



Rebecca Nanyonjo-Kemp, DrPH
Director

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Health Officer

Application Package for State Small Water Systems

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Fees (fees are subject to change, contact Merced County Division of Environmental Health at (209)381-1100 to verify current fees):

- Application fee = \$188 (due at time of application)
- Permit fee = \$281 per year (due at time of application and January each year thereafter)
- Application total = \$469

Additional administrative fees may be charged if additional staff time is required.

Vicki Jones, MPA, REHS
Environmental Health Division Director

Jessica Montoya-Juarez, MS
Assistant Public Health Director

Yadira Vazquez, MBA
Assistant Public Health Director

James Clark, MICP, MHOAC
EMS Administrator

Summary of Owner Responsibilities – State Small Water Systems

Initial Application:

1. Submit a technical report to the local health officer as part of the permit application that describes the proposed or existing system as follows (*California Code of Regulations [CCR], Title 22, 64211*):
 - a. The service area.
 - b. The distribution system including storage and pumping facilities.
 - c. The water source including source capacity, water quality, and any water treatment facilities.
 - d. Identify the owner of the system and the party responsible for day to day operations of the system.
 - e. Describe the plan for notification of those served by the system under emergency conditions.
 - f. Describe the operating plan for the system and shall specify how the responsible party will respond to failure of the major system components.
2. Demonstrate that sufficient water is available from the water system's sources and distribution storage facilities to supply a minimum of three gallons per minute for at least 24 hours for each service connection served by the system.

Ongoing Responsibilities:

1. Pay fees imposed by the regulatory agency.
2. Provide the Annual Notice to the customers served by the state small water system annually (*CCR, Title 22, 64211*).
3. Conduct and report routine bacteriological and chemical monitoring.
4. Respond to unacceptable bacteriological or chemical monitoring results.
5. Comply with any corrective actions ordered in response to positive *E. coli* / bacteriological testing.
6. Comply with any corrective actions ordered in response to a chemical maximum contaminant level (MCL) exceedance.



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Director

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Health Officer

State Small Water System Permit Application Form

Applicant: _____
NAME OR LEGAL OWNER, PERSON(S) OR ORGANIZATION

Water System Name: _____ **244** _____
SYSTEM NUMBER

Pursuant and subject to all of the terms, conditions and provisions of Division 4, Chapter 14, Article 3, Sections 64211 to 64217 of Title 22, the California Code of Regulations (CCR), and all amendments thereto, relating to state small water systems, application is hereby made to the Merced County Department of Public Health, Division of Environmental Health (MCDEH) for a Permit to Operate a State Small Water System.

Indicate item(s) for subject application:

- Application for new water system
- Change of ownership to existing water system
- Construct or expand existing water system and/or water sources
- Add treatment and/or make improvements to existing water system
- Other (*attach description*)

Application Attachments: (*required*)

- Technical Report:
 - Site Plan
 - Well Completion Report
 - Distribution Piping Diagram
 - Operation Plan
 - Water System Contact Information
 - Emergency Notification Plan
 - Operation Plan
- Surface Water Intake Data (*if applicable*)
- Bacteriological Sample Siting Plan
- **If application is made by a corporation, it must be accompanied by a Resolution of the Board of Directors of said corporation authorizing the application to be made.

Signature Information

- If this application is made by a corporation, it must be signed in the name of the corporation by its duly accredited officer or officers.
- If this application is made by a partnership, all of the members must sign.
- If this application is made by more than one individual, all must sign.

SIGNATURE	TITLE	DATE
SIGNATURE	TITLE	DATE
SIGNATURE	TITLE	DATE

** FOR OFFICIAL USE ONLY**			
Date Received _____	MCDEH Staff _____	Invoice # _____	Date Received _____
Date Approved _____	MCDEH Staff _____	Check # _____	Fee Received \$ _____

Vicki Jones, MPA, REHS <i>Environmental Health Division Director</i>	Jessica Montoya-Juarez, MS <i>Assistant Public Health Director</i>	Yadira Vazquez, MBA <i>Assistant Public Health Director</i>	James Clark, MICP, MHOAC <i>EMS Administrator</i>
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Technical Report Water System Contact Information

Facility Information*:

FACILITY NAME	FACILITY ADDRESS (STREET)
ASSESSOR'S PARCEL NUMBER (APN) 244	FACILITY ADDRESS (CITY, STATE, ZIPCODE)
SYSTEM NUMBER	

Property Owner Contact*:

PROPERTY OWNER NAME	MAILING ADDRESS (STREET OR P. O. BOX)
PHONE NUMBER	MAILING ADDRESS (CITY, STATE, ZIPCODE)
E-MAIL ADDRESS	

Facility Manager Contact*:

FACILITY NAME	FACILITY ADDRESS (STREET)
ASSESSOR'S PARCEL NUMBER (APN) 244	FACILITY ADDRESS (CITY, STATE, ZIPCODE)
SYSTEM NUMBER	

Emergency Notification Contact*:

Primary

NAME / TITLE	
DAY PHONE	NIGHT PHONE
E-MAIL ADDRESS	

Secondary

NAME / TITLE	
DAY PHONE	NIGHT PHONE
E-MAIL ADDRESS	

Routine/Non-Emergency Contact*: Same as Primary emergency contact (default) Same as Secondary emergency contact

FACILITY NAME	FACILITY ADDRESS (STREET)
ASSESSOR'S PARCEL NUMBER (APN) 244	FACILITY ADDRESS (CITY, STATE, ZIPCODE)
SYSTEM NUMBER	

* Required fields

Technical Report Water System Information

A description of the water system is a component of the technical report. Periodic updates of the water system's service connections and population served allows the water system classified appropriately.

Water System Name: _____ **244** _____
SYSTEM NUMBER

Population Served: *(check all that apply)*

*Residential No. _____ Employee/Student No. _____ Transient User No. _____

**To determine approximate residential population, multiple number of residential service connections by 2.8 (CCR, Title 22, 64412).*

Service Connections:

Number of Connections: _____

**A duplex is two connections.*

Description of Service Area: _____

Structures with Service Connections:

Address		Description of Connection	Type of Point of Use Treatment <i>(if applicable)</i>
<i>Example: 1234 Happy St., Townsville</i>		<i>3 bdrm mobile home</i>	<i>Reverse osmosis filter at kitchen sink.</i>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

Technical Report Water System Information Continued

Water System Name: _____ **244** _____
SYSTEM NUMBER

Site Map:

- Submit a map of system showing locations/addresses of:
- Well
 - Water mains
 - Biological sample site*
 - Tank(s)
 - Valves on water mains
 - Other structures with a water connection (i.e. shop, office, etc.)
 - Treatment facilities
 - Residences

**Sample tap should be an outside tap, dedicated as sample tap only with no threads. Tap pointed downward, at least 18" above ground, clear of debris, and connected to frequently used water pipe of distribution system.*

Source Water Data:

Water Supply Well(s): (check all that apply)

- Primary Well: _____ Secondary Well: _____
WELL NAME WELL NAME

***If available, a copy of the Well Completion Report and well pump specification sheet should be submitted for each well.*

Primary Well:

Status: Active Standby Other: _____

Date Drilled: _____ Well Casing Material: _____

Well Casing Depth (ft): _____ Depth of Sanitary Seal (ft): _____

Depth of Screen (ft): _____ Depth to Static Water (ft): _____ Date: _____

Pump Type: Surface Submersible Other: _____

Pump Horsepower: _____ Capacity (gpm): _____

Distance to Sewer (ft): _____ Not applicable, no public sewer connection

Distance to Leachfield (ft): _____ Distance to Septic Tank (ft): _____

GPS Coordinates (Lat./Long.): _____

Secondary Well:

Status: Active Standby Other: _____

Date Drilled: _____ Well Casing Material: _____

Well Casing Depth (ft): _____ Depth of Sanitary Seal (ft): _____

Depth of Screen (ft): _____ Depth to Static Water (ft): _____ Date: _____

Pump Type: Surface Submersible Other: _____

Pump Horsepower: _____ Capacity (gpm): _____

Distance to Sewer (ft): _____ Not applicable, no public sewer connection

Distance to Leachfield (ft): _____ Distance to Septic Tank (ft): _____

GPS Coordinates (Lat./Long.): _____

***Include additional pages as necessary for additional water supply wells.*

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Assistant Public Health Director

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EMS Administrator

Technical Report
Water System Information Continued

Water System Name: _____ **244**
SYSTEM NUMBER

Water Storage Data:

Tank(s): (check all that apply) Storage Tank(s) No.: _____ Pressure Tank(s) No.: _____

Storage Tank (s): N/A, no storage tanks Capacity (gal): _____ Material: _____

Pressure Tank(s): N/A, no pressure tanks Capacity (gal): _____ Material: _____

Distribution System Data:

A copy of the distribution piping diagram shall be submitted including the location of all connected water system facilities (water supply wells, water tanks, water treatment facilities).

Water Mains:

Material: _____ **Piping Diameter (in):** _____

Distribution Operating Pressure (psi): _____

Additional Pumps: N/A, no additional pumps

Pump Type: _____ **Pump Horsepower:** _____

Pump Location: _____

Water Treatment Data:

Treatment: (check all that apply)

Disinfection Filtration Reverse Osmosis Ion Exchange Blending

Treatment Type: Centralized Point of Entry (POE) Point of Use (POU)

Disinfection Treatment: N/A, no disinfection treatment

Continuous Treatment: Yes No

Chemical Used: _____ **Crock Capacity (gal):** _____

Target Residual (ppm): _____ **Injection Location:** _____

Treatment (other): N/A, no other treatment

Constituent(s) Treated: _____

Raw Water Constituent Concentration: _____

Description of Treatment: _____

Technical Report Emergency Notification Plan

System Information

SYSTEM NAME _____ 244 _____
SYSTEM NUMBER DATE

SYSTEM PHYSICAL ADDRESS (STREET) _____ CITY, STATE, ZIPCODE _____

Emergency Notification of Consumers

Check and describe (if applicable) the method(s) to be used to notify the water users (tenants, employees, students, parents of minors, etc.) in the event of a water quality failure. Consideration must be given to the handicapped and non-English speaking groups.

- Phone, followed with written notices.
- Door-to-Door delivery of written notices Name(s) of Delivery person(s): _____
- Written notices in posted locations: _____
- Other method described: _____

Person Responsible for Implementing Emergency Notification Plan

Provide a completed form copy to the Division of Environmental Health immediately. Keep a copy in your files. Notify the Division of Environmental Health if changes occur.

NAME / TITLE	E-MAIL ADDRESS	EMERGENCY PHONE NUMBER
NAME / TITLE	E-MAIL ADDRESS	EMERGENCY PHONE NUMBER
NAME / TITLE	E-MAIL ADDRESS	EMERGENCY PHONE NUMBER

Emergency Notification of the Health Department:

Notification of Merced County Division of Environmental Health is required **within 24 hours** when:

- Sample result is positive for *E. coli*, fecal coliform, or Total Coliform
- Water service problems, such as system pressure dropping to below five psi

Merced County Division of Environmental Health Contacts:

Ashlee Chan, REHS II	Ashlee.Chan@countyofmerced.com	(209) 381 - 1094
Jimmy Hou, REHS II	Jimmy.Hou@countyofmerced.com	(209) 381 - 1074
Main Office Line		(209) 381 - 1100

*For additional details see information sheets on "Bacteriological Monitoring" and "Nitrate and Nitrite Monitoring"

(Reference: California Health & Safety Code, Section 116460)

Technical Report

EXAMPLE: Operations Plans for State Small Water System

• **Routine Operational Procedures for Each Component of the System:**

- Visual inspection of **WELL** (daily)
 - Check for the leaks, openings, lubricants, electrical hazards, chemical hazards, etc. (record observations and correct problem).
 - Check the pump for proper operation.
- Visual inspection of the **STORAGE TANK** (daily).
 - Inspect for any leaks or damage (record observations and repair as needed).
 - Check **PRESSURE GAUGE**, record system pressure. Record the pressure the pump turns on, the pressure the pump turns off and the duration of the run time.
 - Cleaning of **STORAGE TANK** (semi-annually). Record date cleaned and observations.
- Maintenance of **GAUGES and METERS**.
 - Inspect all gauges and meters for leaks and proper function daily. Repair or replace as needed (keep record of date).
 - Maintenance and testing of backflow prevention devices, if present.
- Inspection and exercising of the **VALVES**.
 - Inspect valves for leaks (record observations, repair or replace if leaking).
 - Exercise valves (semi-annually, record date and observations).
- Operation and maintenance of **DISTRIBUTION** facilities.
 - Visually inspect the distribution system for leaks on a regular basis. Record date and observations.
 - Flush dead end mains (semi-annually, record date and observations).

• **Component Repair and Replacement:**

- **SCHEMATIC**
 - Contact _____ if the repair cannot be done by the water system.
 - Disinfection and bacteriological testing will be performed after completion of the repair.

• **Emergency Operational Practices:**

- List of equipment on hand for **emergency repairs**.
 - Miscellaneous wrenches.
 - Leak clamps.
- List of sources of **needed equipment**, not on hand.

Name	Address	Phone #	Equipment	Rental/Contract
			Steel Tank Welder	
			Electrical Repair	
			Digging Equipment	
			Generator	
			Chemicals	

Technical Report

EXAMPLE: Operations Plan for State Small Water System - Continued

- List of **distributors or suppliers** of replacement parts for the system.

Name	Address	Phone #	Equipment
			PVC pipe, valves, and fittings
			Pumps, pressure tank, and gauges
			Chlorinator

- List of **emergency contact** numbers:

	Name	Phone #
1.	Division of Environmental Health Office	(209) 381 – 1100
2.	Law Enforcement	
3.	Electrician	
4.	Laboratory	
5.	Pump Repair Service	
6.	Chemical Disinfectant Supplier	
7.	Equipment Supplier	
8.	Owner	

Basic Bacteriological Monitoring for State Small Water Systems (SSWS)

General – Sampler, Laboratory, and Reports

- All water samples shall be analyzed by a state certified lab.
- Each bacteriological report shall indicate the official water system name and water system number.
- Wellhead sample reports shall indicate the well number or name.
- If point-of-use reverse osmosis (RO) treatment is used, RO effluent sample reports shall indicate the address.
- Copies of the lab reports shall be sent directly to this office by the lab. Bacteriological reports shall be received no later than the 10th day of the month following receipt of the results by SSWS.
- Inform the laboratory that the water samples are for a state small water system and do not need to be reported to the state electronically.

Bacteriological

- Collect a minimum of one routine sample from the distribution system at least once every three months. Analyze the sample for total coliform bacteria.
- If the lab notifies you that a routine sample is positive/present for total coliform, within 48 hours of notification collect a repeat sample from the same location. Have the lab test for chlorine residual at the time the sample is taken. If any chlorine is present, the bacteriological sample will be invalid.
- If the lab notifies you that the repeat sample is positive/present:
 - You must notify MCDEH of that within 48 hours and immediately ensure that safe drinking water is provided to the consumers.
 - Have the lab test for *E. coli* bacteria or fecal coliform bacteria.
 - Identify the cause of contamination and correct it as soon as possible.
- At least one negative/absent sample is needed to demonstrate that safe water is again available from the system.
- Do not chlorinate the well or system unless directed to do so by MCDEH.

Basic Chemical Monitoring for State Small Water Systems (SSWS)

General – Sampler, Laboratory, and Reports

- All water samples shall be analyzed by a state certified lab.
- Each chemical lab report shall indicate the official water system name and water system number.
- Wellhead sample reports shall indicate the well number.
- If point-of-use reverse osmosis (RO) treatment is used, RO effluent sample reports shall indicate the address.
- Copies of the reports shall be sent directly to this office by the lab. Chemical analyses shall be received no later than the 10th day of the month following the date of completion of analyses.
- Inform the laboratory that the water samples are for a state small water system and do not need to be reported to the state electronically.

Chemical

- Sample each source (at the well head) at least once for:

Aluminum	Fluoride
Antimony	Hexavalent Chromium
Arsenic	Iron
Asbestos (waived for central valley per SWRCB)	Manganese
Barium	Mercury
Beryllium	Nickel
Cadmium	Nitrate (as nitrogen)
Chlorides	Nitrite (as nitrogen)
Chromium	Perchlorate
Cyanide (waived for central valley per SWRCB)	Selenium
	Thallium
	Total dissolved solids (TDS)

- Nitrate (NO₃ as N) monitoring is required every 1 year.
- Nitrite (NO₂ as N) monitoring is required every 3 years.
- Monitoring for two other organic chemicals (DBCP and EDB), as well as other chemicals, may be required due to vulnerability, as determined by MCDEH.
- The distribution system shall be sampled quarterly for at least one year following any one sample in which the concentration of Nitrate/Nitrite is greater than or equal to 50% of the maximum contaminant level (MCL) to determine which quarter has the highest concentration levels.
- A water supplier operating a SSWS shall comply with any corrective actions ordered by MCDEH for any chemical contaminant which exceeds the MCL (CCR, Title 22, Table 64431-A).

(Reference: California Health and Safety Code, Section 116345 and California Code of Regulations, Title 22)

Bacteriological Sample Siting Plan

Please fill out the following table and attach a bacteriological sampling site plan indicating all water connections, structures' respective addresses, well location(s), and sampling sites.

FACILITY NAME	244 _____
FACILITY ADDRESS (STREET)	SYSTEM NUMBER
OWNER/MANAGER	PHONE NUMBER
E-MAIL ADDRESS	PHONE NUMBER

Sample Collection:

Service Connection No.: _____ Population Served: _____

Sampling Frequency: Quarterly Other: _____

Sampling Frequency:

<i>Quarter Schedule</i>	<i>Option 1</i>	<i>Option 2</i>	<i>Option 3</i>
1st Quarter:	January	February	March
2nd Quarter:	April	May	June
3rd Quarter:	July	August	September
4th Quarter:	October	November	December

Repeat/Follow-up Samples:

- If a routine sample is total coliform positive, a repeat sample shall be collected from the same location within 48 hours.
- The repeat sample shall be analyzed for the presence of total coliform and *E. coli* or fecal coliforms.
- The water supplier shall notify Merced County Division of Environmental Health (MCDEH) of the repeat sample results within 48 hours.

*Follow instructions from Environmental Health for additional samples. If none required, return to normal, quarterly monitoring.

**All *additional* distribution system samples should be labeled as Distribution Special and *additional* wellhead samples as Source Special.

Map of System/Sample Sites:

Attach site map of location of well and numbered distribution sampling locations.

*** For County Employee Use Only ***	
MCDEH Health Approval Date	

Vicki Jones, MPA, REHS <i>Environmental Health Division Director</i>	Jessica Montoya-Juarez, MS <i>Assistant Public Health Director</i>	Yadira Vazquez, MBA <i>Assistant Public Health Director</i>	James Clark, MICP, MHOAC <i>EMS Administrator</i>
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Laboratories That Collect Samples and Are Certified for Drinking Water Analyses

BSK Analytical Laboratories

1414 Stanislaus St.
Fresno, CA 93706-1623
Main: (559) 487-2888
Fax: (559) 485-6935

Dellavalle Laboratory, Inc.

1910 W. McKinley
Suite 110
Fresno, CA 93728
Main: (559) 233-6129
Fax: (559) 268-8174

Far West Laboratories, Inc.

P. O. Box 355
Riverbank, CA, 95367
Main: (209) 869-9260
Fax: (209) 869-2278

GeoAnalytical Laboratories, Inc.

2300 Maryann Dr.
Turlock, CA 95380
Main: (209) 669-0100
Fax: (209) 593-2212
Email: info@geoanalyticallab.com

J L Analytical Services

217 Primo Way
Modesto, CA 95358
Main: (209) 538-8111
Fax: (209) 538-3966

Moore Twining Associates, Inc.

2527 Fresno St.
Fresno, CA 93721
Main: (559)268-7021
Fax: (209) 559-268-7126

**This list is not a recommendation or endorsement. This list is provided for informational purposes ONLY. For the most up-to-date information, please call (209)381-1100.*

California State Small Water System Regulations

August 27, 2019

California Health and Safety Code

Section 116275. Definitions.

(n) "State small water system" means a system for the provision of piped water to the public for human consumption that serves at least five, but not more than 14, service connections and does not regularly serve drinking water to more than an average of 25 individuals daily for more than 60 days out of the year.

(s) "Service connection" means the point of connection between the customer's piping or constructed conveyance, and the water system's meter, service pipe, or constructed conveyance. A connection to a system that delivers water by a constructed conveyance other than a pipe shall not be considered a connection in determining if the system is a public water system if any of the following apply:

(1) The water is used exclusively for purposes other than residential uses, consisting of drinking, bathing, and cooking, or other similar uses.

(2) The state board determines that alternative water to achieve the equivalent level of public health protection provided by the applicable primary drinking water regulation is provided for residential or similar uses for drinking and cooking.

(3) The state board determines that the water provided for residential or similar uses for drinking, cooking, and bathing is centrally treated or treated at the point of entry by the provider, a passthrough entity, or the user to achieve the equivalent level of protection provided by the applicable primary drinking water regulations.

Section 116340. State small water systems

This chapter shall not apply to state small water systems except as provided under this section:

(a) The department shall adopt regulations specifying minimum requirements for operation of a state small water system. The requirements may be less stringent than the requirements for public water systems as set forth in this chapter.

(b) The minimum requirements for state small water systems adopted by the department pursuant to subdivision (a) shall be enforced by the local health officer or a local health agency designated by the local health officer. In counties that do not have a local health officer, the requirements shall be enforced by the department. Local health agencies may adopt more stringent requirements for state small water systems than those specified in the state regulations.

(c) The reasonable costs of the local health officer in carrying out the requirements of this section may be recovered through the imposition of fees on state small water systems by the local governing body in accordance with Section 101325.

Division 101. Part 3. Chapter 4.
Article 1. Enforcement, Fees, Reimbursements, and Taxes.
Section 101325.

Whenever the governing body of any city or county determines that the expenses of the local health officer or other officers or employees in the enforcement of any statute, order, quarantine, or regulation prescribed by a state officer or department relating to public health, requires or authorizes its health officer or other officers or employees to perform specified acts that are not met by fees prescribed by the state, the governing body may adopt an ordinance or resolution prescribing fees to pay the reasonable expenses of the health officer or other officers or employees incurred in the enforcement, and may authorize a direct assessment against the real property in cases where the real property is owned by the operator of a business and the property is the subject of the enforcement. The schedule of fees prescribed by ordinance or resolution of the governing body shall be applicable in the area in which the local health officer or other officers or employees enforce any statute, order, quarantine, or regulation prescribed by a state officer or department relating to public health.

Title 22, California Code of Regulations

Chapter 14. Water Permits
Article 3. State Small Water Systems

Section 64211. Permit Requirement

(a) No person shall operate a state small water system unless a permit to operate the system has been issued by the local health officer.

(b) The state small water system shall submit a technical report to the local health officer as part of the permit application. The report shall describe the proposed or existing system as follows: service area, distribution system including storage and pumping facilities, the water source including source capacity, water quality, and any water treatment facilities. The report shall identify the owner of the system and the party responsible for day to day operation of the system. The report shall include a plan for notification of those served by the system under emergency conditions. The report shall describe the operating plan for the system and shall specify how the responsible party will respond to failure of major system components.

(c) A change in ownership of a state small water system shall require the submission of a new application.

(d) A state small water system shall provide the following notice to the consumers served by the state small water system: "The domestic water supply for this area is provided by a state small water system. State regulatory requirements for operation of a state small water system are less extensive than requirements for larger public water systems. If you have questions concerning your water supply, you should contact [insert (1) name of water system, (2) name of responsible person, and (3) telephone number] or your local health department." This notice shall be by direct delivery on an annual basis or by continuous posting at a central location within the area served by the state small water system.

Section 64212. Bacteriological Quality Monitoring

(a) A water supplier operating a state small water system shall collect a minimum of one routine sample from the distribution system at least once every three months. The sample shall be analyzed for the presence of total coliform bacteria by a laboratory certified by the State Board for bacteriological analyses pursuant to Article 3, commencing with section 100825, of Chapter 4 of Part 1 of Division 101, Health and Safety Code. The results of the analyses shall be reported to the local health officer no later than the 10th day of the month following receipt of the results by the state small water system.

(b) If any routine sample is total coliform-positive, the water supplier shall collect a repeat sample from the same location within 48 hours of being notified of the positive result. If the repeat sample is also total coliform-positive, the sample shall also be analyzed for the presence of fecal coliforms or Escherichia coli (E. coli). The water supplier shall notify the local health officer within 48 hours from the time the results are received and shall take corrective actions as directed by the local health officer to eliminate the cause of the positive samples.

(c) A local health office may require a state small water system to sample the distribution system each month, in lieu of the requirements of subsection (a), if the system has bacteriological contamination problems indicated by more than one total-coliform positive sample during the most recent 24 months of operation. The monthly sample shall be analyzed for the presence of total coliform bacteria by a laboratory certified by the State Board for bacteriological analyses pursuant to Article 3, commencing with section 100825, of Chapter 4 of Part 1 of Division 101, Health and Safety Code. The results of the analyses shall be reported to the local health officer no later than the 10th day of the month following receipt of the results by the state small water system.

Section 64213. Chemical Quality Monitoring

(a) A water supplier operating a state small water system shall sample each source of supply prior to any treatment at least once. The sample shall be analyzed by a laboratory, certified by the State Board pursuant to Article 3, commencing with section 100825, of Chapter 4 of Part 1 of Division 101, Health and Safety Code, for fluoride, iron, manganese, chlorides, total dissolved solids, and the inorganic chemicals listed in table 64431-A, section 64431.

(b) A groundwater source that has been designated as vulnerable by the local health officer pursuant to criteria set forth in sections 64445(d)(1) and (2) shall be sampled by the water supplier operating the state small water system at least once prior to any treatment and analyzed for volatile organic compounds in accordance with approved methods specified in section 64415. The analysis shall be performed by a laboratory certified by the State Board to perform analyses for organic chemicals pursuant to Article 3, commencing with section 100825, of Chapter 4 of Part 1 of Division 101, Health and Safety Code.

(c) The results of the laboratory analyses shall be submitted to the local health officer by the state small water system no later than the 10th day of the month following receipt of the results by the state small water system. A copy of the results of the analyses and a comparison of the results with the maximum contaminant levels for those contaminants listed in table 64431-A, section 64431 and table 64444-A, section 64444, shall be distributed by the state small water system to each regular user of the water system within 90 days of receiving the results. A copy of the distribution notice shall be provided to the local health officer.

(d) A water supplier operating a state small water system shall comply with any corrective actions ordered by the local health officer for any chemical contaminant which exceeds the maximum contaminant level.

Section 64214. Service Connection Limitation

No state small water system shall add additional service connections to the system such that the total number of service connections served by the system exceeds 14 before the water system has applied for and received a permit to operate as a public water system from the State Board.

Section 64215. Water Supply Requirements

Prior to receiving permit approval, a state small water system which was not in existence on November 12, 1991 shall demonstrate to the local health officer that sufficient water is available from the water system's sources and distribution storage facilities to supply a minimum of three gallons per minute for at least 24 hours for each service connection served by the system.

Section 64216. Mutual Associations Prohibited

No state small water system which was not in existence on November 12, 1991 shall be issued a permit to operate if the water supplier is an unincorporated association organized under Title 3 (commencing with Section 20000) of Division 3 of the Corporations Code.

Section 64217. Surface Water Treatment Requirement

All state small water systems using surface water as a source of supply shall provide continuous disinfection treatment of the water prior to entry to the distribution system.

Title 22, California Code of Regulations

Article 4. Primary Standards – Inorganic Chemicals

Section 64431. Maximum Contaminant Levels – Inorganic Chemicals.

Public water systems shall comply with the primary MCLs in table 64431-A as specified in this article.

Table 64431-A
Maximum Contaminant Levels
Inorganic Chemicals

<u>Chemical</u>	<u>Maximum Contaminant Level (MCL)</u> <u>(mg/L)</u>
Aluminum	1.
Antimony	0.006
Arsenic	0.010
Asbestos	7 MFL*
Barium	1.
Beryllium	0.004
Cadmium	0.005
Chromium	0.05
Cyanide	0.15
Fluoride	2.0
Hexavalent chromium	0.010
Mercury	0.002
Nickel	0.1
Nitrate (as nitrogen)	10.
Nitrate+Nitrite (sum as nitrogen)	10.
Perchlorate	0.006
Selenium	0.05
Thallium	0.002

*MFL = million fibers per liter; MCL for fibers exceeding 10 um in length.

Article 5.5. Primary Standards – Organic Chemicals

Section 64444. Maximum Contaminant Levels – Organic Chemicals.

The MCLs for the primary drinking water chemicals shown in Table 64444-A shall not be exceeded in the water supplied to the public.

Table 64444-A
Maximum Contaminant Levels
Organic Chemicals

<u>Chemical</u>	<u>Maximum Contaminant Level, mg/L</u>
(a) Volatile Organic Chemicals (VOCs)	
Benzene	0.001
Carbon Tetrachloride	0.0005
1,2-Dichlorobenzene	0.6
1,4-Dichlorobenzene	0.005
1,1-Dichloroethane	0.005
1,2-Dichloroethane	0.0005
1,1-Dichloroethylene	0.006
cis-1,2-Dichloroethylene	0.006
trans-1,2-Dichloroethylene	0.01
Dichloromethane	0.005
1,2-Dichloropropane	0.005
1,3-Dichloropropene	0.0005
Ethylbenzene	0.3
Methyl-tert-butyl ether	0.013
Monochlorobenzene	0.07
Styrene	0.1
1,1,2,2-Tetrachloroethane	0.001
Tetrachloroethylene	0.005
Toluene	0.15
1,2,4-Trichlorobenzene	0.005
1,1,1-Trichloroethane	0.200
1,1,2-Trichloroethane	0.005
Trichloroethylene	0.005
Trichlorofluoromethane	0.15
1,1,2-Trichloro-1,2,2-Trifluoroethane	1.2
Vinyl Chloride	0.0005
Xylenes	1.750*

Table 64444-A (continued)
Maximum Contaminant Levels
Organic Chemicals

Chemical	Maximum Contaminant Level, mg/L
(b) Non-Volatile Synthetic Organic Chemicals (SOCs)	
Alachlor	0.002
Atrazine	0.001
Bentazon	0.018
Benzo(a)pyrene	0.0002
Carbofuran	0.018
Chlordane	0.0001
2,4-D	0.07
Dalapon	0.2
Dibromochloropropane (DBCP)	0.0002
Di(2-ethylhexyl)adipate	0.4
Di(2-ethylhexyl)phthalate	0.004
Dinoseb	0.007
Diquat	0.02
Endothall	0.1
Endrin	0.002
Ethylene Dibromide (EDB)	0.00005
Glyphosate	0.7
Heptachlor	0.00001
Heptachlor Epoxide	0.00001
Hexachlorobenzene	0.001
Hexachlorocyclopentadiene	0.05
Lindane	0.0002
Methoxychlor	0.03
Molinate	0.02
Oxamyl	0.05
Pentachlorophenol	0.001
Picloram	0.5
Polychlorinated Biphenyls	0.0005
Simazine	0.004
Thiobencarb	0.07
Toxaphene	0.003
2,3,7,8-TCDD (Dioxin)	3 x 10 ⁻⁸
2,4,5-TP (Silvex)	0.05

*MCL is for either a single isomer or the sum of the isomers.

Section 64445. Initial Sampling - Organic Chemicals

Sections (a) through (c) omitted as not applicable for this document

(d) A water system may apply to the Department for a monitoring waiver for one or more of the organic chemicals on Table 64444-A in accordance with the following:

(1) A source may be eligible for a waiver if it can be documented that the chemical has not been previously used, manufactured, transported, stored, or disposed of within the watershed or zone of influence and therefore, that the source can be designated nonvulnerable.

(2) If previous use of the chemical locally is unknown or the chemical is known to have been used previously and the source cannot be designated nonvulnerable pursuant to Paragraph (d)(1), it may still be eligible for a waiver based on a review related to susceptibility to contamination. The application to the State Board for a waiver based on susceptibility shall include the following:

- (A) Previous monitoring results;
- (B) User population characteristics;
- (C) Proximity to sources of contamination;
- (D) Surrounding land uses;
- (E) Degree of protection of the water source;
- (F) Environmental persistence and transport of the chemical in water, soil and air;
- (G) Elevated nitrate levels at the water supply source; and
- (H) Historical system operation and maintenance data including previous Departmental inspection results.