

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
WATERWORKS DIVISION
WATER QUALITY SECTION

MONTHLY REPORT FOR January 2015 (month + year)
(circle one) 1ST 2ND 3RD 4TH -- QUARTERLY REPORT FOR YEAR: 2015

HARD
COPY
DATE:

2/4/15

EMAILED
DATE:

2/5/15

	TO:	ATTENTION:	DISTRICT:
<input checked="" type="checkbox"/>	Mr. Paul Williams, PE, District Engineer	Mr. Ric Roda	07 Hollywood
	Ms. Sutida Bergquist, PE, District Engineer		16 Central Los Angeles
	Ms. Shu-Fang Orr, PE, District Engineer	Mr. Dmitriy Ginzburg	22 Angeles
	Mr. Richard Lavin, Chief Environmental Health Specialist	Mr. Vincent Gallegos	49 Los Angeles County -- LA County DPH

	CDPH District:	PWS:	Water System Name:
<input checked="" type="checkbox"/>	07 Hollywood	1910073	Lomita - City, Water Dept.
	16 Central Los Angeles	1910075	Los Angeles Co WW Dist. 21-Kagel Canyon
	16 Central Los Angeles	1910204	Los Angeles Co WW District 29 & 80-Malib (Malibu & Marina del Rey)
	16 Central Los Angeles	1910185	Los Angeles Co WW Dist. 36-Val Verde
	16 Central Los Angeles	1910248	Los Angeles Co WW Dist. 37-Acton
	16 Central Los Angeles	1910070	Los Angeles Co WW Dist. 4 & 34-Lancaster (& Desert Highlands)
	16 Central Los Angeles	1910203	Los Angeles CWWD 40, R24, 27, 33-Pearblsm (Pearblossom, Littlerock, & Sun Village)
	16 Central Los Angeles	1910027	Los Angeles CWWD 40 Reg 35-N.E. L.A. (Northeast Los Angeles County)
	16 Central Los Angeles	1910005	Los Angeles Co WW Dist. 40 Reg 38 Lake L.A. (Lake Los Angeles)
	16 Central Los Angeles	1910025	Los Angeles CWWD 40 Reg. 39-Rock Creek
	22 Angeles	1900046	Peter Pitchess Honor Rancho.LAFCO.SHER
	49 Los Angeles County -- LA County DPH	1900679	Rancho Los Amigos Medical Center

	TYPE OF REPORTS ATTACHED: (# of pages)		TYPE OF REPORTS ATTACHED: (# of pages)
<input checked="" type="checkbox"/>	Distribution Coliform Monitoring (1)	<input checked="" type="checkbox"/>	Monthly Chlorine Residuals (1)
<input checked="" type="checkbox"/>	Raw Water Monitoring (2)		Water Main Leaks & Outages ()
<input checked="" type="checkbox"/>	Surface Water Treatment Regulations (1)		Arsenic Compliance ()
<input checked="" type="checkbox"/>	General Physical Results (1)		Nitrification Monitoring ()
	Nitrate Compliance ()		Quarterly Monitoring of 1, 2, 3-Trichloropropane ()
	Quarterly Monitoring of Total Trihalomethanes ()		Quarterly Disinfectant Residuals (Chlorine or Chloramines) ()
	Quarterly Monitoring of Haloacetic Acids ()		

FOR QUESTIONS PLEASE CONTACT:

Mr. Bing Hua
Office: (626) 300-3337
Email: bhua@dpw.lacounty.gov

MONTHLY SUMMARY OF MONITORING FOR SURFACE WATER TREATMENT REGULATIONS

System Name: CITY OF LOMITA System No.: 1910073
 Wholesaler Name: WEST BASIN MUNICIPAL WATER DISTRICT
 Month: January Year: 2015

DISINFECTION PROCESS DATA

Disinfectant residual type: Free chlorine (including well sources) _____
 Free chlorine (no well sources) _____
 Chloramines (including well sources) X _____
 Chloramines (no well sources) _____

No. of distribution system residual samples collected:	20
No. of distribution system samples for HPC only:	0
Total No. residual and/or HPC samples collected:	20
No. of samples with no detectable residual and HPC is not measured:	0
No. of samples with no residual and HPC > 500 CFU/ml:	0
No. of samples for HPC only and HPC > 500 CFU/ml:	0
Total No. of samples with no residual and/or HPC > 500 CFU/ml:	0
Compute $V = 1 - \frac{\text{Total No. samples with no residual and/or HPC} > 500}{\text{Total No. residual and/or HPC samples collected}} \times 100 =$	100
Meets Standard (i.e. $V > 95\%$) (Y/N)?	<u>Y</u>

SUMMARY OF WATER QUALITY COMPLAINTS

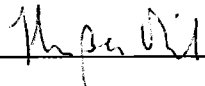
General Complaints:

Type of Complaint	Number	Corrective Actions Taken
Taste/Odor		
Color		
Turbidity		
Suspended Solids		
Other (Describe)		

Reports of Gastrointestinal Illness (Attach additional sheets if necessary):

Persons Reporting	Date	Corrective Actions Taken

Explain any failure of the standards and corrective action taken or planned (attach extra sheets if needed):

Signature:  Date: February 2, 2015

CITY OF LOMITA
RAW WATER MONITORING REPORT - DISINFECTED GROUNDWATER SOURCE

System Name: City of Lomita

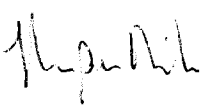
System No. 1910073

Month: January

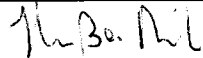
Year: 2015

I. DISINFECTED WELLS (Raw Water Bacteriological Sampling Prior to Disinfection)

Well Name or Number	Station Code	Status	Frequency of Sampling	Sampling Date	Total Coliform Result	Fecal Coliform Result
13-5	1910073-003	Online	Monthly	1/8/2015	Absent	Absent

Signature	Title	Date
	Engineering Aid III	February 4, 2015

MONTHLY SUMMARY OF DISTRIBUTION SYSTEM COLIFORM MONITORING
(including triggered source monitoring for systems subject to the Groundwater Rule)

CITY OF LOMITA		1910073			
Sampling Period	January	Year	2015		
Month		Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/E.coli Positives
1. Routine Samples (see note 1)		<u>20</u>	<u>20</u>	<u>0</u>	<u>0</u>
2. Repeat Samples Following Samples Which are Total Coliform Positive and Fecal/E.coli <i>Negative</i> (see notes 5 and 6)			<u>0</u>	<u>0</u>	<u>0</u>
3. Repeat Samples Following Routine Samples Which are Total Coliform <i>Positive</i> and Fecal/E.coli Positive (see notes 5 and 6)			<u>0</u>	<u>0</u>	<u>0</u>
4. MCL Computation For Total Coliform Positive Samples					
a. Totals (sum of columns)		<u>20</u>	<u>20</u>	<u>0</u>	
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. Is system in compliance... with fecal/E. coli MCL? (see notes 2 and 3)		<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
... with monthly MCL? (see note 4)		<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
5. Source Samples Triggered by Routine Samples that are Total Coliform Positive (This applies only to systems subject to the Groundwater Rule - see notes 7 and 8)			<u>0</u>	<u>0</u>	<u>0</u>
6. Invalidated Samples (Note what samples, if any, were invalidated; who authorized the invalidation; and when replacement samples were collected. Attach additional sheets, if necessary.)					
7. Summary Completed By: Hatem Ben Miled					
Signature		Title	Engineering Aid III	Date	2/2/2015

Comments: No groundwater source

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 are required for systems collecting less than five routine samples per month that had one or more total coliform positives in previous month;
 - c. 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;
2. Note: For a repeat sample following a total coliform positive sample, any fecal/*E.coli* positive repeat (boxed entry) **constitutes an MCL violation and requires immediate notification to the Department** (22, CCR, Section 64426.1).
3. Note: For repeat sample following a fecal/*E.coli* positive sample, any total coliform positive repeat (boxed entry) **constitutes an MCL violation and requires immediate notification to the Department** (22, CCR, Section 64426.1).
4. Total coliform MCL (Notify Department within 24 hours of MCL violation):
 - a. For systems collecting less than 40 samples, if two or more samples are total coliform positive, then the MCL is violated.
 - b. For systems collecting 40 or more samples, if more than 5.0 percent of samples collected are total coliform positive, then the MCL is violated.
5. Positive results and their associated repeat samples are to be tracked on the Coliform Monitoring Worksheet.
6. Repeat samples must be collected within 24 hours of being notified of the positive results. For systems collecting more than one routine sample per month, three repeat samples must be collected for each total coliform positive sample. For systems collecting one or fewer routine samples per month, four repeat samples must be collected for each total coliform positive sample.
7. For systems subject to the Groundwater Rule: Positive results and the associated triggered source samples are to be tracked on the Coliform Monitoring Worksheet.
8. For triggered sample(s) required as a result of a total coliform routine positive sample, an *E.coli*, enterococci, or coliphage positive triggered sample (boxed entry) **requires immediate notification to the Department, Tier 1 public notification, and corrective action.**

CITY OF LOMITA
MONTHLY CHLORINE RESIDUAL SUMMARY

Jan-15

Location	Date	CL2 Total mg/L	Total Coliform	Fecal E-coli	Comments
13-1 1912 W. 259th Pl.	1/8/15	2.2	A	A	
13-2 26314 S. Monte Via.	1/8/15	2.1	A	A	
13-3 1948 W. 252nd St.	1/8/15	3.4	A	A	
13-4 24632 S. Moon Ave.	1/8/15	3.1	A	A	
13-5 2500 PCH	1/8/15	2.3	A	A	
Location	Date	CL2 Total mg/L	Total Coliform	Fecal E-coli	Comments
13-1 1912 W. 259th Pl.	1/14/15	2.2	A	A	
13-2 26314 S. Monte Via.	1/14/15	2.2	A	A	
13-3 1948 W. 252nd St.	1/14/15	2.3	A	A	
13-4 24632 S. Moon Ave.	1/14/15	1.9	A	A	
13-5 2500 PCH	1/14/15	2.1	A	A	
Location	Date	CL2 Total mg/L	Total Coliform	Fecal E-coli	Comments
13-1 1912 W. 259th Pl.	1/22/15	2.0	A	A	
13-2 26314 S. Monte Via.	1/22/15	1.9	A	A	
13-3 1948 W. 252nd St.	1/22/15	3.2	A	A	
13-4 24632 S. Moon Ave.	1/22/15	2.1	A	A	
13-5 2500 PCH	1/22/15	2.1	A	A	
Location	Date	CL2 Total mg/L	Total Coliform	Fecal E-coli	Comments
13-1 1912 W. 259th Pl.	1/28/15	2.1	A	A	
13-2 26314 S. Monte Via.	1/28/15	2.1	A	A	
13-3 1948 W. 252nd St.	1/28/15	1.9	A	A	
13-4 24632 S. Moon Ave.	1/28/15	1.4	A	A	
13-5 2500 PCH	1/28/15	2.2	A	A	
Location	Date	CL2 Total mg/L	Total Coliform	Fecal E-coli	Comments
13-1 1912 W. 259th Pl.					
13-2 26314 S. Monte Via.					
13-3 1948 W. 252nd St.					
13-4 24632 S. Moon Ave.					
13-5 2500 PCH					

SIGNATURE: _____

[Handwritten Signature]

Feb-15

Location	Date	CL2 Total mg/L	Total Coliform	Fecal E-coli	Comments
13-1 1912 W. 259th Pl.					
13-2 26314 S. Monte Via.					
13-3 1948 W. 252nd St.					
13-4 24632 S. Moon Ave.					
13-5 2500 PCH					
Location	Date	CL2 Total mg/L	Total Coliform	Fecal E-coli	Comments
13-1 1912 W. 259th Pl.					
13-2 26314 S. Monte Via.					
13-3 1948 W. 252nd St.					
13-4 24632 S. Moon Ave.					
13-5 2500 PCH					
Location	Date	CL2 Total mg/L	Total Coliform	Fecal E-coli	Comments
13-1 1912 W. 259th Pl.					
13-2 26314 S. Monte Via.					
13-3 1948 W. 252nd St.					
13-4 24632 S. Moon Ave.					
13-5 2500 PCH					

DATE: _____

2/2/2015

DEPARTMENT OF
PUBLIC HEALTH
DRINKING WATER PROGRAM
GLENDALE OFFICE

RAW WATER COLIFORM MONITORING

NAME OF WATER SYSTEM: LOMITA, CITY OF

SYSTEM NO: 1910073

1910073

MONTH: January

January

YEAR: 2015

2015

SOURCE NAME	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
WELL 13-5	1 NEG											
TOTAL	1											

- EXAMPLES:
- 1
~~NEG~~
 - 1 pos
~~1 neg~~
 - ~~OPEN~~
 - ~~NOT TAKEN~~
 - ~~STANDBY~~

FOR TOTAL COLIFORM POSITIVE RESULTS RECEIVED, INDICATE THE CONFIRMATION SAMPLES COLLECTED ON SUMMARY AND ATTACH THE LAB RESULTS TO THIS PAGE.
COMMENTS:

SIGNATURE: *Hatem Ben Miled*
Hatem Ben Miled

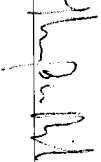
2/2/2015

CITY OF LOMITA
GENERAL PHYSICAL
SUMMARY

Jan-15

Location	Date	Celsius Temp	Time	Color	Odor	Turbidity	pH
13-1 1912 W. 259th Pl.	1/8/15		11:00 AM	0	0	0.1	8.0
13-2 26314 S. Monte Via	1/8/15		10:50 AM	0	0	0.1	7.7
13-3 1948 W. 252nd St.							
13-4 24632 S. Moon Ave							
13-5 2500 PCH							
Location	Date	Celsius Temp	Time	Color	Odor	Turbidity	pH
13-1 1912 W. 259th Pl.							
13-2 26314 S. Monte Via			11:55 AM	0	0	0.1	7.5
13-3 1948 W. 252nd St.	1/4/15		11:41 AM	5	0	ND	7.5
13-4 24632 S. Moon Ave							
13-5 2500 PCH							
Location	Date	Celsius Temp	Time	Color	Odor	Turbidity	pH
13-1 1912 W. 259th Pl.							
13-2 26314 S. Monte Via	1/22/15		11:05 AM	0	0	ND	7.9
13-3 1948 W. 252nd St.							
13-4 24632 S. Moon Ave			10:34 AM	0	0	ND	7.9
13-5 2500 PCH	1/22/15						
Location	Date	Celsius Temp	Time	Color	Odor	Turbidity	pH
13-1 1912 W. 259th Pl.	1/28/15		11:12 AM	0	0	ND	7.6
13-2 26314 S. Monte Via							
13-3 1948 W. 252nd St.	1/28/15		11:49 AM	0	0	0.1	7.5
13-4 24632 S. Moon Ave							
13-5 2500 PCH							
Location	Date	Celsius Temp	Time	Color	Odor	Turbidity	pH
13-1 1912 W. 259th Pl.							
13-2 26314 S. Monte Via							
13-3 1948 W. 252nd St.							
13-4 24632 S. Moon Ave							
13-5 2500 PCH							

SIGNATURE: _____



Feb-15

Location	Date	Celsius Temp	Time	Color	Odor	Turbidity	pH
13-1 1912 W. 259th Pl.							
13-2 26314 S. Monte Via							
13-3 1948 W. 252nd St.							
13-4 24632 S. Moon Ave							
13-5 2500 PCH							
Location	Date	Celsius Temp	Time	Color	Odor	Turbidity	pH
13-1 1912 W. 259th Pl.							
13-2 26314 S. Monte Via							
13-3 1948 W. 252nd St.							
13-4 24632 S. Moon Ave							
13-5 2500 PCH							
Location	Date	Celsius Temp	Time	Color	Odor	Turbidity	pH
13-1 1912 W. 259th Pl.							
13-2 26314 S. Monte Via							
13-3 1948 W. 252nd St.							
13-4 24632 S. Moon Ave							
13-5 2500 PCH							

DATE: _____

2/2/2015