



State Water Resources Control Board

Division of Drinking Water

January 09, 2024

Daniel Smith, General Manager
Apple Valley Heights CWD
9429 Cerra Vista Street
Apple Valley, CA 92308
danavhcwd@yahoo.com

Dear Daniel Smith:

STATE WATER BOARD DETERMINATION OF COMPLETED LEVEL 2 ASSESSMENT FOR APPLE VALLEY HEIGHTS (SYSTEM NO. 3600009)

The State Water Resources Control Board, Division of Water (Division) completed a Level 2 Assessment of Apple Valley Heights Community Water District (District) on January 04, 2024. The Level 2 Assessment requirement was due to the District having a second Level 1 coliform treatment technique trigger (TT), within a rolling 12-month period pursuant to Title 22, California Code of Regulations (CCR), Section 64426.7.

On December 11, 2023, one routine distribution bacteriological sample was positive for total coliform but negative for *E.coli*. The three repeat samples taken on December 12, 2023, were all positive for total coliform but negative for *E.coli*. The District also did not sample the source in use during the time of the initial sampling. This exceeded the Level 2 TT trigger (Title 22, CCR, Section 64426.7(c)(2)). Laboratory results for routine and repeat samples are included in the attached Level 2 Assessment.

The Level 2 Assessment determined the possible cause for the positive total coliform samples was due to the operator not flushing the routine taps for five minutes. Also, the operator did not disinfect or flame the sampling taps. The distribution system was disinfected, samples were taken on December 14, 2023, and all samples came back negative for total coliform.

Recommendations were made for bacteriological sample site locations and sampling procedure.

E. JOAQUIN ESQUIVEL, CHAIR | EILEEN SOBECK, EXECUTIVE DIRECTOR

Determination:

The Division has completed a Level 2 assessment. The completed assessment

- Identified the sample protocol issues.
- Provides corrective actions to be completed and no additional actions are needed.

We appreciate the assistance of Daniel Smith with the Level 2 Assessment. If you have any questions regarding this letter, please contact Luis Ortiz at (909) 383-4314 or by e-mail at Luis.Ortiz@waterboards.ca.gov.

Sincerely,

Wei H. Chang, P.E.
District Engineer
San Bernardino district
Southern California Field Operations Branch

cc:

1. Gabriela Garcia, San Bernardino County Environmental Health Services Department via Gabriela.garcia@dph.sbcounty.gov
2. Noah Hamm, San Bernardino County Environmental Health Services Department via Noah.Hamm@dph.sbcounty.gov
3. Matthew Patterson, Apple Valley Heights CWD via avhcwd@yahoo.com

Attachments:

1. Level 2 Assessment for December 2023

Attachment 1

Level 2 Assessment for December 2023

MONTHLY SUMMARY OF REVISED TOTAL COLIFORM RULE DISTRIBUTION SYSTEM MONITORING
(For public water systems serving more than 400 service connections OR 1,000 persons, OR wholesaler systems)
(Includes triggered source monitoring reporting for Groundwater Rule compliance)

System Name APPLE VALLEY HEIGHTS COUNTY WATER DISTRICT	System Number CA3600009
Sampling Period DECEMBER	Year 2023

	Number Required	Number Collected	Number Total Coliform Positives	Number E.coli Positives
1. Routine Samples (see note 1)	<u>2</u>	<u>2</u>	<u>1</u>	0
2. Repeat Samples following samples that are Total Coliform Positive and <i>E.coli</i> Negative (see notes 2, 10 and 11)		<u>8</u>	<u>3</u>	0
3. Repeat Samples following Routine Samples that are Total Coliform Positive and <i>E. coli</i> Positive (see notes 2, 3, 10 and 11)		<u>0</u>	0	0
4. Coliform Treatment Technique (TT) Trigger Exceedance & <i>E.coli</i> MCL Computation for TC/ <i>E. coli</i> Positive Samples				
a. Totals (sum of columns)		<u>10</u>	<u>4</u>	0
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. Did the system violate the <i>E. coli</i> MCL (see notes 2 through 5)?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Did the system exceed... ..a Level 2 Coliform TT trigger? (see notes 2, 3, 4, 5 and 6 for trigger info)		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>If yes, see note 8 below.</i>				
...a Level 1 Coliform TT trigger? (see note 7 for trigger info)		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>If yes, see note 9 below.</i>				
5. Triggered Source Samples per Groundwater Rule (see notes 12 and 13)		<u>1</u>	<u>0</u>	0
6. Invalidated Samples (Note what samples, if any, were invalidated; the lab who authorized the invalidation; and when replacement samples were collected. Attach additional sheets, if necessary.)				
7. Summary Completed By: DANIEL B. SMITH				
Name/Signature <i>Daniel B. Smith</i>	Title GENERAL MANAGER	Date 1/2/2024		

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 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;
- The following are situations (boxed entries) are *E. coli* MCL violations and require immediate notification to the Division (22 CCR, Section 64426.1):**
 2. Any *E. coli* positive repeat following a total coliform positive sample.
 3. A total coliform positive repeat, following an *E. coli* positive routine sample.
 4. Failure to take all required repeat samples following an *E. coli* positive routine sample.
 5. Failure to test for *E. coli* when any repeat sample tests positive for total coliform
6. Second Level 1 coliform treatment technique trigger exceedance in a rolling 12-month period.
- 7. Level 1 Coliform Treatment Technique (TT) Triggers:**
 - a. For systems collecting less than 40 samples, if two or more samples are total coliform positive, then the TT is exceeded and a Level 1 Assessment is required.
 - b. For systems collecting 40 or more samples, if more than 5.0 percent of samples collected are total coliform positive, then the TT is exceeded and a Level 1 Assessment is required.
 - c. If a trigger is exceeded as a result of a total coliform positive repeat sample, the system must notify the Division by the end of business day, section 64424(c)**
8. Contact the Division as soon as practical to arrange for the Division to conduct a Level 2 Assessment of the water system. The water system shall complete a Level 2 Assessment and submit it to the Division within 30 days of learning of the trigger exceedance.
9. Conduct a Level 1 Assessment as soon as practical that covers the minimum elements (22 CCR, Section 64426.8 (a)(2)). Submit the report to the Division within 30 days of learning of the trigger exceedance.
10. Positive results and their associated repeat samples are to be tracked on the Coliform Monitoring Worksheet.
11. Repeat samples must be collected within 24 hours of being notified of the positive results. At least 3 repeat samples must be collected for each total coliform positive sample.
12. For systems subject to the Groundwater Rule: Positive results and the associated triggered source samples are to be tracked on the Coliform Monitoring Worksheet.
13. For triggered sample(s) required as a result of a total coliform routine positive sample, an *E. coli* -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)

Routine Samples ¹⁰			Repeat Samples ¹¹					Triggered Source Samples ¹²			
TC+ Sample Date	TC+ Sample Site ID	E. coli Results	Repeat Collection Date	Repeat Sample Site IDs	Coliform Results (Check one box)			Source Sample Date	Groundwater Source(s) Sampled	¹⁵ TC Results	^{15, 16} E. coli Results
					TC-	TC+ BUT E. coli-	TC+ AND E. coli+				
12/11/2023	9058 Mesa Vista	Negative	12/12/2023	22173 Valley View		✓		12/14/2023	CA3600009_004_004	Negative	Negative
			12/12/2023	9058 Mesa Vista		✓					
			12/12/2023	9075 Mesa Vista		✓					
		(+ / -)	12/14/2023	22173 Valley View	✓					(+ / -)	(+ / -)
			12/14/2023	9058 Mesa Vista	✓						
			12/14/2023	9075 Mesa Vista	✓						
		(+ / -)	12/14/2023	Mesa Vista Tanks	✓					(+ / -)	(+ / -)
				2							
				3							
		(+ / -)		1						(+ / -)	(+ / -)
				2							
				3							
		(+ / -)		1						(+ / -)	(+ / -)
				2							
				3							
		(+ / -)		1						(+ / -)	(+ / -)
				2							
				3							
		(+ / -)		1						(+ / -)	(+ / -)
				2							
				3							
		(+ / -)		1						(+ / -)	(+ / -)
				2							
				3							
		(+ / -)		1						(+ / -)	(+ / -)
				2							
				3							
		(+ / -)		1						(+ / -)	(+ / -)
				2							
				3							

Comments: CA3600009_003_003 was running on December 1st. Then again on December 16 through the end of the month.

NOTES AND INSTRUCTIONS:

- 14. Repeat samples must be collected within 24 hours of being notified of the positive results. Three repeat samples must be collected for each total coliform positive sample.
- 15. For triggered sample(s) required as a result of a total coliform routine positive sample, an *E. coli* positive triggered sample (boxed entry) **requires immediate notification to the Department, Tier 1 public notification, and corrective action.**
- 16. Circle the appropriate result.

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

Geo-Monitor, Inc.



Client: Apple Valley Heights CWD
9429 Cerra Vista
Apple Valley CA, 92308

Contact: Daniel Smith
Phone: (760) 247-7330
Fax:
System: 3600009

Project: Routine
Sub Project:

Sampler: Daniel Smith
Sampled: 12/11/2023

Received: 12/11/2023 09:28
Reported: 12/14/2023

RESULTS

Laboratory ID	Sample Time	Sample Location	Total Coliform P/A	E. Coli P/A
G23L078-01	08:10	9058 Mesa Vista	P [1]	A
G23L078-02	08:05	9298 Bella Vista	A	A

A - Absence of Bacteria

P - Presence of Bacteria

[1] Notified Daniel Smith 12/12/2023 @ 11:10

Kristal Escobar

Laboratory Supervisor

Geo-Monitor, Inc.



Client: Apple Valley Heights CWD
9429 Cerra Vista
Apple Valley CA, 92308

Contact: Daniel Smith
Phone: (760) 247-7330
Fax:
System: 3600009

Project: Routine
Sub Project: Resample

Sampler: Daniel Smith
Sampled: 12/12/2023

Received: 12/12/2023 12:42

Reported: 12/20/2023

RESULTS

Laboratory ID	Sample Time	Sample Location	Total Coliform P/A	E. Coli P/A
G23L107-01	11:40	22173 Valley View	P [1]	A
G23L107-02	11:45	9058 Mesa Vista	P [1]	A
G23L107-03	11:50	9075 Mesa Vista	P [1]	A

A - Absence of Bacteria

P - Presence of Bacteria

[1] Notified Daniel Smith 12/13/2023 @ 11:20

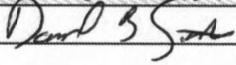
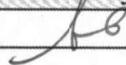
Kristal Escobar

Laboratory Supervisor

Geo-Monitor, Inc.

17152 Darwin Ave Hesperia, CA 92340 (760) 244-3481

Chain of Custody

Client		APPLE VALLEY HEIGHTS CWD		Client Job No.		Analysis Requested												Turn Around Time																							
Address		9429 CERRA VISTA				<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																			
		DSMITH.AVHCWD@GMAIL.COM																																							
Phone No.	760-247-7330	Fax No.		Destination Laboratory															BAC - T																						
Contact	DANIEL SMITH	Cell No.	760-524-2037	[] Geo-Monitor, Inc																																					
System No.	3600009		[] Other:																																						
Project Name																																									
Sampled By		DANIEL SMITH																																							
Comments																																									
Date	Time	Sample Identification		Matrix	No.													Pres.		Type																					
12/12	11:40	22173 VALLEY VIEW					2-D	X																																	
12/12	11:45	9058 MESA VISTA					2-D	X																																	
12/12	11:50	9075 MESA VISTA					2-D	X																																	
		CA3600009_DST_LCR																																							
		CA3600009_003_003																																							
		CA3600009_004_004																																							
Preservatives: (1) Na ₂ S ₂ O ₃ (3) Cold				Sample Types: (1) Routine (2) Repeat (3) Replacement (4) Special (W) Well (D) Distribution																																					
(2) H ₂ SO ₄ /HNO ₃ (4)				All turn around times are expressed as working days / Not all analyses can be processed as rush																																					
Relinquished By (Sign)		Print Name / Company		Date / Time		Received By (Sign)		Print Name / Company																																	
		DANIEL SMITH/AVHCWD		12/12/2023 12:42pm				Amy 8/6																																	
Rec'd at Lab By:				Geo: Receipt Temp C <u>96</u> Corr Receipt Temp C <u>99</u>				Comments:																																	
Rec'd on Ice Yes _____ No _____		Rec'd Into		Thermal Gun ID: EQ-27/11B / Corr Fac +0.3 / 20210406																																					
Shipped Via		[] Fed		[] Rec Within Temp [] Rec on Ice Same Day // CL								Page _____ of _____																													

Geo-Monitor, Inc.



Client: Apple Valley Heights CWD
9429 Cerra Vista
Apple Valley CA, 92308

Contact: Daniel Smith
Phone: (760) 247-7330
Fax:
System: 3600009

Project: Routine
Sub Project: Resample

Sampler: Daniel Smith
Sampled: 12/14/2023

Received: 12/14/2023 10:44

Reported: 12/21/2023

RESULTS

Laboratory ID	Sample Time	Sample Location	Cl Res (Field) mg/L	Total Coliform P/A	E. Coli P/A
G23L146-01	09:20	22173 Valley View	0.61	A	A
G23L146-02	08:36	9058 Mesa Vista	1.97	A	A
G23L146-03	08:55	9075 Mesa Vista	1.51	A	A
G23L146-04	09:50	Well #4 CA3600009_004_004	0.00	A	A
G23L146-05	08:13	Mesa Storage Tanks	2.13	A	A

A - Absence of Bacteria

P - Presence of Bacteria

Kristal Escobar

Laboratory Supervisor



REVISED TOTAL COLIFORM RULE – LEVEL 2 ASSESSMENT

This form is intended to assist the Division of Drinking Water (DDW) or Local Primacy Agency (LPA) Staff in completing the investigation required by the revised Total Coliform Rule (rTCR) [effective July 1, 2021]. Questions to be answered precede bracketed fields that are to be completed in response. The PWS must address each issue described in the Corrective Action table. **To avoid a violation, the water system must address the issues described in the Corrective Action table within 30 days of the completed Level 2 assessment.**

ADMINISTRATIVE INFORMATION

Public Water System Name:	Apple Valley Heights CWD
Public Water System Number:	CA3600009
Public Water System Type (CWS, NTNC, TNC):	CWS
Date Investigation Completed:	01/04/2024
Does the Water System operate on a Seasonal Basis?	No
Months of Coliform Treatment Technique Trigger:	August 2023 – L1A; December 2023 – L2A

CONTACT INFORMATION

Title	Name	Email Address	Telephone Number
Operator in Responsible Charge	Daniel B. Smith	Dsmith.avhcwd@gmail.com	(760) 524-2037
Person that collected TC samples	Daniel B. Smith	Dsmith.avhcwd@gmail.com	(760) 524-2037
System Owner	AVHCWD	N/A	N/A
Certified Laboratory for Microbiological Analyses	Geo-Monitor, Inc.	results@geo-monitor.com	(760) 244-3481

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

ASSESSMENT ELEMENTS

Review of the sample sites	Answer	Description	Corrective Action	Date of Corrective Action
Was the sample taken at the routine coliform site? List the name(s) of the sample site(s) that tested positive for coliform bacteria.	Yes, all samples were collected at the routine and repeat sample locations.	Locations with TC+: 22173 Valley View 9058 Mesa Vista 9075 Mesa Vista		
Was the tap area unsanitary at the time of sampling?	No			
Was this sample taken from an outside faucet?	Yes			
Was the sample taken from a swivel tap?	No			
Did the tap have a point of use treatment device on it?	No			
Does the building where the sample was taken have a point of entry device?	No			
Has this location undergone any plumbing replacements or repairs?	No			
Are there any possible cross connections around the sample site (including yard hydrants and stock tanks)?	No			
Is this location near a storage tank or dead end?	Yes	Mesa Tanks (~500ft)		
Have there been any analytical results, or any additional samples collected, including source samples, which were positive (not for compliance)?	No			
Prior to this incident, when was the most recent satisfactory coliform samples taken?	November 2023	Routine sample came back negative.		
Any other sample site issues not previously mentioned?	August 2023			

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

Review of sample protocol	Answer	Description	Corrective Action	Date of Corrective Action
Was the positive sample(s) taken by the operator in responsible charge? Provide name of sampler.	Yes	Daniel Smith		
Is the sampler a regular, trained sampler?	Regular			
Was a laboratory-provided TC sample bottle used?	Yes			
Was the aerator removed?	N/A			
Was the water tap flushed for at least 5 minutes?	No	Flushed less than 5 mins.	Flush for 5 mins.	Next routine sample – Jan./Feb. 2024
Was the tap disinfected or flamed?	No	Was not disinfected/flamed when samples taken.	Spray with 10% chlorine solution or flame and allow to sit for ~ 1 min before sampling on the next routine sampling.	Next routine sample – Jan./Feb. 2024
Did the sample get too warm prior to being placed on ice?	No			
Were there other sampler errors? Describe	No			
If it is a seasonal system, were there any problems during the most recent start-up procedure?	N/A			
Any other sample protocol issues not previously mentioned (e.g. vandalism or unauthorized access)?	No			

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

Review of the distribution system	Answer	Description	Corrective Action	Date of Corrective Action
Have any mains or service lines recently been repaired, replaced or installed?	No			
Have fire hydrants or blow offs been recently flushed/used/sheared?	No			
Have valves been recently exercised to direct flow?	No			
Any leaks or main breaks noted?	Not recent	Main line replaced due to erosion and leakage.		
Are all of the backflow prevention devices operational and maintained?	Yes			
Was there a total loss of pressure, low pressure (<20 psi) or changes in water pressure? If yes, when?	No			
Any areas of the distribution with low disinfectant levels (<0.2 mg/L)?	No			
Any recent pump station failures or repairs?	No			
Air relief valve leaking?	No			
Standing water or debris in (air relief) valve vault?	N/A			
Any recent power loss?	No			
Any unprotected cross connections (including yard hydrants and stock tanks)?	No			
Has high turbidity been detected in the distribution system?	Unknown No issues from last test			
Is there evidence of intentional contamination or vandalism?	No			

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

Review of the distribution system	Answer	Description	Corrective Action	Date of Corrective Action
Any other distribution issue not previously mentioned (e.g. other O&M activities that could have introduced coliforms)?	No			
If the water supply is chloraminated, do they have a nitrification control plan? Do they follow it?	N/A			

Review of Storage Tank(s) (if applicable, note specific tank if issues are found)	Answer	Description	Corrective Action	Date of Corrective Action
Is there a presence of animals or insects in the tank(s)?	Unknown	Tank interiors not inspected		
Are there breaches or holes of any sort into tank(s)?	No			
Is there any presence of animal droppings around openings, vents or overflows?	No			
Is there sediment buildup and floating debris in tank(s)?	Unknown	Tank interiors not inspected		
Have the tank(s) been cleaned within the last 5 years? If not, list when it was last cleaned.	Yes, 2023			
Are the vents and overflows protected against entry from animals, insects or other contaminants?	Yes, screens			
Are the screens damaged or not properly installed?	Unknown	Unable to climb tanks to verify.		
Does the reservoir have a common inlet/outlet?	Yes			
Is the overflow pipe directly connected to a tank drain, sanitary sewer or storm drain?	Yes			
Does the hatch have a solid, waterproof, shoebox type lid that is properly sealed?	Yes	Screw-style hatches.		
Was the hatch locked or secured?	Yes	Screw-style hatches.		

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

Review of Storage Tank(s) (if applicable, note specific tank if issues are found)	Answer	Description	Corrective Action	Date of Corrective Action
Has the tank been accidentally drained?	No	Was repaired/patched (Sept 2023)		
Have there been high flows through the tank?	No			
Was there high water age in the tank (infrequent water use)?	No			
Was the sample taken when the tank was at the low-level mark?	Halfway (9ft)			
Failure or improper operation on tank telemetry/altitude valves/controls?	No			
Any recent repairs on the tank(s)?	Sept 2023	Monday Sept 25 th 2023		
Was there any power loss?	No			
Is the site secured (e.g. fencing, locked gates, etc.)?	Yes	Locked security fence.		
Was the tank vandalized or subject to tampering?	No			
Any other storage tank issues not previously mentioned above?	None			

Review of Pressure Tank(s) (if applicable, note specific tank if issues are found)-N/A.	Answer	Description	Corrective Action	Date of Corrective Action
Any other storage tank issues?	No, AVH has no pressure tanks.			

Review of Groundwater Source(s) (if applicable, note specific source if issues are found)	Answer	Description	Corrective Action	Date of Corrective Action
Is there a 50-foot annular seal?	Well 03 - Yes Well 04 - Yes			
Is the surface seal defective or damaged or not water tight?	No			

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

Review of Groundwater Source(s) (if applicable, note specific source if issues are found)	Answer	Description	Corrective Action	Date of Corrective Action
Does the casing and/or air relief vent have a screen to prevent the entry of insects?	Yes			
Does the vent and pump to waste terminate in an air gap of at least three pipe diameters above the ground?	Casing vent broken	Operator will be fixing		
How is the well used? Specifically is it primary, backup or emergency?	Primary			
Are there any unprotected cross connections at the wellhead?	No			
Are there any unprotected openings in the pump or pump assembly?	No			
Is the pitless adapter damaged?	N/A			
Are there any exposed holes or cracks near the wellhead? For example: electric conduit.	Yes	Hole due to ARV; operator will be filling in		
Has there been any recent work performed on the pump?	No	2016		
Is the wellhead secured to prevent unauthorized access?	Yes			
Have there been any sewer spills, source water spills or other disturbances near the well?	No	Only ARV		
Is the wellhead at least 18-inches above grade?	No	Next Rehab		
Is there evidence of standing water near the wellhead?	No			
Is the well pit in standing water or evidence of flooding?	No			
Any other well issues not previously mentioned above?	No			
Is the Groundwater Rule (GWR) source sample tap located before the storage tank or hydropneumatic tank or any treatment? Does the GWR source sample tap accurately characterize the source water? (TAKE PHOTO)	No			

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

Additional Review for all Source(s) (if applicable, note specific source if issues are found)	Answer	Description	Corrective Action	Date of Corrective Action
Has an unapproved source been used?	No			
Has there been a change in sources?	No			
Has there been recent rapid snowmelt, heavy rainfall or flooding?	No			
Is there any evidence of animals near the source? Gophers?	No			
Have there been changes in available source water (e.g. significant drop in water table, reservoir capacity)	No			
Is the source water sample for ground water systems E. coli positive? This may indicate that the positive sample is originating from the source and may be a continuous source of contamination.	No			
Are there any other source issues not previously mentioned above?	No			

Review of treatment process (if applicable)	Answer	Description	Corrective Action	Date of Corrective Action
Does the system have any type of treatment?	AVH only provides chlorination when disinfecting the system or during emergencies.			

Review of General Operations	Answer	Description	Corrective Action	Date of Corrective Action
During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	No			
What were the symptoms of illness if you received complaints about customers being sick?	No			

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

Review of General Operations	Answer	Description	Corrective Action	Date of Corrective Action
Were there any extreme weather/natural events (e.g. heat, freezing, raining, windy, fires, earthquakes etc)	No			

SUMMARY

Based on the results of this Level 2 assessment and any other available information, are there any unaddressed significant deficiencies? This may indicate that the problem is known and is in the process of being remedied. Include approved corrective action date and status of each corrective action

Significant Deficiency Number	Summary of Significant Deficiencies Attach additional sheets to this report, if necessary	Answer	Description	Corrective Action	Date of Corrective Action

NAME: Luis Ortiz
DATE: 01/09/2024
SIGNATURE:

Luis Ortiz
Digitally signed
by Luis Ortiz
Date: 2024.01.09
11:39:48 -08'00'



REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

Reserved for Regulatory Agency (DDW or LPA) Review

Review Questions	Answer	Comments
Has assessment been successfully completed?	Yes	TC+ likely caused by not flushing for 5mins; Tap was not disinfected/flamed.
Likely reason for EC+ occurrence has been found.	N/A	
System has corrected the problem.	Will complete Feb. 2024	Spray with 10% chlorine solution or flame and allow to sit for ~ 1 min before sampling on the next routine sampling. Flush for 5 mins.
Were all issues identified corrected?	Yes	
Corrective Action Approved?	Yes	