| NAME OF WATER SYSTEM   | DATE  |
|--|---|
| NOTICE OF ACUTE TOTAL COLIFORM FAILURE   |   |
| Dear Water Consumer:   |   |
| The California Department of Health Services (Department) sets drinking determined that the presence of fecal coliforms or E. coli is a serious coliforms and E. coli are generally not harmful in themselves, but their presis serious because they usually are associated with sewage or animal was has the potential to be contaminated with organisms that can cause disease set an enforceable drinking water standard for fecal coliforms and E. coadverse health effects. Under this standard, all drinking water samples bacteria. Drinking water, which meets this standard, is associated with lit be considered safe. The Department recommends that consumers take the | health concern. Fecal esence in drinking water astes. The water system se. The Department has oli to reduce the risk of s must be free of these tle or no risk and should |
| All tap water used for drinking and cooking should be boiled rapidly This is the preferred method to assure that the water is safe to use an   |   |
| An alternative method to disinfect the water is to use fresh liquid househo  | old bleach:   |
| 1) Add 8 drops of bleach per gallon of clear water; -or-   |   |
| 2) Add 16 drops per gallon of cloudy water;  |   |
| 3) Mix thoroughly and allow standing for 30 minutes before using.  |   |
| You will notice a chlorine-like taste and odor. This is an indication tadequately disinfected.   | that the water has been   |
| Additional water quality testing is currently being conducted. You will b water is considered safe to drink.   | e notified as soon as the   |
| This notification is required by the Kern County Environmental Health I means of keeping the public informed.  | Division (KCEHD) as a   |
| Consumers needing more information may contact the KCEHD at (661) system representative listed below.  | ) 862-8740 or the water   |

Print Name

Date

Signature of Water System Representative

Telephone No.