

## Chemical And Radiological Sampling History

PWS Number: ID3370012  
 PWS Name: HOMEDALE CITY OF  
 Total Records: 101

**A PWS is only required to report the most recent detections of any contaminant at each representative sampling location.** For example, if nitrate is detected in a sample collected at Well X in 2019, but is not detected at Well X in 2020, then the system is not required to report nitrate for Well X in the 2020 CCR. **Note:** If a contaminant (e.g., nitrate) is listed with a "Y" (meaning "Yes") in the "non-detect" column, this means that sampling results showed a "non-detect" - that is to say, nitrate was not detected.

**Required Language.** If a system reports a detection, the system must give the major sources of the contaminant. To report this information, go to **Appendix A of the CCR template**, find the contaminant, and copy the information from the "Major Sources in Drinking Water" column and place it in your CCR. If the system exceeds the MCL (maximum contaminant level) value of a contaminant, the system must show the potential health effects of the contaminant. To report this information, go to **Appendix A of the CCR template**, find the contaminant, and copy the information from the "Health Effects Language" column and place it in your CCR.

**Abbreviations used below:**

MG/L (mg/L) = milligrams per liter (mg/L = ppm in Appendix A)

UG/L (µg/L) = micrograms per liter (µg/L = ppb in Appendix A)

PIC/L (pCi/L) = picocuries per liter

Contaminant	Date Collected	Facility	Non Detect?	Detected Level	Units	CCR Units
1,1,1-TRICHLOROETHANE	12/30/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
1,1,2-TRICHLOROETHANE	12/30/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
1,1-DICHLOROETHYLENE	12/30/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
1,2,4-TRICHLOROBENZENE	12/30/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
1,2-DIBROMO-3-CHLOROPROPANE	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
1,2-DICHLOROETHANE	12/30/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
1,2-DICHLOROPROPANE	12/30/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
2,4,5-TP	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
2,4-D	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
ANTIMONY, TOTAL	12/17/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
ANTIMONY, TOTAL	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
ARSENIC	12/17/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
ARSENIC	12/16/2019	WELL #6 USTICK	N	0.010	MG/L	9.800
ATRAZINE	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
BARIUM	12/17/2019	WELL #7 RIVERSIDE	N	0.060	MG/L	0.060
BARIUM	12/16/2019	WELL #6 USTICK	N	0.070	MG/L	0.070
BENZENE	12/30/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
BENZO(A)PYRENE	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
BERYLLIUM, TOTAL	12/17/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
BERYLLIUM, TOTAL	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
BHC-GAMMA	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
CADMIUM	12/17/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
CADMIUM	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
CARBOFURAN	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
CARBON TETRACHLORIDE	12/30/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
CHLORDANE	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
CHLOROBENZENE	12/30/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
CHROMIUM	12/17/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
CHROMIUM	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
CIS-1,2-DICHLOROETHYLENE	12/30/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
COMBINED RADIUM (-226 & -228)	12/17/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
COMBINED URANIUM	12/17/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
DALAPON	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
DI(2-ETHYLHEXYL) ADIPATE	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
DI(2-ETHYLHEXYL) PHTHALATE	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
DICHLOROMETHANE	12/30/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
DINOSEB	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
DIQUAT	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
ENDOTHALL	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
ENDRIN	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
ETHYLBENZENE	12/30/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
ETHYLENE DIBROMIDE	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
FLUORIDE	12/17/2019	WELL #7 RIVERSIDE	N	0.350	MG/L	0.350
FLUORIDE	12/16/2019	WELL #6 USTICK	N	0.630	MG/L	0.630
GLYPHOSATE	12/16/2019	WELL #6 USTICK	Y	0.000		0.000

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GROSS ALPHA, INCL. RADON & U	12/17/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
HEPTACHLOR	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
HEPTACHLOR EPOXIDE	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
HEXACHLOROBENZENE	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
HEXACHLOROCYCLOPENTADIENE	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
LASSO	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
MERCURY	12/17/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
MERCURY	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
METHOXYCHLOR	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
NICKEL	12/17/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
NICKEL	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
NITRATE	12/18/2020	WELL #5 RIVRSIDE BACK UP WELL	Y	0.000		0.000
NITRATE	12/18/2020	WELL #6 USTICK	Y	0.000		0.000
NITRATE	12/18/2020	WELL #7 RIVERSIDE	Y	0.000		0.000
NITRATE	12/17/2020	WELL #3 MEWHINNY BACK UP WELL	Y	0.000		0.000
NITRATE	12/17/2019	WELL #5 RIVRSIDE BACK UP WELL	Y	0.000		0.000
NITRATE	12/17/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
NITRATE	12/16/2019	WELL #3 MEWHINNY BACK UP WELL	Y	0.000		0.000
NITRATE	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
NITRATE	12/11/2018	WELL #3 MEWHINNY BACK UP WELL	Y	0.000		0.000
NITRATE	12/11/2018	WELL #5 RIVRSIDE BACK UP WELL	Y	0.000		0.000
NITRATE	12/11/2018	WELL #6 USTICK	Y	0.000		0.000
NITRATE	12/11/2018	WELL #7 RIVERSIDE	Y	0.000		0.000
NITRATE	12/19/2017	WELL #3 MEWHINNY BACK UP WELL	Y	0.000		0.000
NITRATE	12/19/2017	WELL #5 RIVRSIDE BACK UP WELL	Y	0.000		0.000
NITRATE	12/19/2017	WELL #6 USTICK	Y	0.000		0.000
NITRATE	12/19/2017	WELL #7 RIVERSIDE	Y	0.000		0.000
NITRATE	09/22/2016	WELL #3 MEWHINNY BACK UP WELL	Y	0.000		0.000
NITRATE	09/22/2016	WELL #5 RIVRSIDE BACK UP WELL	Y	0.000		0.000
NITRATE	09/22/2016	WELL #6 USTICK	Y	0.000		0.000
NITRATE	09/22/2016	WELL #7 RIVERSIDE	Y	0.000		0.000
NITRITE	12/17/2019	WELL #5 RIVRSIDE BACK UP WELL	Y	0.000		0.000
NITRITE	12/17/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
NITRITE	12/16/2019	WELL #3 MEWHINNY BACK UP WELL	Y	0.000		0.000
NITRITE	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
O-DICHLOROBENZENE	12/30/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
OXAMYL	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
P-DICHLOROBENZENE	12/30/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
PENTACHLOROPHENOL	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
PICLORAM	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
RADIUM-226	12/17/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
RADIUM-228	12/17/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
SELENIUM	12/17/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
SELENIUM	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
SIMAZINE	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
STYRENE	12/30/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
TETRACHLOROETHYLENE	12/30/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
THALLIUM, TOTAL	12/17/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
THALLIUM, TOTAL	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
TOLUENE	12/30/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
TOTAL POLYCHLORINATED BIPHENYLS (PCB)	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
TOXAPHENE	12/16/2019	WELL #6 USTICK	Y	0.000		0.000
TRANS-1,2-DICHLOROETHYLENE	12/30/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
TRICHLOROETHYLENE	12/30/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
VINYL CHLORIDE	12/30/2019	WELL #7 RIVERSIDE	Y	0.000		0.000
XYLENES, TOTAL	12/30/2019	WELL #7 RIVERSIDE	Y	0.000		0.000

Note: Please notify your regional DEQ office if you find discrepancies in your sampling or violation histories. DEQ will correct the errors in the agency's database.

**Coliform Sampling History**  
 PWS Number: ID3370012  
 PWS Name: HOMEDALE CITY OF  
 Total Records: 36

Only report coliform results in the CCR if one or more samples tested positive during the 2020 calendar year.

**Required Language.** If your water system's coliform history for the year included one or more samples present for coliform, you must give the major sources of the contaminant. To report this information, go to **Appendix A of the CCR template**, find the contaminant, and copy the information from the "Major Sources in Drinking Water" column and place it in your CCR. If the system has exceeded the MCL (maximum contaminant level) value for coliforms, go to **Appendix A of the CCR template**, find the contaminant, and copy the information from the "Health Effects Language" column and place it in your CCR.

**Coliform Sampling History**  
 Total Records: 36

Contaminant	Date Collected	P=Present A=Absent
COLIFORM (TCR)	12/15/2020	A
COLIFORM (TCR)	12/15/2020	A
COLIFORM (TCR)	12/15/2020	A
COLIFORM (TCR)	11/17/2020	A
COLIFORM (TCR)	11/17/2020	A
COLIFORM (TCR)	11/17/2020	A
COLIFORM (TCR)	10/06/2020	A
COLIFORM (TCR)	10/06/2020	A
COLIFORM (TCR)	10/06/2020	A
COLIFORM (TCR)	09/22/2020	A
COLIFORM (TCR)	09/15/2020	A
COLIFORM (TCR)	09/15/2020	A
COLIFORM (TCR)	08/18/2020	A
COLIFORM (TCR)	08/18/2020	A
COLIFORM (TCR)	08/18/2020	A
COLIFORM (TCR)	07/21/2020	A
COLIFORM (TCR)	07/21/2020	A
COLIFORM (TCR)	07/21/2020	A
COLIFORM (TCR)	06/09/2020	A
COLIFORM (TCR)	06/09/2020	A
COLIFORM (TCR)	06/09/2020	A
COLIFORM (TCR)	05/12/2020	A
COLIFORM (TCR)	05/12/2020	A
COLIFORM (TCR)	05/12/2020	A
COLIFORM (TCR)	04/14/2020	A
COLIFORM (TCR)	04/14/2020	A
COLIFORM (TCR)	04/14/2020	A
COLIFORM (TCR)	03/17/2020	A
COLIFORM (TCR)	03/17/2020	A
COLIFORM (TCR)	03/17/2020	A
COLIFORM (TCR)	02/19/2020	A
COLIFORM (TCR)	02/19/2020	A
COLIFORM (TCR)	02/19/2020	A
COLIFORM (TCR)	01/07/2020	A
COLIFORM (TCR)	01/07/2020	A
COLIFORM (TCR)	01/07/2020	A

Note: Please notify your regional DEQ office if you find discrepancies in your sampling or violation histories. DEQ will correct the errors in the agency's database.

**Lead And Copper Sampling History**  
PWS Number: ID3370012  
PWS Name: HOMEDALE CITY OF  
Total Records: 4

A public water system is only required to report the most recent 90% percentile detections for lead and copper within the past five years. If a result is listed as zero, it should be assumed the result was actually a non-detect.

Other lead and copper information to be included in the CCR not listed on this page are the number of samples collected from the distribution system, and the highest level of lead or copper that was detected.

**Required Language.** If there are detections for lead and copper to report, the system must give the major sources of the contaminant. If a system reports a detection, the system must give the major sources of the contaminant. To report this information, go to **Appendix A of the CCR template**, find the contaminant, and copy the information from the "Major Sources in Drinking Water" column and place it in your CCR. If the system exceeds the MCL (maximum contaminant level) value of a contaminant, the system must show the potential health effects of the contaminant. To report this information, go to **Appendix A of the CCR template**, find the contaminant, and copy the information from the "Health Effects Language" column and place it in your CCR.

**Abbreviations used below:**

MG/L (mg/L) = milligrams per liter (mg/L = ppm in Appendix A)

UG/L (µg/L) = micrograms per liter (µg/L = ppb in Appendix A)

Contaminant	# Samples Collected	90th %ile Result	Units	Date Collected	CCR Units
LEAD SUMMARY	10	0.000	MG/L	09/22/2020	0.000
COPPER SUMMARY	10	0.040	MG/L	09/22/2020	0.040
LEAD SUMMARY	10	0.000	MG/L	09/27/2017	0.000
COPPER SUMMARY	10	0.060	MG/L	09/27/2017	0.060

Note: Please notify your regional DEQ office if you find discrepancies in your sampling or violation histories. DEQ will correct the errors in the agency's database.

**DBP Sampling History**  
 PWS Number: ID3370012  
 PWS Name: HOMEDALE CITY OF  
 Total Records: 46

Sampling history is only listed for systems which are practicing chlorination on a full-time basis.

Public water systems that are required to collect one sample for disinfection byproducts once every year, or every three years, are only required to report the most recent detections for disinfection byproducts. If the most recent sampling was a non-detect for the contaminants, then it is not necessary to report any disinfection byproduct sampling. **Note:** If a contaminant is listed with a "Y" (meaning "Yes") in the "non-detect" column, this means that sampling results showed a "non-detect" - that is to say, the contaminant was not detected.

If a public water system collects more than one sample per year, the system must report the average of Total Trihalomethanes and Haloacetic Acids Group 5 over the 2020 calendar year. The highest level detected, and the range for each contaminant must also be reported.

**Required Language.** If a system reports a detection, the system must give the major sources of the contaminant. To report this information, go to **Appendix A of the CCR template**, find the contaminant, and copy the information from the "Major Sources in Drinking Water" column and place it in your CCR. If the system has exceeded the MCL (maximum contaminant level) value of a contaminant, go to **Appendix A of the CCR template**, find the contaminant, and copy the information from the "Health Effects Language" column and place it in your CCR.

Contaminant	Date Collected	Sampling Location	Non Detect?	Detected Level	Units	CCR Units
TOTAL HALOACETIC ACIDS (HAA5)	09/28/2020	31 S WYOMING/ CITY SHOP	Y	0.000		0.000
TOTAL HALOACETIC ACIDS (HAA5)	09/28/2020	337 E IDAHO	Y	0.000		0.000
TOTAL HALOACETIC ACIDS (HAA5)	09/24/2019	337 E IDAHO	N	0.001	MG/L	1.090
TOTAL HALOACETIC ACIDS (HAA5)	09/24/2019	31 S WYOMING/ CITY SHOP	Y	0.000		0.000
TOTAL HALOACETIC ACIDS (HAA5)	09/25/2018	31 S WYOMING/ CITY SHOP	Y	0.000		0.000
TOTAL HALOACETIC ACIDS (HAA5)	09/25/2018	337 E IDAHO	N	0.002	MG/L	2.060
TOTAL HALOACETIC ACIDS (HAA5)	09/29/2017	337 E IDAHO	N	0.001	MG/L	1.280
TOTAL HALOACETIC ACIDS (HAA5)	09/28/2017	31 S WYOMING/ CITY SHOP	N	0.001	MG/L	1.160
TOTAL HALOACETIC ACIDS (HAA5)	09/22/2016	31 S WYOMING/ CITY SHOP	Y	0.000		0.000
TOTAL HALOACETIC ACIDS (HAA5)	09/22/2016	337 E IDAHO	Y	0.000		0.000
TOTAL HALOACETIC ACIDS (HAA5)	09/22/2015	337 E IDAHO	Y	0.000		0.000
TOTAL HALOACETIC ACIDS (HAA5)	09/14/2015	31 S WYOMING/ CITY SHOP	Y	0.000		0.000
TOTAL HALOACETIC ACIDS (HAA5)	07/29/2013	GENERIC SAMPLING POI	Y	0.000		0.000
TOTAL HALOACETIC ACIDS (HAA5)	09/19/2012	GENERIC SAMPLING POI	Y	0.000		0.000
TOTAL HALOACETIC ACIDS (HAA5)	09/09/2011	GENERIC SAMPLING POI	Y	0.000		0.000
TOTAL HALOACETIC ACIDS (HAA5)	09/21/2010	GENERIC SAMPLING POI	Y	0.000		0.000
TOTAL HALOACETIC ACIDS (HAA5)	09/21/2010	GENERIC SAMPLING POI	Y	0.000		0.000
TOTAL HALOACETIC ACIDS (HAA5)	10/15/2009	GENERIC SAMPLING POI	Y	0.000		0.000
TOTAL HALOACETIC ACIDS (HAA5)	08/12/2008	GENERIC SAMPLING POI	Y	0.000	MG/L	0.000
TOTAL HALOACETIC ACIDS (HAA5)	09/17/2007	GENERIC SAMPLING POI	Y	0.000	MG/L	0.000
TOTAL HALOACETIC ACIDS (HAA5)	09/25/2006	GENERIC SAMPLING POI	Y	0.000	MG/L	0.000
TOTAL HALOACETIC ACIDS (HAA5)	08/09/2005	CITY SHOP	Y	0.000	MG/L	0.000
TOTAL HALOACETIC ACIDS (HAA5)	09/09/2004	GENERIC SAMPLING POI	Y	0.000		0.000
TTHM	09/28/2020	31 S WYOMING/ CITY SHOP	Y	0.000		0.000
TTHM	09/28/2020	337 E IDAHO	Y	0.000		0.000
TTHM	09/24/2019	337 E IDAHO	Y	0.000		0.000
TTHM	09/24/2019	31 S WYOMING/ CITY SHOP	Y	0.000		0.000
TTHM	09/25/2018	31 S WYOMING/ CITY SHOP	Y	0.000		0.000
TTHM	09/25/2018	337 E IDAHO	Y	0.000		0.000
TTHM	09/29/2017	337 E IDAHO	Y	0.000		0.000
TTHM	09/28/2017	31 S WYOMING/ CITY SHOP	Y	0.000		0.000
TTHM	09/22/2016	337 E IDAHO	Y	0.000		0.000
TTHM	09/22/2016	31 S WYOMING/ CITY SHOP	Y	0.000		0.000
TTHM	09/22/2015	337 E IDAHO	Y	0.000		0.000
TTHM	09/14/2015	31 S WYOMING/ CITY SHOP	Y	0.000		0.000
TTHM	07/29/2013	GENERIC SAMPLING POI	Y	0.000		0.000
TTHM	09/19/2012	GENERIC SAMPLING POI	Y	0.000		0.000
TTHM	09/09/2011	GENERIC SAMPLING POI	Y	0.000		0.000

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TTHM	09/21/2010	GENERIC SAMPLING POI	Y	0.000		0.000
TTHM	09/21/2010	GENERIC SAMPLING POI	Y	0.000		0.000
TTHM	10/15/2009	GENERIC SAMPLING POI	Y	0.000		0.000
TTHM	08/12/2008	GENERIC SAMPLING POI	Y	0.000	MG/L	0.000
TTHM	09/17/2007	GENERIC SAMPLING POI	Y	0.000	MG/L	0.000
TTHM	09/25/2006	GENERIC SAMPLING POI	Y	0.000	MG/L	0.000
TTHM	08/09/2005	CITY SHOP	Y	0.000	MG/L	0.000
TTHM	09/09/2004	GENERIC SAMPLING POI	N	0.010	MG/L	10.000

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Note: Please notify your regional DEQ office if you find discrepancies in your sampling or violation histories. DEQ will correct the errors in the agency's database.

**RTCR Sampling History**  
PWS Number: ID3370012  
PWS Name: HOMEDALE CITY OF  
Total Records: 0

**Only report if your water system was required to comply with one or more Revised Total Coliform Rule (RTCR) Level 1 and/or Level 2 Assessments during the 2017 calendar year.**

**Required Language:** If your water system was required to conduct an RTCR Level 1 or Level 2 Assessment (numbers I-III below), the associated information must be reported in the CCR in accordance with IDAPA 58.01.08.151.

- I. If your water system was required to conduct a Level 1 or 2 assessment **not** due to an *E. coli* MCL violation, go to section I below.
- II. If your water system was required to conduct a Level 2 assessment **due** to an *E. coli* MCL violation, go to section II below.
- III. If your water system detected *E. coli* and **did not** violate the *E. coli* MCL, go to section III below.

**I. If your water system was required to conduct a Level 1 or 2 assessment not due to an *E. coli* MCL violation**, you must include in the report adverse health affect information and additional information regarding the number of assessments required, the number of assessments completed, the number of corrective actions required and the number of corrective actions completed.

**(A) Adverse Health Effects Required Text:** Coliforms are bacteria that are naturally present in the environment and are used as an indicator that other, potentially harmful, waterborne pathogens may be present or that a potential pathway exists through which contamination may enter the drinking water distribution system. We found coliforms indicating the need to look for potential problems in water treatment or distribution. When this occurs, we are required to conduct assessment(s) to identify problems and to correct any problems that were found during these assessments.

**(B) Additional Information Required:**

- a. During the past year we were required to conduct [INSERT NUMBER OF LEVEL 1 ASSESSMENTS] Level 1 assessment(s). [INSERT NUMBER OF LEVEL 1 ASSESSMENTS] Level 1 assessment(s) were completed. In addition, we were required to take [INSERT NUMBER OF CORRECTIVE ACTIONS] corrective actions and we completed [INSERT NUMBER OF CORRECTIVE ACTIONS] of these actions.
- b. During the past year [INSERT NUMBER OF LEVEL 2 ASSESSMENTS] Level 2 assessments were required to be completed for our water system. [INSERT NUMBER OF LEVEL 2 ASSESSMENTS] Level 2 assessments were completed. In addition, we were required to take [INSERT NUMBER OF CORRECTIVE ACTIONS] corrective actions and we completed [INSERT NUMBER OF CORRECTIVE ACTIONS] of these actions.
- c. Any system that has failed to complete all the required assessments or correct all identified sanitary defects, is in violation of the treatment technique requirement and must also include one or both of the following statements, as appropriate:
  - i. During the past year we failed to conduct all of the required assessment(s).
  - ii. During the past year we failed to correct all identified defects that were found during the assessment.

**II. If your water system was required to conduct a Level 2 assessment due to an *E.coli* MCL violation**, you must include in the report adverse health affect information and additional information regarding the number of assessments required, the number of assessments completed, the number of corrective actions required and the number of corrective actions completed.

**(A) Adverse Health Effects Required Text:** *E. coli* are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Human pathogens in these wastes can cause short-term effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a greater health risk for infants, young children, the elderly, and people with severely compromised immune systems. We found *E. coli* bacteria, indicating the need to look for potential problems in water treatment or distribution. When this occurs, we are required to conduct assessment(s) to identify problems and to correct any problems that were found during these assessments.

**(B) Additional Information Required:**

a. We were required to complete a Level 2 assessment because we found *E. coli* in our water system. In addition, we were required to take [INSERT NUMBER OF CORRECTIVE ACTIONS] corrective actions and we completed [INSERT NUMBER OF CORRECTIVE ACTIONS] of these actions.

b. Any system that has failed to complete the required assessment or correct all identified sanitary defects, is in violation of the treatment technique requirement and must also include one or both of the following statements, as appropriate:

i. We failed to conduct the required assessment.

ii. We failed to correct all sanitary defects that were identified during the assessment that we conducted.

c. Any system that violated the *E. coli* MCL, the system must include, in addition to the required adverse health effects text [see II.(A) above], one or more of the following statements to describe any noncompliance, as applicable:

i. We had an *E. coli*-positive repeat sample following a total coliform-positive routine sample.

ii. We had a total coliform-positive repeat sample following an *E. coli*-positive routine sample.

iii. We failed to take all required repeat samples following an *E. coli*-positive routine sample.

iv. We failed to test for *E. coli* when any repeat sample tests positive for total coliform.

**III. If your water system detected *E. coli* and did not violate the *E. coli* MCL**, the system may include, in addition to the required adverse health effects text [See II.(A) above], a statement that explains that although *E. coli* water detected, your system was not in violation of the *E. coli* MCL.

**No results were found for the RTCR Sampling History Report.**

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Note: Please notify your regional DEQ office if you find discrepancies in your sampling or violation histories. DEQ will correct the errors in the agency's database.



**Chlorine Maximum Residual Disinfectant Level Sampling History**  
PWS Number: ID3370012  
PWS Name: HOMEDALE CITY OF  
Total Records: 12

Sampling history is only listed for systems which are practicing chlorination on a full-time basis.

Please include in your CCR the highest chlorine residual level detected during the previous calendar year (2020) by your system, as well as the average of all residuals collected during 2020.

**Required Language.** If the system exceeds the chlorine MCL (maximum contaminant level) value, the system must show the potential health effects of the contaminant. To report this information, go to **Appendix A of the CCR template**, find the contaminant, and copy the information from the "Health Effects Language" column and place it in your CCR.

Samples Collected	Chlorine Residual	Units	Begin Date	Monitoring Period
3	0.1500	MG/L	01/01/2020	JAN2020
3	0.1000	MG/L	02/01/2020	FEB2020
3	0.0300	MG/L	03/01/2020	MAR2020
3	0.0600	MG/L	04/01/2020	APR2020
3	0.1000	MG/L	05/01/2020	MAY2020
3	0.1000	MG/L	06/01/2020	JUN2020
3	0.0300	MG/L	07/01/2020	JUL2020
3	0.1000	MG/L	08/01/2020	AUG2020
3	0.1000	MG/L	09/01/2020	SEP2020
3	0.1200	MG/L	10/01/2020	OCT2020
3	0.0300	MG/L	11/01/2020	NOV2020
3	0.0400	MG/L	12/01/2020	DEC2020

Note: Please notify your regional DEQ office if you find discrepancies in your sampling or violation histories. DEQ will correct the errors in the agency's database.



## Chemical And Radiological Violation History

PWS Number: ID3370012

PWS Name: HOMEDALE CITY OF

Total Records: 0

**Monitoring violations** are violations that occurred because a system failed to complete a required contaminant sampling (which means the system failed to "monitor" or sample for a contaminant).

**MCL (maximum contaminant level) violations** are violations that occurred because the level of the completed sampling was higher than allowed, or higher than the MCL (maximum contaminant level).

**If the chemical monitoring report shows no results**, then the system has no chemical violations for the last (2020) calendar year.

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**No results were found for the Chemical And Radiological Violation History Report.**

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Note: Please notify your regional DEQ office if you find discrepancies in your sampling or violation histories. DEQ will correct the errors in the agency's database.

**Coliform Violation History**  
**PWS Number: ID3370012**  
**PWS Name: HOMEDALE CITY OF**  
**Total Records: 0**

**Monitoring violations** are violations that occurred because a system failed to complete a required contaminant sampling (which means the system failed to "monitor" or sample for a contaminant).

**MCL (maximum contaminant level) violations** are violations that occurred because the level of the completed sampling was higher than allowed, or higher than the MCL (maximum contaminant level).

**If the coliform monitoring report shows no results**, then the system has no coliform violations for the last (2020) calendar year.

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**No results were found for the Coliform Violation History Report.**

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Note: Please notify your regional DEQ office if you find discrepancies in your sampling or violation histories. DEQ will correct the errors in the agency's database.

**Lead And Copper Violation History**  
PWS Number: ID3370012  
PWS Name: HOMEDALE CITY OF  
Total Records: 0

If your system has a violation listed below, it means that your system was required to sample for lead and copper during calendar year 2020, but failed to do so during the appropriate time period. These violations must be reported in the CCR as a failure to monitor.

If the lead and copper monitoring violations report shows no results (Total Records: 0), then the system has no lead and copper monitoring violations for the last (2020) calendar year.

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**No results were found for the Lead And Copper Violation History Report.**

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Note: Please notify your regional DEQ office if you find discrepancies in your sampling or violation histories. DEQ will correct the errors in the agency's database.

**DBP Violation History**  
**PWS Number: ID3370012**  
**PWS Name: HOMEDALE CITY OF**  
**Total Records: 0**

**This report only applies to systems practicing chlorination and/or filtration.**

**Monitoring violations** are violations that occurred because a system failed to complete a required contaminant sampling (which means the system failed to "monitor" or sample for a contaminant).

**MCL (maximum contaminant level) violations** are violations that occurred because the level of the completed sampling was higher than allowed, or higher than the MCL (maximum contaminant level).

**If the DBP monitoring violations report shows no results**, then the system has no disinfection byproduct violations for the last (2020) calendar year.

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**No results were found for the DBP Violation History Report.**

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Note: Please notify your regional DEQ office if you find discrepancies in your sampling or violation histories. DEQ will correct the errors in the agency's database.

**SWTR and MRDL Violation History**

PWS Number: ID3370012

PWS Name: HOMEDALE CITY OF

Total Records: 0

**This report only applies to systems practicing chlorination and/or filtration.**

**Violations listed are either treatment techniques or failure to monitor violations.** Violation Type "TT" designates a treatment technique violation; violation type "MON" designates a monitoring violation.

**If no records are displayed,** the system did not accrue any applicable violations during the previous calendar year.

**For your information - definitions of abbreviations found in the "Requirements" column:**

**EPRD:** "entry point residual disinfection" level either not met or not reported.

**DSRD:** "distribution system residual disinfection" level either not met or not reported.

**95PT:** "95 percentile" (95%) turbidity level either exceeded or not reported.

**MAXT:** "maximum turbidity" level either exceeded or not reported.

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**No results were found for the SWTR and MRDL Violation History Report.**

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Note: Please notify your regional DEQ office if you find discrepancies in your sampling or violation histories. DEQ will correct the errors in the agency's database.

**Sanitary Survey Significant Deficiency Violation History**

PWS Number: ID3370012  
PWS Name: HOMEDALE CITY OF  
Total Records: 0

**This report identifies violations generated from unaddressed significant deficiencies and failing to consult with the state to produce a compliance schedule.**

**If the Sanitary Survey Significant Deficiency violations report shows no results, then the system has no significant deficiency violations for the last (2020) calendar year.**

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**No results were found for the Sanitary Survey Significant Deficiency Violation History Report.**

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Note: Please notify your regional DEQ office if you find discrepancies in your sampling or violation histories. DEQ will correct the errors in the agency's database.



**Public Notification Violation History**

PWS Number: ID3370012

PWS Name: HOMEDALE CITY OF

Total Records: 0

**This report identifies violations generated from failing to deliver public notification to the public in accordance with the public notification schedule.**

**If the Public Notification violation history report shows no results, then the system has no public notification violations for the last (2020) calendar year.**

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**No results were found for the Public Notification Violation History Report.**

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Note: Please notify your regional DEQ office if you find discrepancies in your sampling or violation histories. DEQ will correct the errors in the agency's database.

