WIC NITRATE DRINKING WATER TESTING & INTERIM DRINKING WATER SUPPLY PROJECT

FINAL REPORT

Prepared by: Self-Help Enterprises

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This report has been prepared by Self-Help Enterprises' (SHE) Community Engagement and Planning Team for the Central Valley Salinity Coalition (CVSC). CVSC is a collaborative stakeholder group comprised of counties, cities, agriculture, water districts, and associations working on addressing and providing solutions to areas with salinity or nitrate impacted groundwater through the CV-SALTS Basin Planning process.

CENTRAL VALLEY SALINITY COALITION

Self-Help Enterprises

PROJECT TEAM

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ACRONYMS

CSET.....Community Services and Employment Training
CVSC.....Central Valley Salinity Coalition
CV-SALTS.....Central Valley Salinity Alternatives for Long-Term Sustainability
FHCN.....Family HealthCare Network
MCL.....Maximum Contaminant Level
O&M.....Operations and Maintenance
PACC.....Porterville Area Coordinating Council
PPM.....Parts Per Million
POU.....Point of Use
RO.....Reverse Osmosis
SHE.....Self-Help Enterprises
TDS.....Total Dissolved Solids
WIC.....Women, Infant, and Children

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Project Overview

Through the support of Central Valley Salinity Coalition (CVSC), Self-Help Enterprises (SHE) in September 2016 launched the WIC Nitrate Drinking Water Pilot Testing and Interim Drinking Water Supply Project. CVSC funded this program to develop and pilot the use of the WIC program to demonstrate the ability of the approach to target the population most sensitive to nitrate in drinking water. This project targeted women, infants, and children living in the Porterville area that rely on private domestic wells as their source of drinking water that could potentially be adversely affected by nitrate contamination. SHE partnered with the local U.S. Department of Agriculture Women, Infant, and Children (WIC) program locally administered in Porterville, CA to initiate the first phase of the project to sample wells and provide interim solutions when high nitrate levels were discovered in a household's drinking water source. The project later expanded to sample additional wells and expand the provision of interim drinking water solutions for the original target group plus other vulnerable groups (elderly, terminally ill, and disabled persons) in the Porterville area.

Project Goal & Objectives

Goal: To provide women, infants, children, relying on private water wells affected by nitrate contamination with sustainable drinking water solutions.

Objectives:

- Target the population most sensitive to nitrate, pregnant mothers, infants, and young children.
- Offer free water sampling to households relying on private wells located in the Porterville area where drinking water is at high risk of nitrate contamination.
- Educate households with nitrate above 10 mg/l Maximum Contaminant Level (MCL) on the known health risks associated with drinking nitrate-contaminated water and ways to reduce these risks.
- Provide interim drinking water supplies (e.g., bottled water or Point of Use water filters) to households with drinking water exceeding the nitrate MCL.
- Develop recommendations that could be beneficial to other agencies/programs such as management zones seeking to replicate similar projects in other parts of the Central Valley and the State.

"Thousands of Tulare County residents rely on private wells, and don't know what contaminants are in their drinking water."

Maria Herrera, Self-Help Enterprises

Funding

SHE received funding from the Central Valley Salinity Coalition for Long-Term Sustainability (CV-SALTS) to conduct drinking water quality testing, education on water contaminants, and provide interim drinking water supply solutions free of charge to participants in the Porterville area of Tulare County. Through this pilot project, SHE developed recommendations, which are presented in this report to benefit agencies/programs such as management zones seeking to implement similar projects throughout the Central Valley and the State. Costs associated with the implementation of this project have also been included in the appendices as part of the report.

Challenges & Solutions

During the first phase of the project, the program was only offered at the Porterville WIC office. WIC recipients once deemed eligible for the program, (i.e., recipients had to complete a simple questionnaire to ensure that they receive water from a private well) were provided a water sampling kit and were required to return the sample to the WIC office.

SHE staff learned that many families did not return their water sample – primarily due to transportation challenges. Furthermore, since the program was only offered to WIC recipients who visited the Porterville WIC office, other eligible families depending on drinking water from private domestic wells in the area, were unable to participate in the program.

Therefore, during Phase Two of the project, the reach of the program was expanded by making the program available at other locations within the Porterville area and addressing the transportation barrier by implementing a "Home Visit Water Sampling" model. Under the "Home Visit Water Sampling" model, SHE staff were responsible for determining eligibility,

scheduling the drinking water sampling, and traveling to the recipients' homes to collect water samples.

Additionally, SHE expanded the interim drinking water supply options to include a Point of Use (POU) drinking water filter and designed a three-month piloting phase to determine the effectiveness of the filter to ensure it was delivering safe drinking water.

Furthermore, in Phase Two, SHE negotiated a new POU package arrangement with a local vendor (Culligan) that greatly benefited families and allowed them to have safe drinking water after the program's completion. The package includes a Reverse Osmosis (RO), 3-gallon tank, pre-/post-filters, membrane, one-year maintenance service, lighted TDS monitor, digital TDS monitor, and flow meter. The first POU package was limited, as it did not include replacement filters or one-year maintenance. For an additional small investment, the new package provided additional benefits to the families once the program ends by crediting their account with Culligan to conduct nitrate testing and receive filter replacements for a period of one year at no cost to the resident after the project's completion.

Recommendations

In order to meet the objectives of the pilot program, SHE developed comprehensive recommendations for how other management zones may be successful in replicating the WIC Nitrate Drinking Water Testing & Interim Drinking Water Supply Project in other parts of the State. Data was gathered, and priority issues and goals were identified. The pilot study addressed those priority issues, and goals and the study's findings are included in this report to document the process, make recommendations, and develop conclusions.

Some of these program development recommendations are shown below:

RECOMMENDATION	FINDING
Identifying a prime location to offer the program	The Porterville WIC office was an ideal location to pilot the program because of the known history of nitrate contamination in the area and a personal working relationship with WIC staff.
Identifying program partners	Successful implementation of the project requires partnering with an organization or organizations that are based locally and trusted by the community.
Conducting ongoing outreach	Ongoing outreach and education is needed to ensure proper program participation. SHE developed several outreach/educational tools, conducted targeted media efforts, and worked with local community partners.
Identifying and using bilingual staff	Staff who are proficient in English and other languages, including Spanish, who can communicate with individuals in their common language, can help build trust and effectively implement the program.
Addressing transportation challenges	Transportation can reduce return rates (39%). Therefore, SHE implemented the “Home Visit Water Sampling” model.
Offering a consistent program	Offering a consistent (more than 6 months) program reduces project administration costs and project implementation challenges.
Identifying POU performance	Low water pressure issues affecting POU performance can be resolved by installing a booster pump.
Offering an “All Inclusive” Water Treatment Solution	Negotiated the new POU package with Culligan that provided additional benefits to families, including replacement filters and one-year maintenance.
Establishing trust in the POU system	POU drinking water filters can reduce nitrate levels to a safe level. However, additional education is needed to ensure that families are able to trust and utilize the water coming from a POU water filter.
Testing for other contaminants as appropriate	Provide drinking water testing for nitrates and consider programs that allow for testing of other contaminants, especially in areas where other contaminants are known to occur.

INTRODUCTION

In August of 2016, the Central Valley Salinity Coalition (CVSC) funded Self-Help Enterprises (SHE) to launch a six-month pilot program designed to provide families who reside within the Porterville area and that were enrolled in the Women, Infants, and Children Program (WIC) the opportunity to sample their wells for nitrates at no cost. The project often referred to as the "Porterville WIC Project," also offered an interim supply of drinking water (e.g., bottled drinking water or a Point of Use water filter) to households with drinking water exceeding the nitrate (as nitrogen) Maximum Contaminant Level (MCL) of 10 parts per million (ppm). The MCL has been set by the United States Environmental Protection Agency.

Tens of thousands of Tulare County residents receive their drinking water from private domestic water wells. There are approximately twenty thousand recorded well driller's reports (well logs) for water wells drilled in Tulare County. Thousands of those logs are for private domestic wells that serve residences. Additionally, many more wells serving Tulare County residences may not be recorded.

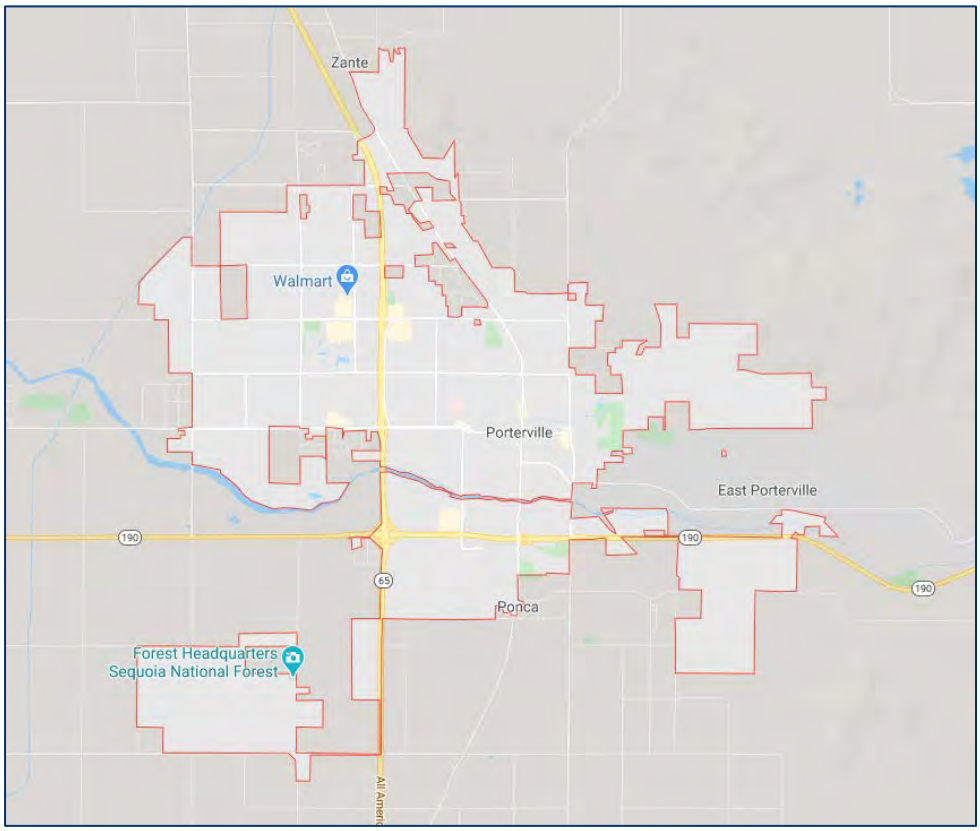
Unlike public water systems that are required to be sampled for all regulated primary and secondary contaminants, private well owners are not mandated to test their drinking water. Therefore, residents who depend on private wells for their drinking water often do not test their well water and do not know if their drinking water supply exceeds the maximum contaminant level for nitrate and other contaminants.

The August 2014 Disadvantaged Community Water Study for the Tulare Lake Basin, identified nitrate as one of the common contaminants of concern not meeting the drinking water MCL in the study area. Their presence in groundwater is generally associated with human activity, including fertilizer use, confined animal feeding operations, or septic systems. These sources of nitrate are more commonly associated with rural settings.

Concentrations of nitrate above the MCL in drinking water pose serious health hazards. Infants under six months and pregnant women have the greatest risk of becoming ill through ingesting nitrate contaminated drinking water. Once in the body, nitrate is converted to nitrite, which can interfere with the ability of red blood cells to carry oxygen to the tissues of the body, potentially producing the condition called methemoglobinemia, or blue baby syndrome. It is of great concern in infants because their immature stomach environment enables the conversion of nitrate to nitrite, which is then absorbed in the bloodstream. Infant formula made with drinking water that has high nitrate levels can restrict the flow of oxygen to the body and can lead to “blue baby syndrome” or even death. High nitrate levels may also affect the oxygen-carrying ability of the blood in pregnant women. Additionally, cooking with nitrate-contaminated water is dangerous as the nitrates become more concentrated when water is boiled.

Drought conditions experienced during the Pilot project significantly decreased surface water deliveries to the area, resulting in more groundwater pumping to meet regional water demands. This resulted in lowering water tables that potentially could have increased nitrate concentrations in groundwater pumped for domestic use. With this uncertainty, it is recommended that in drought conditions more frequent testing of groundwater sources for drinking water be made to further protect infants and expecting mothers.

The City of Porterville owns and operates its own municipal water system and provides water to the vast majority of households within its city limits. However, many households located outside the city limits often rely on individual or shared private domestic wells.



The State's most recent drought, which occurred between 2011 to 2015, particularly impacted the unincorporated East Porterville area, which became known as the historic drought's "ground zero", where over 300 private wells went dry. This exacerbated an already existing problem where several hundred East Porterville families were already dependent on private wells producing water with high nitrate concentrations. State and federal emergency funding with the cooperation of many agencies allowed the City of Porterville to extend its water distribution into East Porterville during the drought to bring safe drinking water to drought victims. Although several hundred homes in East Porterville were connected to the City of Porterville water system, hundreds of East Porterville homes were not connected to the City system and still rely on private domestic wells that are subject to future droughts and nitrate contamination.

Small water systems in and around the Porterville area have been issued Compliance Orders due to violations of the nitrate maximum contaminant level. As examples, Citrus Rayo Public Water System in Terra Bella and the Pan American Ballroom's water system in Porterville, received compliance orders within the last five years. Although public water systems are state regulated and required to sample water supplies, chronic nitrate contamination in the area continues to cause difficulty for these systems.

Because private wells are not regulated, nitrate in groundwater water wells is a high concern, especially among vulnerable populations. Therefore, the pilot study targeted nitrate contaminated domestic private well users and reduced risks to these residents by providing

an interim drinking water supply. The pilot study was established to accomplish the following objectives:

- Target vulnerable populations (women, infants and children).
- Offer free drinking water sampling to households relying on private wells located in the Porterville area where drinking water is at high risk of nitrate contamination.
- Educate households with contaminant exceedances of the known possible health risks associated with drinking nitrate-contaminated water and ways to reduce exposure.
- Provide interim drinking water supplies (e.g., bottled water or Point of Use water filters) to households with drinking water exceeding the nitrate MCL.
- Develop recommendations that could be beneficial to other agencies/programs such as management zones seeking to replicate similar projects in CV-SALTS Management Zones and around the State.

The program was initially only offered at the Porterville WIC Office and was implemented utilizing the "Water Sampling Kit Implementation Model." Under the Water Sampling Kit Implementation Model, households located in the Porterville area that rely on private domestic wells and that were enrolled in the WIC program were offered the opportunity to test their drinking water for nitrate at no cost at the WIC site. WIC staff asked interested WIC-recipients several questions in order to determine eligibility, including whether they pay a monthly water bill, are served by a private well (this question included a prompt regarding potential location of the well), and if they were interested in having their drinking water sampled. Qualifying recipients were then asked to sign a Consent to Process Collected Well Water Sample, and upon signature, were provided a drinking water sampling kit. The sampling kit included a water sampling bottle, sampling instructions, and a chain of custody form. Recipients were required to return the sample to the Porterville WIC Office. Once the sample was returned, staff from the Porterville WIC office would contact SHE staff, and SHE would coordinate with Peninsula Messenger Service (Peninsula) to transport the sample to the Moore Twining Associates laboratory in Fresno for testing. Once results were made available, SHE staff then followed up via phone call to provide the results as soon as possible to the participants. The conversation included an explanation of the nitrate levels found in their drinking water and the potential health risks associated with the contaminant. The letters also offered an interim drinking water solution to those households that exceeded the MCL.

In December 2017, after offering the program for three months and evaluating the impact, successes, and challenges in the Water Sampling Kit Implementation Model, SHE requested a contract extension and funding to continue the program and expand its reach utilizing a different implementation method. The new implementation model, also known as the "Home Visit Water Sampling Implementation Model," aimed to address participation challenges associated with transportation constraints and communication. Under this implementation model, SHE staff were responsible for determining eligibility, scheduling the drinking water sampling, and traveling to the recipients' homes to collect water samples. Once the water well sample was collected, the sample was taken to a State Certified Laboratory for analysis. During this Phase, the preferred laboratory became the City of Porterville's laboratory, located in close proximity to the City's wastewater treatment plant.

Upon receiving an extension to the original contract and additional funding, SHE staff worked with several community partners, to promote the program in other locations within the Porterville area. Specifically, SHE partnered with:

- Porterville Family HealthCare Network (FHCN) Clinic – a federally qualified health center that provides comprehensive health care to low-income communities throughout Fresno, Tulare, and Kings Counties;
- Community Services and Employment Training (CSET) – a community action agency in Tulare County whose mission is to strengthen youth, families, and communities; and
- Porterville Area Coordinating Council (PACC) – a nonprofit social services organization that provides assistance to residents in the Porterville area.

If well drinking water test results indicated unsafe levels of nitrate, a replacement drinking water option was provided through bottled water, or during Implementation Model 2: Home Visit Water Sampling, a Point of Use (POU) Water Filtration device. A POU device was installed at a single water connection, typically on the cold water source under the counter of a kitchen sink. The system filters the drinking water through reverse osmosis and delivers water that is suitable for drinking. Households that had POU devices installed were also provided with further sampling to monitor the nitrate levels and ensure the efficacy of the POU.

The pilot program found that residents who have private wells are not only interested in knowing their drinking water quality, but that many are worried about what other contaminants their family may be consuming. Having their drinking water tested for other contaminants and taking appropriate action alleviates that concern.

PROJECT PHASES

Program Launch

During the conceptual phase of this project, SHE staff contacted the Tulare County Health and Human Services Agency to strategize a plan of action that would test the drinking water of clients participating in the Healthy Women, Infants, and Children (WIC) program. Originally it was envisioned that such a nitrate drinking water testing initiative could become "institutionalized" after the pilot project. Ultimately, it was decided that SHE had the capacity to launch the program, and the WIC Program Director agreed to offer the program as a referral at the Porterville WIC office. Though this drinking water testing option has not yet proliferated beyond the Porterville site, much was learned from the cooperation between WIC staff and our organization.

The Porterville WIC office is one of the largest WIC sites in Tulare County serving over 6,000 clients, and thus making it a prime location to pilot the program. Furthermore, WIC serves the populations most vulnerable to nitrate exposure in drinking water. WIC recipients are pregnant, breastfeeding and postpartum women, infants, and children up to the age of five who are determined by a health professional to be at nutritional risk in addition to qualifying as a low-income household living at or below 185% of the federal poverty level, ($40,182 annually for a family of three, effective 1-15-2020). Nitrate contamination, if present, becomes an additional impact to the health and welfare of this vulnerable population. This group is already likely to experience, certain medical-based or diet-based risk conditions and impairments. Therefore, focusing on this particular population was ideal as many also do not have access to municipal water, but frequently depend on private domestic water wells.

SHE developed the necessary bilingual (English and Spanish) program materials for implementing the program. Promotional flyers, posters, brochures, program prompts, intake questionnaires, and consent forms to process collected water well samples were drafted and reviewed for use in the program.

According to the American Community Survey (2019) of the US Census Bureau, 71% of East Porterville residents speak a language other than English with Spanish being the predominant language spoken. All materials were translated in Spanish to outreach and engage with community members in the Porterville area. SHE staff also prepared and conducted a training

presentation for the Porterville WIC staff that would be supporting the implementation activities for the program. The main objectives of the training were to ensure that staff was able to properly implement the program, determine eligibility, answer questions, and encourage participation. Topics included an overview of the program, general information about nitrate, including its sources, ways of exposure, vulnerable populations, and possible health effects. Staff was also trained on how to identify if a WIC recipient is served by a well water, how to assist clients with completing the program documents, issue drinking water sampling kits, and process the samples dropped off by the WIC clients.

The bilingual (English and Spanish) promotional materials were placed at the Porterville WIC office, and educational materials were provided to staff for distribution. These included the following:

- **Bilingual Posters:** Bilingual posters were placed in the entrance, hallways, and staff offices of the WIC building to inform clients about the program. The posters provided key information including why it is important to test well water, the impact of nitrates, the opportunity to have well water tested at no charge, and contact information for individuals who were interested in the program.

- **Bilingual Program Brochure:** The tri-fold brochure included information on the following topics – What is a water well? What are nitrates? Why should I test my well? Are nitrates dangerous? Additionally, the brochure included information about qualifying for the program and the project partners. For participants to self-qualify for the program, the following questions were included:
    1. Do you pay a monthly water bill?
       If no, answer these questions:
    2. Does your water come from a well? (The private well is either in your backyard or your neighbor's yard)
    3. Do you want to test your well for nitrates?
    4. If you answered yes, to questions 2 and 3, you qualify for a FREE Water test.

WELL WATER TESTING

Find out if the water you are drinking has too much nitrate for you and your baby.

Do I Qualify?

1. Do you pay a monthly water bill?
   If no, answer these questions:
2. Does your water come from a well? (The private well is either in your backyard or your neighbor's yard)
3. Do you want to test your well for nitrates?

If you answered yes, to questions 2 and 3, you qualify for a FREE Water test.

To have your water tested, notify a staff member and request a participation form.

Free Water Testing is available for a limited time only in Porterville.

PARTNERS

The Free Well Water Testing Program is a partnership between:

Self-Help Enterprises

CV SALTS
Central Valley Salinity Alternatives for Long-term Sustainability

THIS PROGRM IS AVAILABLE FOR A LIMITED TIME

Learn if your well water is safe for you and your family!

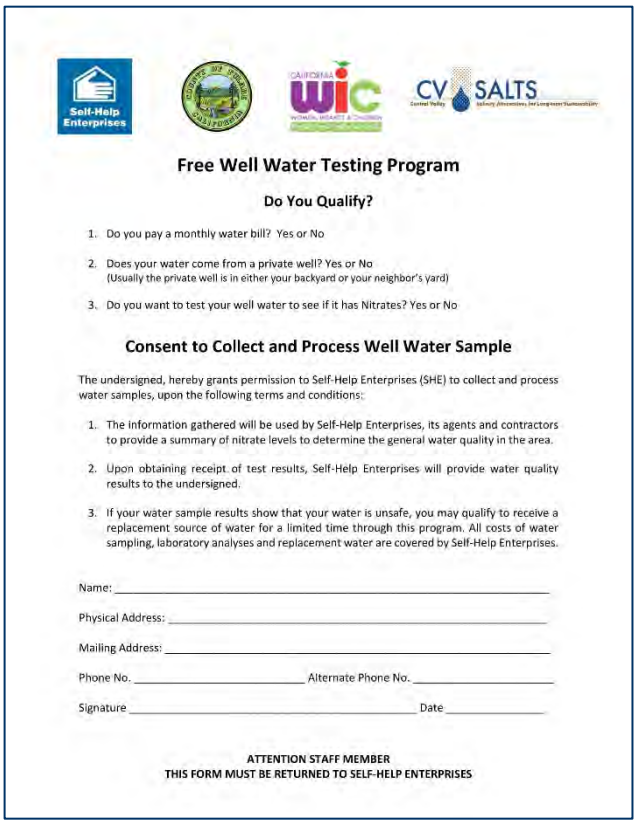
To sign up for a free water test or for more information, contact:

Self-Help Enterprises
8445 W. Elowin Court
Visalia, CA 93291
559-802-1678

DOES YOUR DRINKING WATER HAVE TOO MUCH NITRATE FOR YOU AND YOUR FAMILY?

Ask about FREE well water testing

- **Intake Questionnaire:** The Intake Questionnaire was used to determine if a WIC client qualified for the program. Questions included the following: Does your drinking water come from a private well? Do you pay a water bill? Is your home connected to a public water system? Do you want to test your drinking water for Nitrates free of charge?



Free Well Water Testing Program

Do You Qualify?

1. Do you pay a monthly water bill? Yes or No
2. Does your water come from a private well? Yes or No
   (Usually the private well is in either your backyard or your neighbor's yard)
3. Do you want to test your well water to see if it has Nitrates? Yes or No

Consent to Collect and Process Well Water Sample

The undersigned, hereby grants permission to Self-Help Enterprises (SHE) to collect and process water samples, upon the following terms and conditions:

1. The information gathered will be used by Self-Help Enterprises, its agents and contractors to provide a summary of nitrate levels to determine the general water quality in the area.
2. Upon obtaining receipt of test results, Self-Help Enterprises will provide water quality results to the undersigned.
3. If your water sample results show that your water is unsafe, you may qualify to receive a replacement source of water for a limited time through this program. All costs of water sampling, laboratory analyses and replacement water are covered by Self-Help Enterprises.

Name: _____

Physical Address: _____

Mailing Address: _____

Phone No. _____ Alternate Phone No. _____

Signature _____ Date _____

ATTENTION STAFF MEMBER
THIS FORM MUST BE RETURNED TO SELF-HELP ENTERPRISES

- **Bilingual Water Testing Prompts** (pictured right): Flyers were placed at and around WIC staff desks to prompt staff to ask their clients if they are in interested and qualify for the program.

Ask about FREE well water testing

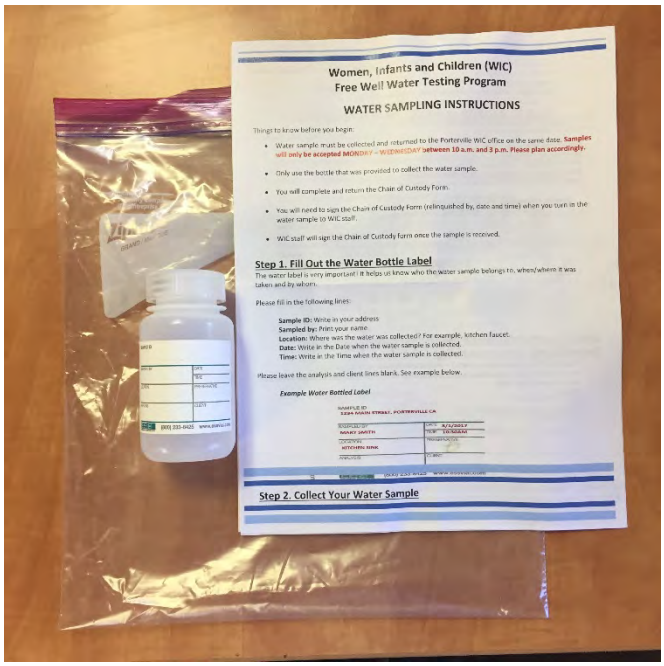
Is your well water safe for you and your family?
Free Well Water Testing Program

Pregunte sobre una prueba de agua de pozo GRATIS

¿Su agua de pozo es segura para usted y su familia?
Programa de prueba de agua de pozos gratuito

Implementation of Model 1: Water Sampling Kit

The pilot program was first launched utilizing the Water Sampling Kit implementation model. Under this model, households located in the Porterville area that rely on private domestic wells and that were enrolled in the WIC program were offered the opportunity to test their drinking water for nitrate at no cost.



Following the program prompts, WIC staff asked WIC recipients if they were interested in having their drinking water sampled to proceed with eligibility in which case the WIC recipients are asked whether they pay a monthly water bill or are served by a private well (this question included a prompt regarding potential location of the well). If recipients qualified for the program, they were provided a water sampling kit (pictured left) and asked to sign a Consent to Process Collected Well Water Sample form. The sampling kit included a water-sampling bottle, sampling instructions, and a Chain of Custody Form, which tracks and documents each step in the testing process. Recipients were required to return the sample to the Porterville WIC office. Once the samples were returned to the WIC site, the Porterville WIC Office notified SHE staff; SHE would then coordinate the transfer with Peninsula Messenger. Peninsula was responsible for transporting the sample(s) to a certified lab in Fresno, Moore Twining Associates, Inc. (Moore Twining), which processed the water sample. If a sample exceeded the MCL, Moore Twining would notify SHE and SHE staff would notify program participants via phone and offered an interim drinking water supply. Additionally, letters with the test results and information about nitrate and potential health impacts and ways to reduce exposure were mailed to all households. The letters also offered an interim drinking water solution to those households that exceeded the MCL.

WIC WATER SAMPLING TWO PART PROCESS	
Part 1: Providing Sampling Kit to Client (Partnering Organization)	**Part 2: Process Returned Water Sample (Self-Help Enterprises)**
• Step 1: Collect and Review completed Intake form	• Step 1: Review Chain of Custody Form
• Step 2: Determine eligibility and provide eligible WIC client the water sampling kit	• Step 2: Ensure sample is refrigerated
• Step 3: Review sampling instructions and advise WIC client when to return water sample	• Step 3: Remind WIC client that SHE will send test results within 14 days • Step 4: Coordinate pickup by Peninsula Messenger for delivery to the laboratory

Once the client has qualified to participate in the program, the partner organization conducted the following steps:

WIC CLIENT PROCESS
Step 1: Fill out the sampling bottle label
Step 2: Collect the drinking water sample
Step 3: Fill out the Chain of Custody form
Step 4: Return water sample to WIC office

During this implementation model, ninety-seven (97) households expressed interest in participating in the WIC Nitrate Drinking Water Testing & Interim Supply Project, and fifty-nine returned the water samples for testing. As shown in Figure 1, SHE staff assisted in coordinating the fifty-nine (59) collected water samples from the Porterville area to Moore Twining for testing. Twenty-one (21) out of the 59 wells sampled exceeded the MCL for nitrate and qualified for an interim drinking water solution.

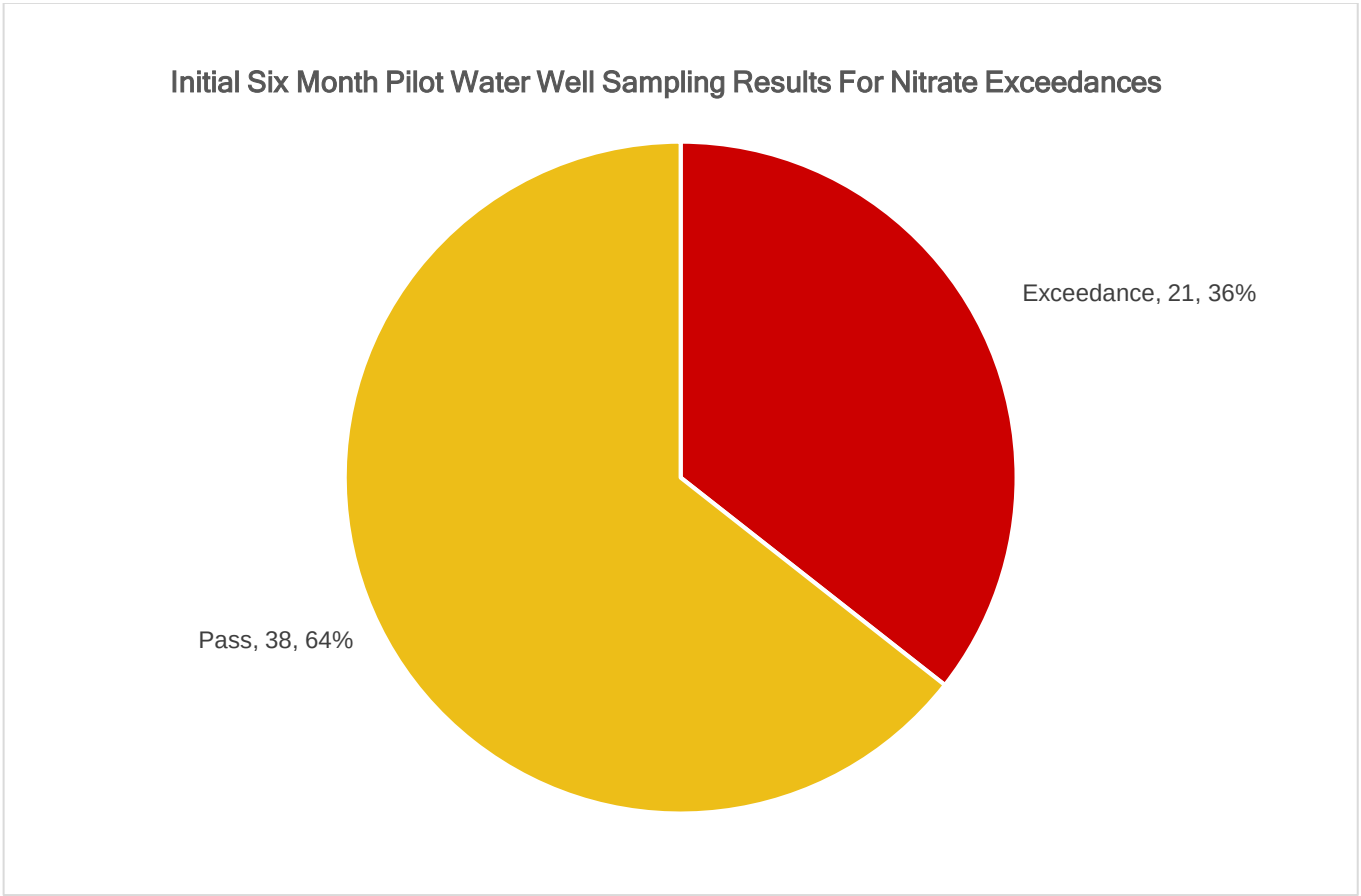


Figure 1. Twenty-one (21) of fifty-nine (59) households exceeded the MCL of 10 mg/l vs. the 64% who met the drinking water standard.

A Household ID was created for each household in order to maintain the privacy of the participant's personal identity. The table below illustrates the Household ID and the sampling result for every household over the MCL. Household WIC006 had a result of 9.7 ppm and was included in the group of exceedances because of its closeness to the 10 ppm threshold.

HOUSEHOLD ID	SAMPLING RESULT Nitrate (ppm)
WIC001	11.0
WIC002	15.0
WIC003	13.0
WIC004	10.0
WIC005	13.5
WIC006	9.7
WIC007	25.6
WIC008	18.9
WIC009	22.0
WIC010	40.0
WIC011	12.7
WIC012	13.0
WIC013	36.6
WIC014	13.0
WIC015	20.0
WIC016	15.0
WIC017	40.0
WIC018	13.3
WIC019	10.0
WIC020	11.0
WIC021	22.0

Additionally, as shown in Figure 2 below, the range of nitrate exceedances included a minimum of 9.7 ppm and a maximum of 40 ppm for the set of 21 households. Though the household with a 9.7 ppm water sample did not exceed the MCL, it is included statistically as above the MCL as it is very close to the exceedance threshold. Nearly fifty percent (50%), or ten (10) households, received a sample result between 11.85 ppm and 22 ppm. Three (3) households received a result of 36.6 ppm or 40 ppm, which greatly exceeded the MCL.

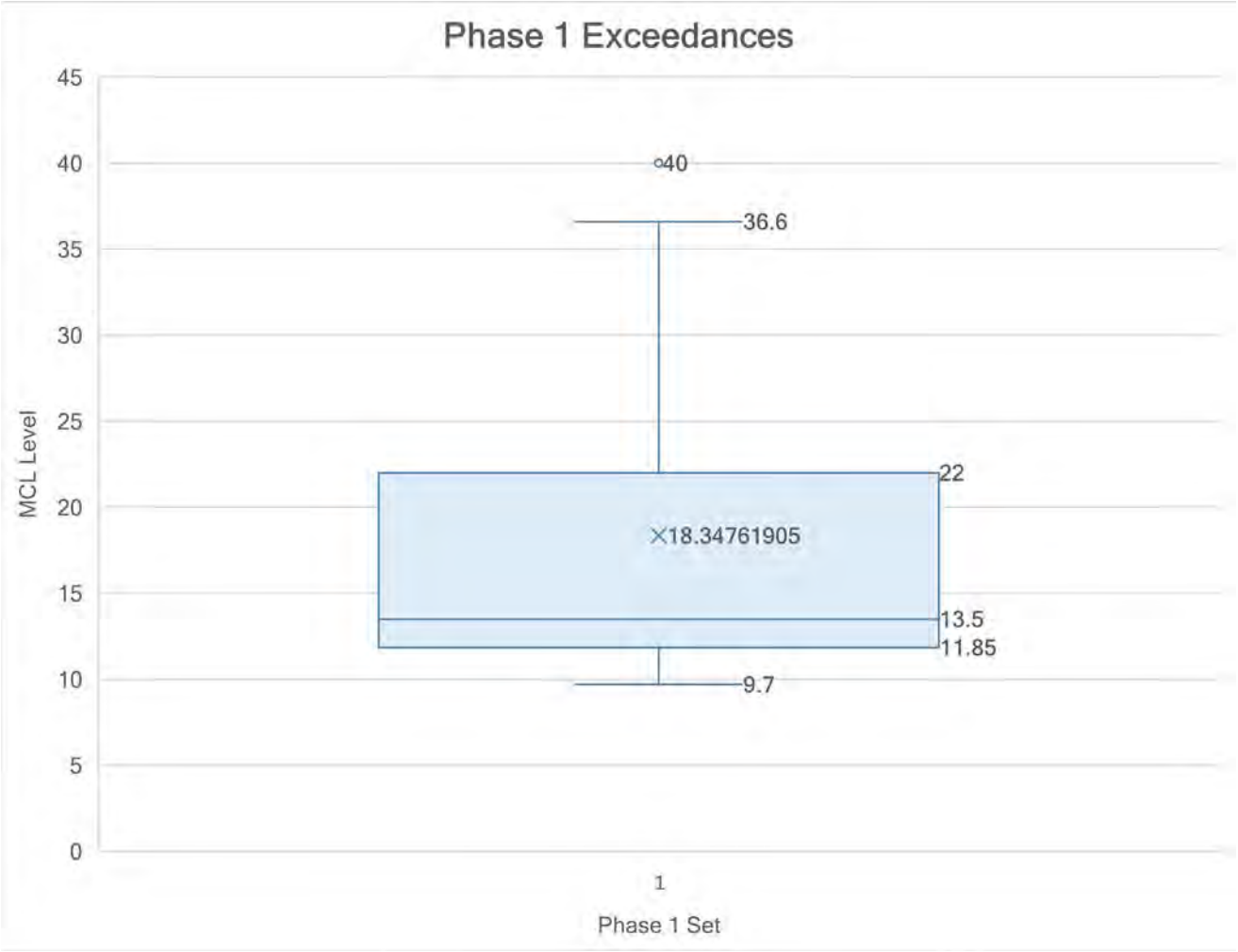


Figure 2. Range of Maximum Contaminant Level (MCL) exceedances in households for Phase 1.

Norma Garcia, who lives on a ranch near Porterville with her husband and two toddlers (pictured on the cover of this report), participated in the nitrate testing program and learned her well water was unsafe for drinking and use. After receiving the results, she immediately stopped using the well water for cooking. Norma received a POU device that keeps her family healthy.

"When I got the call I immediately stopped using the water. I was worried about my children's health so I stopped using it for cooking and even washing food."

Norma Garcia, Porterville Area Resident

The first year of the program, SHE learned that many residents who have private wells were interested in being informed about the quality of their drinking water as many private well users were worried about their families consuming contaminated drinking water and having their drinking water tested alleviated that concern.

The Water Sampling Kit Model (self-sampled and returned) did produce adequate pilot results as SHE staff learned that a significant number of kits (39%) were not returned with a water sample. It was identified that this was primarily due to transportation challenges. Many potential participants stated that they did not have a mode of transportation to return the sample to the office. This had been a constant challenge for families and demonstrated the need to reevaluate the water sample collection method.

Additionally, a few participants returned samples outside of the forty-eight-hour hold time allowed by the analytical laboratory due to the challenges of physically accessing the office. To obtain an accurate result, samples need to be processed within 48 hours of sample collection per the Environmental Protection Agency (EPA) nitrate water testing requirements. This caused a few samples to become ineligible for analysis. These restrictions led to an added constraint in a family's ability to participate.

Following up with eligible participants was a challenge for SHE staff. On several occasions, participants provided disconnected phone numbers, or if the phone number was active, there was no answer, and voicemail was unavailable. This made it difficult for SHE to follow up with a family and remind them to obtain and return the water sample.

Due to the challenges encountered during the Water Sampling Kit Implementation Model Phase and WIC staff having limited capacity to assist further, SHE transitioned to a Home Visit Sampling Model (Model 2) where collection was done by SHE staff and transportation, chain of custody and holding times violations would not be problematic.

Implementation Model 2: Home Visit Water Sampling

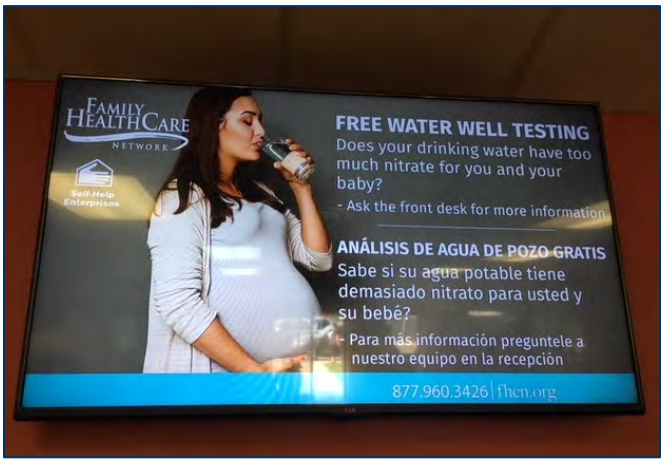
The Home Visit Water Sampling Implementation Model 2 method consisted of SHE staff determining eligibility, scheduling home visits for drinking water sampling, and traveling to the recipients' homes to collect a sample of water. SHE staff delivered the sample to the state-certified and closer City of Porterville Lab and communicated the sample results with the participant.

The Home Visit Sampling Model helped ensure that the sample was collected in a timely manner, the sample was taken by a certified water sampler, handling was done properly, and laboratory chain of custody requirements were met. In addition, this sampling model eliminated the transportation barrier that prohibited many participants from returning their samples to the WIC office. During SHE's time in the homes, families were able to ask questions and learn about the health concerns of drinking water with high nitrate levels. SHE also had the opportunity to educate participants on how to keep their family safe and discuss replacement drinking water options. Through this model, SHE staff were able to overcome the communication challenges present in the previous model and had a more directive approach over the sample collection efforts. Based on the improvements and success of Model 2, this approach is recommended for future sampling programs.

Although WIC staff were no longer processing intake forms and issuing kits, they did continue to promote the program and collected forms for SHE. A SHE staff member visited the WIC office each week to collect the forms completed by interested households. In addition, the program was expanded and offered at the Porterville Family HealthCare Network (FHCN) clinic, the Community Services and Employment Training (CSET) Porterville office and the Porterville Area Coordinating Council (PACC) office, allowing the program to reach many more families dependent on drinking water from domestic wells within the Porterville area. FHCN also agreed to further advertise the water testing program at the Family HealthCare Network clinic location in Porterville, conduct outreach to clients through their community health program, and identify participants through Nutrition Health Coaches and Community Health Representatives. SHE entered into agreements and trained key personnel on the importance of the project at each partner provider's location. Information was shared on eligibility requirements and potential health risks associated with drinking water with high levels of nitrate. The project marketing materials and intake forms were updated, and each organization received program flyers with their logo.

Program flyer for CSET.

Program flyer for Family HealthCare Network.



Information featured at the FHCN clinic.

Program flyers displayed at the CSET office.

Intake forms were collected by a SHE staff member at the partner locations. For qualifying households, SHE collected water samples, transported samples to the City of Porterville Laboratory, and provided drinking water test result information to participants.

SHE also assisted qualified participants with an interim drinking water solution to those households whose drinking water test results exceeded the Nitrate MCL. Additionally, SHE expanded the interim drinking water supply options to include a Point of Use (POU) water filter and designed a three-month piloting phase to determine the effectiveness of the filter, ensure it was delivering safe drinking water and informed the development of an individual operation and maintenance plan (O&M plan), which will advise the family on how to properly operate and maintain their drinking water filter.

SHE developed a POU Site Visit Checkoff List form to ensure the POU water well sampling procedure was followed. The Checkoff List includes the staff member's name who collected the sample, date, time, participant name, participant address, and directions to collect the sample. The directions inform the staff member to collect two nitrate samples (raw water sample and filtered water), collect a Total Dissolved Solids (TDS) sample and record the field Electrical Conductivity (EC) results or TDS monitor reading on the Checkoff List, and check and record the flow meter reading. The final step was to ask the participant for their household's weekly flow meter tracking sheet and record the last four results. This data was used to determine the effectiveness of the POUs by comparing water flow data with removal of TDS in the treated water. It is recommended that TDS level reductions be compared with nitrate level reductions to determine the effectiveness of filters and when filters should be replaced.

Outreach

During the initiation of Phase 2, SHE distributed a press release to announce the new partnership with Family HealthCare Network and to promote the well water testing opportunity at the WIC site. Two local TV channels, three newspapers and one internet news source covered the story. In the weeks following the press release, there was a surge of interest. People called to inquire about the details of the water-testing program and to ask for a water test. Although the press release specifically stated that the program is available to residents of the Porterville area, SHE staff received many calls from people that live in other parts of Tulare County. The release also stated that the program prioritizes families with pregnant

women and infants, yet calls were received from a variety of family types in need of drinking water testing. Many callers were elderly, retired, and/or disabled people that had a private domestic well and could not afford to pay for drinking water testing, or for an alternate drinking water supply.

Through SHE's partnership with Family HealthCare Network, SHE staff also attended community health fairs to distribute program information and recruit participants. SHE participated in the October 17, 2018, Family HealthCare Network Health Fair in the nearby community of Terra Bella. At this event, SHE had a booth, and a staff member spoke with residents about their drinking water supply to gauge whether attendees qualified for the program.

In order to expand the project scope and services, SHE developed a second press release and conducted several media interviews to improve program participation. The press release informed the public about the program and included information about the expansion of the program as well as new program partners where residents could inquire about the project. The press release was sent to Porterville area media outlets, including radio, TV, and print. This effort was successful in securing media coverage in the Porterville Recorder and on Univision news, Spanish-speaking news outlet. The media coverage resulted in seventeen (17) phone calls from interested residents wishing to participate in drinking water testing program. One (1) of the residents qualified for the program.

As the program continued, the program encountered some implementation challenges. While participation in the program was slow to increase, there were costs associated with implementing and managing the program as well as addressing low participation challenges. This included interested logging of participants and following up via phone calls due to persistent, unresponsiveness from families, and site visits by SHE staff to complete consent forms. Furthermore, staff invested time in coordinating media interviews by developing a press release, media list, pitch email, media outreach, and conducting interviews.

INTERIM DRINKING WATER SOLUTIONS

Two interim solution options – bottled water deliveries and installation of POU devices – were offered to qualifying households, which included families of pregnant women and infants as well as elderly, disabled, or terminally ill residents.

Bottled Water Deliveries

SHE partnered with Sparkletts, a bottled water provider, to deliver bottled water directly to the homes of qualifying participants. A total of up to fifty gallons per month was provided to each eligible household; however, families were not restricted to this and could request additional drinking water, if needed.

Bottled water was offered as a substitute for drinking contaminated well water. Once POU devices were available as part of the program in the Home Visit Water Sampling Model, recipients were able to obtain a POU if they qualified via the interim drinking water supply screening tool. Bottled water was provided to households that did not qualify for a POU water filter. In some cases, recipients who were not homeowners and rented a home preferred bottled water as they found it challenging to obtain permission from the landlord to install a POU device.

Bottled water for drinking can be a good alternate supply – especially for infant formula. While bottled water provides a short-term solution, for the long-term, residents will need to take steps to address the contamination of the household's drinking water. Many households forgo this as treating well water contaminated with nitrate or drilling a new or deeper well to resolve the contamination issue can cost a homeowner thousands of dollars. In most of the rural disadvantaged communities served by this program, most families do not have this expendable income. Additionally, purchasing bottled water for cooking and drinking may be expensive over the long-term, and households need to weigh the costs of this versus installing a new well or a treatment system.

SHE enrolled families in the bottled water delivery service program, tracked enrollment, and ensured services were adequately provided. The program coordination for bottled water deliveries, including staff time to enroll, track, and ensure service is provided, and is more streamlined compared to POUs.

It is important to note that sometimes deliveries did not happen due to driver error, locked gates, or because a resident had moved and did not notify us. Some households were removed from the list after being provided a POU. It is also important for program staff to review monthly invoices to ensure all families are receiving bottled water.

Throughout the duration of the program, a total of thirty-four (34) households received an interim solution. Of those, nineteen (19) households received bottled water delivery service due to nitrate exceedance.

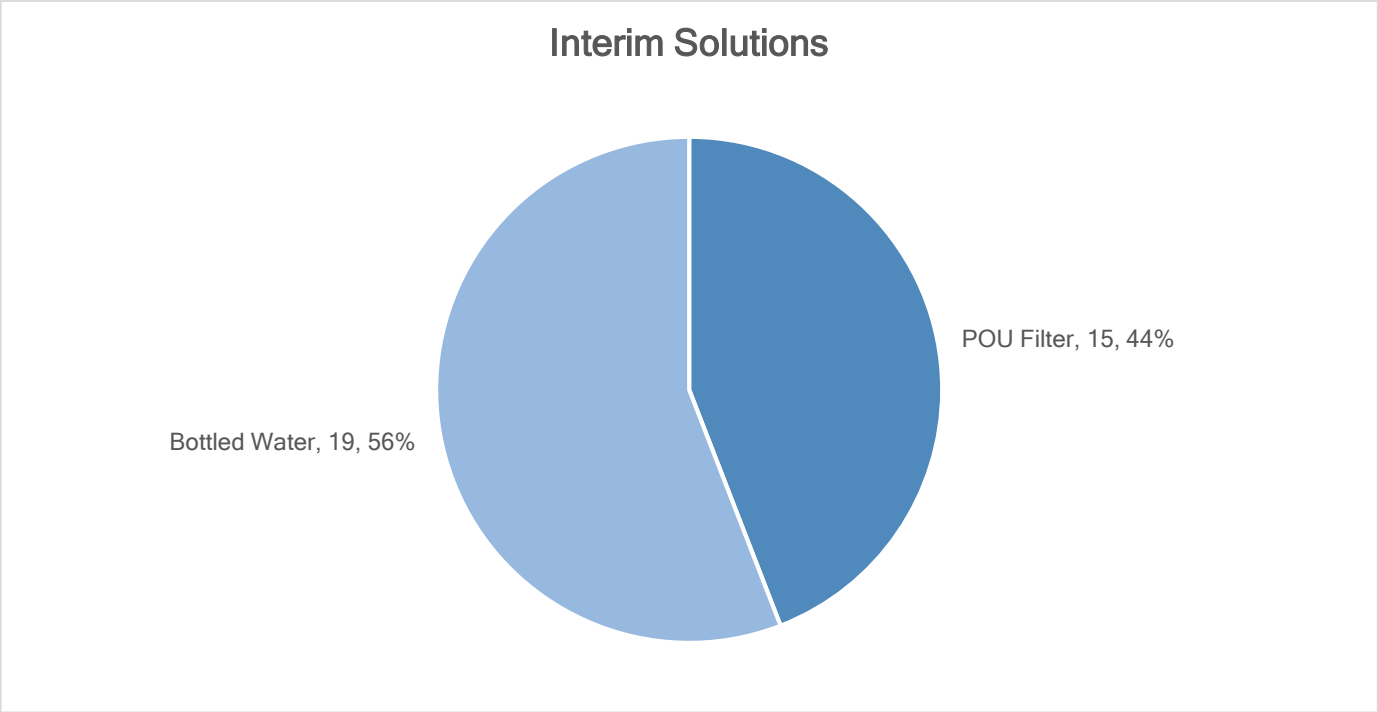


Figure 3. Nineteen (19) households were provided with bottled water delivery service, and fifteen (15) had POUs as interim solutions.

Monthly costs for the bottled water program in 2019 ranged from $288 to $412, with an average cost of $327.09.

Point of Use Devices - Whirlpool Model WHAROS5

Through this program, the goals of utilizing the POU device were to identify an affordable, yet effective POU device that could remove nitrate to a safe level, be easy for households to maintain, as well as collect and utilize data collected during the pilot phase to develop household-specific Operation and Maintenance Plans.

SHE chose to utilize and offer a POU Reverse Osmosis (RO) system as these systems were implemented for other projects by the organization and had proven successful in reducing nitrate in water to acceptable levels. Many such systems are certified by the National Science Foundation (NSF) for reducing nitrate to acceptable levels when the water source is less than twice the nitrate MCL. RO Systems typically come with pre-filters for sediment removal and granulated activated carbon (GAC), which together can remove a variety of other constituents in the water, including chlorine, organics, inorganics, bacteria, and particulates. After comparing the purchase price, installation cost, tank cost, startup cost, yearly filter cost, and timing for replacement filters, the Whirlpool Reverse Osmosis (RO) Filter System Model WHAROS5 was selected. This unit was selected as it can effectively treat high nitrate levels, can be easily ordered online, and appeared to be cost-effective for families' ongoing operation and maintenance. Two (2) households received the Whirlpool RO Filter System Model. SHE staff evaluated filter options and researched the components needed for a complete system. In addition to the RO unit, a flow meter, and total dissolved solids, or TDS monitor was included. The components of the Whirlpool RO system along with the flow meter and TDS monitor are shown on the following page.

Whirlpool UltraEase Reverse Osmosis POU filtration system.

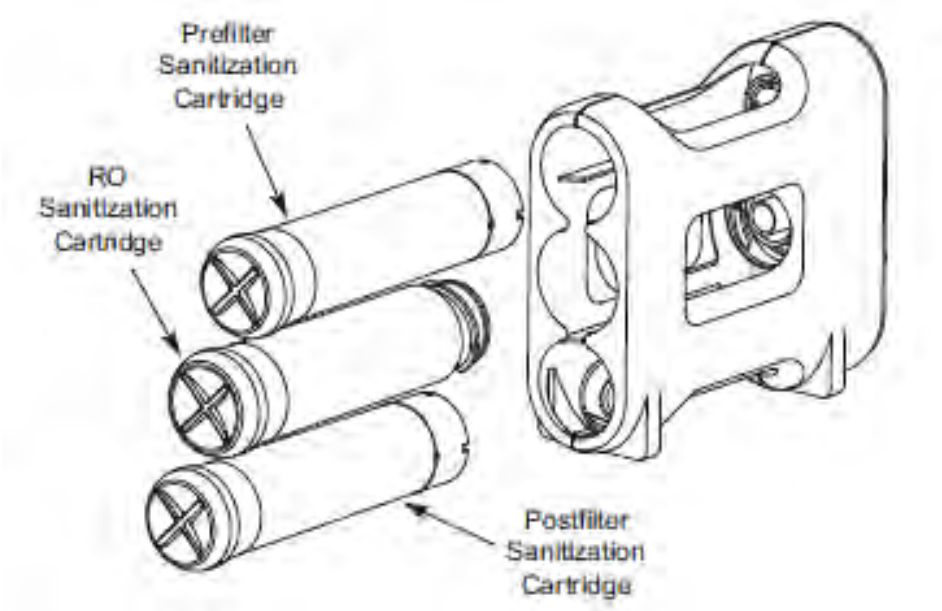
Replacement filters.

DIGIFLOW 800T digital water flow meter.

RO-CHECK POU TDS Monitor.

For the Whirlpool Reverse Osmosis (RO) Filter System Model WHAROS5, the schedule to change the components are:

Critical POU Replacement Components	Maintenance Schedule
Pre-Filter Sanitization Cartridge	Replace every 6 months. Record the date on the maintenance tracking table.
Reverse Osmosis Sanitization Cartridge	6 months - 1 year; when the production rate and/or quality of product water drops, please change the filter. Record the date on the maintenance tracking table.
Post-Filter Sanitization Cartridge	Replace every 6 months. Record the date on the maintenance tracking table.
Battery	Replace every 6 months.



The cost of maintaining the Whirlpool UltraErase Reverse Osmosis water filtration system will vary by vendor. Self-Help Enterprises recommended that households order replacement parts on Lowes.com or Amazon.com. Estimated costs of replacement filter elements (part number WHEERF) or replacement membranes (part number WHEERM) range from $39 to $59.

Based on SHE staff's experience implementing other POU programs, SHE conducted a three-month piloting phase to determine the effectiveness of the POU system and ancillary components to evaluate and ensure the system was delivering safe drinking water. The purpose of the POU piloting phase was to determine if proper use of either an NSF/ANSI Standard 58 certified or a California certified reverse osmosis POU water treatment device would reduce nitrate levels to below the MCL for families supplied with domestic well water exceeding the nitrate MCL. In addition, data collected was used to inform the development of an individual operation and maintenance plan (O&M plan) to properly operate and maintain the POU system. The piloting included water testing of the raw and treated water for the first three months of POU system use for five total sampling periods – Sample 1: initial sample at install, Sample 2: two weeks from install, Sample 3: two weeks after first bi-weekly sample, Sample 4: one month after second bi-weekly sample, and Sample 5: one month after first monthly sample. After the first three months of sampling, SHE staff reviewed the water test results and determined if the device was working properly and developed recommendations for continued use. This initial POU system had a projected ninety percent nitrate reduction rate.

In this process, SHE experienced challenges with flow meters as some counted up, and some counted down due to not ordering a consistent flow meter throughout the initial pilot phase creating an opportunity to throw off the data analysis. Furthermore, SHE does not recommend relying on the pre-manufactured indicator light. This light indicator, unlike a digital indicator, notifies when a filter needs to be replaced based on the time period of the indicator installation. As such, it does not provide an accurate representation of use and is not tied to the treated drinking water quality, but rather when the manufacture gauges that the filter should be changed based on the period of filter installation. Rather, the pilot helped inform that using a Total Dissolved Solids (TDS) monitor and flow meter will help determine the appropriate time to replace the filter cartridges. The TDS monitor informs via indicator if the concentration level of dissolved solids, including nitrate, may be high in the source water.

Initially a licensed plumber installed the POU systems, which included a storage tank with a flow meter under the kitchen sink. The family also received a TDS monitor, maintenance information, an educational factsheet about nitrates, and a TDS and a flow meter tracking sheet. Training provided to the household included the use of the TDS monitor, use of the

POU device, and maintenance of POU device. Initial samples were taken for Nitrate from the kitchen sink faucet (raw water) and POU faucet (treated water). Initial samples were taken to determine if the POU adequately reduced the nitrate level below the MCL of 10 mg/L. If the sample test results determined that proper nitrate reduction occurred below the MCL, the POU was placed into use. If, on the other hand, treated water contained a nitrate level above the MCL of 10 mg/L, the filters were replaced, sanitized, and sampling repeated. If, after the repeat sample was taken, the result indicated that the treated water was still over the MCL, bottled water would be recommended. For systems passing the initial sampling process, on a weekly basis, each POU system family was requested to take TDS readings, a flow meter reading, and record each reading on the provided tracking sheet. Additionally, raw water and filtered water samples were scheduled to be taken twice during the first two months (i.e., bi-weekly) and once every month for the next two months.

SHE experienced both success and challenges with the Whirlpool system. SHE staff were not able to collect all of the samples desired during the pilot phase and ultimately could not tie TDS levels to nitrate concentrations. However, the system did reduce nitrates to a safe level, and SHE developed an Operations and Maintenance Plan for households with this system.

To receive a POU device, SHE entered into agreements with the homeowners and tenants. A copy of the agreement is included in the Appendices. SHE then purchased and installed the POU systems.

SHE created a spreadsheet to track the performance of the POU Filters, which included installation dates and nitrate sample results, through the three-month pilot phase, as well as TDS and flow meter readings. This data can be used as a guide for the development of the ongoing monitoring plan.

Point of Use (POU) Devices – Culligan Advanced AquaCleer

Initially, SHE piloted the Whirlpool POU device with components from diverse vendors that met the needs of the project. After encountering challenges with the initially piloted system with diverse vendors, SHE contacted another vendor. Contact with Culligan proved successful in developing a package with all the necessary components and installation costs that could be purchased from one vendor. Additionally, later SHE learned that a maintenance credit could be added to this package to cover O&M expenses, including filter replacements. Obtaining the complete system through Culligan made the ordering and installation process run more efficiently.

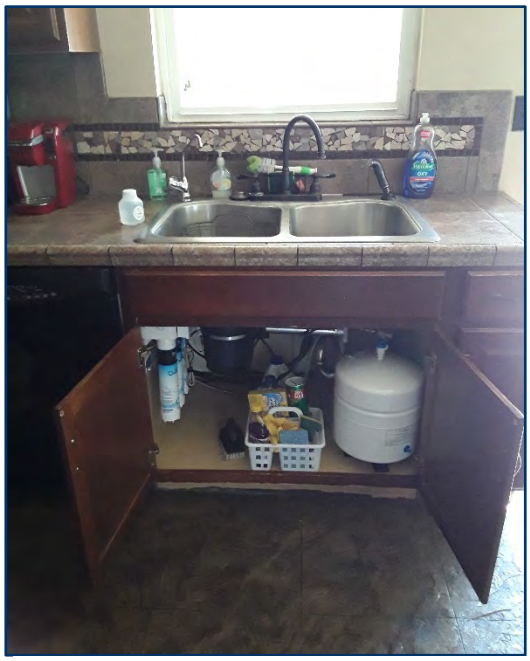
The components of the Culligan system with associated components are shown below:

TDS Monitor.

Water Quality Monitor.

Replacement Filters.

To better serve the program participants, SHE then negotiated a new POU package deal with Culligan that greatly benefited families and allowed them to have safe drinking water after the program's completion. The new package deal included a RO, 3-gallon tank, pre-/post-filters, RO membrane, one-year maintenance service, lighted TDS monitor, digital TDS monitor, and flow meter. Families have obtained credit on their account and need to only call to obtain replacement filters. For an additional small investment, the new package provided benefits to the families after the program's completion with the credit on their account. Furthermore, households could take in drinking water samples for nitrate testing for a period of one year at no cost after the piloting phase was complete. This was a success of the program as SHE identified a POU unit and O&M plan that addresses the needs and goals of the program.



POU device units installed under the kitchen sink of the Fleinshauer household.

Culligan staff member installing a POU device at the Eaton household.

It is recommended that Management Zones consider this model with a "one-stop" vendor such as Culligan for installation, maintenance, and filter replacement. SHE specifically worked with the Culligan location in Lindsay, CA. It is recommended to check for information and pricing with local vendors that can provide on-going service.

Upon installing and sampling the POU system at one household, SHE learned that the POU was unable to reduce the nitrate levels below the MCL due to low water pressure. This household was unique as it had very high nitrate concentrations (twice the MCL) and also low water pressure.

Based on this challenge, SHE amended the drinking water well sampling process and incorporated taking a water pressure reading. By taking the reading when sampling the well, SHE could then determine if a simple POU could be offered if the sample came back with a nitrate MCL exceedance. Further, SHE learned how to mitigate low-pressure issues via the use of a booster pump but also that Culligan could offer a unit that would filter the water twice (second in series RO filter) for homes with higher nitrate concentrations.

The Culligan Model Aqua Cleer utilized in the pilot test was fabricated to allow for an additional filter cartridge, which can be utilized in households with nitrate results twice the MCL. If needed, a booster pump and/or an additional RO cartridge could be installed in homes where nitrate levels exceed 200% of the MCL. However, there are limitations to the level of high nitrate removal, and there will be more water wastage with multiple RO filters. It is recommended that bottled water continue to be delivered to these homes while these systems are piloted. Additionally, for these very high nitrate situations, residents should be asked to run water (they do not drink or cook with) to allow water to flow through the POUs while recording flow meter reading and Total Dissolved Solids (TDS) levels as well as collecting nitrate samples both for raw water and for filtered water. Once the effectiveness of the POU has proven to reduce nitrate levels in the treated water below the MCL, it is recommended the “enhanced” POU unit be utilized.

SHE updated the process for the POU piloting phase to move from collecting drinking water samples twice in the first month following installation to taking samples weekly. However, staff experienced some challenges in contacting and implementing the new process. To address this, SHE developed a call log and updated the letter to POU recipients to notify them when their water would be sampled, who would be conducting the sampling, and providing contact information for SHE staff.

SHE educated households that have existing POU devices to ensure that participants understand how to use the equipment and operate the device after the program’s completion.

Of the 34 households that received an interim solution, 15 received a POU filter to reduce the contamination levels to a safe nitrate MCL. Two households were provided the Whirlpool units, and these homes have been provided replacement filters instead of maintenance credits. Additionally, they will also be provided with a different O&M plan.

Tracking the POU performance was conducted for the 15 households that received a POU device. Fourteen of the fifteen households with POU filters experienced a consistent decrease in nitrate contamination levels. One household's POU system failed to reduce the nitrate level to below the MCL threshold of 10 ppm due to low water pressure, but, as mentioned before, performance results improved following the third water sample with the installation of a booster pump to increase the water pressure to improve the POU system's efficacy (shown in yellow in Figure 4). POU filters have proven to be effective in significantly reducing the high nitrate contamination levels.

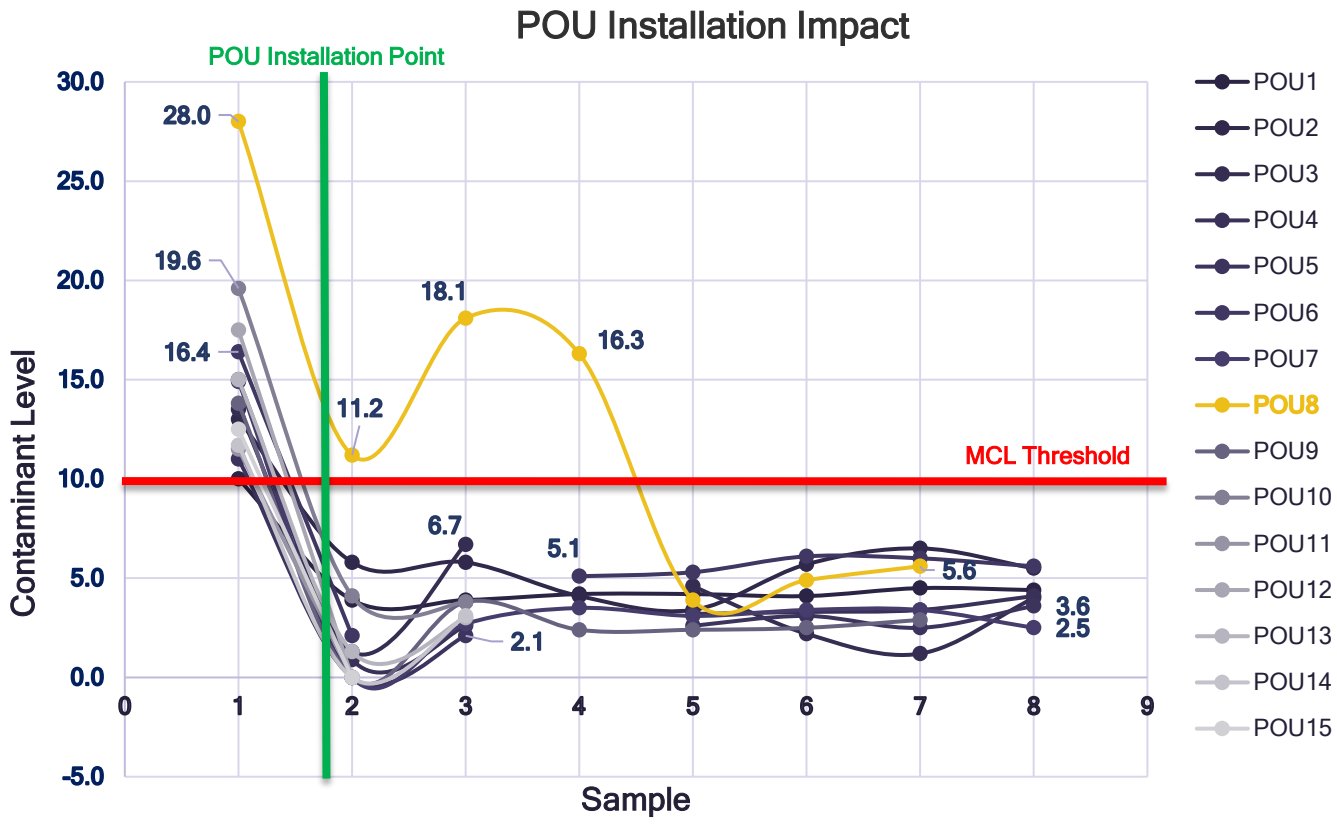


Figure 4. Fifteen (15) households received POU filter installations. SHE tracked performance to measure impact.

The piloting of the POU systems confirmed that the installation of a POU is a viable option to address nitrate contamination. However, there are circumstances under which a POU is and is not appropriate. The following circumstances need to be determined or addressed prior to installing a POU:

- Nitrate exceedance levels matter. A typical POU system may not be effective if nitrate levels are too high. However, a different unit can be utilized, e.g., a unit with a second in series RO filter.

- If the water pressure in the house is too low, it may affect the effectiveness of the POU unit. Therefore, it is important to take the water pressure at the time of water sampling. A booster pump can be added to increase water pressure and ensure the effectiveness of the water filter.
- The size of the family and their water use is a factor in determining effectiveness. Reverse Osmosis POUs can only filter a limited amount of water at a time. For larger families, a larger storage tank may be needed and/or bottled water may need to be provided in addition to the POU.
- Ongoing water sampling must be conducted to demonstrate the effectiveness of the POU system to the participating families. Program participants need to trust that the filtering system is working.
- A POU should not be installed unless the participant is properly trained on proper O&M and knows how to identify if the unit is not working properly. Depending on the O&M schedule, the unit may become ineffective before it is serviced due to water use or other factors. As an alternative, it is recommended that an agreement is signed between the property owner, renter (if applicable), and Management Zone Implementer that allows for a third party to periodically change filters and maintain systems.
- If a Management Zone seeks to deliver safe water, they should consider testing for other common and known contaminants found in the area to assist in selecting if a POU would be appropriate. An RO POU may not always be the appropriate treatment technology depending on the contaminant(s) found. Unlike nitrate, volatile organics can be health hazard due to exposure to skin and via inhalation. RO treatment may not remove volatile organic compounds, nor does drinking bottled water remove skin exposure or prevent inhalation.
- A POU may not be feasible if the condition of the faucet and plumbing in the dwelling is old or inaccessible.
- If the participant is a renter, they will need to obtain permission from their landlord to install and maintain a POU. Without permission, the POU should not be installed.

CUMULATIVE RESULTS OF THE PROJECT

Overall, SHE received interest from 211 households throughout the program service area, with 190 specifically coming from the Porterville area. Over a hundred wells were sampled by SHE for the WIC Nitrate Drinking Water Testing and Interim Drinking Water Supply Project.

A breakdown of where those interested households are located is shown in Figure 5.

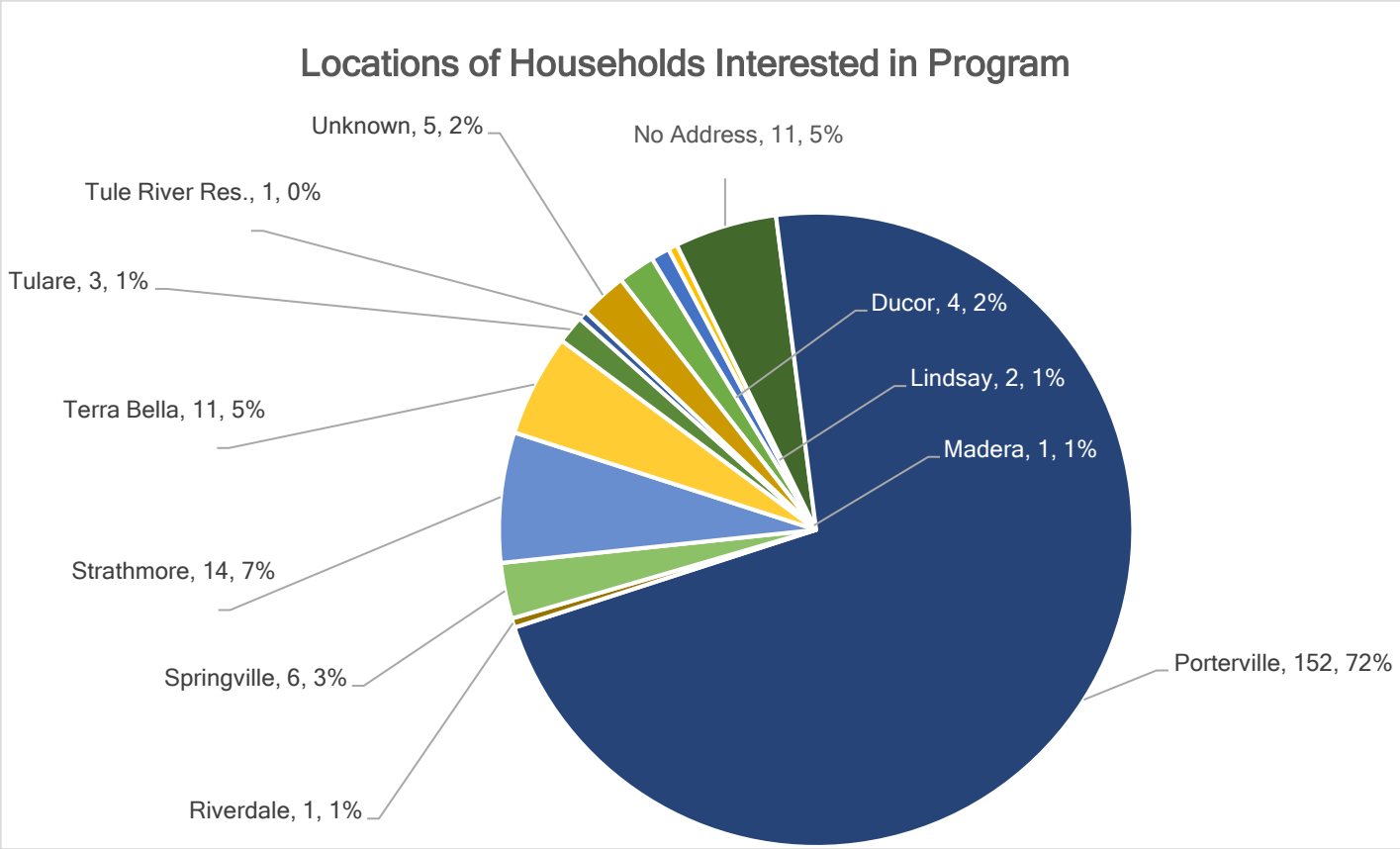


Figure 5. SHE received an overall response from 211 households throughout the San Joaquin Valley.

Of the 211 households expressing interest in the program, the majority of interested households came from SHE's partnership with the WIC program in Porterville, followed by contacts with Family HealthCare Network. A breakdown of the sources of interest is shown in Figure 6.

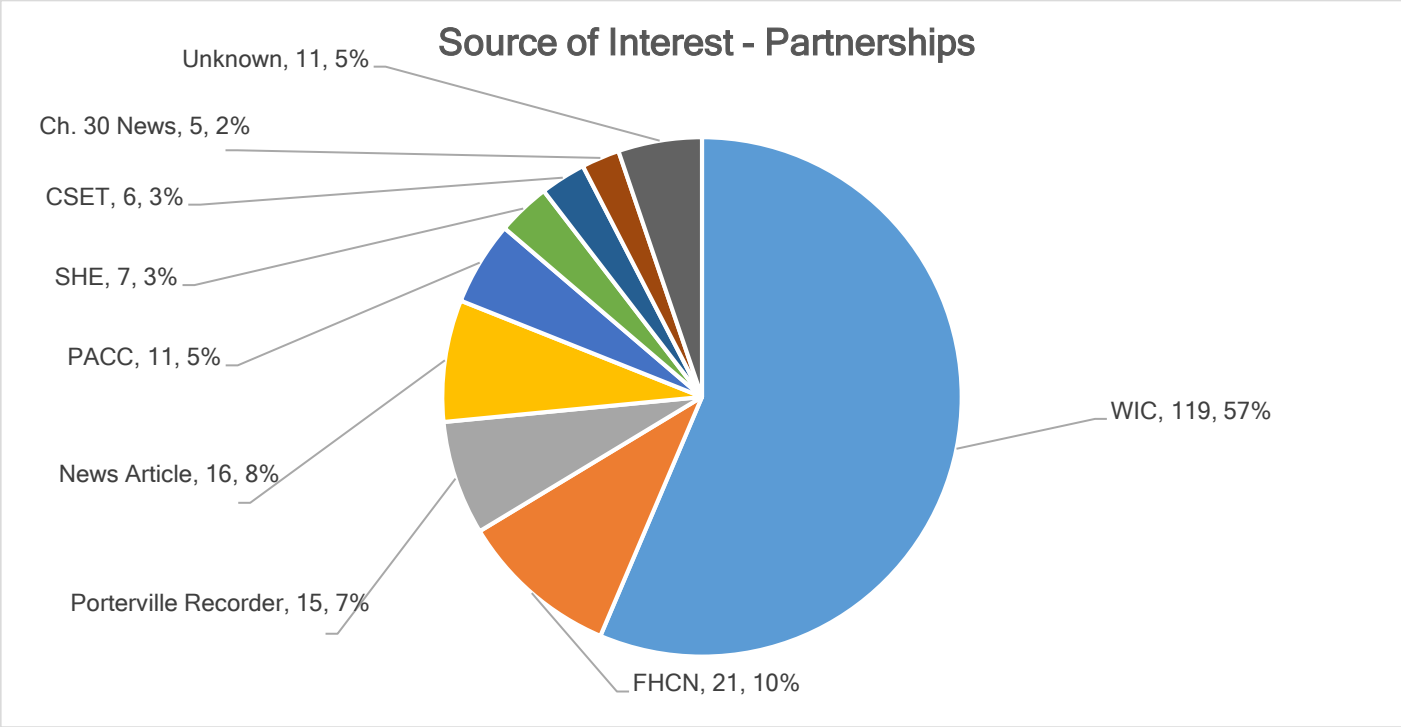


Figure 6. The majority of interested households came from SHE's partnership with WIC, followed by Family HealthCare Network.

SHE staff was then able to contact 190 households. Of that total, 117 households had their well water sampled for nitrate contamination levels and 70 declined to sample or were not sampled for other reasons. Of the 117 water samples taken, 49 households had water in excess the nitrate MCL, while 68 water wells had results with nitrate levels below the MCL. Out of the 49 households with a nitrate exceedance, all were eligible to receive an interim drinking water solution, as shown in Figure 7.

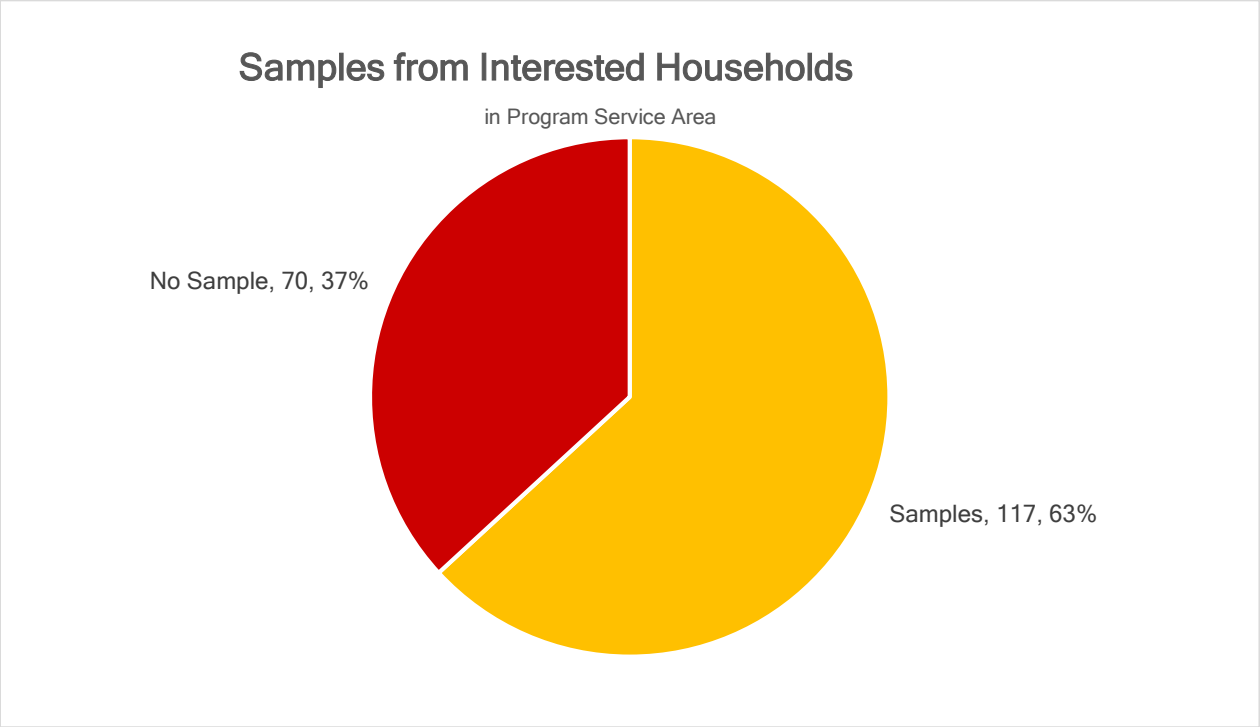


Figure 7. Out of the one-hundred ninety (190) households who shared interest, 117 households were sampled.

Forty-two percent of sample results (49) of the 117 wells tested indicated an exceedance of the nitrate MCL of 10 ppm. Figure 8 illustrates the scattering of results above and below the 10 ppm MCL level. Figure 9 further illustrates this distribution of nitrate levels.

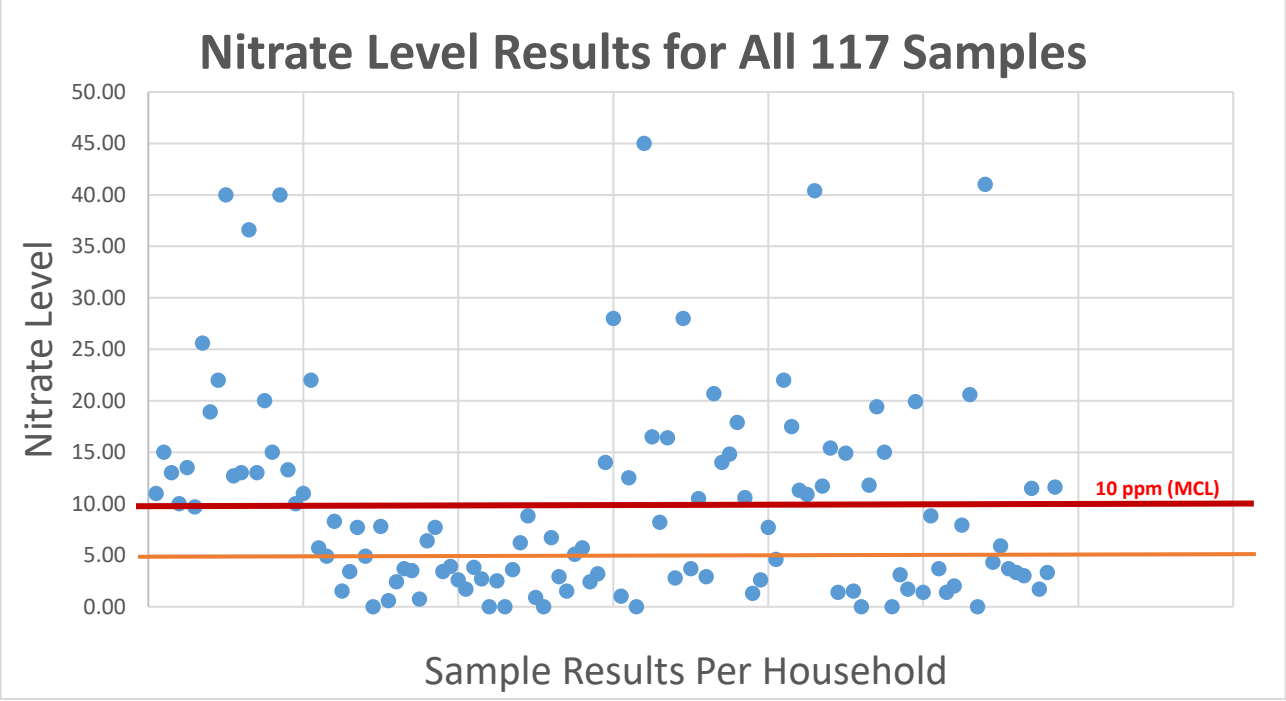


Figure 8. The red line indicates the 10 ppm where sample results are shown as exceeding or nearing the Maximum Contaminant Level.

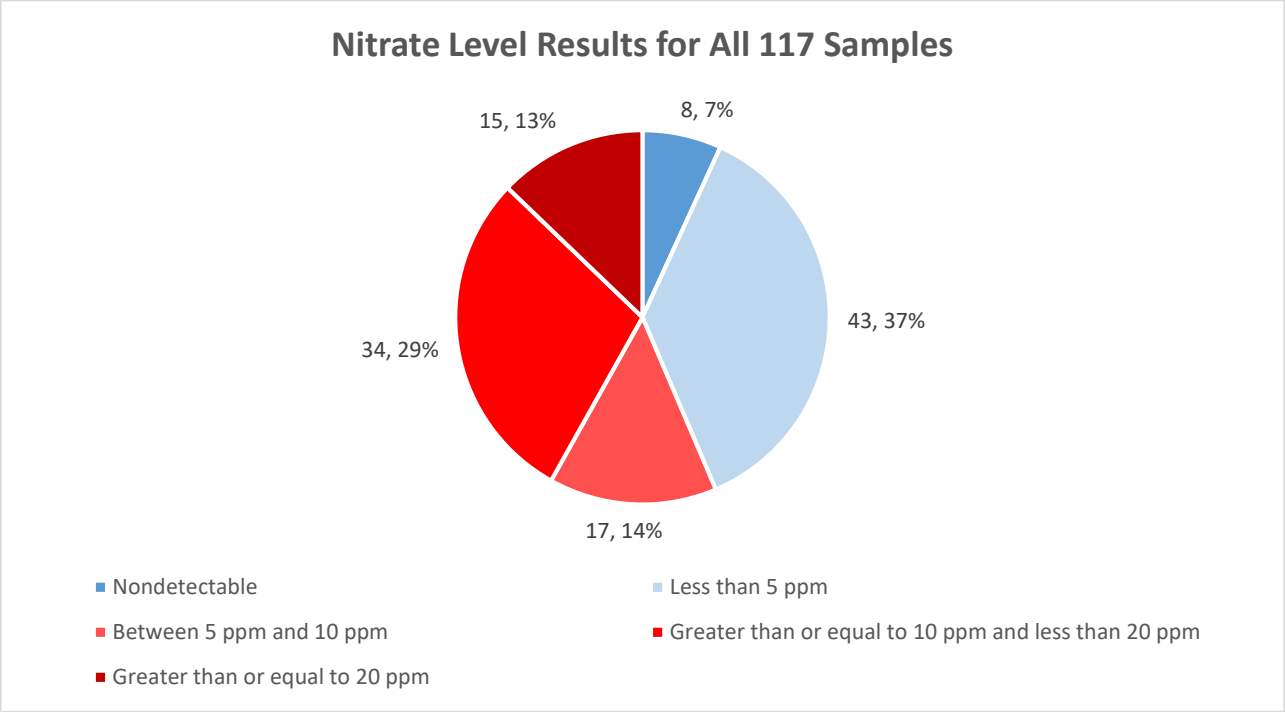


Figure 9. Forty-two percent of sample results indicated an exceedance above 10 ppm for nitrate levels.

The following is a summary of the cumulative results of the program:

DESCRIPTION	TOTAL
Households Eligible for Interim Drinking Water Supply	49
Households Who Have Received Bottled Water	19
Households Received POUs	15
Transitioned from Bottled Water to POU	1
Connected to a Public Water System	1
POU Monitoring Samples	83

SHE originally qualified forty-nine (49) households for bottled water. Of the total qualifying households, nineteen (19) households received bottled water. To minimize project costs and ensure families continue to obtain safe drinking water even after the program, SHE staff encouraged several families to move away from bottled water and transition to a POU filter. In response, one (1) households made that transition. One (1) household was also connected to the City of Porterville's public water system.

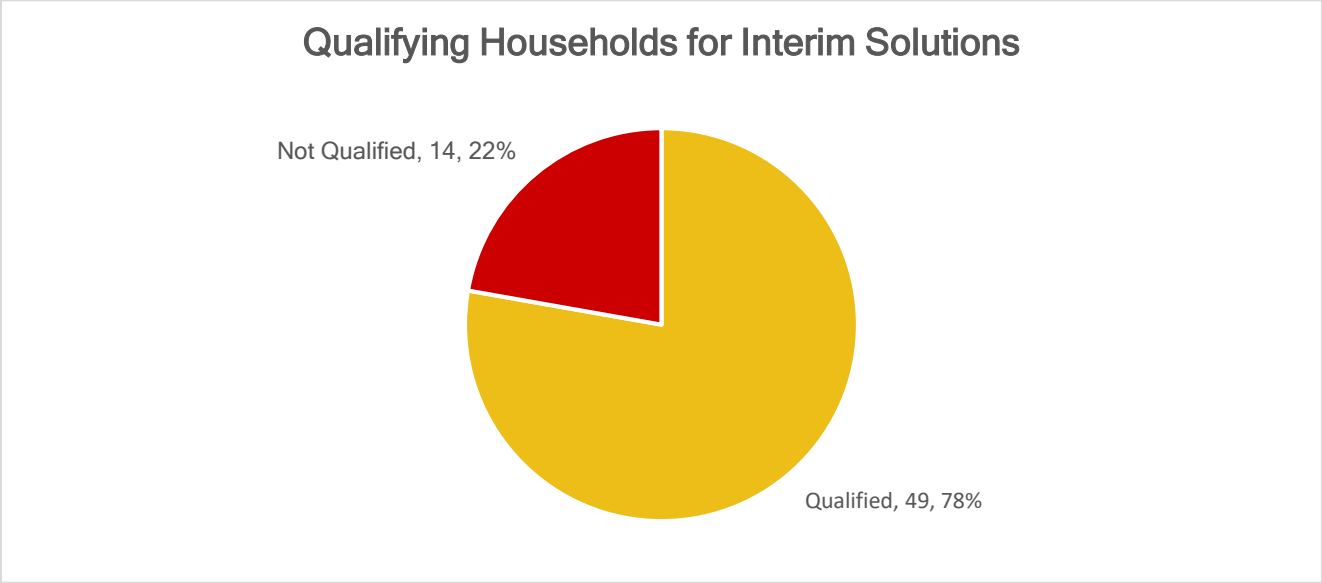


Figure 10. Forty-nine (49) households qualified for an interim solution upon finding an exceedance in contamination levels in their drinking water.

SHE determined that out of the 211 households interested, 63 potentially qualified, but forty-nine (49) households qualified for a POU device upon receiving results indicating high contamination levels of nitrate in their drinking water. During the program, fifteen (15) POUs have been installed. Fourteen (14) households with exceedances were not provided an interim drinking water supply because they are either obtaining bottled water via Tulare County's bottled water program, had an existing water filtration system, or were awaiting consent from their landowner for the installation of POU. The remaining households were not provided an interim solution as SHE staff were unable to reach them and qualify them for one of the available options.

Additionally, treated water quality from eighty-three (83) POU monitoring samples were collected and sampled through November 20, 2019. The installation of Point of Use (Reverse Osmosis) under the kitchen sink treatment units demonstrated overall promise. For those POUs treating water from domestic wells with nitrate as nitrogen concentrations of 10 to 20 ppm (100 to 200% of the MCL), removal rates ranged from 55% to 94%. For one (1) home with a POU unit treating nitrate levels over twice the MCL (28.0 ppm), the nitrate removal rates were only 31 to 60% leaving the treated water with levels exceeding the MCL (11.2 to 18.1 ppm). Initially, this POU was not delivering safe water due to low water pressure issues. SHE worked with Culligan to address the issue by installing a booster pump. By installing the booster pump between the domestic well source and the POU device, further removal occurred with 83% to 86% removal rates netting nitrate as nitrogen levels from 3.9 to 4.9

ppm. Based on this experience and these results, it is recommended that pressure readings at each household be taken and recorded at the time of sampling.

RECOMMENDATIONS

Lessons Learned

The project team undertook a process of self-evaluation, noting key lessons learned. As part of the coordination and facilitation process, the project team discussed what went well and what was challenging. This section summarizes some of those lessons learned.

Successes

- A significant number of families were willing to have their domestic well water tested and learn about nitrates, as many residential wells have never been tested. People who have private wells are not only interested in knowing their drinking water quality, but many are worried about the contamination their family may be consuming, and having their drinking water tested alleviates that concern.

- The Porterville WIC office was an ideal location to pilot the project because of the known history of nitrate contamination in the area and a personal working relationship with WIC staff.

- It is important to raise awareness about the dangers of high nitrates in drinking water, water testing, and water quality in order to take immediate action for the contaminant's presence.

- Collaborating with several key partners in the service area helped expand the reach of the program. Successful implementation of the project requires partnering with an organization that is based locally and trusted by the community.

- Distribution of two press releases was successful in promoting the program, particularly by having a mix of radio, television, and print outlets feature the story. It is important to be specific about the guidelines to minimize calls from residents that do not qualify.

- Bottled water is a safe, convenient alternative for families that do not qualify for a POU system. The program coordination, including staff time to enroll, track, and ensure

service is provided, of bottled water deliveries, is more streamlined compared to POUs.

- SHE addressed the transportation barrier by implementing a "Home Visit Water Sampling" model. Under the "home visit water sampling" model, SHE staff were responsible for determining eligibility, scheduling the sampling, and traveling to the recipients' homes to collect drinking water samples. The home visit model allowed for a quicker turnaround time from participant interest to obtaining test results.

- The installation of a booster pump helps raise water pressure improving POU performance and efficacy.

- SHE negotiated a new POU package deal with a local vendor that greatly benefited families and allowed them to have safe drinking water after the program's completion.

- SHE worked with households that have existing POU devices to ensure that participants are educated on the use of the equipment and that they can operate the device after the program ends.

- Offering a consistent (more than 6 months) program reduces project administrative costs and project implementation challenges

- Staff who are proficient in English and other languages, including Spanish, who can communicate with individuals in their common language, can help build trust and effectively implement the program.

Challenges

- Throughout the implementation of the program, SHE identified that there is a need outside of the Porterville program service area. SHE received a high volume of calls from participants outside the service area, which supported the need to offer a countywide program. Those interested in the program expressed their concern about not knowing their drinking water quality and that they are equally concerned for the health and wellbeing of their families.

- The interest in the program slowed over time. After analyzing the possible causes of the declining trend, SHE identified that samples had been collected from residents that frequent the offices of the project partners. Although there has been low participation, SHE received feedback from program participants that providing nitrate testing at no charge, and easing the sample collection removed significant barriers to well water testing.

- Incorporating the WIC staff's capacity to fit with the program: It took time to work with WIC to determine how the program could complement the daily operations/processes at WIC. Therefore, it was determined that, during the WIC enrollment interview, WIC employees would ask clients whether they are serviced by private wells.

- While participation in the program was slow, there were costs associated with implementing and managing the program as well as addressing low participation challenges. This included interest logging for participants and following up via phone calls that resulted from families being unresponsive and site visits by SHE staff attempting to complete consent forms. Furthermore, staff invested time in coordinating media interviews by developing press releases, a media list, pitch email, media outreach, and conducting interviews to increase participation.

- Point of use (POU) water filters can reduce the nitrate levels to a safe level. Additional education is needed to ensure that families are able to trust and utilize the water coming from the point of use water filter.

- SHE staff also spent time updating tracking sheets to improve tracking of the program. Staff updated the POU tracking sheet to ensure that TDS and flow meter readings were being recorded. A review of the tracking process helped determine what changes and processes needed to improve. Necessary program administration needs included the preparation of monthly and final invoices and vendor payments.

- The cost to establish the program was high at the beginning as SHE invested time in setting up, developing internal documents for tracking and implementation, developing marketing materials, and working through the County on implementing the project.

Costs stabilized mid-way through the project and increased near the end do to the costs for administration of the program and reporting, data compilation, and closeout.

Recommendations

For management zones seeking to implement similar projects in other parts of the State, it is recommended to consider the following:

- Develop a work plan that sets clear goals and objectives, designates roles and responsibilities for each staff person working on the project as well as hiring a full-time staff that is key to conducting follow-up with uncontacted, interested participants and follow-up on action items.

- To increase impact in the target area, identify other partners that are community-based.

- When establishing partnerships, be intentional in the way that the program is promoted, so there's minimal impact with staff time, and it is tailored to meet their needs. For example, for the WIC office, SHE developed prompts for WIC staff to ask about offering drinking water testing. Additionally, SHE also developed flyers prompting WIC clients to ask about the program.

- Develop partnerships with schools to inform parents of the program and how to participate.

- Utilize community events to reach potential participants. Event calendars from partner agencies or the community should be vetted to determine if any upcoming health fairs are being held in the program's target area.

- The need for sampling domestic water wells may expand beyond the families that are served by most vulnerable populations (i.e., pregnant women, infants, and children). Determine clear program qualifications, target populations, and program boundaries upfront.

- Consider expanding contaminant testing through other programs: There may be a need to sample wells for other potential contaminants that may be encountered in the area. A low nitrate result may give a family a false sense of security if there are other untested contaminants present at regulated levels in the drinking water. Other drinking water funding programs may provide funding for testing and treatment of drinking water found to have contamination other than nitrate.

- If offering a POU to remove nitrate, use systems with reverse osmosis, and note that these treatment systems require careful maintenance for effective operation, a comprehensive Operation and Maintenance plan, as well as maintenance credits with a local vendor, which can maximize the effective operation of the units.

- To help the Home Visit Water Sampling Model run more effectively, SHE recommends leaving or sending an appointment card to participants. For staff, SHE recommends an online calendar system that can be accessed via an app to schedule initial drinking water samplings, POU installation, and POU water testing appointments.

- Account for project startup costs. The cost to establish the program was high at the beginning as SHE invested time in setting up, developing internal documents for tracking and implementation, developing marketing materials, and working through agencies to start implementing the project.

CONCLUSION

Many residents in the San Joaquin Valley rely on groundwater for some or all of their drinking water. Yet, nitrate is one of the State's most widespread groundwater contaminants – particularly here in the San Joaquin Valley. The acute health effects of drinking water with high levels of nitrate contamination make this an urgent public health issue. Most affected are small, rural communities that are predominately low-income Latino households.

The WIC Nitrate Drinking Water Testing & Interim Supply Project was funded to sample water to measure the presence of nitrates in private wells that provide drinking water to recipients in and around Porterville. The quality of safe drinking water is a concern. The findings of this report indicate the immediate need for further drinking water testing of nitrate and other common contaminants. Although there was a limitation to the program with only testing for nitrate, the San Joaquin Valley is prone to other drinking water contaminants, including arsenic, uranium, and 1, 2, 3-TCP. Families impacted by nitrate and other contaminants need to be educated about the quality of drinking water and how the presence of contaminants can affect their family's health. Other known contaminants in the area's groundwater should be tested from private domestic wells to improve the acceptance and completeness of the program.

This pilot program featured two methods for delivering the program – the Water Sampling Kit Model and the Home Visit Water Sampling Model. The pilot program found limitations with families taking a water sample and returning it to the Porterville WIC office. The Home Visit Water Sampling Model was the most effective option. In addition to helping solve transportation and dropping off samples outside of WIC office hours, the Home Visit Water Sampling Model provided face time with families at their home, which allowed staff to encourage sampling of the POU system and build trust in using the POU. It was important to educate participants how the POU water system treatment works to develop confidence in using the system and drinking the filtered water.

Additionally, bottled water was a convenient way to jumpstart the program and it gave an immediate solution for households that were unable to install a POU due to various limitations. There is a need to invest time in educating participants that cooking with nitrate-

contaminated water can increase the nitrate concentration and that the bottled water or POU system is provided water for drinking as well as cooking.

Furthermore, management zones need to partner with local nongovernmental organizations that are known and trusted in the area rather than, for example, consulting firms that may not have the on-the-ground knowledge about the communities. These organizations can recommend program partners from their network of established relationships, and conduct appropriate community outreach—both in tactic and in language.

Ultimately, the WIC Nitrate Drinking Water Testing & Interim Supply Pilot Project program reduced nitrate exposure at home for participating households and taught partner organizations about who is at risk and the health risks associated with consumption of water with high nitrate levels. The training they received will allow them to inform and educate their clients for years to come.

Management zones in California, particularly the San Joaquin Valley, can benefit from implementing a water well testing program and follow-up with programs that offer short term and long-term solutions for those households with noncompliant drinking water.

APPENDIX A: FINANCIALS

Total Expenditures, as of February 28, 2020		
Nitrate Testing	$	5,786
Coliform Testing	$	-
Water Sample Transportation	$	925
Bottled Water	$	11,160
Education Materials	$	847
Project Management	$	195,182
Mileage	$	(531)
Other	$	63
POU Filtration Systems	$	23,462
Total	$	236,895

Chart 1. Breakdown of total expenditures as of February 28, 2020.

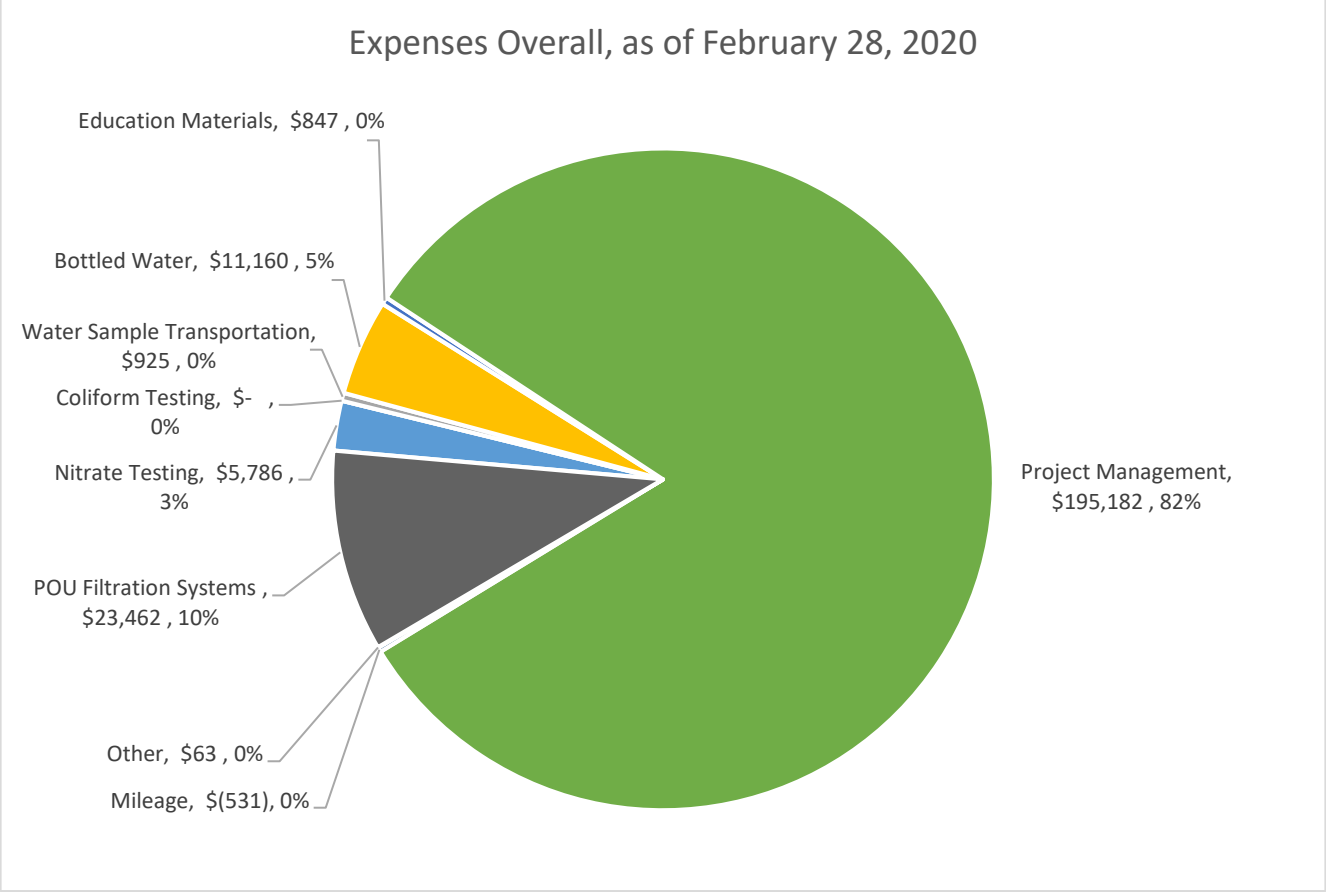


Chart 2. Charges made to CVSC from September 1, 2016, to February 28, 2020.

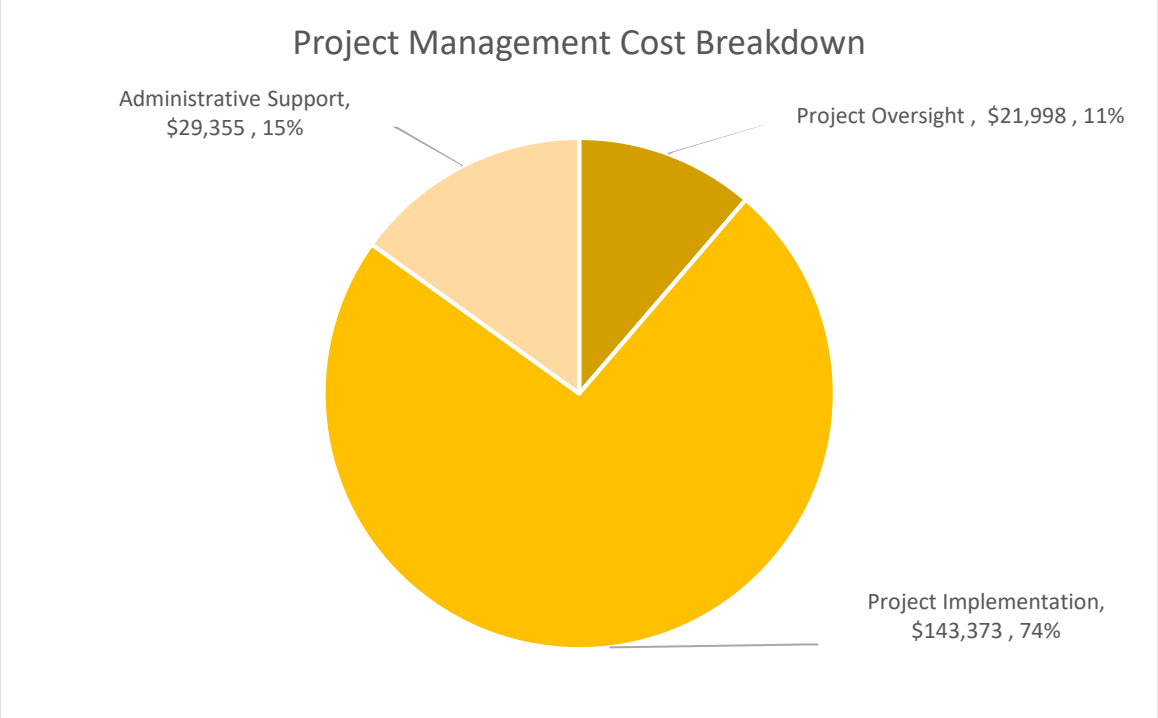


Chart 3. Overall personnel costs to manage the Project.

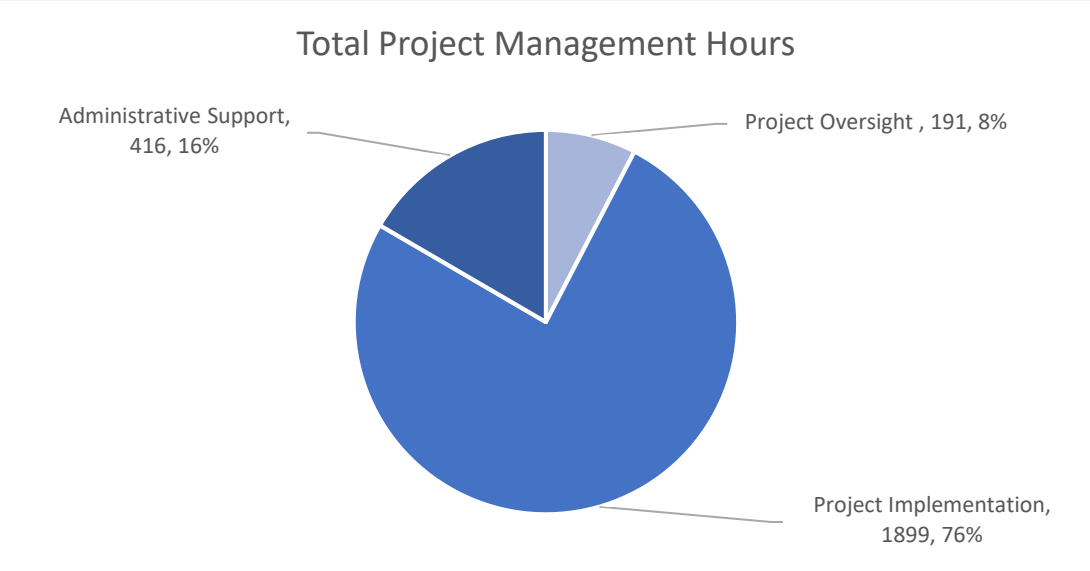


Chart 4. Staff time that contributed to the management of the project.

APPENDIX B: PROGRAM DOCUMENTS

- Memorandum of Understanding for Project Partners
- Partner PowerPoint Presentation
- Program Participation Spreadsheet
- Project Screening Form
- Project Eligibility Consent Form
- Water Testing Brochure
- Water Testing Posters
- Water Testing Prompts
- Water Well Sampling Procedures
- Press Release
- Nitrate Test Results Letter – Pass
- Nitrate Test Results Letter – Fail
- Bottled Water Tracking Spreadsheet
- Bottled Water Delivery Notice
- Bottled Water Extension Notice
- Bottled Water Termination Letter
- Participant Non-Responsive Letter
- Information Card for Participants
- Participant Consent Form for POU
- POU Internal Screening Form
- POU Piloting Plan
- POU Implementation Agreement
- Participant POU TDS & Flow Meter Tracking Form
- POU Devices Tracking Spreadsheet
- POU Site Visit Check List
- POU Water Sample Result Letter
- WIC POU Informational Card
- POU Operation and Maintenance Plans
- Monitoring Log
- POU Program Termination Letter

MEMORANDUM OF UNDERSTANDING
Between
[Partner Name]
And
[Organization Name]

This Memorandum of Understanding (MOU) is made and entered into this _____ day of _____, 20XX by and between [Partner Name], [address] and [Organization Name], [address].

I. BACKGROUND

[Partner name] is a [description of partner organization]. [Expand on partner description, what services they offer, why they are qualified to be a partner for the program etc.]

[Organization name] is a [description of organization]. [Expand on organization description, what services they offer, why they are qualified to implement the program etc.]

II. RECITALS

WHEREAS, in the [name of area] there is a long history of ground water contamination and Nitrates can be found in drinking water supplies in the [name of area]. Their presence in groundwater is generally associated with septic systems, confined animal feeding operations or fertilizer use.

WHEREAS, these sources of nitrate contamination are more associated with rural settings.

WHEREAS, the maximum contaminant level for nitrogen in the Nitrate form in drinking water is 10 parts per million.

WHEREAS, the groups with the greatest risk of having adverse health effects through ingesting nitrate are infants under 6 months and pregnant women.

WHEREAS, it is imperative to provide testing of water sources and provide water quality data and education to protect infants, expectant mothers and their families from unsafe consumption of drinking water exceeding the Maximum Contaminant Level for nitrate-nitrogen.

III. PURPOSE OF THE MEMORANDUM OF UNDERSTANDING

The purpose of this MOU is to recognize a mutual understanding between [organization] and [partner] and their joint effort toward the implementation of the [Name of Program]. As partners, [partner] will promote the project in the [name of area] and refer clients to [organization], [organization] will provide support in testing of nitrate levels in drinking water from [partner] clients served by private wells.

IV. SHE RESPONSIBILITIES

1. Provide Program Training
    a) [Organization] will provide training to [partner] staff regarding health issues related to high levels of Nitrate ingestion, program goals and objectives, and how to assist clients to complete referral forms.

2. Provide Program Materials, including but not limited to
    a) Referral forms, brochures and advertisement to be displayed at pre-determined sites.
3. Collect Referrals
    a) [Organization] staff will collect forms from the various pre-determined [partner] sites
4. Determine eligibility
    a) [Organization] will review all referrals received and qualify clients as applicable.
5. Collect water sample from client home at no charge to the client or [partner]
    a) [Organization] staff will set appointment
    b) [Organization] staff will visit client home to collect water sample
    c) [Organization] staff will notify client of results
    d) [Organization] staff will educate clients about the potential health effects
6. Offer replacement water options at no charge to the client (*for a limited time while funding is available*)
    a) [Organization] staff will determine appropriate water replacement option and offer either bottled water or a Point of Use Filtration System

V. FHCN RESPONSIBILITIES

1. Agrees to participate in staff training
    a) Program training on Nitrates, program goals and objectives, and how to assist clients to complete referral forms will be provided by [Organization].
2. Advertise Program
    a) [Partner] agrees to advertise the program and display brochures at pre-determined sites
3. Outreach to Identify Participants
    a) Nutritional Health Coaches (NHCs) and Community Health Representatives (CHRs) will help to identify program participants as they conduct their outreach efforts and during their intake and interview processes.
    b) [Partner] will distribute information about the program and invite [Organization] to attend Community Health Fairs to recruit participants.
4. Send Referrals
    a.) [Partner] will notify [Organization] of referrals to be picked up by [Organization].

VI. TERM

The term of this MOU shall be from [date] through [date]. If project funding is discontinued prior to the end date listed above, this agreement can be terminated by either party with a 30 day notice provided to the other party. This MOU may also be extended by mutual agreement.

VII. INDEPENDENT CONTRACTOR

Both parties hereto, in the performance of this MOU, will be acting in their individual capacity and not as agents, employees, partners in a joint venture, or as associates of one another. The employees or agents of one party shall not be deemed or construed to be the employees or agents of the other party for any purpose whatsoever.

VIII. NOTICES

[Partner] or [Organization] may terminate this MOU, whenever, for any reason, either party determines that the termination is in the best interest of either party. In the event either of the parties elects to terminate this MOU pursuant to this provision, the terminating party shall provide the other party written notice at least fifteen (15) days before the termination date. This termination shall be effective as of the date specified in the notice.

Notices shall be addressed as follows:

Partner Name	Organization Name
Attn: Name, CEO	Attn: Name, President/CEO
Address	Address
Address	Address

IX. CONCLUSION

A. This MOU, consisting of three (3) pages, is the full and complete document describing mutual agreements between [partner] and [Organization].

B. The signatures of the Parties affixed to this MOU affirm that they are duly authorized to commit and bind their respective entities to the terms and conditions set forth in this document.

SIGNATORY AUTHORITY:

Each party has full power and authority to enter into and perform this MOU and the person signing this MOU on behalf of each has been properly authorized and empowered to enter into this MOU. Each party further acknowledges that it has read this MOU, understands it and agrees to be bound by it.

IN WITNESS WHEREOF, this MOU is executed as of the date first above-written.

Partner name	Organization name
_____	_____
By: Staff name	By: Staff name

Free Nitrate Testing for [Name of program area]

Add project logos

BACKGROUND

- Many residents get their water from private water wells.
- No ongoing testing requirements for water that is pumped from private wells - often people who use well water have no idea what is in it.
- They do not know if their water supply has too much nitrate contamination.
- It is especially important for families with **pregnant women and infants** to know if their water has high levels of nitrates.

About the Program

- Funded by funder name
- Pilot Program
- FREE WATER TESTING FOR PRIVATE WELL USERS
- Education
- Replacement Water

- Community Partners: Name of partner(s)
- Promotion of Water Testing Opportunity at Locations
- Referrals: Consent Forms
- Water Testing
- Results
- Replacement Water Options
- All results and participant information will be kept confidential.

OUR PARTNERSHIP - Partner Name Role

- Help Us Promote the Program
  - TV Screens
  - Resource Center
  - Navigator Health Coaches
  - Individual Appointments
  - Prenatal Classes
  - Pediatric Physicians & MA's
- COLLECT CONSENT FORMS
  - Front office point person
  - Navigator Health Coach Lead
  - Receive and review Consent Forms
  - Hold on to forms

Organization Name ROLE

- STAFF NAME - Program Lead
- STAFF NAME - Daily Operation
- Organization Staff will follow up after the consent form is received

- Organization Name STAFF
  - Pick up forms weekly
  - Follow up with clients by phone
  - Make appointments
  - Collect water samples from client homes
  - Notify client of their test results
  - Offer replacement water source
    - Point of Use Filter
    - Bottled Water

DO I HAVE WELL WATER?

- The well is either in your backyard or your neighbor's yard.
- Individual water wells usually serve one or two homes.
- **If you pay a water bill, you probably don't have a water well.**

How do I know if my client has a private well?
Ask them!

What is Nitrates?

- Nitrate forms naturally in water.
- Can be attributed to the use of fertilizers that contain nitrogen.
- Too much nitrate in drinking water can be dangerous to health.
- Especially dangerous for infants and pregnant women.

- **Do Nitrates in drinking water affect my baby?**
  Infants that drink formula made with too much nitrate in the water can cause an illness called Blue Baby Syndrome (or Methemoglobinemia). It's important that you test your well water to know if there is too much Nitrate in your water. Blue Baby Syndrome begins when too much nitrate in water is taken in by an infant. Inside the baby, nitrates keep oxygen from reaching all parts of the body. In bad cases, it can lead to death.

Possible Health Effects

Infants

- Skin, Fingernails and lips are blue.
- Trouble breathing, shortness of breath.
- Diarrhea and Vomiting.
- Increased salivation, convulsions
- and unconsciousness may occur.
- Mental and Physical delayed development.
- Blue Baby Syndrome

Pregnant Women

- Preeclampsia
- Anemia
- Premature Birth

Promotion of the Program - Who will do what and how to respond to questions

- Advertise at **name of partner**
- **Description of staff** will ask all patients
- Front office will refer patients to **organization name** for questions

- Do you have a water well? **YES**
- Do you pay a water bill? **NO**

CONSENT FORMS

Add screenshot of consent form - English

Add screenshot of consent form - Spanish

TIMELINE

- Start Date: add date
- Currently Funded through add date
- High Participation will help us to continue to service families!
- The need is there.

THANK YOU!

Staff name, phone number

Staff name, phone number

LOCATION CONSENT FORM RECEIVED	PARTICIPANT NAME	HOUSEHOLD ID	PHONE NUMBER	ALTERNATE NUMBER	DATE WELL WATER SAMPLED	WATER SAMPLE RESULT	DATE RESULTS LETTER SENT TO PARTICIPANT	BOTTLED WATER	SPARKLETTS WATER DELIVERY NOTIFICATION TO START SERVICE	POU	POU INSTALLATION DATE	NOTES

INSERT PROJECT LOGOS HERE

Interim Drinking Water Supply Options
Internal Screening Form

Name_____ **Contact Number** _____

Address _____

Water Quality Exceedance Determination ****To be completed prior to contacting participant****

1. Is anyone in the household; pregnant, a child, elderly (60+), disabled, or terminally ill? **Yes or No**
2. Does the participant receive their drinking water from a private well? **Yes or No**
3. If yes to the previous question, is there any other homes served by the same well? **Yes or No**
4. Has participant recently had their well water tested? **Yes or No**
   If yes, when? _____
5. What is the nitrate level indicated on their water sampling result? _____
6. Is the recent nitrate drinking water sampling result, at or above the Maximum Contaminate Level, MCL (also known as the Safe Drinking Water standard) of 10ppm? **Yes or No**

Interim Drinking Water Supply Preference

If the water sample exceeds the nitrate MCL, is the participant interested in obtaining in interim drinking water supply (Point of Use Water Filter)? **Explain options and terms of the program. Please note that homes with NITRATE LEVELS ABOVE 20ppm DO NOT QUALIFY for a POU.**

1. Do you currently receive bottled water from any other program? **Yes or No**
2. Do you have a Point-of-Use (POU) Water Filter? **Yes or No**
3. Are they willing to consider obtaining a Point-of-Use Water filter? **Yes or No**
4. Is the participant able to read, understand, and implement Operation and Maintenance (O&M) of the POU Filter on their own without direct assistance from SHE?

Notes:

_____

_____

_____

POU Water Filter Evaluation Questions

1. Does the participant rent or own their home? **Rent or Own**
2. If they rent, will the property owner approve the installation of a POU water filter? **Yes or No or Unknown**

   Property Owner's Name _____ **Phone** _____

   Address _____
3. How many people live in the home?_____ Adults _____ Kids _____
4. What year was the participant's home built? _____
5. Are the kitchen-plumbing pipes located under the kitchen sink? **Yes or No**
6. If not, where are the plumbing pipes located? _____+_____
7. Will participant allow a licensed plumber to enter into their home for 2-4 hours to install the POU filter? **Yes or No**
8. Does the participant agree to all POU maintenance requirements? **Yes or No**
9. What is the best day and time to install the filter in the home? _____

Replacement Water Determination

What is the best/preferred replacement water option for the participant? Chose one.

___POU Device ___Other

POU Filter

Installation Appointment Date: _____ **Time:** _____

Notes:

_____

_____

_____

INSERT PROJECT LOGOS HERE

Free Well Water Testing Program
Do You Qualify?

Please answer all of the questions below. Failure to do so may make it difficult to determine if you qualify for the program.

1. Do you pay a monthly water bill? Yes or No
2. Does your water come from a private well? Yes or No
   (Usually the private well is in either your backyard or your neighbor's yard)
3. Do you want to test your well water to see if it has Nitrates? Yes or No

Consent to Collect and Process Well Water Sample

The undersigned, hereby grants permission to [ORGANIZATION NAME] to collect and process water samples, upon the following terms and conditions:

1. The information gathered will be used by [ORGANIZATION NAME], its agents and contractors to provide a summary of nitrate levels to determine the general water quality in the area.
2. Upon obtaining receipt of test results, [ORGANIZATION NAME] will provide water quality results to the undersigned.
3. If your water sample results show that your water is unsafe, you may qualify to receive a replacement source of water for a limited time through this program. All costs of water sampling, laboratory analyses and replacement water are covered by [ORGANIZATION NAME].

Name: _____

Physical Address: _____

Mailing Address: _____

Phone No. _____ Alternate Phone No. _____

Signature _____ Date _____

Collection of Water Sample

Water samples are collected Monday through Thursday. You do not need to be home for the sample to be collected, however if you would like to be present, we will need to know about your availability.

1. What days are best to collect the water samples?
   ___Monday __Tuesday ___Wednesday__Thursday ___All
2. What time of day is best to collect the water samples? __ Morning __ Afternoon___Both
3. Are there dogs/animals on the property? Yes or No

For more information, please contact [ORGANIZATION NAME] at [PHONE NUMBER].

THIS FORM MUST BE RETURNED TO [ORGANIZATION NAME]:

Date Received by **[ORG NAME]**: _____
Date Processed: _____
Approved/Denied: _____
Date Sample Collected: _____

INSERT PROJECT LOGOS HERE

Programa Gratis de Pruebas de Agua Potable
¿Calificas?

Por favor responda todas las preguntas a continuación. Si no lo hace, puede ser difícil determinar si califica para el programa.

1. ¿Paga usted una factura da agua mensual? Si o No
2. ¿Su agua viene de un pozo privado? Si o No
   (El pozo privado por lo general esta ubicado en su jardín o en el jardín de su vecino).
3. ¿Desea analizar el agua de pozo para investigar si contiene nitratos? Si o No

Consentimiento Para Colectar y Procesar la Muestra de Agua de Pozo

El abajo firmante, por la presente otorga permiso a [ORGANIZATION NAME] para recolectada y procesar muestras de agua bajo los siguientes términos y condiciones:

1. La información recolectada será utilizada por [ORGANIZATION NAME], sus agentes y contratistas para proporcionar un resumen de niveles de nitratos para determinar la calidad general del agua en el área.

2. Una vez que se reciban los resultados de las pruebas, [ORGANIZATION NAME] proporcionarán los resultados de la calidad del agua al suscrito.

3. Si los resultados de su muestra de agua descubren que su agua no es segura, puede calificar para recibir una fuente de agua de reemplazo por un tiempo limitado a través de este programa. Todos los costos asociados con la colección de la muestra del agua, los análisis de laboratorio, serían cubiertos por [ORGANIZATION NAME].

Nombre: _____

Dirección Física: _____

Dirección de Envió: _____

Número de Teléfono. _____ Número de Teléfono Alternativo _____

Firma _____ Fecha _____

Colección de Muestra de Agua

Las muestras de agua se recogen de lunes a jueves. No necesita estar en casa para que se recoja la muestra; sin embargo, si desea estar presente, indique su disponibilidad.

1. ¿Cuál es el mejor día para colectar las muestras de agua? __Lun. __Mar. __ Mie. __Jue. ___Todos
2. ¿Cuál es el mejor tiempo de día para colectar las muestras de agua? __ Mañana _Tarde __Ambos
3. ¿Hay perros / animales en la propiedad? Si o no

Para más información comuníquese con [ORGANIZATION NAME] al [PHONE NUMBER].

THIS FORM MUST BE RETURNED TO [ORGANIZATION NAME]:

Date Received by **[ORG NAME]**: _____
Date Processed: _____
Approved/Denied: _____
Date Sample Collected: _____

WELL WATER TESTING

Find out if the water you are drinking has too much nitrate for you and your baby.

Do I Qualify?

1. Do you pay a monthly water bill?
   If **no**, answer these questions:

2. Does your water come from a well? (The private well is either in your backyard or your neighbor's yard)

3. Do you want to test your well for nitrates?

If you answered **yes**, to questions 2 and 3, you qualify for a **FREE** Water test.

To have your water tested, notify a staff member and request a participation form.

Free Water Testing is available for a limited time only in [program area].

PARTNERS

The Free Well Water Testing Program is a partnership between:

INSERT PROJECT LOGOS HERE

THIS PROGRM IS AVAILABLE FOR A LIMITED TIME

Learn if your well water is safe for you and your family!

To sign up for a free water test or for more information, contact:

[Organization Name]
[Address]
[Address]
[Phone Number]

DOES YOUR DRINKING WATER HAVE TOO MUCH NITRATE FOR YOU AND YOUR FAMILY?

Ask about FREE well water testing

WHAT IS A WATER WELL?

- Private water wells usually serve one or two homes with water.
- The water well is usually located in your backyard or your neighbor's backyard.
- Private water wells are not tested by the State of California.
- You may not know what is in the well water and if the well water you are drinking is contaminated with nitrates.

WHAT ARE NITRATES?

- Nitrates are a common contaminant found in local drinking water.
- Too much nitrate in your well water can be dangerous to your health, especially the health of infants and pregnant women

WHY SHOULD I TEST MY WELL?

- The only way to know if your well water has nitrates is to test the water.
- Nitrates in water are odorless and have no taste.
- It is important for families with pregnant women and infants to know if their drinking water has nitrates.
- Infant formula made with water that has **too much** nitrate can cause "Blue Baby Syndrome".

- Inside a baby, nitrates keep oxygen from reaching all parts of the body. If the baby's oxygen becomes too low, it can lead to death.
- You may qualify for a **FREE** test to check your well water for nitrates.

IS IT DANGEROUS?

Yes, in infants, Blue Baby Syndrome can cause:

- Blue skin, fingernails, and lips
- Trouble breathing, shortness of breath
- Diarrhea & vomiting
- Convulsions & unconsciousness may occur
- Delayed mental & physical development

In pregnant women, high levels of nitrate can cause:

- Preeclampsia
- Anemia
- Premature birth

Análisis del Agua de Pozo

Entérese si el agua que estás bebiendo tiene demasiado nitrato para usted y su bebé.

¿Califico?

1. ¿Paga usted una factura de agua mensual?

   Si **no**, favor de responder las siguientes preguntas:

2. ¿Su agua proviene de un pozo? (El pozo privado por lo general esta ubicado en su jardín o en el jardín de su vecino).

3. ¿Desea analizar el agua de pozo para investigar si contiene nitratos?

Si contestó **sí**, a las preguntas 2 y 3, usted califica para recibir un Análisis de Agua de Pozo **GRATIS**.

Para recibir su Análisis de Agua de Pozo, notifique a un miembro del personal y solicite un formulario de participación para Análisis de Agua de Pozo.

Los Análisis de Agua de Pozo Gratis están disponibles por tiempo limitado y solamente en [program área].

SOCIOS

El Programa del Análisis de Agua de Pozo GRATIS es una asociación entre:

INSERT PROJECT LOGOS HERE

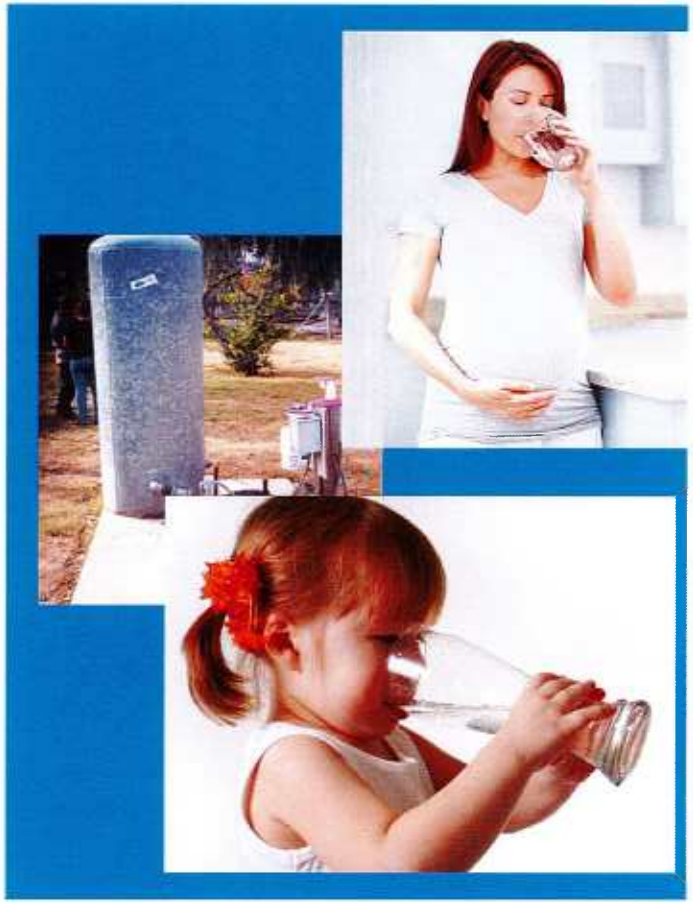
Este programa está disponible por tiempo limitado

¡Aprenda si su agua de pozo es segura para usted y su familia!

Para inscribirse para una prueba de agua gratis o para obtener más información, comuníquese con:

[Organization Name]
[Address]
[Address]
[Phone Number]

¿SABE SI SU AGUA POTABLE TIENE DEMASIADO NITRATO PARA USTED Y SU FAMILIA?



Pregunte por el Análisis de Agua de Pozo GRATIS

¿QUÉ ES UN POZO DE AGUA?

- Los pozos de agua privados generalmente abastecen agua a una o dos casas.
- Los pozos privados por lo general están ubicados en su jardín o en el jardín de su vecino.
- Los pozos de agua privados no son analizados por el estado de California.
- Es probable que no sabe lo que tiene el pozo de agua o si el agua que beben está contaminada con nitratos.

¿QUÉ SON LOS NITRATOS?

- Los nitratos son un contaminante común en agua potable local.
- Demasiado nitrato en el agua de pozo puede ser peligroso para la salud, especialmente la salud de bebes y mujeres embarazadas.

¿POR QUÉ DEBO ANALIZAR EL AGUA DE MI POZO?

- La única manera de saber si el agua de su pozo tiene nitratos es promedio de un análisis de agua.
- Nitratos no tienen olor o sabor.
- Es importante para las familias con bebes y mujeres embarazadas saber si el agua potable tiene nitratos.
- Fórmula infantil con agua que tiene demasiado nitrato puede causar "Síndrome de Bebé Azul".

- Dentro de un bebé, los nitratos evitan que el oxígeno lleguen a todas las partes del cuerpo. Si el oxígeno del bebé se vuelve demasiado baja, puede causar muerte.
- Usted puede calificar para el análisis de agua **GRATIS** para saber si el agua de su pozo tiene Nitratos.

¿ES PELIGROSO?

Sí, en bebés, el Síndrome del Bebé Azul puede causar:

- Labios, uñas y piel azul
- Dificultad para respirar, respiraciones cortas
- Diarrea y vómitos
- Pueden ocurrir convulsiones y pérdida del conocimiento
- Retraso en el desarrollo mental y físico

En mujeres embarazadas, altos niveles de nitrato pueden causar:

- Preeclampsia
- Anemia
- Nacimiento prematuro

DOES YOUR DRINKING WATER HAVE TOO MUCH NITRATE FOR YOU AND YOUR BABY?

Why should I test my well water:

- Private water wells usually serve one or two homes with water.
- The only way to know if your well water has nitrates is to test the water.
- Nitrates are a common contaminant found in local drinking water.
- Nitrates in water are odorless and have no taste.
- Too much nitrate in your well water can be dangerous to your health, especially the health of infants and pregnant women.

Find out if the well water you are drinking has too much nitrate for you and your baby.

To Have Your Water Tested

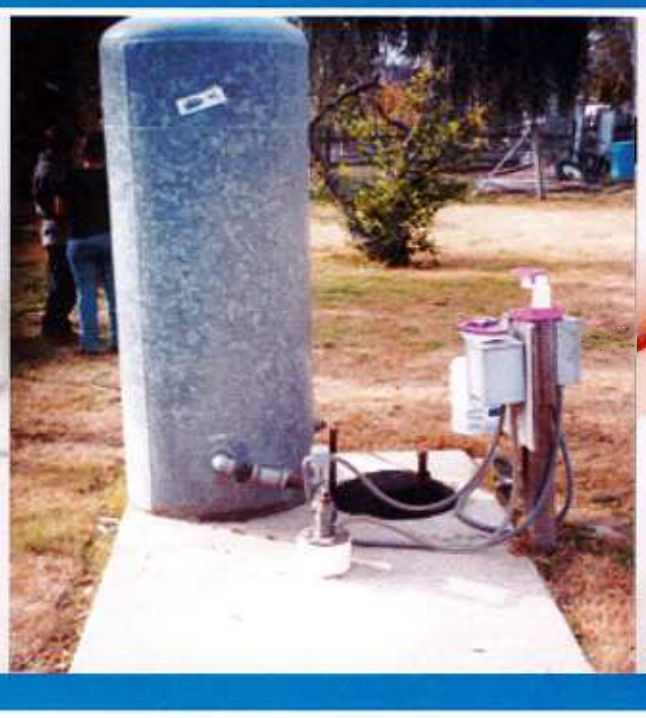
Notify a staff member and request a participation form or contact **[Organization Name]** at **[Phone Number].**

Free Well Water Testing is available for a limited time only in [program area].

Ask About FREE Well Water Testing

INSERT PROJECT LOGOS HERE

¿SABE SI SU AGUA POTABLE TIENE DEMASIADO NITRATO PARA USTED Y SU BEBÉ?



Por qué debo analizar el agua de mi pozo:

- Pozos de agua privados generalmente abastece agua a una o dos casas.
- La única manera de saber si el agua de su pozo tiene nitratos es promedio de un análisis de agua.
- Los nitratos son un contaminante común en el agua potable local.
- Nitratos no tienen olor o sabor.
- Demasiado nitrato en el agua de pozo puede ser peligroso para la salud, especialmente la salud de bebes y mujeres embarazadas.

Averigüe si el agua que toman tiene demasiado nitrato para usted y su bebé.

Para recibir su análisis del agua de pozo:
Notifique un miembro del personal y solicite un formulario de participación o comuníquese con **[Organization Name]** a **[Phone Number]**.

Los Análisis del Agua del Pozo Gratis están disponibles por tiempo limitado y solamente en [program area].

Pregunte por el Análisis del Agua de Pozo GRATIS

INSERT PROJECT LOGOS HERE

OFFER FREE WELL WATER TESTING

Is your well water safe for you and your family?
Free Well Water Testing Program

OFRECE PRUEBAS DE AGUA DE POZO GRATUITAS

¿Su agua de pozo es segura para usted y su familia?
Programa de prueba de agua de pozos gratuito

Ask about FREE well water testing

Is your well water safe for you and your family?
Free Well Water Testing Program

Pregunte sobre una prueba de agua de pozo GRATIS

¿Su agua de pozo es segura para usted y su familia?
Programa de prueba de agua de pozos gratuito

INSERT PROJECT LOGOS HERE

[NAME OF PROGRAM]
WATER SAMPLING INSTRUCTIONS

Sampled Collected by: _____
Date: _____
Address: _____

Step 1. Fill Out the Water Bottle Label

The water label is very important! It helps us know who the water sample belongs to, when/where it was taken and by whom.

Please fill in the following lines:

Sample ID: Write in address
Sampled by: Print your name
Location: Where was the water was collected? For example, kitchen faucet.
Date: Write in the Date when the water sample is collected.
Time: Write in the Time when the water sample is collected.

Step 2. Collect Your Water Sample

- Turn on the faucet and let the water run slowly for 3-5 minutes. **Only** use the bottle that was provided by the lab to collect the water sample.
- Remove the cap from the bottle.
- Fill the bottle with water up to the line marked on the bottle.
- Place the cap back on the bottle and make sure the cap is secured.

Step 3. Check Water Pressure

- Indicate results here:_____psi

Step 4. Fill out the Chain of Custody Form

Sampled by: Write in your name
Signature: Sign your name
CLIENT SAMPLE ID: Write in your address
DATE: Write in the Date when the water sample is collected.
TIME: Write in the Time when the water sample is collected.

Step 5: Return Water Sample and Chain of Custody Form to the [Name of Laboratory]

- **Samples will only be accepted [Add Days/Times]**
- You will need to **sign the Chain of Custody** Form (relinquished by, date and time) **when returning the water sample**.

INSERT PROJECT LOGOS HERE

FOR IMMEDIATE RELEASE
Date

MEDIA CONTACT
Name, Organization
Phone Number
Email

PROGRAM OFFERS FREE NITRATE TESTING FOR HOUSEHOLDS WITH PRIVATE WELLS

Safe Drinking Water Options Provided to Households with Unsafe Nitrate Levels

[City Name], CA — Residents in [program area] and the surrounding communities who rely on private water wells as their primary source of drinking water may be consuming water with contaminants such as nitrates.

[Organization Name], [organization description], is offering free water well testing through [date] to help residents learn about their water quality. Interim drinking water supplies will be provided at no cost for qualified households that are tested and found to have a nitrate exceedance. The families of pregnant women and infants, who are among the most vulnerable populations, are encouraged to have their well water tested. Infant formula made with water that has high nitrate levels can restrict the flow of oxygen to the body and can lead to "blue baby syndrome" or even death. Additionally, cooking with nitrate-contaminated water is also dangerous as the nitrates become more concentrated when water is boiled.

Unlike city water systems that test their water regularly to make sure it is safe, it is up to private well owners to test their well water. Wells in this area may contain unsafe levels of nitrates, which are odorless and have no taste. Therefore, the only way to know if your well water has nitrates is to test the water. The program, [add funder information], will collect and test water samples at no cost to the resident. Participation forms can be obtained at the [add location information] or you can schedule an appointment with [organization name]. A staff member will meet you at your home at a designated time to collect a water sample. To schedule an appointment, call [name] at [phone number]. Results are usually provided within one week.

The United States Environmental Protection Agency has set the Maximum Contamination Level for nitrates at 10 mg/L. If test results exceed this level, a replacement water option is provided through bottled water deliveries or an installation of a Point of Use (POU) Water Filtration device. A POU device is installed at a single water connection, typically under the counter of a kitchen sink. The system will filter the water through reverse osmosis and deliver water that is suitable for drinking. The system will filter the water through reverse osmosis and deliver water that is suitable for drinking. The provision of interim water supply options will be restricted to households with pregnant women, infants, children, elderly, terminally ill, and or/disabled persons.

"[Add quote from organization staff member]." says [staff name], a [staff title] with [organization name].

Private well residents are encouraged to participate in this free program to learn about their water quality and help keep their family healthy.

About [Organization Name]
Add boilerplate.

INSERT LETTERHEAD / PROJECT LOGOS HERE

Date

Name
Address

Dear [Name]:

[Organization Name] has been testing water from private wells of participants from the Porterville Area to determine if there is Nitrate in the water. Water from your well was sampled for this contaminant. The attached results are from the water sample you provided from the well serving your property.

These results are provided solely for your benefit.

The following table summarizes your Nitrate test results.

Constituent	Result	Standard	Pass/Fail Standard
Nitrate (N)		10 mg/L	**Pass**

NITRATE
The Safe Drinking Water Standard for Nitrate is 10 ppm (parts per million), also known as 10 mg/L (milligrams per Liter). Your water has **PASSED** the Safe Drinking Water Standard for Nitrate.

How often should I test my well water?
Nitrate levels in drinking water can vary throughout the year. It is important that you test your well water regularly to know if there is too much Nitrate in your water. We recommend that you test your well water at least once a year.

For more information regarding the health effects of Nitrates, you may call the Safe Drinking Water Hotline at 1-800-426-4791.

Thank you for your cooperation in this testing program, which has helped to determine the quality of water in private wells of the residents of [area].

If you have any questions regarding this information, please contact [staff name] at [phone number].

Sincerely,

[Name]
[Title]
[Organization Name]
[Address]
[Address]

INSERT LETTERHEAD /
PROJECT LOGOS HERE

Date

Name
Address

Estimada [Name]:

[Organization Name] ha estado probando el Agua de los pozos privados de participantes de Área de Porterville para determinar la presencia de Nitrato en el agua. El agua de su pozo fue examinada para este contaminante. Los resultados adjuntos son de su propiedad.

Estos resultados sirven sólo para su beneficio.

El siguiente cuadro resume los resultados de la prueba de nitrato.

Constituyente	Resultado	Nivel	Pasa/Falla Nivel
Nitrato		10 mg/L	**Pasa**

NITRATO
El Estándar de Agua Potable Segura para Nitrato es de 10 ppm (partes por millón), también conocido como 10 mg/L (miligramos por litro). Su agua ha **PASADO** los estándares de agua potable para Nitrato.

¿Con qué frecuencia debo probar el agua de mi pozo?
Los niveles de nitrato en el agua potable pueden variar durante todo el año. Es importante que pruebe su agua regularmente para saber si hay mucho nitrato en el agua. Le recomendamos que pruebe el agua de su pozo por lo menos una vez al año.

Para obtener más información sobre los efectos de Nitrato, puede llamar a la línea directa de Agua Potable Segura al 1-800-426-4791 o al Programa de Vigilancia del Agua en 559-445-3357.

Gracias por su cooperación en este programa de pruebas, esto ha ayudado a determinar la calidad del agua en pozos privados de los participantes de los residentes de [area].

Si tiene alguna pregunta con respecto a esta información, por favor póngase en contacto con [staff name] al [phone number].

Atentamente,

[Name]
[Title]
[Organization Name]
[Address]
[Address]

INSERT LETTERHEAD / PROJECT LOGOS HERE

Date

Name
Address

Dear [Name]:

[Organization Name] has been testing water from private wells of participants from the Porterville area to determine if there is Nitrate in the water. Water from your well was sampled for this contaminant. The attached results are from the water sample you provided from the well serving your property.

These results are provided solely for the benefit.

The following table summarizes your Nitrate test results.

Constituent	Result	Standard	Pass/Fail Standard
Nitrate (N)	mg/L	mg/L	**Fail**

☒Your water has **FAILED** to meet the Safe Drinking Water Standard for Nitrate.

☐Your water has **PASSED** the Safe Drinking Water Standard for Nitrate

NITRATE
If your water test result is marked as FAILED to meet the Safe Drinking Water Standard for Nitrate **that indicates the presence of Nitrate expressed as Nitrogen (N) at a level that exceeds the health standard of 10 ppm (parts per million), also known as mg/L (milligrams per Liter), please read the following:**

How Nitrates in drinking water affect my baby.
Infants that drink formula made with too much nitrate in the water can cause an illness called Blue Baby Syndrome (or Methemoglobinemia). Blue Baby Syndrome begins when too much nitrate in water is taken in by an infant. Inside the baby, nitrates keep oxygen from reaching all parts of the body. In a worst-case scenario, it can lead to death.

Blue Baby Syndrome Symptoms in Infants
- Skin, fingernails and lips are blue.
- Trouble breathing, shortness of breath.
- Diarrhea and vomiting.
- Increased salivation, convulsions and unconsciousness may occur.
- Delayed mental and physical development.

Blue Baby Syndrome Symptoms in Pregnant Women
- Preeclampsia
- Anemia
- Premature Birth

What should I do if my infant has blue baby syndrome?
Take a baby who has brownish-blue skin tone or a bluish color to the lips, tongue, gums, nail beds, or nose **to a hospital immediately**. A medication called "methylene blue" will quickly return the baby's blood to normal.

What should I do if my water has Nitrate level that exceeds the health standard?
Do not boil your water; it will increase the Nitrate levels. Use bottled water or use a water filtration system to filter your drinking water. **Your family may be eligible to receive free bottled water for a limited time, contact [Organization Name] for more information.**

How often should I test my well water?
Nitrate levels in drinking water can vary throughout the year. It is important that you test your well water regularly to know if there is too much Nitrate in your water. We recommend that you test your well water at least once a year.

For more information regarding the health effects of Nitrates, you may call the Safe Drinking Water Hotline at 1-800-426-4791.

Thank you for your cooperation in this testing program, which has helped to determine the quality of water in private wells of participants of Porterville.

If you have any questions regarding this information, please contact [Name] at [Phone Number].

Sincerely,

[Name]
[Title]
[Organization Name]
[Address]
[Address]

INSERT LETTERHEAD /
PROJECT LOGOS HERE

Date

Name
Address

Estimada [Name]:

[Organization Name] ha analizado el agua de su pozo privado para determinar la presencia del contaminante nitrato. El nitrato es un contaminante dañino para la salud de bebes y mujeres embarazadas. Los resultados adjuntos son de su propiedad.

Estos resultados son proporcionados únicamente para el benéfico.

La siguiente tabla resume los resultados de la prueba de nitrato.

Constituyente	Resultado	Nivel	Cumple/No Cumple Estándar
Nitrato		10 mg/L	**No Cumple**

☒El agua **NO CUMPLE con el estándar de nivel de nitrato**.

☐El agua **CUMPLE con el estándar de nivel de nitrato**.

NITRATO
Si los resultados de los análisis de agua indican que el agua NO CUMPLE con los estándar de nivel de nitrato, eso indica la presencia de nitrato en un nivel que excede el estándar de 10 ppm (partes por millón), también conocido como 10 mg/L (miligramos por litro), **por favor pare de usar el agua inmediatamente** y lea lo siguiente.

¿Cómo afectan los nitratos en el agua potable a mi bebé?

Formula hecha con agua que tiene un exceso de nitrato, puede causar la enfermedad llamada Síndrome del Niño Azul (o metamoglobinemia). El Síndrome del Niño Azul ocurre cuando un bebé toma mucho nitrato que viene del agua. Dentro del cuerpo del bebé, los nitratos causan que el oxígeno no alcance todas las partes del cuerpo. En los peores casos, esto puede causar la muerte del bebé.

Síntomas del Síndrome del Niño Azul
- La piel, uñas y labios son azules.
- Dificultad para respirar, respiración corta.
- Diarrea y vómito.
- Aumento de salivación, convulsiones e desmayos.
- Retraso mental y físico.

Síntomas del Síndrome del Niño Azul en Mujeres Embarazadas
- Preeclampsia
- Anemia
- Nacimiento prematuro

¿Qué debo hacer si mi bebé tiene el Síndrome del Niño Azul?
Si su bebé tiene el tono de piel color marrón-azul o azulado en los labios, lengua, encías, uñas o nariz, llévelo **a un hospital inmediatamente**.

¿Qué debo hacer si mi agua tiene un nivel de nitrato que excede el estándar de salud?
No hierva el agua ya que eso aumentará los niveles de nitrato. Use agua embotellada o un sistema de filtración de agua. **Su familia puede ser elegible para recibir agua embotellada gratis por un tiempo limitado. Para más información, contacte a [Organization Name].**

¿Con qué frecuencia debo analizar el agua de mi pozo?
Los niveles de nitrato en el agua potable pueden variar a lo largo del año. Es importante que analice el agua de su pozo con regularidad para saber si hay demasiado nitrato en el agua. Le recomendamos que analice el agua de su pozo por lo menos una vez al año.

Para más información sobre los efectos de nitrato, llame a la línea directa de Agua Potable Segura al 1-800-426-4791 o al Programa de Vigilancia del Agua al 559-445-3357.

Gracias por su cooperación en este programa de análisis de agua potable. Esto ha ayudado a determinar la calidad del agua en pozos privados de los participantes de los residentes de Porterville.

Si tiene alguna pregunta con respecto a esta información, por favor contacte a [Name] al [Phone Number].

Atentamente,

[Name]
[Title]
[Organization Name]
[Address]
[Address]

LOCATION CONSENT FORM RECEIVED	PARTICIPANT NAME	HOUSEHOLD ID	PHONE NUMBER	ALTERNATE NUMBER	DATE WELL WATER SAMPLED	WATER SAMPLE RESULT	DATE RESULTS LETTER SENT TO PARTICIPANT	BOTTLED WATER	SPARKLETTS WATER DELIVERY NOTIFICATION TO START SERVICE	POU	POU INSTALLATION DATE	NOTES

INSERT LETTERHEAD/PROJECT LOGOS HERE

Date

Name
Address
Address

Dear [Program Name] Participant:

Thank you for your participation in the [Program Name]. As you may know, the result of the water sample indicates an exceedance of Nitrate in your drinking water. Because of this, you are eligible to receive bottled water delivered to your home free of charge for a limited time. We encourage your household to use this bottled water for drinking and cooking.

Per our conversation on _____, you were advised that your bottled water delivery will start on _____ and will end on _____.

Should you have any questions, please feel free to call me at [phone number].

Thank you for participating in the [Program Name].

Sincerely,

[Staff name]
[Staff title]

INSERT LETTERHEAD/PROJECT LOGOS HERE

Date

Name
Address
Address

Estimado Participante de [Program Name]:

Gracias por su participación en el [Program Name]. Como usted puede saber, el resultado de la muestra de agua que regresó a la oficina de Porterville WIC indica una superación del Nitrato en su agua potable. Debido a esto, usted es elegible para recibir agua embotellada entregada a su casa de forma gratuita por un tiempo limitado. Animamos a su familia a usar este agua embotellada para beber y cocinar.

Por nuestra conversación el _____, le informaron que su entrega de agua embotellada comenzará el _____ y terminará el _____.

Si tiene alguna pregunta, no dude en llamarme al [phone number].

Gracias por participar en el [Program Name].

Sinceramente,

[Staff name]
[Staff title]

INSERT LETTERHEAD/PROJECT LOGOS HERE

Date

Name
Address
Address

Dear Mr./Ms._____:

Thank you for your participation in the [program name]. As you may know, the result of the water sample indicates an exceedance of Nitrate in your drinking water. Because of this, you are eligible to receive bottled water delivered to your home free of charge for a limited time. We encourage your household to use this bottled water for drinking and cooking.

This letter is to inform you that your bottled water delivery service has been extended until [date].

Should you have any questions, please feel free to call me at [phone number].

Thank you for participating in the [program name].

Sincerely,

[Staff name]
[Title]

INSERT LETTERHEAD/PROJECT LOGOS HERE

Date

Name
Address
Address

Estimada Sr./Sra._____:

Gracias por su participación en el [program name]. Como usted puede saber, el resultado de la muestra de agua indica una superación del Nitrato en su agua potable. Debido a esto, usted es elegible para recibir agua embotellada entregada a su casa de forma gratuita por un tiempo limitado. Animamos a su familia a usar este agua embotellada para beber y cocinar.

Esta carta es para informarle que su servicio de entrega de agua embotellada se ha extendido hasta abril de [date].

Si tiene alguna pregunta, no dude en llamarme al [phone number].

Gracias por participar en el [program name].

Sinceramente,

[Staff name]
[Title]

INSERT LETTERHEAD/PROJECT LOGOS HERE

[Date]

Dear Nitrate Drinking Water Testing Participant:

Thank you for your participation in the Nitrate Drinking Water Testing Project.

As you know, the results of the water sample from your well indicated that your drinking water exceeds the safe drinking water standard for nitrates. As a result, your family was eligible to receive free bottled water for a limited time through the [Program Name]. Unfortunately, this program is ending, and your bottled water delivery will be ending on [date].

We encourage your household to continue the use bottled water for drinking and cooking or purchase and install a reverse osmosis water filter. If you'd like your [water delivery company name] water delivery service to continue and you pay for the water, please contact [company name] at [phone number].

Thank you for your cooperation in this program, which has helped to determine the quality of water in private wells of in the [name of area]. We hope that this information on the quality of water provided by your well has been useful.

If you have any questions regarding this information, please contact me at [phone number].

Sincerely,

[Staff name]
[Staff title]

INSERT LETTERHEAD/PROJECT LOGOS HERE

[Date]

Estimado Participante del Programa del Análisis de Nitratos de Agua Potable:

Gracias por participar en el Programa del Análisis de Nitratos de Agua Potable.

Como saben, los resultados de la muestra de agua de su pozo indicaron que su agua potable supera el estándar de agua potable segura para nitratos. Como resultado, su familia fue elegible para recibir agua embotellada gratis por un tiempo limitado a través del [Program Name]. Desafortunadamente, este programa está terminando y su entrega de agua embotellada se terminará a partir del [date].

Le recomendamos que su hogar continúe el uso de agua embotellada para tomar y cocinar o que compre e instale un filtro de agua de ósmosis inversa. Si desea que su servicio de entrega de agua de [water delivery company name] continúe y usted pague por el agua, comuníquese con [company name] al [phone number].

Gracias por su cooperación en este programa piloto cual ha ayudado a determinar la calidad del agua en pozos privados en el [name of area]. Esperamos que esta información sobre la calidad del agua proporcionada por su pozo haya sido útil.

Si tiene alguna pregunta con respecto a esta información, comuníquese conmigo al [phone number].

Sinceramente,

[Staff name]
[Staff title]

INSERT LETTERHEAD/PROJECT LOGOS HERE

[Date]

Dear [Name],

This letter is being sent to you because you were identified as a private well water user by [partner organization office name] and you were interested in having your drinking water tested for Nitrates. The water sample kit that was provided to you was never returned, I have made several attempts to call the number(s) you provided on the consent form but I have not been able to reach you.

Water with high levels of Nitrates can be harmful to you and your children, it is very important to test your water to ensure that you and your family are not being exposed to unsafe water.

[Organization name] is working with [partner organization office name] to offer this free water testing. If your water test results show that your water has unsafe levels of Nitrates, we can provide a temporary source of replacement water.

Having your water tested is fast and easy. [Organization name] can collect the sample for you at your home on a day and time that works best for you and it should not take any more than 15 minutes. After collecting your water sample, it will be tested for Nitrates. Your results will be provided to you within 7-14 days and if your results show that your Nitrate levels exceed the Safe Drinking Water Standard, I will notify you by phone immediately.

You can still take advantage of this free service, please contact me at [phone number] and I will be happy to help.

Sincerely,

[Name]
[Title]

INSERT LETTERHEAD/PROJECT LOGOS HERE

[Date]

Hola [Name],

Esta carta es enviada a usted porque la oficina de [partner organization office name] lo identificó como usuario de agua de pozo privado y le interesaba probar su agua para Nitratos. El kit de muestra de agua que se le proporcionó nunca fue devuelto. Intenté varias veces llamar al número que proporcionó en el formulario de consentimiento, pero no he podido comunicarme con usted.

El agua con altos niveles de nitratos puede ser perjudicial para usted y sus hijos, es muy importante probar el agua para asegurarse de que usted y su familia no estén expuestos a agua insegura.

[Organization name] está trabajando con la oficina de [partner organization office name] para ofrecer pruebas gratuitas de agua. Si los resultados de su prueba de agua muestran que su agua tiene niveles inseguros de nitratos, podemos proporcionarle una fuente de agua de reemplazo temporalmente.

Tomar muestras de agua es rápido y fácil. [Organization name] puede recolectar la muestra en su casa el día y la hora que mejor se adapte a usted. No debería tomar más de 15 minutos. Después de recolectar su muestra de agua, se analizará para nitratos. Sus resultados le serán enviados por correo dentro de 7 a 14 días y si sus resultados muestran que sus niveles de nitrato exceden el estándar de agua potable segura, le avisaré por teléfono de inmediato.

Aún puede aprovechar este servicio gratuito, por favor contácteme al [phone number] y con gusto lo ayudaré.

Gracias,

[Name]
[Title]

INSERT PROJECT LOGOS HERE

[Name of Program]

Information Card:

Point-of-Use (POU) filter installed by: [Name of Company], [Phone Number]

Project Staff:

[Field Technician Title]: [Name], [Phone Number]

[Manager Title]: [Name], [Phone Number] – Available during work hours and after 5 pm

Please remember that you are responsible for checking and documenting the reading on your TDS monitor on your device*

[Name of Program]

Tarjeta de información:

Filtro en el Punto-de-Uso (POU) instalado por: [Name of Company], [Phone Number]

Personal trabajando en el proyecto:

Técnico de campo: [Name], [Phone Number]

Gerente de Desarrollo Comunitario: [Name], [Phone Number] – Disponible durante las horas de trabajo después de las 5 pm

Favor de recordar que usted es responsable de verificar y documentar la lectura de su monitor TDS en su dispositivo*

INSERT PROJECT LOGOS HERE

[Name of Program]

* *[Keep if applicable]* With this Point-of-Use (POU) system, you are eligible for one (1) annual visit from [company name] where they will replace your current filter with a new one.

*To ensure your POU system performs properly, you will need to check the quality of the water at least once a year. To collect and test your water for nitrates, contact the [Name of Laboratory] at [phone number]. Water samples are received [day to day] from [time] at [address]. The cost for a test for nitrates is $[fee].

[Name of Program]

* *[Keep if applicable]* Con este Sistema de Punto-de-Uso (POU), usted es elegible para una (1) visita anual de [company name] donde reemplazarán su filtro actual por uno nuevo.

* Para garantizar que su sistema POU funcione correctamente, deberá verificar la calidad del agua por lo menos una vez al año. Para colectar y probar su agua para nitratos, comuníquese con el [Name of Laboratory] al [phone number]. Las muestras de agua se reciben de [day to day] de [time] en [address]. El costo de una prueba de nitratos es $[fee].

INSERT PROJECT LOGOS HERE

Point of Use Filter
Program Understanding and Consent to Participate

[Organization Name] Program Set Up

Point of Use (POU) Filter

[Organization Name] will provide the POU filter, one set of replacement filter cartridges, and a water storage tank at no charge to you.

Installation

[Organization Name] will send a general contractor or licensed plumber to install the above listed items in your home at no charge to you. We will coordinate the installation date and time that works for you.

Water Testing

[Organization Name] will send a water sampler to your home to collect water from the POU filter to ensure the treatment is working properly. [Organization Name] will cover the water sample cost for the duration of the pilot program.

Water Usage Tracking

[Organization Name] will provide a digital flow meter at no cost to you and a tracking sheet to use for tracking your water usage.

Client Participation & Maintenance Requirements

Installation

Participating in this program requires you to allow a general contractor or licensed plumber to enter your home for 2–4 hours to install the filter.

Monthly Water Testing

After installation, regular water testing is required from the POU filter to ensure the treatment is working properly. Participating in this program requires you to allow [Organization Name] water testing staff to enter your home to collect water samples as needed.

Water Usage Tracking

Tracking your water usage will help you to determine when it is time to replace your filter cartridge. By participating in this program, you agree to track your water usage with the water monitor device and tracking sheet provided to you through this program.

Regular Maintenance

Regular maintenance includes changing filters approximately twice a year, disinfecting the unit and cleaning scale buildup. By participating in this program, you agree to maintain your POU unit as needed.

I, the undersigned, hereby agree to the terms and conditions required to receive a POU filter and to participate in the POU maintenance program as listed above for the duration of the program.

Name _____

Address _____

Phone No. _____ **Alternate Phone No.** _____

Signature _____ **Date** _____

INTRODUCIR LOGOTIPOS DEL PROYECTO AQUI

Filtro de Punto de Uso
Entendimiento de Programa y Consentimiento a Participar

[Nombre de Organización] Configuración de Programa

Filtro de Punto de Uso (PDU)

[Nombre de Organización] proveerá el filtro de PDU, un conjunto de remplazo de cartuchos de filtro, y un tanque de almacenamiento sin ningún cargo a usted.

Instalación

[Nombre de Organización] enviara un contratista general o un plomero autorizado a instalar los artículos mencionados arriba en su casa sin ningún cargo a usted. Coordinaremos el día y el horario de la instalación que funciona mejor para usted.

Muestras de Agua

[Nombre de Organización] le mandara un examinador de agua a su casa a recolocar agua del filtro de PDU para asegurar que el tratamiento esta funcionando como debe. [Nombre de Organización] cubrirá el costo del examinador de agua durante la duración del programa piloto.

Registro de Uso de Agua

[Nombre de Organización] le proveerá un medidor de flujo digital sin costo a usted y una hoja de seguimiento para utilizar al registrar su uso de agua.

Participación del Cliente & Requisitos de Mantenimiento

Instalación

El participar en este programa requiere que usted permita que un contratista general o un plomero certificado entre a su hogar por 2-4 horas a instalar el filtro.

Muestras de Aguas Mensuales

Después de la instalación, muestras de agua regulares son requeridas del filtro PDU para asegurar que el tratamiento esté funcionando apropiadamente. Participación en este programa requiere que usted permita al personal de [Nombre de Organización] encargados de examinar el entrar a su hogar a colectar muestras de agua a medida que sea necesario.

Registro de Uso de Agua

Registrar su uso de agua le ayudara a determinar cuándo es tiempo de remplazar el cartucho del filtro. Al participar en este programa, usted está de acuerdo en registrar su uso de agua con el monitor de agua y la hoja de registro proveída a usted por medio de este programa.

Mantenimiento Regular

Mantenimiento regular incluye cambiar filtros aproximadamente 2 veces al año, desinfectando la unidad y limpiando la acumulación de incrustaciones. Al participar en este programa, usted está de acuerdo con darle el mantenimiento a su unidad de PDU a medida que se necesita.

Yo, el abajo firmante, por el presente acto estoy de acuerdo con los términos y condiciones requeridos para recibir un filtro de PDU y a participar en el programa de mantenimiento de PDU como es indicado arriba por la duración del programa.

Nombre

_____

Domicilio _____

Número de teléfono _____
Número de teléfono alternativo _____

Firma _____ **Fecha** _____

INSERT PROJECT LOGOS HERE

Point of Use Filtration Device
SHE Internal Screening Form

Client Name_____ **Contact number** _____
Client Address _____
Client Language_____

1. Does participant receive their drinking water from a private well? **Yes or No**

2. Has participant recently had their well water tested? **Yes or No**
   If yes, when? _____**If no, skip to question #5.**

3. Based on the recent water test results, does the participants' drinking water have nitrate levels at or above the Safe Drinking Water Standards of 10ppm? **Yes or No**

4. What is the nitrate level indicated on their water test results? _____
   NITRATE LEVELS ABOVE 20ppm DO NOT QUALIFY for a POU

5. Does the client rent or own their home? **Rent or Own**

6. If they rent, will the property owner approve the installation of a POU water filter? **Yes or No or Unknown**

   Owners Name _____ Phone _____
   Address _____

7. How many people live in the home?_____ Adults _____ Kids _____
   Notes_____

8. What year was the client's home built? _____

9. Are the kitchen-plumbing pipes located under the kitchen sink? **Yes or No**

10. If not, where are the client' plumbing pipes located? _____

11. Will participant allow a licensed plumbing contractor to enter into their home for 2-4 hours to install the POU filter? **Yes or No**

12. Does the participant agree to all maintenance requirements? **Yes or No**

13. What is the best day and time to install the filter in the home? _____

Pre-qualified for POU Filter: Yes or No
Staff name: _____ **Date:** _____
Installation Appointment Date: _____ **Time:** _____
Notes: _____
_____
_____

INSERT PROJECT LOGOS HERE

PRIVATE WELL NITRATE PROGRAM – POU THREE-MONTH PILOT PLAN

STATEMENT

The following Point-of-Use (POU) Pilot Program has been designed for households within Porterville, California with private wells whose water has been tested for nitrate and the result is at or above the Maximum Contaminant Level (MCL) of 10 mg/L. Funding for this pilot program is being provided by [Funder], [Funder description and website].

PURPOSE

The purpose of this POU Pilot Program is to determine if proper use of either a NSF/ANSI Standard 58 certified or a California certified reverse osmosis POU water treatment device will reduce nitrate levels to below the MCL for households who currently exceed the California Safe Drinking Water Standard.

PLAN PER HOUSEHOLD

- Licensed plumber will install POU device and larger capacity storage tank under kitchen sink.
- Licensed plumber will install flow meter under kitchen sink.
- For household:
  - Will receive the TDS monitor
  - Will receive an Educational fact sheet on use and maintenance of POU
  - Will receive an Educational fact sheet about Nitrates
  - Will receive a TDS and flow meter tracking sheet
- Training provided to household:
  - Use of TDS monitor
  - Use of POU device
  - Maintenance of POU device
  -

Three (3) Month POU Sampling Plan

Five (5) Total Samples
Sample 1: Initial sample to be collected day of POU installation
Sample 2: Two (2) weeks from date of installation
Sample 3: Two (2) weeks after first bi-weekly sample
Sample 4: One (1) month sample # 3
Sample 5: One (1) month after sample #4
Make determination

- Initial Sampling
  - Initial sample taken for Nitrates from kitchen faucet and POU faucet
    - If samples show Nitrates from POU to be acceptable, use begins.
    - If Nitrates are at or above the MCL of 10 mg/L, filters will need to be replaced, device will be sanitized, and samples repeated.
- Weekly Monitoring by Household:
  - Household to take TDS reading and check flow meter. Record each on provided tracking sheet.

Month 1

- [Organization Name] will collect samples **twice in the first month** immediately following installation
    - Samples for Nitrate tests taken from POU faucet two weeks after installation and given to a 3rd party lab, then two weeks after that.
    - Results to be forwarded to [Organization Name] personnel and recorded. If sample exceeds MCL, results will be forwarded to participant.

Month 2 & 3

- **Monthly** samples will be collected for the following two months
    - [Organization Name] personnel to contact household for TDS and flow meter readings.
    - [Organization Name] personnel to provide additional education about how the TDS and flow meter readings inform the household regarding the performance of POU device.

    Sampling:
    - If at any time a sample result states Nitrate levels are at or above the MCL for Nitrate, [Organization Name] personnel will contact household immediately to inform them of the results and to stop using POU device.

- The data obtained during the initial pilot phase will be used to develop and recommend an ongoing individual household operation & maintenance plan.

After month three (3) results are reviewed, determine if use of POU device should continue.

[ORGANIZATION NAME]
POINT-OF-USE IMPLEMENTATION PROJECT AGREEMENT

THIS POINT-OF-USE IMPLEMENTATION PROJECT AGREEMENT (the "Agreement" or "Project") is entered into effective as of _____, 20____ by and between [Organization Name], a California Non-Profit Corporation, and _____ "Homeowner", and (*if applicable)* _____, "Tenant".

In consideration of the mutual covenants set forth herein and other good and valuable consideration, the parties agree as follows:

1. DESCRIPTION OF SERVICES. Subject to the terms and conditions of this Agreement, [Organization Name] shall install a Point-Of-Use (POU) device at the kitchen sink of the Homeowners 's property, specifically (*address, city, state, zip*):

_____

to be tested and monitored at no cost to the Homeowner _____ (name) and Tenant (*if applicable*),_____ (Name). The POU faucet will be the only tap inside the house that provides water meeting drinking water standards. Installation will be conducted by a licensed, bonded plumber chosen by [Organization Name] and will be required to include a flowmeter. Water Testing by a third-party certified laboratory will be conducted on a rotating basis for Nitrate. Any POU failure properly reported as stated in Article 3 of this agreement will be repaired or replaced and a confirmation sample for Nitrate will be conducted to ensure the device is functioning properly. This service will be provided by [Organization Name] at no cost to the Homeowner /Tenant, as described in Article 3. Test results will be available to the Homeowner/Tenant upon request. The test results report will include the Homeowners /Tenant's address, Nitrate level (if any), In the event the Nitrate level exceeds the maximum contaminant level (MCL) of 10 ppb, the Homeowner and Tenant (*if applicable*) will be immediately notified of such results and instructed to discontinue use of the POU. Repairs or replacement will be made by [Organization Name] as needed and a confirmation sample for Nitrate be conducted to ensure the device is working properly.

2. INSTALLATION. Installation of the POU device will be performed by a licensed, bonded plumber. The plumber will use every reasonable effort to install the necessary equipment, including but not limited to, drilling holes in sinks or countertops for installation of the faucet, drilling holes inside cabinets and/or opening walls under sinks to gain access to necessary plumbing fixtures. The plumber will make every reasonable effort to confer with the Homeowner and Tenant (*if applicable*) in order to minimize demolition, but the plumber will have the final decision in order to best install the POU device in the safest, most cost efficient manner.

3. HOMEOWNER RESPONSIBILITIES AND AGREEMENTS. Homeowner owns, controls, and maintains all POU devices to ensure proper operation, maintenance, and compliance with the MCL for Nitrate. The Homeowner and Tenant *(if applicable)* agrees to installation and use of a POU treatment device and grants access for installation, maintenance,

and sampling. The Homeowner and Tenant (*if applicable),* further agree to allow [Organization Name] access to the property for purposes of this Agreement. The Homeowner and Tenant (*if applicable)* understands the only tap within the house that provides water meeting drinking water standards is that which is connected to the POU and is supplied via a separate faucet at the kitchen sink. The Homeowner and Tenant (*if applicable*) will be responsible for maintaining the exterior of the installed POU device to ensure the device is clean, hygienic, and working properly. In the event of a POU failure, the Homeowner and Tenant (*if applicable*) will discontinue use of the POU treatment device and inform [Organization Name] in writing of such failure within 24 hours. At no time will the Homeowner and Tenant *(if applicable*) or any other unauthorized person attempt to disable, tamper with, alter, bypass, or otherwise interfere with the proper use and maintenance of the POU device. Such action will void this agreement and the Homeowner will be responsible for any and all damages, including repair, replacement, and/or confirmation sampling costs.

4. SHE RESPONSIBILITIES AND AGREEMENTS. [Organization Name] agrees it is responsible for the purchase, installation, testing, repairs, replacement, and ongoing maintenance of the POU device, to include required water sampling for Nitrate and changing filters as required by the manufacturer for one year after initial installation. Any deficiencies, including leaks, that are beyond the Participant and Tenant (*if applicable)* control, will be the responsibility of the Homeowner, for the length of the program.

5. AUTHORITY TO ENTER RESIDENCE. The Homeowner and Tenant (*if applicable)* agrees to allow the [Organization Name]'s staff entry to the residence where the POU has been installed for water sampling and monitoring purposes on a mutually agreed upon date and a mutually agreed upon time. This sampling and monitoring will occur on a continuous basis until such date as this contract ends. The Participant and Tenant *(if applicable)* or an authorized representative must be present during entry, testing, and monitoring.

6. FUNDING. Funding for this project is provided by [Funder Name] (Funder).

7. CONTRACTOR AND SUBCONTRACTOR CLAIMS. The Homeowner and Tenant *(if applicable*) further agrees, to the fullest extent permitted by law, to limit the liability of the [Organization Name] and partners, sub consultants, and independent contractors to all contractors and subcontractors on the Project for any and all claims, losses, costs, damages of any nature whatsoever or claims expenses from any cause or causes, including attorneys' fees, so that the total aggregate liability of the [Organization Name], [Funder Name] sub consultants to all those named shall not exceed the [Organization Name], [Funder Name] total fee for services rendered on this Project. It is intended that this limitation apply to any and all liability or cause of action however alleged or arising unless otherwise prohibited by law.

8. INDEMNITY. The Homeowner and Tenant (*if applicable),* agrees to indemnify, hold harmless, and defend in any action or proceeding, [Organization Name], from and against all claims, damages, losses and expenses, including but not limited to attorneys' fees and costs and any other expense, for or relating to any injury to person, property, or reputation, suffered or claimed to have been suffered by anyone, arising out of or resulting from the Homeowner and Tenant (*if applicable*) access to or use of the Point-Of-Use device, regardless of whether the act

or omission complained of was caused by negligence in any form by [Organization Name], or any of it sub consultants or subcontractors.

9. WAIVER. Homeowner and Tenant *(if applicable)* hereby waives and releases [Organization Name] and its officers, agents and employees from any and all claims for loss or damage caused by any act or omission on the part of [Organization Name] or any of its officers, agents and employees, exempting any willful misconduct by same.

10. APPLICABLE LAW; CONSTRUCTION. This Agreement will be governed by and construed in accordance with the laws of the State of California, without regard to any conflict of laws rule or principle that might refer the governance or construction of this Agreement to the laws of another jurisdiction. This Agreement will at all times and in all events be construed as a whole, according to its fair meaning, and not strictly for or against any party.

11. ENTIRE AGREEMENT; Amendment. This Agreement constitutes the entire understanding between the parties and supersedes all proposals, commitments, writings, negotiations, and understandings, oral and written, and all other communications between the parties relating to the subject matter hereof. This Agreement may not be amended or otherwise modified except in writing duly executed by all of the parties.

12. PARTIES BOUND. This Agreement will be binding upon, and inure to the benefit of, each of the parties hereto to the extent applicable to them and their respective successors and assigns.

13. TERM OF AGREEMENT. This agreement will be held in force and effect until ____ day of (month) _____, 20____. Upon this date, [Organization Name] will relinquish all rights and responsibilities to the homeowner. The Homeowner accepts and agrees to assume all rights and responsibilities related to the installed POU device, including maintenance, repairs and filter purchase and replacement.

14. MUTUAL UNDERSTANDING. Each party has read this entire Agreement, fully understands the contents hereof and has had the opportunity to obtain independent advice as to its legal effect. This Agreement reflects the mutual understanding of the parties with respect to all subject matter addressed herein and will be construed accordingly.

15. NOTICE. Except as expressly provided to the contrary herein, any notice required or permitted under this Agreement will be deemed sufficiently given if in writing and personally delivered, transmitted by facsimile, or sent by certified mail (postage prepaid) to the party at the address set forth beneath its signature below or at such other address as the party may subsequently designate.

IN WITNESS WHEREOF, the parties have executed this Agreement effective as of the date first above written.

[Organization Name]

_____
Signature

Signed By: _____
Address: _____
City, State, Zip: _____

Homeowner

_____
Signature

Signed By: _____
Address: _____
City, State, Zip: _____

Tenant

_____
Signature
Signed By: _____
Address: _____
City, State, Zip: _____

[ORGANIZATION NAME]
ACUERDO DEL PROYECTO DE IMPLEMNTACION DE PUNTO-DE-USO

ESTE ACUERDO DEL PROYECTO DE IMPLEMTACION DE PUNTO-DE-USO (el "Acuerdo" o "Proyecto") entra en efecto a partir de _____, 20_____ por y entre [Organization Name] una Corporación de Fines Sin Lucro en California y _____ "Propietario", y *(si es aplicable)* _____, "Inquilino".

En consideración de los convenios mutuos establecidos en este documento y otras consideraciones buenas e importantes, los partidos acuerdan lo siguiente:

1. DESCRIPCIÓN DE SERVICIOS. Sujeto a los términos y condiciones de este arreglo, [Organization Name] debe instalar un aparato de Punto-de-Uso en el fregadero de la cocina de la propiedad del Propietario, específicamente (*domicilio, cuidad, estado, código* postal) : _____

Para ser probado y monitoreado sin ningún costo a él Propietario _____(nombre) y el Inquilino (*si es aplicable*), _____ (nombre). El grifo PDU será la única llave adentro de la casa que provee agua que cumple con estándares de agua potable. La instalación será conducida por un plomero con licencia elegido por [Organization Name] y será requerido que incluya un medidor de flujo. Muestras de Nitrato en agua serán conducidas en base rotante por un laboratorio de tercera parte autorizado. Cualquier fallo de PDU adecuadamente reportado como se indica en Articulo 3 de este acuerdo será reparado o remplazado y una muestra de confirmación de Nitrato será conducido para asegurar que el aparato está funcionando correctamente. Este servicio será proveído por [Organization Name] sin ningún costo a él Propietario/Inquilino, como se describe en Articulo 3. Resultados de las muestras serán disponibles a él Propietario/ Inquilino a petición. Los resultados de las muestras incluirán el domicilio del Propietario/Inquilino, nivele de Nitrato (Si alguno), En el evento que el nivel de Nitrato exceda el máximo nivel de contaminante (MNC) de 10 ppb, el Propietario e Inquilino (*si es aplicable*) serán inmediatamente notificados de tales resultados e instruidos a descontinuar el uso del PDU. Reparaciones o remplazo serán hechos por [Organization Name] según sea necesario y una muestra de confirmación de Nitrato será conducida para asegurar que el aparato está funcionando correctamente.

2. Instalación. Instalación del aparato PDU será realizado por un plomero certificado. El plomero usara todo esfuerzo razonable para instalar el equipo necesario, incluyendo, pero no limitado a perforar agujeros en el fregadero o mostradores para instalación del grifo, perforar agujeros adentro de gabinetes y/o abriendo paredes debajo de fregaderos tratando de obtener el acceso necesario a accesorios de plomería. El plomero hará todo esfuerzo razonable de consultar con el Propietario y el Inquilino (*si es aplicable*) para poder minimizar demolición, pero el plomero tendrá la decisión final para poder mejor instalar el aparto PDU en la manera más segura y económica.

3. RESPONSABILIDADES DEL PROPIETARIO Y ACUERDOS. El Propietario es dueño de, y controla y mantiene todos los aparatos PDU para asegurar operación correcta, mantenimiento y conformidad con el MNC de Nitrato. El Propietario y el Inquilino (*si es aplicable*) están de acuerdo con la instalación y uso del aparato de tratamiento PDU y autoriza acceso para instalación, mantenimiento, y muestras. El Propietario y el Inquilino (*si es aplicable*), adicionalmente están de acuerdo con permitir acceso a [Organization Name] a la propiedad por propósitos de este Acuerdo. El Propietario y el Inquilino (*si es aplicable*) entienden que el único grifo dentro de la casa que provee agua dentro de los estándares de agua potable es la que está conectada al PDU y es suministrada vía un grifo separado en el fregadero de la cocina. El Propietario y el Inquilino (si es aplicable) serán responsables por mantener el exterior del aparato PDU para asegurar que el aparato está limpio, higiénico, y funcionando correctamente. En el evento que falle el PDU, el Propietario y el Inquilino (*si es aplicable*) descontinuaran el uso del aparato de tratamiento PDU e informar a [Organization Name] por escrito de este fallo dentro de 24 horas. En ningún momento intentara el Propietario y el Inquilino (*si es aplicable*) o cualquier otra persona no autorizado discapacitar, manipular o cambiar, desviar, o de otra manera interferir con el uso correcto y mantenimiento del aparato PDU. Tal acción anulará este acuerdo y el Propietario será responsable por cualquier y todo daño, incluyendo reparos, remplazo y/o costos de muestras de confirmación.

4. RESPONSABILIDADES Y ACUERDOS DE SHE. [Organization Name] está de acuerdo con su responsabilidad por la compra, instalación, reparos, remplazos, y mantenimiento seguido del aparato PDU, de incluir muestras de Nitrato en agua requerido y cambiar filtros como es requerido por el fabricante por un año después de la instalación inicial. Cualquiera deficiencia, incluyendo fugas, que son más allá del control de Participante e Inquilino (*si es aplicable*), serán la responsabilidad del Propietario, por la duración del programa.

5. AUTORIDAD PARA ENTRA A LA RESIDENCIA. El Propietario y el Inquilino (*si es aplicable*) acuerdan a permitir acceso a el personal de [Organization Name] a la residencia donde el PDU ha sido instalado para propósitos de muestras de agua y monitoreo en una fecha y horario mutuamente acordado, Estas muestras y monitoreo ocurrirán en basa continua hasta que el día de este contrato finalice. El participante e Inquilino (*si es aplicable*) o un representante autorizado debe estar presente durante el acceso, muestras, y el monitoreo.

6. FONDOS. Fondos para este Proyecto son proveídos por [Funder Name].

7. RECLAMOS DE CONTRATISTA Y SUBCONTRATISTAS. El Propietario y el Inquilino (*si es aplicable*) además acuerdan, en la mayor medida permitida por la ley, limitar la responsabilidad de [Organization Name] y colaboradores, sub consultores y contratistas independientes a todos los contratistas y subcontratistas en el Proyecto por cualquier y todos los reclamos, pérdidas, costos, daños de cualquier naturaleza o reclamos de gastos por cualquier causa o causas, incluyendo las tarifas de abogados, de modo que la responsabilidad total agregada de los sub consultores de [Organization Name], [Funder Name] a todos los nombrados no exceda la inversión total de [Organization Name], [Funder Name] por los servicios otorgados en este Proyecto. Se pretende que esta limitación se aplique a toda responsabilidad o causa de acción, como sea alegada o derivada, a menos que la ley lo prohíba.

8. INDEMNIDAD. El Propietario y el Inquilino (*si es aplicable*), acuerdan a indemnizar, y eximir de responsabilidad, y defender en cualquier acción o tramite, de [Nombre de

Organización], de y en contra de todos reclamos, danos, perdidas, y gastos, incluyendo pero no limitado a tarifas y costos de abogados y cualquier otro gasto, por lo relacionado a una lesión personal, propiedad, o reputación, sufrido o proclaman haber sufrido por cualquiera, que surge de o por resultando del acceso a o uso del aparto de Punto-de-Uso del Propietario y el Inquilino (*si es aplicable*), independientemente de si el acto u omisión denunciado fue causado por negligencia en cualquier forma por [Organization Name], o cualquiera de sus sub consultores o sub contratistas.

9. RENUNCIA. El Propietario y el Inquilino (*si es aplicable*) por este medio, renuncia y libera a [Organization Name] y sus oficiales, agentes, y empleados de cualquiera y todo reclamo por perdida o daño causado por cualquier acto u omisión en parte de [Organization Name] o cualquiera de sus oficiales, agentes, y empleados, eximiendo cualquier mala conducta por parte de esta.

10. LEY APLICABLE; CONSTRUCCIÓN. Este acuerdo será gobernado por e interpretado en acuerdo con las leyes del Estado de California, sin tener en cuenta ninguna regla o principio de conflicto de leyes que pueda referirse a la gobernanza o construcción de este Acuerdo a las leyes de otra jurisdicción. Este Acuerdo será a todo momento y en todo evento interpretado como un todo de acuerdo con su significado y no estrictamente a favor o en contra de cualquier parte.

11. ACUERDO COMPLETO; Enmienda. Este Acuerdo constituye el entendimiento total entre los partidos y remplaza todas las propuestas, compromisos, escritos, negociaciones, y entendimientos orales y escritos y todas las demás comunicaciones entre los partidos relacionadas con el tema aquí. Este Acuerdo no puede ser enmendado o modificado de otra manera, excepto por escrito debidamente ejecutado por todos los partidos.

12. PARTIDOS OBLIGADAS. Este Acuerdo será vinculante y redundará en beneficio de cada una de los partidos del presente en la medida en que sea aplicable para ellos y sus respectivos sucesores y asignados.

13. TERMINOS DEL ACUERDO. Este acuerdo se llevará a cabo en efectivo hasta el____ día de (mes) _____, del 20____. En esta fecha [Organization Name] cederá todos los derechos y responsabilidades a el Propietario. El Propietario acepta y está de acuerdo con asumir todos los derechos y responsabilidades relacionados con el aparato instalado PDU, incluyendo mantenimiento, reparos, compra de filtro, y remplazo.

14. ENTENDIMIENTO MUTUO. Cada partido ha leído todo este acuerdo, de lleno entiende el contenido de aquí de y has tenido la oportunidad de obtener consejo independiente en cuanto a su efecto legal. Este Acuerdo refleja el entendimiento mutuo de los partidos con respeto a toda la materia mencionada aquí y será interpretado en adecuadamente.

15. NOTICIA. Excepto al expresivamente proveído lo contrario de aquí en adelante, cualquier noticia requerida o permitida bajo este Acuerdo será considerada suficientemente entregada si por escrito y entregado personalmente, transmitido por facsímil, o mandado por correo certificado (estampilla prepagada) a la parte a el domicilio establecido debajo de su firma abajo o en cualquier otra dirección al partido en la dirección nombrada bajo su firma o en cualquier otra dirección que el partido subsecuentemente pueda designar.

EN FE DE ELLO, los partidos han ejecutado este acuerdo a partir de la fecha primordial escrita arriba.

[Organization Name]

_____
Firma

Firmado por: _____
Domicilio: _____
Cuidad, Estado, Código Postal:_____
_____

Propietario

_____
Firma

Firmado por: _____
Domicilio: _____
Cuidad, Estado, Código Postal:_____
_____

Inquilino

_____
Firma
Firmado por: _____
Domicilio: _____
Cuidad, Estado, Código Postal: _____
_____

POU Total Dissolved Solids (TDS) & Flow Meter Readings Report

Name: _____

Address: _____

Instructions:

1. Every Sunday, push the button on the flow meter installed under the sink and record the number below.
2. Every Sunday, check the TDS monitor located beneath the faucet and record the number below.
3. At the end of every month, total the flow meter readings. A [Organization Name] representative will call you for TDS readings and flow meter results.

MONTH	DATE	FLOW (Gallons)	POU TDS (ppm)
	Total Gallons:		
	Total Gallons:		
	Total Gallons:		

Solidos Totales Disueltos (STD) de PDU & Registros del Medidor de Flujo

Nombre: _____

Domicilio: _____

Instrucciones:

1. Cada domingo, oprima el botón en el medidor de flujo instalado debajo del lavamanos y registre el numero de abajo.
2. Cada domingo, verifique el monitor de STD ubicado abajo del grifo y registre el numero de abajo.
3. Al final de cada mes, sume el total de lecturas del medidor de flujo. Un representante de [Organization Name] lo llamara para sus registros de las lecturas de STD y resultados del medidor de flujo.

MES	FECHA	FLUJO (Gallones)	PDU STD (ppm)
	Gallones Totales:		
	Gallones Totales:		
	Gallones Totales:		

Point of Use Filtration Systems Tracking Report

		POU 1	POU 2	POU 3	POU 4	POU 5	POU 6	POU7	POU8	POU 9	POU 10	POU 11	POU 12	POU 13	POU 14	POU 15
	Participant name															
	Address															
	Household ID															
	System Type															
	Raw Water Nitrate Level															
Initial Sample	Installation Date															
	Test 1 - Sample Date															
	Filtered Result															
	Raw Water Nitrate Level															
	Reduction Percentage															
MONTH 1	Bi-weekly Test															
	Test 2 - Sample Date															
	Date Result Received															
	Result Letter Sent Date															
	Filtered Result															
	Raw Result															
	Reduction Percentage															
	Test 3 - Sample Date															
	Date Result Received															
	Result Letter Sent Date															
	Filtered Result															
	Raw Result															
	Reduction Percentage															
	TDS Reading															
	Flow Meter Reading															
	Notes															
MONTH 2	Monthly Test															
	Test 4 - Sample Date															
	Date Results Received															
	Result Letter Sent Date															
	Filtered Result															
	Raw Result															
	Reduction Percentage															
	TDS Reading															
	Flow Meter Reading															
	Notes															
MONTH 3	Monthly Test															
	Test 5 - Sample Date															
	Date Result Received															
	Result Letter Sent Date															
	Filtered Result															
	Raw Result															
	Reduction Percentage															
	TDS Reading															
	Flow Meter Reading															

INSERT PROJECT LOGOS HERE

SITE VISIT CHECK OFF LIST
NITRATE WATER WELL SAMPLING PILOT PROGRAM

Site visit by: _____

Date: _____ Time: _____

Participant Name: _____

Participant Address: _____

Directions:

Step 1: Collect two nitrate samples (raw water sample and a filtered water). Make sure to mark each bottle accordingly, (i.e. raw, filtered). Please check off each task once completed.

_____Raw Water Sample (kitchen faucet) _____Filtered Water (filter faucet)

Step 2: Collect a TDS sample and record EC results below. If the filter has a TDS monitor that tracks levels, check and record TDS monitor reading below.

EC Reading: _____

Step 3: Check and Record flow meter reading below.

Flow Meter Reading: _____

Step 4: Ask the participant for their household's weekly tracking sheet and record the last four recorded results here:

Date _____ Flow _____ TDS _____

Date _____ Flow _____ TDS _____

Date _____ Flow _____ TDS _____

Date _____ Flow _____ TDS _____

Notes:

_____

_____

_____

INSERT LETTERHEAD /

PROJECT LOGOS HERE

Date

Name
Address

Dear [Name]:

[Organization Name] would like to thank you for participating in our [Name of Program] from your well was sampled for this contaminant. The attached results are from the water sample that was taken on [date] from the well serving your property and the Point-of-Use (POU) device installed.

These results are provided solely for your benefit.

The following table summarizes your Nitrate test results.

Constituent	Location	Result	Standard
Nitrate (N)	Faucet (Raw)		10 mg/L
	Filtered Faucet (POU)		10 mg/L

NITRATE
The Safe Drinking Water Standard for Nitrate is 10 ppm (parts per million), also known as 10 mg/L (milligrams per Liter). Your POU device has shown results that has PASSED the Safe Drinking Water Standard for Nitrate.

It is important to regularly use your POU device to insure positive results.

Thank you for your cooperation in this testing program, which has helped to determine the quality of water in private wells of the residents of [area].

If you have any questions regarding this information, please contact [Name] at

[Phone Number].

Sincerely,

[Name]
[Title]

[Organization Name]
[Address]
[Address]

INSERT LETTERHEAD /

PROJECT LOGOS HERE

Date

Name
Address
Address

Dear [Name]:

[Organization Name] quisiera agradecerle por participar en nuestro Programa de análisis de agua con nitrato y por dar su consentimiento para la instalación de un dispositivo de punto de uso (POU) en su hogar. El POU está diseñado para reducir los niveles de nitrato en su agua potable. Como parte del programa, se necesita un monitoreo continuo del sistema de POU para garantizar su efectividad y que funcione correctamente. Los resultados de la muestra también informarán el plan de desarrollo, operación y mantenimiento de su filtro. El agua de su pozo que fue tomada [date] ha sido examinada. Adjuntados los resultados de laboratorio de la muestra de agua que se tomó del pozo que sirve a su propiedad, así como del dispositivo de punto de uso (POU) instalado.

These results are provided solely for your benefit.

La siguiente tabla es un resumen de los resultados de sus pruebas de nitrato a partir de muestras de agua tomadas de su llave y dispositivo POU.

Constitución	Ubicación	Resultado	Estándar
Nitrate (N)	Llave (Sin Filtrar)		10 mg/L
	Llave Filtrada (POU)		10 mg/L

El Estándar de agua potable segura para nitrato es de 10 ppm (partes por millón), también conocido como 10 mg / L (miligramos por litro). Su dispositivo POU ha mostrado resultados que ha **PASADO** el Estándar de agua potable segura.

Es importante que continúes usando tu POU Dispositivo para asegurar resultados positivos.

Gracias de nuevo por su cooperación en este programa de pruebas. Ha ayudado a determinar la calidad del agua en los pozos privados de los residentes de [área].

Si tiene alguna pregunta con respecto a esta información, comuníquese con [Name] al [Phone Number].

Sinceramente,

[Staff name]
[Title]

Whirlpool Reverse Osmosis Filter System Information

Plumber Information: [Company name]

Phone number: [Add phone number]

Service Area: [Add locations]

[Organization Name] Contact Information: [Staff name]

Email: [Email]

Phone Number: [Phone number]

FILTER SYSTEM INFORMATION

Whirlpool Reverse Osmosis Filter System

Model: WHAROS5

Your filter system was installed to treat the elevated Nitrate levels in your water.

The filter system ensures that the water is safe to drink and use for cooking.

If the LED repeatedly flashes two times, the battery needs to be replaced. Replace the battery with a CR 2032 or equivalent.

[Plumbing company] can be contacted at [phone number] to arrange a home visit in the event of an emergency or need for maintenance. The current rate for a home visit by a plumber is [add cost] an hour, this price does not include the price of filters.

You can request the maintenance visit and purchase replacement filters at any time, however, it is recommended to replace the battery, pre-filter, and post-filter cartridge at least every six (6) months of product water use. Replace more often if they begin to plug with sediment.

Replacement filters prices may very. Estimated costs of replacement filter elements (part number WHEERF), or replacement membranes (part number WHEERM), range from $39 to $59.

If you would like to have your filtered water sampled for nitrate, the closest certified lab to you is the [Name of Laboratory] at [address]. Their phone is [phone number]. A nitrate lab test costs [price].

Please be sure to reference the Operation & Maintenance Plan given to you for any questions or concerns you may have, or contact any of the contacts above.

Need help troubleshooting?

Call Toll Free 1-866-986-3223, Monday-Friday, 7AM-6PM CST or visit whirlpoolwatersolutions.com.

Información del Sistema de Filtro de Osmosis Inversa Whirlpool

Información del Plomero: [Company name]

Teléfono: [Add phone number]

Área de Servicio: [Add locations]

Información de Contacto de [Organization Name]: [Staff name]

Correo Electrónico: [Email]

Teléfono: [Phone number]

INFORMACIÓN DEL SISTEMA DE FILTRO

Sistema de Filtro de Ósmosis Inversa Whirlpool

Modelo: WHAROS5

Su sistema de filtro se instaló para tratar los niveles elevados de nitrato en el agua.

El sistema de filtro garantiza que el agua es segura para tomar y usar para cocinar.

Si la luz LED parpadea repetidamente dos veces, es necesario reemplazar la batería. Sustituya la batería por una batería CR 2032 o equivalente.

La compañía de plomeros [Plumbing company] puede ser contactado al [phone number] para organizar una visita domiciliaria en caso de una emergencia o necesidad de mantenimiento. La tarifa actual para una visita a casa por un plomero es de [add cost] la hora, este precio no incluye el precio de los filtros.

Puede solicitar la visita de mantenimiento y comprar filtros de reemplazo en cualquier momento, sin embargo, se recomienda reemplazar la batería, el pre-filtro y el cartucho del filtro posterior al menos cada seis (6) meses de uso de agua del producto. Reemplace con más frecuencia si comienza a taparse con sedimentos.

Los precios de los filtros de reemplazo pueden variar. Los costos estimados de los elementos de filtro de reemplazo (número de pieza WHEERF), o membranas de reemplazo (número de pieza WHEERM), varean entre $39 y $59.

Si desea probar su agua filtrada para nitrato, el laboratorio certificado más cercano a usted es el [Name of Laboratory] en [address]. El teléfono es [phone number]. Una prueba de laboratorio de nitrato cuesta [price].

Por favor, asegúrese de consultar el Plan de Operación y Mantenimiento que se le ha dado para cualquier pregunta o inquietud que pueda tener, o póngase en contacto con cualquiera de los contactos anteriores.

¿Necesita ayuda para solucionar problemas?

Llame gratuitamente al 1-866-986-3223, lunes a viernes, 7AM-6PM CST o visite el sitio web whirlpoolwatersolutions.com.

Culligan Reverse Osmosis Filter System Information

Filter Installed By: [Company name]

Phone: [Add phone number]

[Organization Name] Contact Information: [Staff name]

Email: [Email]

Phone: [Phone number]

FILTER SYSTEM INFORMATION

Culligan Advanced Aqua-Cleer Advanced Drinking Water System

Your filter system was installed to treat the elevated Nitrate levels in your water.

The filter system ensures that the water is safe to drink and use for cooking.

If the indicator light on your faucet turns red before one (1) year of having your filter installed, the water is still safe to drink and use for cooking. Contact [company name] at your earliest convenience.

With the installation of this system, you are entitled to one (1) pre-filter replacement, one (1) post-filter replacement, and one (1) membrane replacement filter, along with one (1) maintenance visit from [company name].

You can request the maintenance visit and replacement filters at any time. [Company name] recommends that you wait at least one (1) year after the filter system has been installed to take advantage of any of these entitlements.

As of December 2019, the Culligan yearly maintenance service fee is [price]. After your one (1) maintenance visit from [company name], yearly maintenance services will need to be covered by the household.

If you would like to have your filtered water sampled for nitrate, the closest certified lab to you is the [Name of Laboratory] at [address]. Their phone is [phone number]. A nitrate lab test costs [price].

Please be sure to reference the Operation & Maintenance Plan given to you for any questions or concerns you may have, or contact any of the contacts above.

Need help troubleshooting?

Call Toll Free 1-800-285-54426 (1-800-Culligan) or visit www.culligan.com.

Información del Sistema de Filtros de Ósmosis Inversa de Culligan

Filtro Instalado Por: [Company name]

Teléfono: [Add phone number]

Información de Contacto de [Organization Name]: [Staff name]

Correo Electrónico: [Email]

Teléfono: [Phone number]

INFORMACIÓN DEL SISTEMA DE FILTRO

Aqua-Cleer Advanzado de Culligan Avanzado Sistema de Agua Potable

Su sistema de filtro se instaló para tratar los niveles elevados de nitrato en el agua.

El sistema de filtro garantiza que el agua es segura para tomar y usar para cocinar.

Si la luz indicadora de la llave se vuelve roja antes de un (1) año de tener el filtro instalado; el agua todavía es seguro para tomar y usar para cocinar. Póngase en contacto con [company name] lo antes posible.

Con la instalación de este sistema, usted tiene derecho a un (1) reemplazo de prefiltro, un (1) reemplazo postfiltro, y un (1) filtro de reemplazo de membrana, junto con una (1) visita de |mantenimiento de [company name].

Puede solicitar la visita de mantenimiento y los filtros de reemplazo en cualquier momento. [Company name] recomienda que espere al menos un (1) año después de que se haya instalado el sistema de filtros para aprovechar cualquiera de estos derechos.

Después de su única (1) visita de mantenimiento de [company name], los servicios de mantenimiento anuales tendrán que ser cubiertos por el hogar.

Si desea probar su agua filtrada para nitrato, el laboratorio certificado más cercano a usted es el [Name of Laboratory] de [address]. El teléfono es [phone number]. Una prueba de laboratorio de nitrato cuesta [price].

Por favor, asegúrese de consultar el Plan de Operación y Mantenimiento que se le ha dado para cualquier pregunta o inquietud que pueda tener, o póngase en contacto con cualquiera de los contactos anteriores.

¿Necesita ayuda para solucionar problemas?

Llame gratuitamente al 1-800-285-54426 (1-800-Culligan) o visite www.culligan.com.

INSERT PROJECT
LOGOS HERE

[ORGANIZATION NAME] WOULD LIKE TO

THANK YOU FOR PARTICIPATING IN OUR

[NAME OF PROGRAM]

WHIRLPOOL REVERSE OSMOSIS FILTER SYSTEM – MODEL WHAROS5
POINT OF USE WATER FILTER OPERATIONS AND MAINTENANCE MONITORING PLAN

Add POU # and/or Household Last Name

WHAT CONTAMINANT WAS FOUND IN MY DRINKING WATER?

[Organization name] sampled the water from your private well to determine if nitrate levels were present in your water. The concentration of nitrate levels in your well water sample were _____.

Nitrates (NO_3-) are commonly found in fertilizers which are abundant in the [area name] agricultural fields and may come from other sources.

DOES MY FILTER TREAT NITRATE CONTAMINATION?

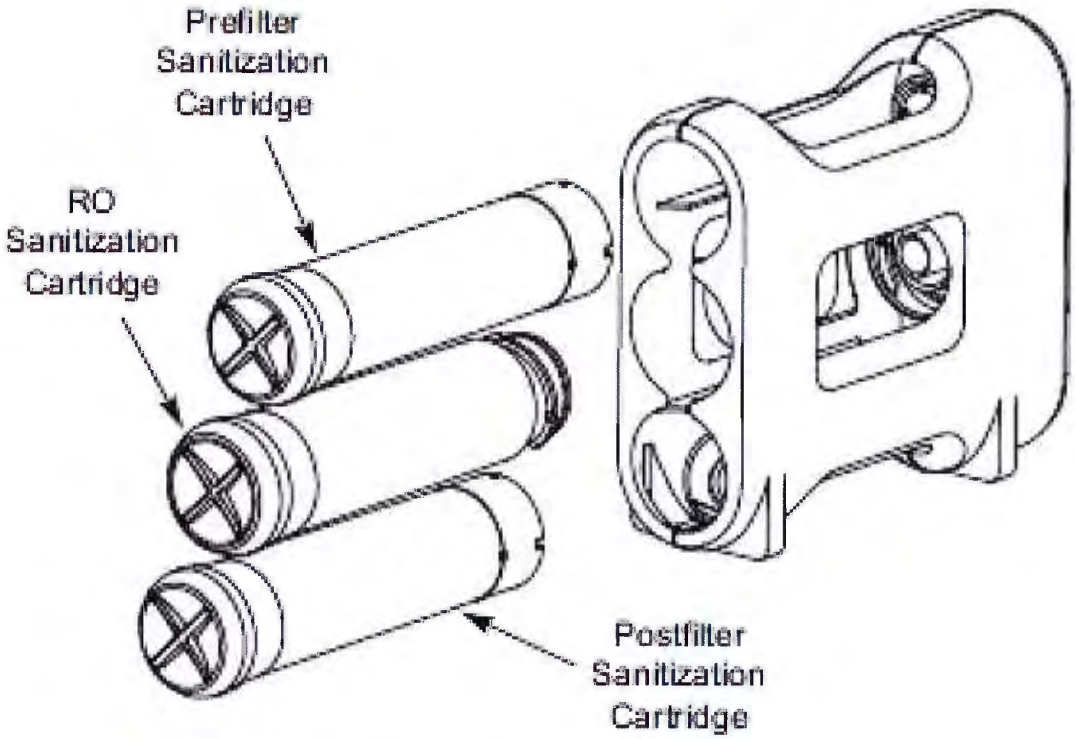
The Point of Use (POU) Filter installed in your home is certified by the California Department of Public Health and NSF International to effectively treat high nitrate levels, but **regular maintenance on your part is necessary** to ensure that the POU filter continues to be effective. The POU filter model is the **Whirlpool Reverse Osmosis Filter System Model WHAROS5.**

[Organization name] was responsible for the monitoring of the POU through [time period] and intermittently during the year. Based on these results, reduction of nitrate in your water to acceptable levels has been shown to occur with proper maintenance of the system including scheduled filter replacements.

WHAT PARTS DO I NEED TO CHANGE?

Your POU filter has the following components that must be changed on a routine basis:

1. Pre-Filter Sanitization Cartridge
2. Reverse Osmosis Sanitization Cartridge
3. Post-Filter Sanitization Cartridge
4. Battery



HOW OFTEN DO I NEED TO CHANGE THE PARTS?

Critical POU Replacement Components	**MAINTENANCE SCHEDULE**
Pre-Filter Sanitization Cartridge	Replace every 6 months. Record the date on the maintenance tracking table.
Reverse Osmosis Sanitization Cartridge	6 months- 1 year; when the production rate and/or quality of product water drops please change filter. Record the date on the maintenance tracking table.
Post-Filter Sanitization Cartridge	Replace every 6 months. Record the date on the maintenance tracking table.
Battery	Replace every 6 months.

Please utilize the POU maintenance tracking table to keep up to date on filter replacements and upcoming maintenance dates. When checking the RO Membrane filter it is important to note Total Dissolved Solids (TDS) reduction performance and the flow rate of water.

WHAT IS THE COST OF MAINTAINING MY POU SYSTEM?

The cost of maintaining the Whirlpool UltraErase Reverse Osmosis water filtration system will vary by vendor. [Organization name] suggests ordering replacement parts on Lowes.com or Amazon.com. Estimated costs of replacement filter elements (part number **WHEERF**) or replacement membranes (part number **WHEERM**) range from $39 to $59.

WHO CAN I CONTACT FOR HELP REPLACING MY POU FILTERS?

You can replace the filters yourself. If may also contact a plumber. [Plumbing Company] that installed the POU system may be contacted at [phone number] to arrange a home visit. The current rate for a home visit by a plumber is $[fee] an hour. This price does not include the cost of filters.

HOW DO I KNOW IF MY FILTER IS PROVIDING SAFE DRINKING WATER?

Please check both the flow meter and the Total Dissolved Solids (TDS) monitor at least once every month and log the data of how many gallons of water have been used and the amount of total dissolved solids in the Monitoring Log. According to the manufacturer, each filter is designed to last for 1,000 gallons (roughly 12 months). TDS is an indicator of what minerals are in your water, including but not limited to nitrate. Unfiltered water will have a high concentration of TDS and filter water will have a low concentration of TDS. If you see the data change suddenly to high TDS, then you need to change your filter.

If you would like to have your filtered water sampled for nitrate, the closest certified lab to you is the [Name of Laboratory] at [address]. Their phone is [phone number]. A nitrate lab test costs $[fee].

IF MY FILTER HAS A PROBLEM, WHO CAN I CONTCT?

Please contact [name of organization staff] at [phone number] or [email].

POU MAINTENANCE TRACKING TABLE

Date	Type of Component Changed (Carbon filter or membrane)	Any Leaks? (Y/N)	Notes

INSERT PROJECT
LOGOS HERE

A SELF-HELP ENTERPRISES LE GUSTARIA

DARLE LAS GRACIAS POR PARTICIPAR EN

[NAME OF PROGRAM]

SISTEMA DE FILTRO DE OSMOSIS INVERSA WHIRLPOOL- MODELO WHAROS5
FILTRO DE AGUA DE PUNTO DE USO
OPERACIONES Y MANTENIMIENTO
PLAN DE MONITOREO

Add POU # and/or Household Last Name

¿CUAL CONTAMINANTE FUE ENCONTRADO EN MI AGUA POTABLE?

[Organization name] tomo muestras del agua de su pozo privado para determinar si niveles de nitrato estaban presentes en su agua. La concentración de niveles de nitrato en la muestra de agua de su pozo fue _____.

Nitratos (NO3-) son comúnmente encontrados en fertilizantes que son abundantes en [area name] y pueden venir de otras fuentes.

¿MI FILTRO TRATA LA CONTAMIACION DE NITRATO?

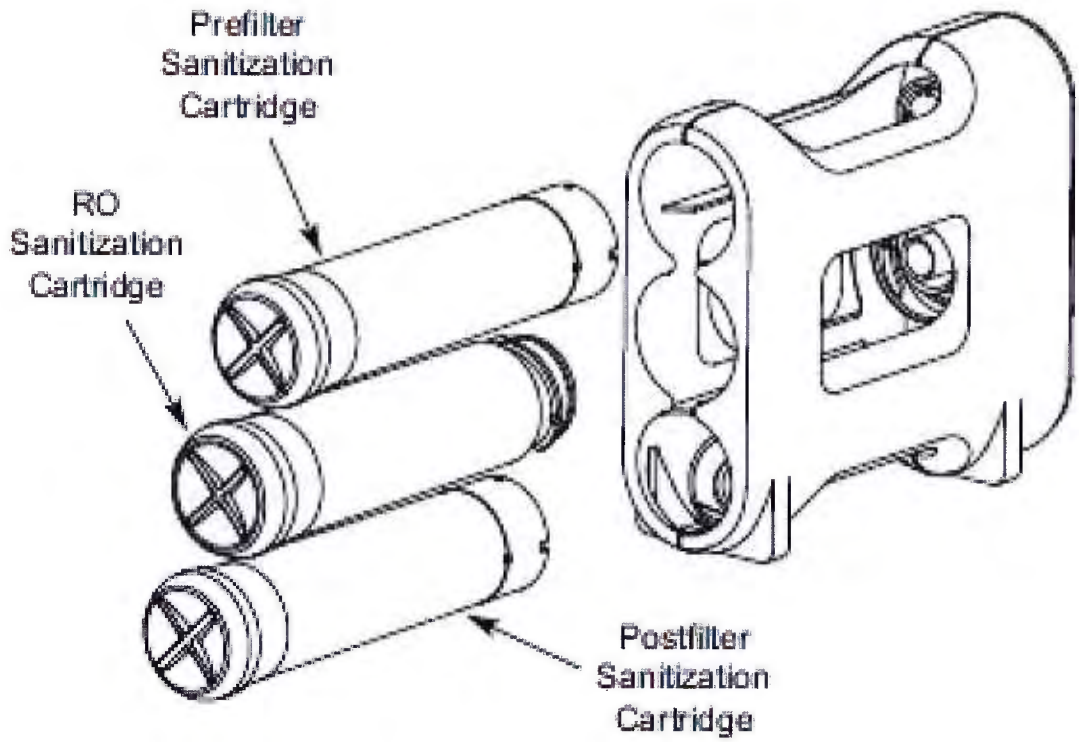
El filtro Punto De Uso (PDU) instalado en su hogar es certificado por el Departamento de Salud Pública de California y NSF Internacional para efectivamente tratar niveles altos de nitrato, pero **mantenimiento regular de su parte es necesario** para asegurar que el filtro PDU continúe siendo efectivo. El modelo del filtro PDU es el **Whirlpool Sistema de Filtro de Osmosis Inversa Modelo WHAROS5.**

[Organization name] fue responsable por el monitoreo del PDU a través de [time period] e intermitentemente durante el año. Basado en estos resultados, la reducción de nitrato en su agua a niveles aceptables ha demostrado ocurrir con mantenimiento apropiado del sistema incluyendo remplazos de filtros programados.

¿CUALES PARTES NESESITO CAMBIAR?

Su filtro PDU tiene los siguientes componentes que deben ser cambiados rutinariamente:

1. Cartucho de Higienización Pre-Filtro
2. Cartucho de Higienización de Osmosis Inversa
3. Cartucho de Higienización Post-Filtro
4. Batería



¿QUE TAN FREQUENTE NESESITO CAMBIAR LAS PARTES?

Componentes de Remplazo Críticos de PDU	**PROGRAMACIÓN DE MANTENIMIENTO**
Cartucho de Higienización Pre-Filtro	Remplace cada 6 meses. Tome nota de la fecha en la tabla de registro de mantenimiento.
Cartucho de Higienización de Osmosis Inversa	6 meses – 1 año, cuando la tasa de producción y/o calidad de gotas de agua de producto baje por favor cambie el filtro. Tome nota de la fecha en la tabla de registro de mantenimiento.
Cartucho de Higienización Post-Filtro	Remplace cada 6 meses. Anote la fecha en la tabla de registro de mantenimiento.
Batería	Remplace cada 6 meses.

Por favor utilice la tabla de rastreo de mantenimiento de PDU para mantenerse al día con remplazos de filtros y próximas fechas de mantenimiento. Al revisar la

Membrana del Filtro OI es importante tomar nota de la disminución de rendimiento de Solidos Disueltos Totales y la tasa de flujo de agua.

¿CUAL ES EL COSTO DE MANTER MI SISTEMA PDU?

El costo de mantener el Sistema de Whirlpool UltraErase de Osmosis Inversa va a variar por vendedor. [Organization name] sugiere ordenar partes de remplazo en Lowes.com o Amazon.com. Los costos estimados de elementos de filtros de remplazos (número de parte **WHEERF**) o membranas de remplazo (número de parte **WHEERM**) varean entre $39 a $59.

¿A QUIEN PUEDO CONTACTAR PARA AYUDA REMPLAZANDO MIS FLITROS PDU?

Usted puede remplazar los filtros usted mismo(a). También puede contactar un plomero. [Plumbing Company] quien instalo el sistema PDU puede ser contactado al [phone number] para programar una visita de casa. La tarifa existente por una visita de casa de un plomero es $[fee] por hora. Este precio no incluye el precio de filtros.

¿COMO SE SI MI FILTRO ESTA PROVEYENDO AGUA POTABLE SEGURA?

Por favor revise ambos el medidor de flujo y el monitor de Solidos Disueltos Totales (SDT) por lo menos una vez al mes y tome nota de los datos de cuantos gallones de agua han sido utilizados y la cantidad de solidos disueltos totales en el Registro de Monitoreo. De acuerdo con el fabricador, cada filtro es diseñado para durar por 1,000 gallones (aproximadamente 12 meses). SDT es un indicador sobre qué tipo de minerales están en su agua, incluyendo, pero no limitado a nitrato. Agua no filtrada tendrá una concentración alta de SDT y agua del filtro tendrá concentración baja de SDT. Si ve que los datos de agua tratada cambian de repente a nivel alto de SDT, entonces necesita cambiar su filtro.

Si le gustaría que se tome una muestra de su agua filtrada por nitrato, el laboratorio autorizado más cercano a usted es el [Name of Laboratory] en [address]. El número es [phone number]. Un análisis de laboratorio de nitrato cuesta $[fee].

¿SI MI FILTRO TIENE UN PROBLEMA, A QUIEN PUEDO CONTACTAR?

Por favor contacte a [name of organization staff] al [phone number] o [email].

TABLA DE REGISTRO DE MANTENIMIENTO DE PDU

Fecha	Tipo de Componente Cambiado (¿Filtro de Carbón o membrana?)	¿Alguna fuga? (S/N)	Notas

INSERT PROJECT
LOGOS HERE

[ORGANIZATION NAME] WOULD LIKE TO

THANK YOU FOR PARTICIPATING IN OUR

[NAME OF PROGRAM]

CULLIGAN ADVANCED AQUA CLEER
POINT OF USE WATER FILTER
OPERATIONS AND MAINTENANCE
MONITORING PLAN

Add POU # and/or Household Last Name

WHAT CONTAMINANT WAS FOUND IN MY DRINKING WATER?

[Organization name] sampled the water from your private well to determine if nitrate levels were present in your water. The concentration of nitrate levels in your well water sample were _____.

Nitrates (NO_3-) are commonly found in fertilizers which are abundant in the [area name] agricultural fields and may come from other sources.

DOES MY FILTER TREAT NITRATE CONTAMINATION?

The Point of Use (POU) Filter installed in your home is certified by the California Department of Public Health and NSF International to effectively treat high nitrate levels, but regular operations and maintenance on your part is necessary to ensure that the POU filter continues to be effective. The POU filter model is the **Culligan Advanced Aqua-Cleer Reverse Osmosis System**.

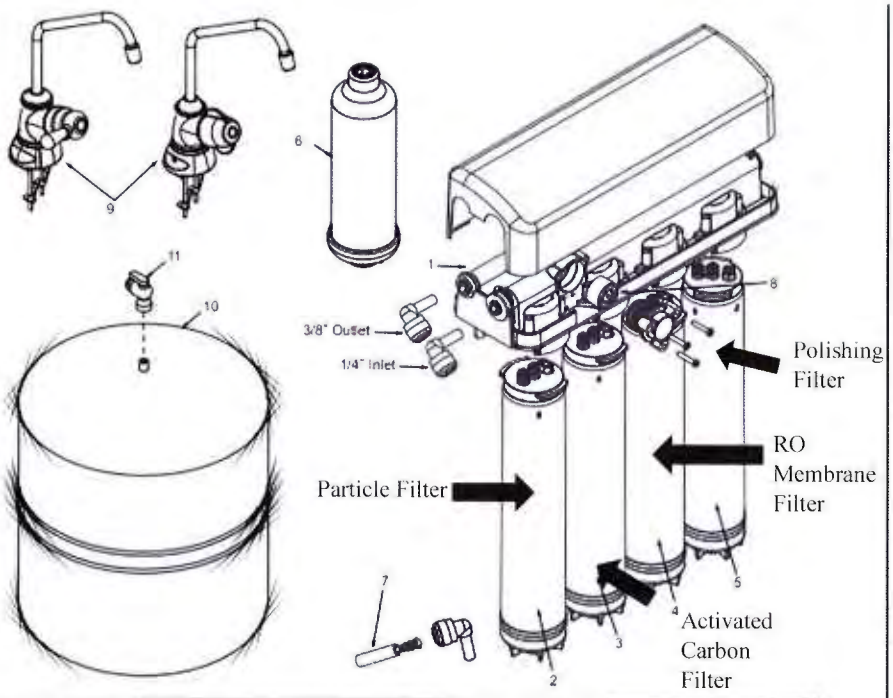
[Organization name] was responsible for the monitoring of the POU through the [time period] and intermittently during the year. Based on these results, reduction of nitrate in your water to acceptable levels has been shown to occur with proper maintenance of the system including scheduled filter replacements.

WHAT PARTS DO I NEED TO CHANGE?

Your POU filter has the following components that need to be changed on a routine basis:

1. Particle Filter
2. Activated Carbon Filter
3. Polishing Filter
4. RO Membrane Filter

Parts List



Item	Description
1	Manifold Assembly
2	SED1 Filter
	SED2 Filter
	SED3 Filter
3	Carbon Block Filter
	Granular Activated Carbon Filter
	Granular Activated Carbon Filter - Large
4	30 GPD Reverse Osmosis Membrane
	50 GPD Reverse Osmosis Membrane**
	Nanofiltration Reverse Osmosis Membrane*†
5	Arsenic Filter
	Perchlorate Filter**
	Carbon Block Filter (MTBE, VOC)
6	Post Carbon Filter
7	Flow Control
8	Automatic Shut-off Valve
9	Faucet
10	2 Gallon Storage Tank
	3 Gallon Storage Tank
	9 Gallon Storage Tank
11	Ball Valve

*Monitor (Not Shown) **Cartridges not for sale in California
† Cartridge not for sale in California or Iowa.

HOW OFTEN DO I NEED TO CHANGE THE PARTS?

Critical POU Replacement Components	MAINTENANCE SCHEDULE
Particle Filter	Replace once (1) per year. Record the date on the maintenance tracking table.
Activated Carbon Filter	Replace once (1) per year. Record the date on the maintenance tracking table.
Polishing Filter	Replace once (1) per year. Record the date on the maintenance tracking table.
RO Membrane Filter	Check once (1) per year. Record the date on the maintenance tracking table.

Please utilize the POU maintenance tracking table to keep up to date on filter replacements and upcoming maintenance dates. When checking the RO Membrane filter it is important to note Total Dissolved Solids (TDS) reduction performance and the flow rate of water.

WHAT DOES MY ONE-TIME MAINTENANCE CREDIT INCLUDE?

With the installation of this system, you are entitled to one (1) pre-filter replacement, one (1) post-filter replacement, and one (1) membrane replacement filter, along with one (1) maintenance visit from Culligan of Lindsay. You can request the maintenance visit and replacement filters at any time. However, [organization name] recommends that you wait at least 1 year *after* the filter system has been installed to take advantage of any of these entitlements.

HOW CAN I REEDEEM MY ONE-TIME MAINTENANCE CREDIT?

Your Point-of-Use filter was last serviced on [date].

Please contact [name of company] at [phone number], say that you have the Culligan Advanced Aqua Cleer POU filter that was provided as part of the [Name of project] and that you would like to redeem your maintenance credit.

IF I AM HAVING PROBLEMS REDEEMIING MY MAINTENANCE CREDIT, WHO DO I CONTACT?

Please contact [company contact] at [phone number] or [email].

HOW CAN I PURCHASE ADDITIONAL MAINTENANCE CREDITS AND WHAT IS THE COST?

As of December 2019, the Culligan yearly maintenance service fee is $[fee].

HOW DO I KNOW IF MY FILTER IS PROVIDING SAFE DRINKING WATER?

Please check both the flow meter and the Total Dissolved Solids (TDS) monitor at least once every month and log the data of how many gallons of water have been used and the amount of total dissolved solids in the Monitoring Log. According to the manufacturer, each filter is designed to last for 1,000 gallons (roughly 12 months). TDS is an indicator of the total concentration of minerals in your water, including but not limited to nitrate. Unfiltered water will have a high concentration of TDS and filter water will have a low concentration of TDS. If you see the data for treated water change suddenly to high TDS, then you need to change your filter.

If you would like to have your filtered water sampled for nitrate, the closest certified lab to you is the [Name of Laboratory] at [address]. Their phone is [phone number]. A nitrate lab test costs $[fee].

IF MY FILTER HAS A PROBLEM, WHO CAN I CONTCT?

Please contact [company contact name] at [phone number] or [email].

POU MAINTENANCE TRACKING TABLE

Date	Type of Component Changed (Carbon filter or membrane)	Any Leaks? (Y/N)	Notes

INSERT PROJECT
LOGOS HERE

[ORGANIZATION NAME] LE GUSTARIA DARLE LAS GRACIAS POR PARTICIPAR EN NUESTRO [NAME OF PROGRAM]

CULLIGAN AQUA CLEER AVANZADO
FILTRO DE AGUA DE PUNTO DE USO
OPERACIONES Y MANTENIMIENTO
PLAN DE SUPERVISION

Add POU # and/or Household Last Name

¿CUAL CONTAMINANTE FUE ENCONTRADO EN MI AGUA POTABLE?

[Organization name] tomo muestras del agua de su pozo privado para determinar si niveles de nitrato estaban presentes en su agua. La concentración de niveles de nitrato en la muestra de agua de su pozo fue _____.

Nitratos (NO_3-) son comúnmente encontrados en fertilizadoras que son abundantes en [area name] y pueden venir de otras fuentes.

¿MI FILTRO TRATA LA CONTAMIACION DE NITRATO?

El filtro Punto De Uso (PDU) instalado en su hogar es certificado por el Departamento de Salud Pública de California y NSF Internacional para efectivamente tratar niveles altos de nitratado, pero operaciones regulares y mantenimiento por parte suya es necesaria para asegurar que el filtro PDU continúe siendo efectivo. El modelo del filtro PDU es el **Culligan Aqua-Cleer Sistema Avanzado de Osmosis Inversa**.

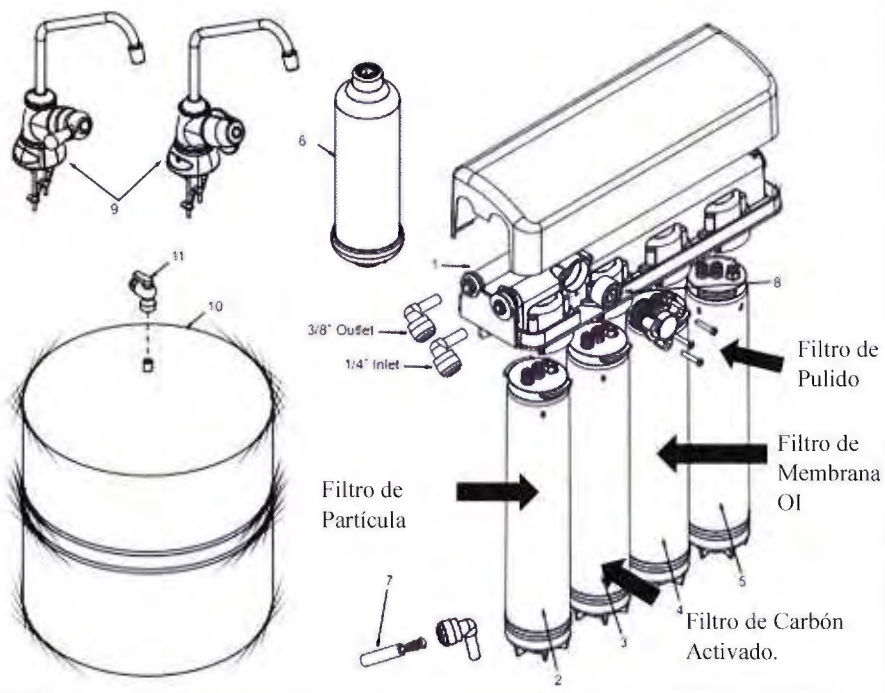
[Organization name] fue responsable por el monitoreo del PDU a través de [time period] e intermitentemente durante el año. Basado en estos resultados, la reducción de nitrato en su agua a niveles aceptables ha demostrado ocurrir con mantenimiento apropiado del sistema incluyendo remplazos de filtros programados.

¿CUALES PARTES NESESITO CAMBIAR?

Su filtro PDU tiene los siguientes componentes que necesitan ser cambiados en una base rutinaria:

1. Filtro de Partícula
2. Filtro de Carbón Activado
3. Filtro de Pulido
4. Filtro de Membrana Osmosis Inversa (OI)

Parts List



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11	Ball Valve

*Monitor (Not Shown) **Cartridges not for sale in California
† Cartridge not for sale in California or Iowa.

Vea la próxima página para lista en español

Lista de Partes

Parte	Descripción
1	Montaje Distribuidor
2	Filtro SED 1
	Filtro SED 2
	Filtro SED 3
3	Filtro de Bloqueo de Carbón
	Filtro de Carbón Granulado Activado
	Filtro de Carbón Granulado Activado – Grande
4	Membrana de 30 GPD de Osmosis Inversa
	Membrana de 50 GPD de Osmosis Inversa**
	Nanofiltración de Membrana de Osmosis Inversa*+
5	Filtro de Arsénico
	Filtro de Perclorato**
	Filtro de Bloqueo de Carbón (MTBE, VOC)
6	Filtro Post Carbón
7	Control de Flujo
8	Válvula de Cierre Automática
9	Grifo
10	Tanque de Reserva de 2 Galones
	Tanque de Reserva de 3 Galones
	Tanque de Reserva de 9 Galones
11	Válvula de Bola

*Monitor (No Demostrado) **Cartuchos no a la venta en California
+ Cartuchos no a la venta en California y Iowa

¿QUE TAN AMENUDO NESESITO CAMBIAR LAS PARTES?

Componentes de Remplazo Críticos de PDU	PROGRAMA DE MANTENIMIENTO
Filtro de Partículas	Remplace una vez (1) al año. Tomar nota de la fecha en la tabla de registro de mantenimiento.
Filtro de Carbón Activado	Remplace una vez (1) al año. Tomar nota de la fecha en la tabla de registro de mantenimiento.
Filtro de Pulido	Remplace una vez (1) al año. Tomar nota de la fecha en la tabla de registro de mantenimiento.
Filtro de Membrana OI	Revise una vez (1) al año. Tomar nota de la fecha en la tabla de registro de mantenimiento.

Porfavor utilice la tabla de registro de mantenimiento de PDU para mantenerse al dia con los remplazos de filtro y fechas proximas de mantenimiento. Cuando revise el filtro de Membrana OI es importante anotar datos del rendimiento de reduccion de Solidos Disueltos Totales (SDT) y la tasa de flujo de agua.

¿QUÉ INCLUYE MI CRÉDITO DE MANTENIMIENTO DE UN SOLO USO?

Con la instalación de este sistema, usted tiene el derecho a 1 (un) remplazo pre-filtro, 1 (un) remplazo post-filtro, y 1 (un) filtro de remplazo de membrana, junto con 1 (una) visita de mantenimiento por parte de Culligan de Lindsay. Usted puede pedir la visita de mantenimiento y remplazar los filtros cuando sea. Sin embargo, [organization name] recomienda que usted espere a lo menos un año *después* de la instalación de del Sistema de filtro para tomar ventaja de cualquiera de estos derechos.

¿COMO PUEDO REDIMIR MI CREDITO DE UN SOLO USO?

Su Filtro de Punto-de-Uso fue atenido por última vez en [date].

Por favor contacte a [name of company] al [phone number], déjeles saber que tiene el filtro de agua Culligan Aqua-Cleer Avanzado de PDU que fue proveído como parte del [Name of project] y que le gustaría redimir su crédito de mantenimiento.

¿SI ESTOY TENIENDO DIFICULTADES REDIMIENDO MI CREDITO DE MANTENIMIENTO, CON QUIEN ME CONTACTO?

Por favor contacte a [company contact] al [phone number] o [email].

¿COMO PUEDO COMPRARA CREDITOS DE MANTENIMIENTO ADICIONALES Y A QUE PRECIO?

A partir de diciembre 2019, la tarifa del servicio de mantenimiento anual de Culligan es $[fee].

¿COMO SE SI MI FILTRO ESTA PROVEYENDO AGUA POTABLE SEGURA?

Por favor revise el medidor de flujo y el monitor de Solidos Disueltos Totales (SDT) por lo menos una vez cada mes y anote los datos de cuantos gallones de agua han sido usados y la cantidad de solidos disueltos totales en el Registro de Monitoreo. De acuerdo con el fabricante, cada filtro está diseñado para durar por 1,000 gallones (aproximadamente 12 meses). SDT es un indicador del total de concentración de minerales en su agua, incluyendo, pero no limitado a nitrato. Agua no filtrada tendrá una concentración alta de SDT y agua de filtro tendrá una concentración baja de SDT. Si ve que los datos de agua tratada cambian de repente a alto nivel de SDT, entonces necesita cambiar su filtro.

Si le gustaría que su se tome una muestra de su agua filtrada por nitrato en agua, el laboratorio autorizado más cercano a usted es el [Name of Laboratory] ubicado en 291 [address]. El número es [phone number]. Una prueba de nitrato de laboratorio cuesta $[fee].

¿SI MI FILTRO TIENE UN PROBLEMA, A QUIEN PUEDO CONTACTAR?

Por favor contacte a [company contact name] al [phone number] o [email].

TABLA DE REGISTRO DE MANTENIMIENTO DE PDU

Fecha	Tipo de Componente Cambiado (¿Filtro de Carbón o membrana?)	¿Alguna fuga? (S/N)	Notas

Monitoring Log / Tabla de Registro de Mantenimiento

POU/ NAME	Date	Previous TDS Reading	Previous Flow Meter Reading	Date	Current TDS Reading	Current Flow Meter Reading
POU #___: [Participant Name]						

Monitoring Log / Tabla de Registro de Mantenimiento

PDU/ NOMBRE	Fecha	Registro Previo de Solidos Disueltos Totales (SDT)	Registro Previo del Control de Flujo	Fecha	Registro Previo de Solidos Disueltos Totales (SDT)	Registro Previo del Control de Flujo
PDU #___: [Participant Name]						

INSERT LETTERHEAD/PROJECT LOGOS HERE

[Date]

Dear [Name of Program] Participant:

Thank you for your participation in the [Name of Program].

As you know, the results of the water sample from your well indicated that your drinking water exceeds the safe drinking water standard for nitrates. As a result, your family was eligible to receive a free Point of Use (POU) filter through the [Name of Program]. Unfortunately, funding for this program is ending on [date].

The **Whirlpool** Point of Use (POU) Filter installed in your home is certified by the California State Water Resources Control Board and NSF to effectively treat high nitrate levels, but regular operations and maintenance on your part is necessary to ensure that the POU filter continues to be effective.

Included in this letter is the Operations and Maintenance Monitoring Plan for your POU filter as well as the Informational Card. The Operations and Maintenance Monitoring Plan includes an overview of nitrate contamination, an overview of the POU filter, instruction for how often to change the POU filter parts, the cost of maintaining the POU system, key contacts, and a POU maintenance tracking table.

[Plumbing Company] can be contacted to arrange a home visit in the event of an emergency or need for maintenance. The current rate for a home visit by a plumber is $[fee] an hour, this price does not include the price of filters. You can request the maintenance visit and purchase replacement filters at any time, however, it is recommended to replace the battery, pre-filter, and post-filter cartridge at least every six (6) months of product water use.

The Informational Card includes key contact information for the POU installer and [Organization name] staff as well as key maintenance instructions for your POU filter. We encourage you to place this informational card near your POU filter for easy reference and to serve as a reminder.

Thank you for your cooperation in this testing program, which has helped to determine the quality of water in private wells of in the [area]. We hope that this information on the quality of water provided by your well has been useful.

If you have any questions regarding this information, please contact me at [phone number].

Sincerely,

[Name]
[Title]

INSERT LETTERHEAD/PROJECT LOGOS HERE

[Date]

Estimado Participante del [Name of Program]:

Gracias por participar en el [Name of Program].

Como saben, los resultados de la muestra de agua de su pozo indicaron que su agua potable supera el estándar de agua potable segura para nitratos. Como resultado, su familia fue elegible para recibir agua embotellada gratis por un tiempo limitado a través del [Name of Program]. Desafortunadamente, este programa está terminando el [date].

El filtro Punto De Uso (PDU) **Whirlpool** instalado en su hogar es certificado por el Departamento de Salud Pública de California y NSF Internacional para efectivamente tratar niveles altos de nitrato, pero mantenimiento regular de su parte es necesario para asegurar que el filtro PDU continúe siendo efectivo.

Incluido en esta carta esta el Plan de Monitoreo de Operaciones y Mantenimiento para su filtro PDU así como una Tarjeta Informativa. El Plan de Monitoreo de Operaciones y Mantenimiento incluye un resumen general de la contaminación por nitratos, una resumen del filtro PDU, instrucciones sobre la frecuencia con la que cambiar las piezas del filtro PDU, el costo de mantenimiento del sistema PDU, contactos clave y un mantenimiento de POU tabla de tabla de registro de mantenimiento.

Se puede contactar con [Plumbing Company] para organizar una visita domiciliaria en caso de emergencia o necesidad de mantenimiento. La tarifa actual para una visita a casa por un plomero es de $[fee] la hora, este precio no incluye el precio de los filtros. Puede solicitar la visita de mantenimiento y comprar filtros de reemplazo en cualquier momento, sin embargo, se recomienda reemplazar la batería, el prefiltro y el cartucho postfiltro al menos cada seis (6) meses de uso de agua del producto.

La tarjeta informativa incluye información de contacto clave para el instalador del PDU y el personal de [Organization name], así como instrucciones de mantenimiento clave para su filtro PDU. Le recomendamos que coloque esta tarjeta informativa cerca de su filtro POU para facilitar la referencia y servir como recordatorio.

Gracias por su cooperación en este programa piloto cual ha ayudado a determinar la calidad del agua en pozos privados en el área de [area]. Esperamos que esta información sobre la calidad del agua proporcionada por su pozo haya sido útil.

Si tiene alguna pregunta con respecto a esta información, comuníquese conmigo al [phone number].

Sinceramente,

[Name]
[Title]

INSERT LETTERHEAD/PROJECT LOGOS HERE

[Date]

Dear [Name of Program] Participant:

Thank you for your participation in the [Name of Program].

As you know, the results of the water sample from your well indicated that your drinking water exceeds the safe drinking water standard for nitrates. As a result, your family was eligible to receive a free Point of Use (POU) filter through the [Name of Program]. Unfortunately, funding for this program is ending on [date].

The **Culligan** Point of Use (POU) Filter installed in your home is certified by the California State Water Resources Control Board and NSF to effectively treat high nitrate levels, but regular operations and maintenance on your part is necessary to ensure that the POU filter continues to be effective.

Included in this letter is the Operations and Maintenance Monitoring Plan for your POU filter as well as the Informational Card. The Operations and Maintenance Monitoring Plan includes an overview of nitrate contamination, an overview of the POU filter, instruction for how often to change the POU filter parts, the cost of maintaining the POU system, key contacts, and a POU maintenance tracking table.

With the installation of this system, you are entitled to one (1) pre-filter replacement, one (1) post-filter replacement, and one (1) membrane replacement filter, along with one (1) maintenance visit from [Name of company]. You can request the maintenance visit and replacement filters at any time. [Organization name] recommends that you wait at least one (1) year after the filter system has been installed to take advantage of any of these entitlements.

The Informational Card includes key contact information for the POU installer and [Organization name] staff as well as key maintenance instructions for your POU filter. We encourage you to place this informational card near your POU filter for easy reference and to serve as a reminder.

Thank you for your cooperation in this testing program, which has helped to determine the quality of water in private wells of in the [area]. We hope that this information on the quality of water provided by your well has been useful.

If you have any questions regarding this information, please contact me at [phone number].

Sincerely,

[Name]
[Title]

INSERT LETTERHEAD/PROJECT LOGOS HERE

[Date]

Estimado Participante del [Name of Program]:

Gracias por participar en el [Name of Program].

Como saben, los resultados de la muestra de agua de su pozo indicaron que su agua potable supera el estándar de agua potable segura para nitratos. Como resultado, su familia fue elegible para recibir agua embotellada gratis por un tiempo limitado a través del [Name of Program]. Desafortunadamente, este programa está terminando el [date].

El filtro Punto De Uso (PDU) **Culligan** instalado en su hogar es certificado por el Departamento de Salud Pública de California y NSF Internacional para efectivamente tratar niveles altos de nitrato, pero mantenimiento regular de su parte es necesario para asegurar que el filtro PDU continúe siendo efectivo.

Incluido en esta carta esta el Plan de Monitoreo de Operaciones y Mantenimiento para su filtro PDU así como una Tarjeta Informativa. El Plan de Monitoreo de Operaciones y Mantenimiento incluye un resumen general de la contaminación por nitratos, una resumen del filtro PDU, instrucciones sobre la frecuencia con la que cambiar las piezas del filtro PDU, el costo de mantenimiento del sistema PDU, contactos clave y un mantenimiento de POU tabla de tabla de registro de mantenimiento.

Con la instalación de este sistema, usted tiene derecho a un (1) reemplazo de prefiltro, un (1) reemplazo postfiltro, y un (1) filtro de reemplazo de membrana, junto con una (1) visita de mantenimiento de [Name of company]. Puede solicitar la visita de mantenimiento y los filtros de reemplazo en cualquier momento. [Organization name] recomienda que espere al menos un (1) año después de que se haya instalado el sistema de filtros para aprovechar cualquiera de estos derechos.

La tarjeta informativa incluye información de contacto clave para el instalador del PDU y el personal de [Organization name], así como instrucciones de mantenimiento clave para su filtro PDU. Le recomendamos que coloque esta tarjeta informativa cerca de su filtro POU para facilitar la referencia y servir como recordatorio.

Gracias por su cooperación en este programa piloto cual ha ayudado a determinar la calidad del agua en pozos privados en el área de [area]. Esperamos que esta información sobre la calidad del agua proporcionada por su pozo haya sido útil.

Si tiene alguna pregunta con respecto a esta información, comuníquese conmigo al [phone number].

Sinceramente,

[Name]
[Title]