

ATTACHMENT 7

**Consumer Confidence Report
Certification Form**

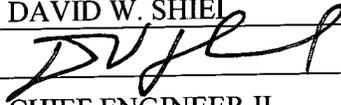
(to be submitted with a copy of the CCR)

(to certify electronic delivery of the CCR, use the certification form on the State Board's website at http://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/CCR.shtml)

Water System Name: Atascadero State Hospital

Water System Number: 4010832

The water system named above hereby certifies that its Consumer Confidence Report was distributed on May 5, 2016 to customers (and appropriate notices of availability have been given). Further, the system certifies that the information contained in the report is correct and consistent with the compliance monitoring data previously submitted to the State Water Resources Control Board, Division of Drinking Water.

Certified by: Name: DAVID W. SHIEL
Signature: 
Title: CHIEF ENGINEER II
Phone Number: (805)468-2249 Date: JUNE 2, 2016

To summarize report delivery used and good-faith efforts taken, please complete the below by checking all items that apply and fill-in where appropriate:

CCR was distributed by mail or other direct delivery methods. Specify other direct delivery methods used: _____

"Good faith" efforts were used to reach non-bill paying consumers. Those efforts included the following methods:

Posting the CCR on the Internet at www._____

Mailing the CCR to postal patrons within the service area (attach zip codes used)

Advertising the availability of the CCR in news media (attach copy of press release)

X Publication of the CCR in a local newspaper of general circulation (attach a copy of the published notice, including name of newspaper and date published)

X Posted the CCR in public places (attach a list of locations) (Front lobby of Hospital).

Delivery of multiple copies of CCR to single-billed addresses serving several persons, such as apartments, businesses, and schools

Delivery to community organizations (attach a list of organizations)

Other (attach a list of other methods used)

For systems serving at least 100,000 persons: Posted CCR on a publicly-accessible internet site at the following address: www._____

For privately-owned utilities: Delivered the CCR to the California Public Utilities Commission

This form is provided as a convenience and may be used to meet the certification requirement of section 64483(c), California Code of Regulations.

DSH-ATASCADERO

Employee News



Employee of the Month March

Veronica Gutierrez - Admin Professional
 Shaleen Cullors - Admin Services

Employee of the Month April

Jamie Blair-Clinical Services
 Heidi Mikel- Clinical Services
 Sarah Irwin - Admin Professional
 Etoni Tonga - Nurses Services

CATASTROPHIC LEAVE REQUEST

The Following employee (s) have catastrophic leave banks established and can receive donations. If you would like to donate time, please contact the Human Resources Department. Thank You.

Kim Abma, Psych Tech / Program 3

Janet Ortega, Psych Tech / Program 3

Kelly Barnett, RN / Program 6

Saundra Alvarez, Pharmacy Technician

Lucinda Schimandle, HRT, HIMD

We make a living by what we get, but we make a life by what we give - Winston Churchill.

Psychiatric Technician of the Year

Garth Purcell- Program 6 Unit 19

Nurse of the Year

Bonito Uy - Program 1 Unit 5

Please Welcome our Newest Hires

Masood Moghaddam - Clinical Social Worker Program 3

Rebecca Ferrall - Food Service Tech 1 Nutrition Services

Danielle McDannell - Food Services Tech 1 Nutrition Services

Alexandra O'Conner - Laboratory Assistant CMS

Elliot Trueblood - Office Technician (I) RMS

Landon Benado - Rehab Therapist Program 5

Beverly Jane Menor - Register Nurse Program 7

Betty Mercer - AGPA Labor Relation Analyst Personnel

Brian Crawford - Communication Operator Police Services

Alyson Madigan - Psychologist

Jarron Colvin - Food Service Tech 1 Nutrition Services

Erika Smith - Food Service Tech 1 Nutrition Services

Victoria Botens - Nurse Practitioner

Office of Recruitment DSH-Atascadero

I wanted to give you a brief synopsis of the recruitment events recently attended by DSH-Atascadero.

On March 9th, DSH-Atascadero attended, Allan Hancock Community College Spring career fair in Santa Maria, CA. Officer Glen Pauls and I represented the hospital as we talked to students as well as interested members of the public. Our goals at community events are both direct recruitment and brand expansion including educating the public on our treatment mission.

We were also able to make contact with representatives of the Santa Barbara County chapter of America's Job Center of CA (AJCC). We have previously worked with the San Luis Obispo chapter of AJCC who helps job seekers and employers as a community employment resource. This relationship will definitely prove to be mutually beneficial moving forward with hospital recruitment.

On 2/25/16 Long Beach State: DSH-Atascadero attended CSU-Long Beach's Career day. I, along with Ladonna Decou, RT Program Director and Rachelle Rianda, SRT (please see photo # 153926 in the attachment) represented our location and DSH. We were part of an event, which had 126 exhibitors from a myriad of industries. The event was well organized and our team was able to spend quality time with all the interested students and alumni. We reached out to registered nurses, registered dietitians, social workers, health care administrators, and recreational therapy students.

On 2/29/16 CSU-Bakersfield: DSH-Atascadero also attended CSU-Bakersfield's "Recruit up the 99" career fair. Cathie Quigley, RN and I represented DSH-Atascadero and Whitney Dolan, AGPA, represented DSH-Coalinga. The event proved to be a collaborative effort between both department

locations, which was extremely gratifying. It also reminded the students and alumni that DSH is a statewide organization, which includes numerous geographic settings, both rural and urban. We were part of 74 exhibitors, which gave the opportunity to spend quality time with each interested party. We reached out to registered nurses, registered dietitians, social workers, recreational therapists, and nurse practitioner students.

On to the next one!

On 3/1/16 Fresno State: And finally, DSH-Atascadero and DSH-Coalinga again attended this career fair which was also part of the "recruit up the 99" (99 refers to the highway which both schools straddle) themed events. Once again, Cathie and I represented Atascadero.

We reached out to registered nurses, registered dietitians, social workers, health care administrators, and recreational therapist students. The event was held at the impressive Savemart arena, home of the Fresno State Bulldogs basketball team, with the exhibitors set up on the concourse traversing the arena. Hundreds of students and alumni came out with this easily being the largest amount of attendees of the three events.

All these recruitment outreach events are making a difference and the hospital will benefit in the foreseeable future of recruitment. We are seeing a noticeable increased interest in calls requesting information on careers at DSH-Atascadero.

Richard Myerscough, PT
Recruitment Coordinator,
DSH-





DSH-Atascadero VIP Award Winners



"Congratulations VIP Winners"

From left to right:

Brian Gibler, Anita Daw, Stephen Sisk-Provencio and Matt Garber for presenting the award to Brian Gibler.

The Department of State Hospitals (DSH) Executive Team is pleased to announce the 3rd Annual, Department-Wide Award Program!

The DSH V.I.P. Awards = Recognizing "Values Inspired Performance" of our DSH Family Members and Teams

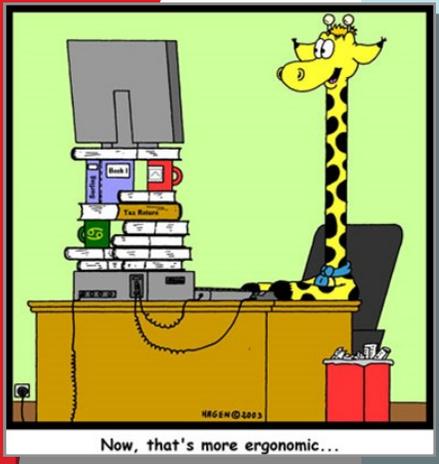
The goal of the award program is to recognize DSH team members for significant accomplishments and extraordinary contributions to the Department over the past year. This program improves on the State's existing "Superior and Sustained Superior Accomplishment" Awards with two key changes.

First, the DSH VIP Awards program is the Official, Formal, Department- wide Annual Award Program which recognizes employees for work that exemplifies our DSH core values of: Safety, Treatment, Responsibility, Partnership, Innovation, Leadership, Creative Problem-Solving, and Excellent Service to Our Customers. **Second**, the program includes nominations by staff, as well as those made by management. This means any DSH team member, at any level, from any location will be able to submit a nomination for a fellow DSH team member or team.

Through our core values, and with our dedicated staff, we successfully accomplish our mission and make DSH a great place to work. We encourage staff at all levels of our organization to help recognize the achievements of extraordinary DSH team members by participating in the award nomination process.

Health and Safety Department

IIPP Ergonomics Program



Why Ergonomics?

The purpose of the Ergonomics Program is to reduce repetitive motion injuries (RMIs) that are predominantly caused by a repetitive job, process, or operation. While some Ergonomic Programs focus solely on office ergonomics, DSH-A's Ergonomic Program encompasses all job classifications and provides ergonomic resources that are accessible for all staff to view through our department's Intranet page.

DSH-A's Ergonomics Program

- All staff using computers must complete an ergonomic workstation evaluation with their supervisor using the Computer User's Handbook and the Ergonomic Workstation Checklist.
- Both the Handbook and Checklist may be obtained from the Health and Safety Office or on the Department's Intranet page.
- After the supervisor has completed the workstation evaluation using the Ergonomics Workstation Checklist and changes to the workstation do not resolve the ergonomic issues, the supervisor may contact the Health & Safety office for additional assistance.
- Please see IIPP Section XIII Ergonomics Program for more information.

Health & Safety Department _ Ext 2013 _ ASHHSSuggestions@dsh.ca.gov

Health Information Management Department

Director Carol A. Holman RHIT



APRIL WAS PRIVACY AND SECURITY MONTH

Caring for patient information is important. It's the right thing to do. Besides, there are federal and state laws governing confidentiality of protected health information. Use WatchDox to encrypt patient information when sending emails to outside entities. When faxing patient information, double check that the fax number is correct before hitting the send button. Take care to file patient information in the correct patient's chart. Be sure to use the correct addressograph card. Watch for name alerts. Together, we can make 2016 a breach-free year!

Information can be used as an asset to benefit healthcare organizations, to improve performance and improve patient health. Achieving aims such as improving cost, quality, and population health depends on the ability to turn data into knowledge. With the theme of "Accurate Information, Quality Care," American Health Information Management Association believes in the necessity of building quality healthcare through quality information.

About AHIMA

The American Health Information Management Association (AHIMA) represents more than 103,000 health information professionals in the United States and around the world. AHIMA is committed to promoting and advocating for research, best practices and effective standards in health information and to actively contributing to the development and advancement of health information professionals worldwide. AHIMA's enduring goal is quality healthcare through quality information.

Psychiatric Technician School

Congratulations

The Department of State Hospitals-Atascadero/Cuesta College Psychiatric Technician Program is proud to announce the addition of Kathleen Bradley to our team of Nurse Instructors. Kathleen is currently assigned to teach in the Psychiatric Nursing term with teammate Darla Henderson. Kathleen has many years of experience working with both the mentally ill and intellectually impaired populations. She is also a certified Alcohol and Drug Counselor. She spent the first 22 years of her career as a Psychiatric Technician working at both Fairview Developmental Center

and later Patton State Hospital. She has worked at DSH-Atascadero as a Registered Nurse since 2012, most recently in Program 5, Unit 33.

Kathleen brings a wealth of experience and a variety of skills to the job of Nurse Instructor. Her calm, professional demeanor and extensive knowledge of psychiatric and forensic nursing has already earned her the respect of her co-workers and students. On behalf of the entire Psychiatric Technician Program staff, we warmly welcome her to the team!



"Whether you think you can, or you think you can't, your right."

-Henry Ford-

APPLICATIONS BEING ACCEPTED:

The Psychiatric Technician Program is currently accepting applications through May 6, 2016 at 3:00 p.m. for the class beginning in September 2016. Applications can be obtained in the main lobby at the Tele-communications window, in the Employment Office, outside the Psychiatric Technician Program office door or by contacting the program office at ext. 3175.

NEW BOARD OF VOCATIONAL NURSING & PSYCHIATRIC TECHNICIANS EXECUTIVE OFFICER:

The BVNPT has recently announced the appointment of Tameka Brown, PhD, MBA, NP, as their new Executive Director. The BVNPT is the licensing board that issues accreditation to our Psychiatric Technician Program and licenses all California Psychiatric Technicians and Vocational Nurses.

the
struggle
you're in
today
is developing the
strength
you need for
tomorrow

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Department of Police Services and Fire Service

International Firefighters Month is May

FIREFIGHTERS
WE FINISH WHAT OTHERS CANT

FIREFIGHTERS PLEDGE

I PROMISE CONCERN FOR OTHERS,
A WILLINGNESS TO HELP ALL THOSE IN NEED.

I PROMISE COURAGE -
COURAGE TO FACE AN CONQUER MY FEARS,
COURAGE TO SHARE AND ENDURE THE
ORDEAL OF THOSE WHO NEED ME.

I PROMISE STRENGTH - STRENGTH OF HEART
TO BEAR WHATEVER BURDENS MIGHT BE
PLACED UPON ME.

STRENGTH OF BODY TO DELIVER TO
SAFETY ALL THOSE PLACED WITHIN
MY CARE.

I PROMISE THE WISDOM TO LEAD,
THE COMPASSION TO COMFORT, AND
THE LOVE TO SERVE UNSELFISHLY
WHENEVER I AM CALLED



*CHIEF OF POLICE SERVICES AT
DSH-ATASCADERO*

Congratulations to Chief Harmon. He began his career with DSH-Atascadero Police Services in June 1998 as a Hospital Police Officer. He was one of six HPO's in the State Hospital Police Academy, Class #001. He later promoted to Hospital Police Sergeant followed by Hospital Police Lieutenant. In these positions he supervised or managed every Division in Police Services. In August 2011, he transferred to DSH-Coalinga as Chief of Police Services. Chief Harmon returned to DSH-Atascadero in 2012. He has been the Acting Chief of Police Services since May 2015.

Public Information Office

As we continue to address the community and bring more positive awareness to the hard work the staff does each day, we are planning additional events going forward to bring better community awareness.

On May 13, 2016, Stirling will be the guest speaker at State of the North County. This event is focused on economic impact to local businesses and surrounding communities.

DSH-Atascadero is the second largest employer in the County and the largest employer in North County. We have a very important

impact on our local and surrounding business. On May 13, 2016 two local chambers (Atascadero and Paso) have asked Executive Director Stirling Price to the guest speaker and give an update on hospital economic impact.

If you would like to see something added to the Bulletin, please e-mail phillip.kozziel@dsh.ca.gov



"The best way to predict the future is to create it."

-Peter Drucker my mentor-

RETIREMENTS

Marianna Deromedi, 2/29/2016, **Mac A Porter**, 02/03/2016, **Barbara Terry**, 02/04/2016, **Constantino Delgado**, 03/10/2016, **Cynthia Smalling**, 03/31/2016, **Joni Walter**, 03/16/2016, **William Watson**, 03/31/2016.



TEAMWORK

NEVER DOUBT THAT A SMALL GROUP OF THOUGHTFUL,
COMMITTED PEOPLE CAN CHANGE THE WORLD.
INDEED, IT IS THE ONLY THING THAT EVER HAS.

2015 Consumer Confidence Report

Water System Name: DSH-ATASCADERO Report Date: MARCH 9, 2016

We test the drinking water quality for many constituents as required by state and federal regulations. This report shows the results of our monitoring for the period of January 1 - December 31, 2015 and may include earlier monitoring data.

Este informe contiene información muy importante sobre su agua potable. Tradúzcalo ó hable con alguien que lo entienda bien.

Type of water source(s) in use: FOUR GROUNDWATER WELLS (WELLS 1, 2, 3, 4)

Name & general location of source(s): ATASCADERO STATE HOSPITAL WELLS ARE ON STATE PROPERTY LOCATED ON THE WEST BANK OF THE SALINAS RIVER, ASSESSORS #940000079, TOWNSHIP 28S, RANGE 12E, SECTION 25.

Drinking Water Source Assessment information:

The wells were assessed and are determined to be most vulnerable to the following activities not associated with any detected contaminants: surface water (Salinas River), NPDES/WDR permitted discharges, and/or animal grazing activities. For more information regarding the source assessments, please contact Jeff Densmore at the Division of Drinking Water at (805) 566-1326.

Time and place of regularly scheduled board meetings for public participation: N/A

For more information, contact: DAVID W. SHIEL Phone: (805) 468-2249

TERMS USED IN THIS REPORT

Maximum Contaminant Level (MCL): The highest level of a contaminant that is allowed in drinking water. Primary MCLs are set as close to the PHGs (or MCLGs) as is economically and technologically feasible. Secondary MCLs are set to protect the odor, taste, and appearance of drinking water.

Maximum Contaminant Level Goal (MCLG): The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs are set by the U.S. Environmental Protection Agency (USEPA).

Public Health Goal (PHG): The level of a contaminant in drinking water below which there is no known or expected risk to health. PHGs are set by the California Environmental Protection Agency.

Maximum Residual Disinfectant Level (MRDL): The highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for control of microbial contaminants.

Maximum Residual Disinfectant Level Goal (MRDLG): The level of a drinking water disinfectant below which there is no known or expected risk to health. MRDLGs do not reflect the benefits of the use of disinfectants to control microbial contaminants.

Primary Drinking Water Standards (PDWS): MCLs and MRDLs for contaminants that affect health along with their monitoring and reporting requirements, and water treatment requirements.

Secondary Drinking Water Standards (SDWS): MCLs for contaminants that affect taste, odor, or appearance of the drinking water. Contaminants with SDWSs do not affect the health at the MCL levels.

Treatment Technique (TT): A required process intended to reduce the level of a contaminant in drinking water.

Regulatory Action Level (AL): The concentration of a contaminant which, if exceeded, triggers treatment or other requirements that a water system must follow.

Variations and Exemptions: State Board permission to exceed an MCL or not comply with a treatment technique under certain conditions.

ND: not detectable at testing limit

ppm: parts per million or milligrams per liter (mg/L)

ppb: parts per billion or micrograms per liter ($\mu\text{g/L}$)

ppt: parts per trillion or nanograms per liter (ng/L)

ppq: parts per quadrillion or picogram per liter (pg/L)

pCi/L: picocuries per liter (a measure of radiation)

The sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally-occurring

minerals and, in some cases, radioactive material, and can pick up substances resulting from the presence of animals or from human activity.

Contaminants that may be present in source water include:

- *Microbial contaminants*, such as viruses and [bacteria that](#) may come from sewage treatment plants, septic systems, agricultural livestock operations, and wildlife.
- *Inorganic contaminants*, such as salts and metals, that can be naturally-occurring or result from urban stormwater runoff, industrial or domestic wastewater discharges, oil and gas production, mining, or farming.
- *Pesticides and herbicides that* may come from a variety of sources such as agriculture, urban stormwater runoff, and residential uses.
- *Organic chemical contaminants*, including synthetic and volatile organic [chemicals that](#) are by-products of industrial processes and petroleum production, and can also come from gas stations, urban stormwater runoff, agricultural application, and septic systems.
- *Radioactive contaminants that* can be naturally-occurring or be the result of oil and gas production and mining activities.

In order to ensure that tap water is safe to drink, the USEPA and the State Water Resources Control Board (State Board) prescribe regulations that limit the amount of certain contaminants in water provided by public water systems. State Board regulations also establish limits for contaminants in bottled water that provide the same protection for public health.

Tables 1, 2, 3, 4, 5 and 7 list all of the drinking water contaminants that were detected during the most recent sampling for the constituent. The presence of these contaminants in the water does not necessarily indicate that the water poses a health risk. The State Board allows us to monitor for certain contaminants less than once per year because the concentrations of these contaminants do not change frequently. Some of the data, though representative of the water quality, are more than one year old.

Microbiological Contaminants)	Highest No. of Detections	No. of months in violation	MCL	MCLG	Typical Source of Bacteria
Total Coliform Bacteria	<u>0</u>	<u>0</u>	More than 1 sample in a month with a detection	0	Naturally present in the environment
Fecal Coliform or <i>E. coli</i>	<u>0</u>	<u>0</u>	A routine sample and a repeat sample detect total coliform and either sample also detects fecal coliform or <i>E. coli</i>	0	Human and animal fecal waste

Lead and Copper	Sample Date	No. of samples collected	90 th percentile level detected	No. sites exceeding AL	AL	PHG	Typical Source of Contaminant
Lead (ppb)	9/30/2015	<u>10</u>	<u>0.86</u>	<u>0</u>	15	0.2	Internal corrosion of household water plumbing systems; discharges from industrial manufacturers; erosion of natural deposits
Copper (ppm)	9/30/2015	<u>10</u>	<u>0.530</u>	<u>0</u>	1.3	0.3	Internal corrosion of household plumbing systems; erosion of natural deposits; leaching from wood preservatives

Chemical or Constituent (and reporting units)	Sample Date	Level Detected (average)	Range of Detections	MCL	PHG (MCLG)	Typical Source of Contaminant
Sodium (ppm)	3/2/2015 - 12/26/15	<u>29.8</u>	<u>28.7 – 31.0</u>	none	none	Salt present in the water and is generally naturally occurring
Hardness (ppm)	3/2/2015 – 12/26/2015	<u>461</u>	<u>402 - 510</u>	none	none	Sum of polyvalent cations present in the water, generally magnesium and calcium, and are usually

naturally occurring

*Any violation of an MCL or AL is asterisked. Additional information regarding the violation is provided later in this report.

TABLE 4 – DETECTION OF CONTAMINANTS WITH A PRIMARY DRINKING WATER STANDARD

Chemical or Constituent (and reporting units)	Sample Date	Level Detected (average)	Range of Detections	MCL [MRDL]	PHG (MCLG) [MRDLG]	Typical Source of Contaminant
<u>NITRATE (ppm) (as Nitrogen)</u>	<u>3/2/2015–12/26/2015</u>	<u>0.89</u>	<u>0.78 – 0.98</u>	<u>10</u>	<u>10</u>	RUNOFF, SEPTIC TANKS, SEWAGE, NATURAL DEPOSITS
<u>SELENIUM (ppb)</u>	<u>3/12/2015</u>	<u>5.0</u>	<u>5.0</u>	<u>50.0</u>	<u>30</u>	<u>Discharge from petroleum, glass, and metal refineries; erosion of natural deposits; discharge from mines and chemical manufacturers; runoff from livestock lots (feed additive)</u>
<u>CADMIUM (ppb)</u>	<u>3/12/2014</u>	<u>1.0</u>	<u>1.0</u>	<u>5.0</u>	<u>0.04</u>	<u>Internal corrosion of galvanized pipes; erosion of natural deposits; discharge from electroplating and industrial chemical factories, and metal refineries; runoff from waste batteries and paints</u>
<u>BARIUM (ppb)</u>	<u>3/12/2014 - 11/18/2015</u>	<u>101</u>	<u>100 - 102</u>	<u>1000</u>	<u>2000</u>	<u>Discharges of oil drilling wastes and from metal refineries; erosion of natural deposits</u>
<u>FLUORIDE (ppm)</u>	<u>3/2/2015 – 12/16/2015</u>	<u>0.2</u>	<u>0.2 – 0.3</u>	<u>2.0</u>	<u>1.0</u>	<u>Erosion of natural deposits; water additive that promotes strong teeth; discharge from fertilizer and aluminum factories</u>
<u>GROSS ALPHA (pCi/L)</u>	<u>8/25/2011 = 3/12/2014</u>	<u>4.67</u>	<u>3.26 – 6.49</u>	<u>15.0</u>	<u>0</u>	<u>Erosion of natural deposits</u>
<u>URANIUM (pCi/L)</u>	<u>8/25/2011</u>	<u>7.27</u>	<u>4.33 – 10.2</u>	<u>20.0</u>	<u>0.5</u>	<u>Erosion of natural deposits</u>
<u>TOTAL TRIHALOMETHANES (ppb)</u>	<u>9/23/15</u>	<u>28</u>	<u>28</u>	<u>80</u>	<u>None</u>	<u>BYPRODUCT OF DRINKING WATER DISINFECTION</u>
<u>HALOACETIC ACIDS (ppb)</u>	<u>9/23/2015</u>	<u>11</u>	<u>11</u>	<u>60</u>	<u>None</u>	<u>Byproduct of drinking water disinfection</u>

TABLE 5 – DETECTION OF CONTAMINANTS WITH A SECONDARY DRINKING WATER STANDARD

Chemical or Constituent (and reporting units)	Sample Date	Level Detected (average)	Range of Detections	MCL	PHG (MCLG)	Typical Source of Contaminant
<u>CHLORIDE (ppm)</u>	<u>12/28/15</u>	<u>48.2</u>	<u>43.3 – 52.0</u>	<u>500</u>	<u>None</u>	<u>RUNOFF LEACHING FROM NATURAL DEPOSITS, SEAWATER INFLUENCE.</u>
<u>COLOR (units)</u>	<u>11/18/2015 = 12/16/2015</u>	<u>5.0</u>	<u>5.0 – 10.0</u>	<u>15.0</u>	<u>None</u>	<u>Naturally-occurring organic materials</u>
<u>SULFATE (ppm)</u>	<u>3/2/2015 – 12/16/2015</u>	<u>184.5</u>	<u>149 - 211</u>	<u>500</u>	<u>None</u>	<u>Runoff/leaching from natural deposits; industrial wastes</u>
<u>TURBIDITY (NTU)</u>	<u>11/18/2015 = 12/16/2015</u>	<u>0.2</u>	<u>0.1 – 0.3</u>	<u>5.0</u>	<u>None</u>	<u>Turbidity is a measure of the cloudiness of the water. We monitor it because it is a good indicator of water quality. High turbidity can hinder the effectiveness of disinfectants.</u>
<u>SPECIFIC CONDUCTANCE (µs)</u>	<u>3/2/2015 – 12/16/2015</u>	<u>956</u>	<u>861 - 1020</u>	<u>1600</u>	<u>None</u>	<u>Substances that form ions when in water; seawater influence</u>

TOTAL DISSOLVED SOLIDS (ppm)	3/2/2015 – 12/16/2015	619	513 - 685	1000	None	RUNOFF LEACHING FROM NATURAL DEPOSITS, SEAWATER INFLUENCE.
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TABLE 6 – DETECTION OF UNREGULATED CONTAMINANTS

Chemical or Constituent (and reporting units)	Sample Date	Level Detected (average)	Range of Detections	Notification Level	Health Effects Language
VANADIUM (ppb)	3/12/2014	4.5	4.0 – 5.0	50	The babies of some pregnant women who drink water containing vanadium in excess of the notification level may have an increased risk of developmental effects, based on studies in laboratory animals.

*Any violation of an MCL, MRDL, or TT is asterisked. Additional information regarding the violation is provided later in this report.

Additional General Information on Drinking Water

Drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that the water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the USEPA’s Safe Drinking Water Hotline (1-800-426-4791).

Some people may be more vulnerable to contaminants in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. USEPA/Centers for Disease Control (CDC) guidelines on appropriate means to lessen the risk of infection by *Cryptosporidium* and other microbial contaminants are available from the Safe Drinking Water Hotline (1-800-426-4791).

Lead-Specific Language for Community Water Systems: If present, elevated levels of lead can cause serious health problems, especially for pregnant women and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. [DSH-ATASCADERO](#) is responsible for providing high quality drinking water, but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. [Optional: If you do so, you may wish to collect the flushed water and reuse it for another beneficial purpose, such as watering plants.] If you are concerned about lead in your water, you may wish to have your water tested. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available from the Safe Drinking Water Hotline or at <http://www.epa.gov/lead>.

[NO ORGANIC CONSTITUENTS WERE DETECTED. DAILY ANALYSIS FOR CHLORINE RESIDUAL ARE PERFORMED AT ATASCADERO STATE HOSPITALS WATER SYSTEM LABORATORY AND MONTHLY SAMPLES FOR CALIFORNIA BACTERIA TESTS ARE SENT TO THE COUNTY LAB TO COMPLY WITH STATE WATER RESOURCES CONTROL BOARD’S DIVISION OF DRINKING WATER REQUIREMENTS. ALL REQUIREMENTS WERE MET. TDS WAS OVER MCL DUE TO ONGOING DROUGHT. TDS SHOULD DROP WITH CONTINUED RAINFALL.](#)

Summary Information for Violation of a MCL, MRDL, AL, TT, or Monitoring and Reporting Requirement

VIOLATION OF A MCL, MRDL, AL, TT, OR MONITORING AND REPORTING REQUIREMENT				
Violation	Explanation	Duration	Actions Taken to Correct the Violation	Health Effects Language
<u>TDS</u>	<u>DUE TO DROUGHT</u>	<u>ONGOING</u>		<u>N/A</u>
<u>TOTAL COLIFORM AND E. COLI TESTING</u>	<u>SKIPPED IN 10/15 DUE TO CONTRACT MIXUP WITH SLO CTY LAB</u>	<u>1 TIME (DECEMBER 2015)</u>	<u>EXPLAINED CONTRACT TERMS TO SLO COUNTY CTY LAB</u>	<u>N/A</u>

For Water Systems Providing Ground Water as a Source of Drinking Water

TABLE 7 – SAMPLING RESULTS SHOWING FECAL INDICATOR-POSITIVE GROUND WATER SOURCE SAMPLES					
Microbiological Contaminants (complete if fecal-indicator detected)	Total No. of Detections	Sample Dates	MCL [MRDL]	PHG (MCLG) [MRDLG]	Typical Source of Contaminant
<i>E. coli</i>	<u>0</u>	<u>2 PER MO. 2 PER QTR.</u>	0	(0)	Human and animal fecal waste
Enterococci	<u>0</u>		TT	n/a	Human and animal fecal waste
Coliphage	<u>0</u>		TT	n/a	Human and animal fecal waste