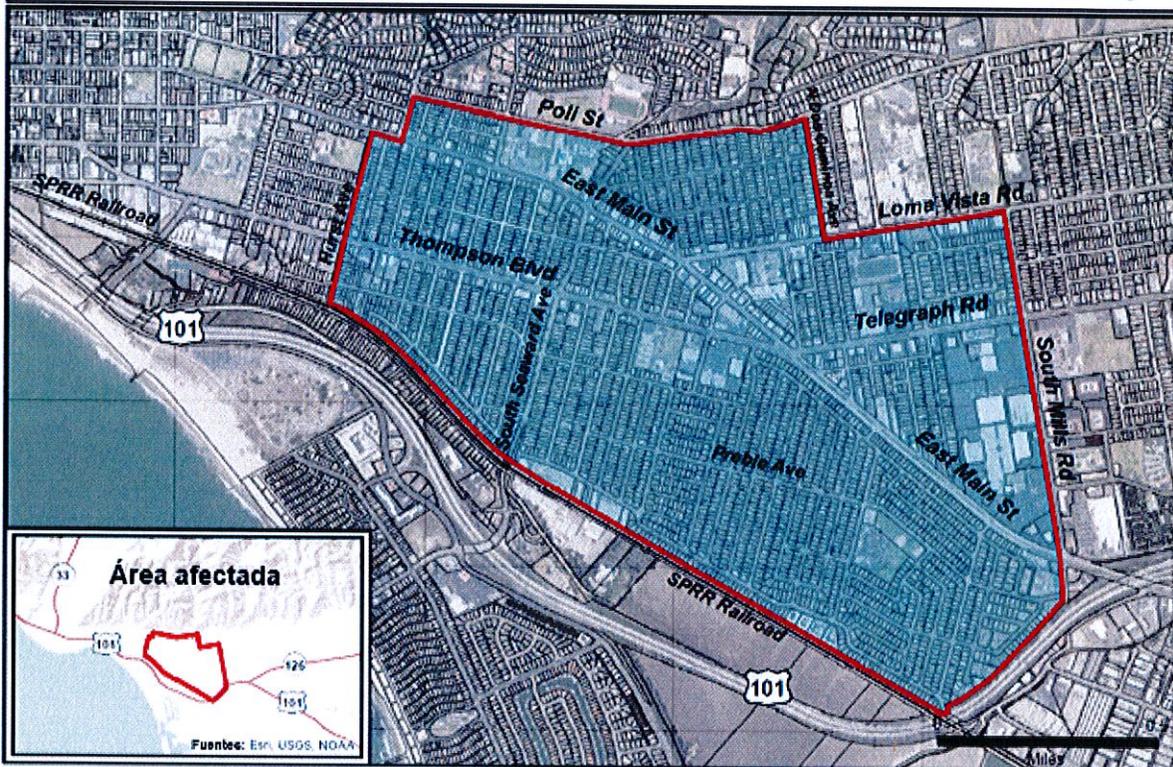
Este aviso le está siendo enviado por Ventura Water

Para obtener más información, favor de comunicarse con el Departamento de Atención al Cliente de Ventura Water al (805) 667-6500 o por correo electrónico a myvtawater@cityofventura.net.

Sistema de Agua del Estado ID#: 5610017



CIUDAD DE VENTURA
Área afectada por incidente de calidad del agua
Fecha: 11/09/2016



Este mapa es un producto de la Ciudad de San Buenaventura, California.
Se han hecho esfuerzos razonables para garantizar la exactitud de este mapa, pero la Ciudad de San Buenaventura no puede garantizar su exactitud.

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT-SURFACE WATER

This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016] and may be modified to take into account conditions unique to the water system. **To avoid a violation, an assessment report must be completed and returned to your local regulatory agency no later than 30 days after the coliform treatment trigger date.**



ADMINISTRATIVE INFORMATION

Entity Name: City of San Buenaventura PWSID NUMBER: 56100017 System Type: Mixed SW/GW	Name Joseph Marcinko	System Address & Email 336 Sanjon Rd. Ventura, CA 93002 jmarcinko@venturawater.net	Telephone Number (805) 652-4504
Operator in Responsible Charge (ORC)			
Person that collected TC samples	Marco Serrano		
System Owner	City of San Buenaventura		
Certified Laboratory for Microbiological Analyses	City of San Buenaventura WW Lab		
Date Investigation Completed: 11/9/16			
Month(s) of Coliform Treatment Technique Trigger: October, 2016			

INVESTIGATION DETAILS

SOURCE – RAW SURFACE WATER	(Name)	COMMENTS (attach additional pages if needed)
	NYE 8 & Sub Surface Intake	
1. Inspect the surface water intake for physical defects and report findings	Yes	No defects found
2. Is the intake secured to prevent unauthorized access?	Yes	
3. To what treatment plant (name) is the water supplied from this intake?	Avenue WTP	
4. How often do you collect a total coliform (TC) sample from the raw water?	Monthly	
5. Provide the date and result of the last TC test at this location	11/7/16	
6. Any additional observation (unusual condition, etc.)?	None	Nothing unusual

TREATMENT	PLANT (NAME)	COMMENTS (attach additional pages if needed)
	Avenue	
PRE-FILTRATION TREATMENT		
1. Do you provide any treatment prior to filtration?	Yes	
2. If yes, specify type of treatment provided.	Cl2	
3. Did you experience any problems with the pre-filtration treatment when the coliform treatment trigger occurred? If yes, specify.	No	
4. Do you provide pre-chlorination?	Yes	
5. Specify the point of pre-chlorination?	Kingston Res Influent	
6. Was the chlorination system working properly when the coliform treatment trigger occurred?	Yes	
7. Have you recently changed the pre-chlorination dosage?	No	
8. Any additional observation, information?	No	

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM-SURFACE WATER SYSTEM

TREATMENT	PLANT (NAME) Avenue	COMMENTS (attach additional pages if needed)
FILTRATION TREATMENT		
1. What kind of filters do you have (Pressure or Gravity, Media specifications)	Membrane (Ultrafiltration)	
2. How many filters are there?	2 Ultrafiltration Basins	Basin: Has 3 cassettes x 32 membranes
3. What is the capacity of each filter in gpm?	2200 gpm	Per basin
4. What is the capacity of the treatment plant in gpm?	4400 gpm	For both basins
5. What is the filter loading rate for each filter (gpm per sq. ft.)?	10 gpm/sq ft	
6. How many filters were in service when the coliform treatment trigger occurred?	2	
7. Did any filter experience any operational problems when the trigger happened?	No	
8. Did you experience any problems with the filter backwashing process?	No	
9. Did the combined effluent from the treatment plant experience any turbidity failures or levels above normal values when the coliform treatment trigger occurred?	No	
10. Did any individual filter exceed the turbidity standard when the coliform treatment trigger occurred?	No	
11. How often do you backwash your filters? Is it based on a timer or effluent turbidity?	Ratio recovery	
12. Are the filters backwashed with treated water? Specify backwash rate and duration.	1500 gpm / 2 min	
13. When was the last time you inspected your filter media?	NA	
14. When was the last time you changed your filter media?	NA	
15. Did you notice any mud balls in the filters when you last inspected your filters?	NA	
16. Were alarms and/or auto shutdowns properly set or functioning?	Yes	
If No, please explain.		
17. Any additional observation, information?	None	
CHLORINATION TREATMENT		
1. What kind of disinfectant do you add?	Chlorine Gas	
2. Where do you add the disinfectant (specify location)?	Kingston Res Inf & Eff	Membrane Eff & Power Res Effluent
3. What was the chlorine residual in the treatment plant effluent?	2.5 mg/L (Free Cl ₂)	
4. What was the chlorine residual in the distribution system?	2.5 mg/L (Combined Cl ₂)	At Sample Station # 7
5. Did the treatment plant effluent lose chlorine residual? If yes, how long?	No	
6. Did the distribution system lose chlorine residual? If yes, how long?	No	The affected area had low residuals
7. If you provide continuous chlorination treatment, was there any equipment failure?	No	
8. Inspect each point where disinfectant is added and report findings	Yes	No problems were found
a. For hypochlorinator systems	NA	
1. Is the disinfectant feed pump feeding disinfectant?	NA	
2. What is the feed rate of disinfectant in ml/minute?	NA	
3. What is the concentration of the disinfectant solution being fed? (percent, or mg/L of chlorine as HOCl)	NA	

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM-SURFACE WATER SYSTEM

TREATMENT	PLANT (NAME)	COMMENTS <small>(attach additional pages if needed)</small>
	Avenue	
4. By what method was the concentration of solution determined? (ex: measured, manufacturer's literature)	NA	
5. What is the age (days) of the disinfectant solution currently being used at this treatment location?	NA	
6. What is the raw water flow rate at the point where disinfectant is added in gallons per minute?	700 gpm	
7. What is the total chlorine residual measured immediately downstream from the point of application?	3.5 mg/L	Power Effluent is boosted before DS
8. What is the free chlorine residual measured immediately downstream from the point of application?	Zero	Power Effluent adds NH3 before DS
9. What is the contact time in minutes from the point of disinfectant application to the CT compliance point?	Avg.: 179 min Min:163 min, Max:210 min	Data from the October 2016 Report
10. Did the treatment plant experience any CT failure due to inadequate chlorine dosage? If yes, specify what happened?	No	
11. Did the treatment plant experience any CT failure due to inadequate contact time? If yes, specify what happened?	No	
12. Any additional observation/information?	None	

DISINFECTION TREATMENT – OTHER THAN CHLORINATION*	PLANT (NAME)	COMMENTS
1. If you provide disinfection treatment other than chlorination, was there any equipment failure?	NA	
a. Did this result in a loss of chlorine residual at the entry point to distribution system? If Yes, how long?	NA	
2. Did the distribution system lose disinfectant residual?	NA	
3. Was emergency chlorination initiated?	NA	
If Yes, when?	NA	
4. Inspect each point where disinfectant is added and report	NA	
a. For UV disinfection systems	NA	
1. Is the disinfectant equipment working properly?	NA	
2. What is the dosage of disinfectant?	NA	
3. By what method was the feed rate/residual concentration determined? (ex: measured, manufacturer's literature)	NA	
4. What is the age of the UV lamps currently being used at this treatment location?	NA	
5. What is the raw water flow rate at the point where disinfectant is added?	NA	

*If you have additional disinfection treatments not listed above, please review and provide information on that facility.

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM-SURFACE WATER SYSTEM

STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
	Grant Park GP	Hall Canyon			
1. Is each tank locked to prevent unauthorized access?	Yes	Yes			
2. Are all vents of each tank screened and down-turned to prevent dust and dirt from entering the tank?	Yes	Yes			
3. Is the overflow on each tank screened?	No	No			
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?	No	No			
5. Are there any visible leaks in the tanks? Is the exterior of the tank corroded?	Not Sure	Not Sure			
5. Is the roof/cover of the tank sealed and free of any leaks?	Yes	Yes			
6. Is the tank above ground or buried?	Half/ Half	Half/ Half			
a. If buried or partially buried, are there provisions to direct surface water away from the site?	Yes	Yes			
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?	No	Yes			
7. Does the tank "float" on the distribution system or are there separate inlet and outlet lines?	Float	Float			
8. What is the measured chlorine residual (<i>circle total / free</i>) of the water exiting the storage tank today ?	2.4 mg/L Total	2.2 mg/L Total			Measured 11/8/16
9. What is the volume of the storage tank in gallons? How old is the tank?	500,000	5,000,000			GP 2000, Hall 1950/1966
10. Is the tank baffled?	No	No			
11. Prior to the TC+ or EC+, what was the previous date items #1-7 were checked and documented?	10/4/16	10/4/16			

PRESSURE TANK	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
	GP	Hall			
1. What is the volume of the pressure tank?	NA	NA			
2. What is the age of the pressure tank?	NA	NA			
3. Is the pressure tank bladder type or air compressor type?	NA	NA			
4. Did the pressure tank(s) deviate from normal operating pressure?	NA	NA			
5. Is the compressor pump running more often than normal?	NA	NA			
6. Is the tank bladder(s) is water logged?	NA	NA			
7. Is the tank(s) damaged, rusty, leaking, or has holes?	NA	NA			
8. Was there any recent work performed?	NA	NA			

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM-SURFACE WATER SYSTEM

PRESSURE TANK	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
	GP	Hall			
9. Is the air relief vent (if there is one) on the pressure tank screened and facing downwards?	NA	NA			

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	37 psi
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the total coliform positive finding?	No
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.	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?	NA
7. On what date was the distribution system last flushed?	~2010
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 and phone number of your Cross-Connection Control Program Coordinator?	Ron Ventura
11. Have all backflow prevention devices in the distribution system been tested annually and if they did not pass, were they repaired/replaced and retested?	No, most were. We are in the process of getting these done.
12. On what date was the last physical survey of the system done to identify cross-connections?	2015

BOOSTER STATION	SYSTEM RESPONSES
1. Do you have a booster pump? How many?	Yes, 2 Booster Pumps (Modella and Hall Canyon)
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

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM-SURFACE WATER SYSTEM

Page 6 of 7

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	4 th Repeat Sample (specify)
	#5 & # 31 SS's	Various Sites	Various Sites	Various Sites
1. What is the height of the sample tap above grade? (inches)	36"	Meter / Faucets at ~12' - 24"	Meter/Faucets at ~12' - 24"	Meter / Faucets at ~12' - 24"
2. Is the sample tap located in an <u>exterior</u> location or is it protected by an <u>enclosure</u> ?	Enclosure(s)	Exterior	Exterior	Exterior
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?	No	No / Yes	No / Yes	No / Yes
4. Is the sample tap in good condition, free of leaks around the stem or packing?	Yes	Yes & No	Yes & No	Yes & No
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?	Yes	Yes & No	Yes & No	Yes & No
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	No	No	No
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection?	Yes	Yes & No	Yes & No	Yes & No
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)	Ran water + Flamed	Ran water+ Hypo	Ran water+ Hypo	Ran water+ Hypo
9. Is this sample tap designated on the bacteriological sample siting plan (BSSP) as a routine or repeat site?	Yes	No	No	No
10. Were the samples delivered to the laboratory in a cooler and within the allowable holding time?	Yes	Yes	Yes	Yes
11. What were the weather conditions at the time of the positive sample (rainy, windy, sunny)?	Various: Sunny Windy & Rain	Various: Sunny Windy & Rain	Various: Sunny Windy & Rain	Various: Sunny Windy & Rain

GENERAL OPERATIONS:	Response
1. Has the sampler(s) who collected the samples received training on proper sampling techniques? If yes, please indicate date of last training.	Yes, 10/2015
2. Does the water system have a written sampling procedure and was it followed?	No written sampling procedure
3. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	No
4. Were there any main breaks, water outages, or low pressure reported in the service area from which TC+ or EC+ samples were collected?	No
5. Does the system have backup power or elevated storage?	Yes
6. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	No
7. What were the symptoms of illness if you received complaints about customers being sick?	NA

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM-SURFACE WATER SYSTEM

SUMMARY: Based on the results of your assessment and any other available information, what deficiencies do you believe to have caused the positive total coliform sample(s) within your distribution system? *(DO NOT LEAVE BLANK)*

Deficiency #	Deficiency Description
1.	Low disinfectant residuals in two reservoirs that were not able to be turned over (Grant Park- 260 zone) and (Hall Canyon- 210 zone)
2.	Flushing (to remove low disinfectant water) released biofilms that yielded Coliform presence in chloraminated repeat (TCR) water samples
3.	
4.	
5.	

CORRECTIVE ACTIONS: What actions have you taken to correct the above mentioned deficiencies? If additional time is needed to correct a deficiency, indicate the date that it will be corrected. *(DO NOT LEAVE BLANK)*

Deficiency #	Corrective Action	Completion/Proposed Date
1.	Ongoing chloramine boosting at Grant Park & Hall Canyon Reservoirs until Hall Canyon Tanks are back online	Estimated by 12/31/2016
2.	Conducted more distribution system flushing	Completed on 10/30/16
3.		
4.		
5.		

CERTIFICATION: I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

NAME: Joseph Marcinko **TITLE:** Water Utility Manager **DATE:** 11/16/2016

Upon review of the Level 1 Assessment Form, the local regulatory agency may require submittal of the following additional information:

- Sketch of system showing all sources, all treatment and chlorination 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.
- A set of photographs of the source, 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 the local regulatory agency.
- Name, certification level and certificate number of the Operator in Responsible Charge.
- Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.