State Water Resources Control Board
Division of Drinking Water

June 3, 2021

Carole Puryear, Board Member
Keeler Community Service District
P.O. Box 107
Keeler, CA 93530
carolepuryear@icloud.com

Dear Ms. Puryear:

REGULATORY JURISDICTION TRANSFER – KEELER COMMUNITY SERVICE DISTRICT (SYSTEM NO. 1400036)

This notice is to inform you that the Inyo County Environmental Health Services (ICEHS) has transferred primacy for your water system and is returning the system under its jurisdiction to the State Water Resources Control Board - Division of Drinking Water (Division). This change impacts your water system.

The Division assumes jurisdiction effective **July 1, 2021**.

To prevent your system from being in violation of any drinking water monitoring requirement or other reporting requirement, you will need to take the following steps immediately:

1. Notify your laboratory of the change in contact numbers. Specifically, you must provide the laboratory the San Bernardino District Office number (909) 383-4328. Your laboratory should be directed to contact the San Bernardino District Office should sampling results indicate an acute health risk to water users, positive bacteriological results or high nitrate results.

2. Seasonal public water systems are required to follow the attached start-up procedures and submit to the Division the attached certification form. The water system shall not serve water to the public until the start-up procedure has been completed and the certification form has been filed and approved by the Division.

3. Begin sending any required monthly bacteriological summaries and reports on the operation of treatment plants, disinfectant residual monitoring and other

reports you have been submitting to the ICEHS, to the San Bernardino District Office to the e-mail address below.

DWPDIST13@waterboards.ca.gov

4. Complete and return the attached Bacteriological Sample Siting Plan (BSSP) to the above office no later than **August 2, 2021**. Please note that a guidance document is included for completion of the BSSP and the San Bernardino District staff is available to assist in the completion of the BSSP, if needed.

5. The change in regulatory jurisdiction will require that a new permit be issued, pursuant to California Health and Safety (H&S) Code, Section 116525 (b). Our office will contact you on any documentation needed.

The Division is given authority to recover its costs of conducting activities mandated in the California Safe Drinking Water Act (H&S Code, Section 116270 *et seq.)* relating to the issuance of domestic water supply permit, inspections, monitoring, surveillance, and water quality evaluation that relate to the specific water system (H&S Code, Section 116565). Fees are noted in Title 22, California Code of Regulation, Section 64305.

To be reimbursed for time spent, the Division has designated you and your mailing address as the contact person and address for billing purposes. Please advise if another contact and address should be used.

The Division looks forward to working with your water system in the future. If you have any questions regarding this letter, please call our mail line (909) 383-4328 or e-mail at dwpdist13@waterboards.ca.gov.

Sincerely,

Eric Zúñiga

Eric J. Zúñiga, P.E.
District Engineer
San Bernardino District
Southern California Field Operations Branch

Enclosures:

1. Bacteriological Sample Siting Plan
2. Seasonal Start-Up

cc: Kathe Barton, Inyo County Environmental Health Services, kbarton@inyocounty.us

ENCLOSURE NO. 1

BACTERIOLOGICAL SAMPLE SITING PLAN

BACTERIOLOGICAL SAMPLE SITING PLAN REQUIREMENTS
2014

State Water Resource Control Board
DIVISION OF DRINKING WATER

The following outlines the minimum requirements that should be included in any bacteriological sample siting plan (BSSP) submitted to the Division of Drinking Water, Field Operations Branch District Office for approval and acceptance. If you have questions about preparing an acceptable siting plan, please call your District Office.

GENERAL REQUIREMENT

The bacteriological sample siting plan must be representative of the water distribution system; it must describe sample rotation procedures; and it must include a statement about the training of the sample collector.

Sample Sites and Schedule – The routine and repeat sample sites must be identified and a schedule developed.

a. Proposed number and location of routine sample sites. (See Table 64423A of Section 64423) to determine the number of routine samples required for your system.

b. Proposed repeat (follow-up) sample sites which must be located within five service connections upstream and downstream of the routine sample site (Section 64424(b))

c. At least two repeat sample sites are required for each routine sample site (Section 64424(a)(1))

d. Address/location of each routine and repeat sample site. This must be shown on system map submitted

e. Description of each sample site (e.g., exterior hosebib, gooseneck-type copper tube with pet cock).

f. Sampling schedule for each routine sample site (e.g., weekly, every other week, monthly, quarterly, etc.) Rationale that demonstrates that the schedule is representative of the water delivered throughout the distribution system every month, using either fixed sample sites or a rotation among sample sites if there are more sites than the minimum required (Section 64422). It is not recommended that each routine sample site is not sampled less frequently than once every three months.

SYSTEM MAP

The system map can be a one-page engineering drawing of the distribution system and water system facilities or it can be a street map or system schematic.

The system map must identify/locate the following:

a. All sources of water supply

b. All treatment facilities

c. All storage facilities

d. Dead ends (if dead ends cannot be specifically identified, e.g., use of a schematic, then the total number of dead ends in the system, with address locations should be listed).

e. All pressure zones in the distribution system

f. All booster stations

g. All pressure reducing stations, other than individual house service PR valves

h. ALL SAMPLE POINTS (distinguish between routine, follow-up and/or special sample points)

NOTE:

For each routine sample point, there must be an identified follow-up sample point, located within five (5) services "upstream" and "downstream" of the routine sample point. If the water system has "dedicated" specially designed and installed sample points, the "upstream" and "downstream" follow-up sample points will be the closest dedicated routine sample point on either side.

OTHER

The bacteriological sample siting plan must also include the following:

a. Current number of service connections and/or number of population served

b. Sampler's name (state experience and training)

c. Standby/Relief sampler

d. State certified laboratory doing the analyses

General Note:

When selecting a sampling tap, it is important to ensure that the tap is located in a clean environment. Consider protection from contamination by humans, animals, airborne materials or other sources. Use outside faucets that are clean, have been in frequent use, are at least 18 inches above the ground and discharge downward. Do not sample from a hose. Do not sample deadends.

GROUNDWATER RULE (GWR) AMENDMENT

Systems must include the GWR amendment into their bacteriological sample siting plan. Systems must determine which of the following options is best applicable.

a. The system shall implement into their BSSP that ALL active sources which fed the system at the time of the positive total-coliform will be monitored for E.Coli.

b. The second option is to clearly create a representative triggered source monitoing plan, by noting which sources affect which pressure zones/sample sites. The representative triggered monitoring plan must be approved by the Department.

c. Consecutive system who are served by another public water system must indicate on their BSSP that they will contact their wholesaler in case of a positive total-coliform sample in the distribution.

d. Wholesale systems must note in their GWR amendment to the bacteriological sample siting plan, that when notified by a consecutive system of a positive bacteriological sample in the distribution they shall comply with the GWR by following procedure **a** or **b** listed above.

CALIFORNIA Water Boards

GAVIN NEWSOM
GOVERNOR

JARED BLUMENFELD
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board
Division of Drinking Water
San Bernardino District Office, 464 W. 4th Street, Suite 437, San Bernardino, CA 92401, (909) 383-4328

TOTAL COLIFORM AND GROUNDWATER RULE MONITORING PLAN

A. System Information:

Name of System: _____ System Number: _____
Street Address: _____ Phone Number: _____
Consecutive, Wholesaler or Neither: _____ Fax Number: _____
Provide Continuous 4-log treatment of Viruses ☐ YES ☐ NO
(if yes, submit a Monthly CT Calculation Report to DDW in addition to plan)
Service Connections: _____ Population Served: _____
Coliform Sampling Frequency (# per week /month and rotation): _____

B. Sample Collection:

All water samples will be collected by: _____
Name of Laboratory: _____
Mailing Address: _____
State Lab Code: _____ Phone Number: _____ Fax Number: _____
The Laboratory was sent a copy of this plan on: _____

C. Map of System:

A map of the distribution system showing the source (well, spring, etc.), storage tanks, treatment facilities, distribution piping, routine sample locations, and follow-up (repeat) sample locations is required. Have you enclosed this map? ☐ YES ☐ NO
Explain: _____

D. Consecutive Systems:

Does your system purchase groundwater? ☐ YES ☐ NO
If yes, contact the wholesaler within 24 hours of notification of a TC+ Distribution Sample.
Wholesaler: _____ Contact: _____ Phone Number: _____
Wholesaler: _____ Contact: _____ Phone Number: _____

E. Wholesaler Systems:

Does your system sell groundwater? ☐ YES ☐ NO
If yes, collect source(s) samples within 24 hours of being notified by a consecutive system.
If source sample is fecal indicator positive, contact all consecutive systems within 24 hours*:
System: _____ Contact: _____ Phone Number: _____
System: _____ Contact: _____ Phone Number: _____
System: _____ Contact: _____ Phone Number: _____

*A Tier 1 notice is required for all fecal indicator positive source samples

F. Distribution Sample Locations:

The following describes each routine sample location. If the laboratory notifies of a positive coliform sample, the routine, upstream, downstream, and sources will be sampled within 24 hours of being notified by the laboratory of a positive coliform result. Sample tap type should be indicated (hose bib, etc.) . If the routine sample location is positive, the source(s) affecting it will be sampled within 24 hours. Only sources in use during the time of initial sampling will be required to be sampled (production log required):

Site 1 Routine Sample Location:	**Sources to sample:**
Upstream Sample Location (within 5 service connections):	
Downstream Sample Location (within 5 service connections):	
Additional Sample Location (if collect 4 repeat samples):	
Site 2 Routine Sample Location:	**Sources to sample:**
Upstream Sample Location (within 5 service connections):	
Downstream Sample Location (within 5 service connections):	
Site 3 Routine Sample Location:	**Sources to sample:**
Upstream Sample Location (within 5 service connections):	
Downstream Sample Location (within 5 service connections):	
Site 4 Routine Sample Location:	**Sources to sample:**
Upstream Sample Location (within 5 service connections):	
Downstream Sample Location (within 5 service connections):	
Site 5 Routine Sample Location:	**Sources to sample:**
Upstream Sample Location (within 5 service connections):	
Downstream Sample Location (within 5 service connections):	
Site 6 Routine Sample Location:	**Sources to sample:**
Upstream Sample Location (within 5 service connections):	
Downstream Sample Location (within 5 service connections):	

Attach additional sheets as needed.

G. Follow up to positive samples

If more than one ROUTINE sample is total Coliform positive or there is an E.coli positive sample, notification will be given to the State Water Resources Control Board, Division of Drinking Water, San Bernardino District, within 24 hours at (909) 383-4328. If necessary, please reference the emergency contacts listed on the District's most recent Emergency Notification Plan.

If the REPEAT bacteriological sample in the distribution system is E. coli positive, REPEAT samples for an E. coli positive are total coliform positive, or the water system does not test for E. coli in the REPEAT sample, the system must conduct Tier 1 public notification and notify the Division within 24 hours of being notified of the E. coli positive source sample result.

A Level 1 Assessment performed by the public water system will be triggered if:

- A system collecting fewer than 40 samples per month has 2 or more TC+ routine/repeat samples in the same month.
- A system collecting at least 40 samples per month has greater than 5.0% of the routine/repeat samples in the same month that are TC+.
- A system fails to take every required repeat sample after any single TC+ sample.

A Level 2 Assessment performed by the state will be triggered if:

- A system incurs an E. coli MCL violation
- A system has a second Level 1 Assessment within a rolling 12-month period

If a public water system collects **fewer than five routine samples** per month and has one or more total-coliform positive samples, the water supplier shall collect at least five routine samples the following month:

1. _____ 2. _____ 3. _____

4. _____ 5. _____

If one of these five routine samples is positive for total coliform, four repeat samples must be collected.

H. Routine Raw Water Sampling:

Is water continuously treated with chlorine? ☐ YES ☐ NO

Systems which provide continuous chlorine treatment should take samples of water prior to the addition of chlorine (raw water samples) at least on a quarterly basis. Surface water sources or groundwater under the influence of surface water are required to sample that raw source monthly for total coliform and *E.coli* using density analysis per 22 CCR 64654.8. Please list below the sources which are continuously treated and the months when raw water samples will be taken:

1. _____ Months sampled: _____
2. _____ Months sampled: _____
3. _____ Months sampled: _____

*Attach additional sheets if needed.

I. Submittal

Report Prepared by: _____

Signature: _____ **Date:** _____

ENCLOSURE NO. 2

SEASONAL START-UP

STATE OF CALIFORNIA
WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER

INSTRUCTIONS FOR SEASONAL WATER SYSTEM SHUTDOWN NOTIFICATION AND START-UP PROCEDURE CERTIFICATION FORM

Background

The Revised Total Coliform Rule (RTCR) requires seasonal public water systems to notify the StateWater Resources Control Board (hereinafter State Board) or the Local Primacy Agency (hereinafter LPA) upon water system closure and complete a start-up procedure prior to serving water to the public at the beginning of each operating season. A seasonal system means a nontransient-noncommunity water system or transient- noncommunity water system that is not operated as a public water system on a year-round basis and starts up and shuts down at the beginning and end of each operating season.

The start-up procedure shall include, but not be limited to the following elements:

1) Inspecting water system components, including source(s), treatment facility,distribution mains, and distribution reservoirs;
2) Flushing of the distribution system and all system components.
3) Disinfecting the treatment system, storage tanks, and distribution system if the systemadds a chemical disinfectant during normal operations. If the system does not add a chemical disinfectant during normal operations, it may choose to flush the water system and take the required bacteriological samples without disinfecting;
4) Collecting bacteriological samples from each source prior to treatment, from each distribution reservoir, and an adequate number of samples to assess the quality ofwater in the entire distribution system;
5) Monitoring of disinfectant residual when applicable, at the same points and at thesame time as total coliforms are sampled as specified in (4) above;
6) Using a certified distribution operator(s) or a State Board or LPA approved personwho is adequately trained to perform activities noted in (1) through (5) above; and
7) Notifying the State-Board, for water system closure or shutdown and prior to operation.

NOTE: ***The State Board or LPA may request that additional elements be included in the Start-Up Procedure to address areas specific to the water system. Every seasonal public water system is unique and procedures should be tailored to fit the individual water system's needs. More complex systems (i.e. surface water treatment, nitrate treatment, and arsenic treatment) will need to work closely with the State Board or LPA in developing an individualized Start-Up Procedure.***

All seasonal water systems are required to submit a State or LPA approved start-up procedure document to the State Board or LPA. If you are proposing an alternative to State or LPA approvedstart-up procedure document, you must contact the State Board or LPA for approval prior to implementing alternative start-up procedure.

Reporting Requirements

Upon seasonal closure of the water system and after completing the start-up procedure at the beginning of each operating season, each seasonal water system must give notification to the State Board or LPA. A seasonal water system may achieve compliance with this requirement by submitting a completed and signed "Seasonal Water System Shutdown Notification & Start- up Certification Form" to the State Board or LPA. The certification form is available on the StateBoard's website:

http://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/rtcr.shtml

NOTE: ***The water system shall not serve water to the public until the start-up procedure hasbeen completed, the certification has been filed with the State Board or LPA, and approval has been received from the State Board or LPA.***

Instructions to Complete the Certification Form

At the top of the Certification Form, check either Box 1 or Box 2.

Check Box 1 if you are notifying the State Board or LPA that your seasonal water system has completed shutdown for the season, and insert the date on which the shutdown occurred. Proceedto filling out Sections 1, 4, and 5 of the form.

Check Box 2 if you are requesting approval to serve water to the public based on completion of a State Board or LPA approved Start-Up Procedure, and insert the date on which you anticipate thewater system reopening to the public. Proceed to filling out Sections 1 through 5 of the form.

Section 1: Public Water System Information
Public Water System ID: Provide the 7 digit Public Water System (PWS) ID assigned to the system.
Public Water System Name: Provide the name of the PWS.
Primary City/County: Provide the town/city and County where the PWS is located.
PWS Classification: Provide the classification of the PWS by checking one of the boxes.

NTNC = Non-Transient Non-Community;TNC = Transient Non-Community

Operating Period: Provide the typical annual seasonal opening and closing dates in MM/YY format.

Section 2: Start-up Procedures
If you already have an alternative start-up procedure approved by the SWRCB or LPA, check the box labeled "Alternative Start-Up Procedure Approved by the SWRCB/LPA was completed." If youare wanting to use an alternative start-up procedure and do not have one that is approved by the SWRCB or LPA, please contact your regulating agency prior to conducting your start-up procedureand serving water to the public.

Check each box to confirm that the required procedure element was completed and provide the date for which each corresponding element was completed in MM/DD/YYYY format.

Section 3: Certified Operator Information

As part of the start-up procedure, all water system component inspection, disinfection, flushing,and sampling for both coliform bacteria and disinfection residual must be performed or supervised by a certified distribution system operator, licensed in the State of California in accordance with Chapter 13, Title 22 of the California Code of Regulations.

First Name/Last Name: Provide the First and Last Name of the certified or State Board/LPAapproved operator.

Certification Level/Number/Expiration Date: Provide the operator certification level,certification number, and the certification expiration date for the certified operator.

Section 4: Contact Information

This section contains the contact information for the person that owns or controls the seasonal water system. This contact must be the current property owner and/or authorized representative and will receive all correspondence related to the project. Failure to provide complete and accuratecontact information may result in delays during review.

Section 5: Certification

Read the certification statement provided and sign and date in the spaces provided. Signatures must be that of the property owner or authorized representative for the water system whose information was provided in Section 4.

Section 6: Approval

The water system is required to have this section filled-out prior to serving water to the public.

NOTE: The water system shall not serve water to the public until the start-up procedure hasbeen completed and the certification has been filed with the State Board or LPA. Please submit completed forms to your local Division of Drinking Water District Office or your Local Primacy Agency (LPA) depending upon the regulatory jurisdiction of your water system. Approval to serve water to the public may come in a written form (i.e. letter, or email) or a verbal approval from the State Board or LPA followed by a written form.

STATE OF CALIFORNIA
WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER

SEASONAL WATER SYSTEM SHUTDOWN NOTIFICATION & START-UP CERTIFICATION FORM

Please check one of the following options and provide the corresponding date:

Box 1. ☐ I am giving notification of water system shutdown, which occurred on MM / DD / YYYY . *(Complete Sections 1, 4, and 5)*

OR

Box 2. ☐ I am requesting approval to serve water to the public based on completion of a State Board approved Start-Up Procedure. The anticipated reopening date of the water system on MM / DD / YYYY . (*Complete Sections 1 thru 5)*

Section 1: Public Water System Information

Public Water System ID	*Public Water System Name*		
CA			
City / County		*PWS Classification (Check One)*	*Operating Period (i.e. 1/1 – 12/31)*
/		☐ NTNC ☐ TNC	/ - /

Section 2: Start-Up Procedure: Check to verify completion of each element and enter corresponding item completion date. (*Minimum Required Elements)

☐ **Alternative Start-Up Procedure approved by the SWRCB/LPA was completed.**

☐ **A. Inspection of the Water System Components* (COMPLETION DATE: / /)**
All water system components (i.e. sources of supply, pumps, storage facility, pipelines, treatment facilities, etc.) have been inspected for deficiencies, including cross-connection hazards, and all corrective maintenance actions have been completed.

☐ **B. Flushing of the Water System* (COMPLETION DATE: / /)**
All water system components and distribution pipelines were flushed. For water systems that are adding disinfectant, flush until normal disinfectant residuals are restored.

☐ **C. Disinfection of the Water System (COMPLETION DATE: / /)**
Disinfection of the treatment system, storage tanks, and distribution system in accordance with the approved Start-up Procedure using applicable American Water Works Association (AWWA) Standard(s) and/or approved State Board procedures, with adequate residual and contact time. A seasonal system that is unpressurized prior to start-up, you must provide disinfection. Water systems that are pressurized year-round and do not normally add a chemical disinfectant during normal operations, do not have to disinfect unless the results of required bacteriological samples show the presence of coliform bacteria.

☐ **D. Bacteriological and Disinfectant Residual Monitoring* (COMPLETION DATE: / /)**
After proper flushing and disinfection (if applicable), bacteriological samples have been collected and analyzed from each source prior to treatment, from each storage facility, and adequate number of samples to assess the quality of water in the entire distribution system, in accordance with the water system's State approved Start-up Procedure. If disinfection was performed, the chlorine residual has been monitored and noted on the chain of custody for each sample. Laboratory sample results have been reported to State Board for compliance and are attached to this certification form.

☐ **E. Additional Elements Included in the Approved Start-Up Procedure (COMPLETION DATE: / /)**
All additional elements included in the State Board approved Start-up Procedure specific to the water system have been completed. Please attach all documents supporting completion of the approved procedures to this form.

Section 3: Certified Operator Information *(All activities listed in Section 2, A thru C must be supervised/performed by a certified distribution operator)*

First Name	*Last Name*	*Certification Level*	*Certification Number*	*Expiration Date (MM/DD/YYYY)*
				/ /

Section 4: Water System Owner/Authorized Representative Contact Information

Salutation	*First Name*	*Last Name*	*Organization*	*Job Title*

Mailing Address	*City*	*State*	*ZIP Code*

Business Phone [Ext]	*Fax*	*Mobile Phone*	*Emergency Phone*	*E-mail Address*
( ) - [ ]	( ) -	( ) -	( ) -	

Section 5: Certification by Water System Owner/Authorized Representative

I hereby certify that the above information on this certification is complete, accurate, and true to the best of my knowledge.

X _____ / /

Signature of Water System Owner/Authorized Representative *Date (MM/DD/YYYY)*

Section 6: State Board or LPA Approval

The State Board or LPA approves the listed water system to serve water to the public and has met the start-up procedure requirements.

X _____ / /

Signature of State Board or LPA Representative *Date (MM/DD/YYYY)*