

APPENDIX 4. COMPLIANCE CERTIFICATION

Citation Number: 02-17-19C-004

Name of Water System: O'Connor Hospital

System Number: 4300808


Certification

I certify that the users of the water supplied by this water system were notified of the bacteriological monitoring violation of California Code of Regulations, Title 23, Section 64423 for the compliance period of June 2017 and 2018. The required action listed below were completed.

Required Action	Date Completed
(Citation Directive 3) Public Notification: Posted Method(s) Used: Posted in public areas including Cafeteria, Main Lobby of Hospital and Main Lobby of Medical Office Building	4/19/19

Danuel Singer

7/30/19



Signature of Water System Representative

Date

Attach a copy of the public notice distributed to the water system's customers.

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE STATE WATER BOARD,
DIVISION OF DRINKING WATER, NO LATER THAN APRIL 10, 2019**

Disclosure: Be advised that the California Health and Safety Code, Sections 116725 and 116730 state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the Safe Drinking Water Act may be liable for, respectively, a civil penalty not to exceed five thousand dollars (\$5,000) for each separate violation or, for continuing violations, for each day that violation continues, or be punished by a fine of not more than \$25,000 for each day of violation, or by imprisonment in the county jail not to exceed one year, or by both the fine and imprisonment.

Important Information About Your Drinking Water

Este informe contiene informacion importante sobre su agua potable. Por favor hable con alguien que lo pueda traducir.

Lead and Copper Monitoring Requirements Not Met for O'Connor Hospital – 2017 and 2018

Our water system recently violated a drinking water standard. Although this is not an emergency, as our customers, you have the right to know what happened, what you should do, and what we did to correct the situation.

We are required to monitor your drinking water for specific contaminants on a regular basis because we own and operate a public water system. The public water system includes a well near the north east corner of the property. The well has not been in use for approximately 3 years.

Results of regular monitoring are an indicator of whether our drinking water meets health standards. During 2017 and 2018 we did not meet all requirements for lead and copper monitoring throughout the distribution system and therefore cannot be sure of the quality of our drinking water during that time.

You do not need to take any corrective actions.

The table below lists the contaminant we did not properly test for, how many samples we are required to take and how often, how many samples we took, when samples should have been taken, and the date on which follow-up samples were taken.

Contaminant	Required sampling frequency	Number of samples taken	When all samples should have been taken	When samples were or will be taken
Lead and Copper	Annually	0 out of 2	2017-2018	2019

If you have health issues concerning the consumption of this water, you may wish to contact your doctor.

These lead and copper tests were not completed as the well is currently out of service and there is currently no access directly to the well water. The hospital and MOB are functioning on 100% San Jose City water. A new, qualified and licensed vendor has been hired to conduct regular testing and treatment and we are currently getting quotes on a complete well repair and restoration.

For more information, please contact:

Danuel Singer

Office: 408-947-2539

Mailing: 2105 Forest Ave, San Jose, CA 95128

Please feel free to share this information with other people who drink this water, especially those who may not have received this notice directly.

Secondary Notification Requirements

Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- Residential Rental Property Owners or Managers (including nursing homes and care facilities): Must notify tenants.
- Business Property Owners, Managers, or Operators: Must notify employees of businesses located on the property.

This notice is being sent to you by O'Connor Hospital in compliance with the California Domestic Water Quality and Monitoring Regulations as a means of keeping the public informed.

**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.swrcb.ca.gov/drinking_water/certific/drinkingwater/CCR.shtml)

Water System Name: O'Conner Hospital

Water System Number: CA4300808

The water system named above hereby certifies that its Consumer Confidence Report was distributed on 7/1/19 (date) 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: Danuel Singer
Signature: [Signature]
Title: Deputy Director FAF
Phone Number: (408) 947-2539 Date: 7/12/19

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)
 - ☐ 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)
 - ☒ Posted the CCR in public places (attach a list of locations)
 - ☐ 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 investor-owned utilities: Delivered the CCR to the California Public Utilities Commission

This form is provided as a convenience for use to meet the certification requirement of the California Code of Regulations, section 64483(c).

LIST OF POSTING LOCATIONS

1. Hospital – Main Lobby
2. Hospital – Cafeteria
3. Medical Office Building – Main Lobby