COMMONWEALTH of VIRGINIA

B. Cameron Webb, MD, JD
State Health Commissioner

DEPARTMENT OF HEALTH
OFFICE OF DRINKING WATER
Richmond Field Office

Madison Building
109 Governor St., 7th Floor
Richmond, VA 23219
Phone: 804-864-7409
Fax: 804-864-7520

ELECTRONIC COMMUNICATION- NO HARD COPY TO FOLLOW

NOTICE of LEVEL 1 ASSESSMENT REQUIREMENT

SUBJECT: Louisa County
Waterworks: Pleasant's Landing
PWSID No: 2109635

July 28, 2026

Vallerie Holding of Virginia, LLC
Attn: Mike Vallerie, Owner
6743 Tarpleys Tavern Rd.
Williamsburg, VA, 23188

Dear Mr. Vallerie,

This notice is to advise you of requirements per 12VAC5-590-392 coliform treatment technique triggers and assessment requirements of the *Waterworks Regulations.* The subject waterworks generated a requirement to perform a Level 1 assessment and submit a completed Level 1 assessment form to this office. A Level 1 assessment is required whenever a waterworks has two or more total coliform-positive samples during a monitoring period; or, there is a failure to collect every required repeat sample after any total coliform-positive sample result.

Based on our records for the July 2026 monitoring period, the subject waterworks had four (4) total coliform-positive samples. The total coliform-positive samples (Samples CS23633, No.121385, No.121987, and No.121838) were collected at sample locations 349 Pleasant Landing Rd on July 15 and July 23, respectively.

Required Actions

The following actions are required:

- **Perform a Level 1 assessment using the enclosed form.**
- **Submit the completed Level 1 assessment form to this office within 30 days from the date of this letter, on or before August 27, 2026.**
- **Collect a trigger sample from the raw water tap on the well *as soon as possible*.**

Additional Information

A Level 1 assessment evaluates conditions throughout the waterworks to determine possible causes for the total coliform-positive sample results. Sanitary defects (conditions that could provide a pathway of entry for microbial contamination into the distribution system) identified by the assessment are to be corrected and noted in the assessment. A schedule of corrective action(s) must be included in the assessment for defects not corrected by the above submittal due date.

This office will review the assessment for accuracy and completeness plus verify completion of any scheduled actions to correct sanitary defects. Notify this office, in writing, within one business day upon completion of each corrective action, if a corrective action is listed in a submitted schedule.

If you have any questions or concerns regarding this matter, or should you need any assistance in completing the Level 1 assessment form, please contact me at 804-910-6111 or email at Lydia.belser@vdh.virginia.gov.

Sincerely,

Lydia Belser, Envi Spec Sr.

Richmond Field Office

LB: ap

Enclosure:

1. Level 1 Assessment Form
2. Repeat Samples No.121385, No.121987, and No.121838

cc: Louisa County Health Department-attn: Environmental Health Manager (LouisaEH@vdh.virginia.gov)
County Administrator- Christian Goodwin (cgoodwin@louisa.org)
Jennifer Mendoza, El Gran Partón- Manager (Elpatronfamilyllc@gmail.com)
Rogelio Sosa, El Gran Patrón- Owner (Rsosa26@gmail.com; Elgranpatron81@iCloud.com)

FM-C7-Attachment 1. Level 1 Assessment Form.

Virginia Department of Health
Office of Drinking Water (ODW)
Waterworks Level 1 Assessment

Waterworks Name: Pleasants Landing	PWSID No.: 2109635

Source Water Type: Groundwater			City/County: Louisa	
Waterworks Type: ☐ Community			Population Served: 25	
☐ Nontransient Noncommunity			☐ Seasonal	
☒ Transient Noncommunity			☐ Seasonal	
Owner: Vallerie Holdings of Virginia, LLC			Phone:	443-790-4075
Compliance Monitoring Period:	July 2026			

Number of Samples	**Required**	**Collected**	**Total coliform present**	***E.coli* present**
Routine per monitoring period	1	1	1	0
Repeat	3	3	3	0
Triggered source water	1			

Date ODW Notified Waterworks Level 1 Assessment Required:	7/28/2026
Assessment Due Date:	**8/27/2026**
Assessment Conducted Date:	
Reason Level 1 Assessment is required:	

1.	☒	Two or more coliform present samples
2.	☐	Failure to collect all repeat samples (subsequent to coliform present sample)
3.	☐	Greater than 5% of samples are coliform present

Waterworks Assessment Instructions

Consider each assessment element listed in the following evaluation form to determine if the element listed may have contributed to the "present" bacteriological sample results.

A response in a highlighted box suggests the assessment element may have contributed to the "present" bacteriological sample results and is a potential Sanitary Defect. Provide an explanation of why the highlighted element could have contributed to the "present" bacteriological sample results in the column titled "Describe any element of concern." Use the "Additional Comments" space on page 4 of the form, if needed. Provide the date and description of Corrective Actions taken in the table on page 5. Provide a list of Additional Actions Needed for uncorrected sanitary defects in the table on page 5. List each item, in any box, by the assessment element number as identified in the first column. Notify the appropriate ODW field office, in writing, no later than seven days after completion of each corrective action, if a corrective action is listed in a submitted schedule.

Notes:

1. For wholesale and consecutive waterworks:
    a. Review records related to flows, pressures, and water quality parameters at the connection(s) with the wholesale water supplier.
    b. Consecutive waterworks owners shall notify the wholesale water supplier whenever the consecutive system has been triggered to perform a Level 1 Assessment.
    c. Wholesale waterworks owners shall notify consecutive waterworks owners as total coliform bacteria could have spread to the consecutive waterworks distribution system.
2. The Level 1 Assessment must be completed based on data and documentation available to the waterworks operator and maintained on file by the waterworks. The completed Level 1 Assessment must be returned to the appropriate ODW-Field Office within 30 days of being notified that the assessment was triggered.

FM-C7-Attachment 1. Level 1 Assessment Form.

Virginia Department of Health
Office of Drinking Water (ODW)
Waterworks Level 1 Assessment

Waterworks Name: Pleasants Landing	PWSID No.: 2109635

Assessment Elements		Response			Describe any element of concern
		Y	N	N/A	
1. Sample Site					
1.1	Were all sites used listed on approved BSSP?	☐	☐	☐	
1.2	Are the sample tap and the surrounding area clean?	☐	☐	☐	
1.3	Describe sample tap fixtures (e.g., outdoor hose bib, indoor cold water faucet, etc.?)				Description:
1.4	Is the sample tap a swivel faucet?	☐	☐	☐	
2. Sample Collection Protocol					
2.1	Was the sample collector properly instructed in collection procedures?	☐	☐	☐	
2.2	Were taps flushed adequately (approx. 5 minutes)?	☐	☐	☐	
2.3	Were aerators removed?	☐	☐	☐	
2.4	Were sample containers sealed/unopened/ untampered prior to use?	☒	☐	☐	
2.5	Were the sample containers/rim or cap contaminated during sampling?	☐	☐	☐	
2.6	Were the taps disinfected?	☐	☐	☐	
2.7	Were samples shipped/delivered per laboratory instruction?	☒	☐	☐	
3. Recent Operational Changes to the System					
3.1	New/different/emergency well used?	☐	☒	☐	
3.2	Changes in operation or treatment?	☐	☒	☐	
3.3	Any possible contamination events not directly related to operations?	☐	☐	☐	
~~3.4~~	~~If seasonal system, was start-up initiated without flushing and disinfection?~~	☐	☐	☒	
~~3.5~~	~~Sites with low chlorine residual (<0.2 mg/L)~~	☐	☐	☒	
3.6	Did power outages occur prior to "present" bacteria results?	☐	☐	☐	
4. Recent Distribution System Event That Might Introduce Contaminants					
4.1	Low water pressure (<20 psi)	☐	☐	☐	
4.2	Cross-connection problem	☐	☐	☐	
4.3	Pump station problem	☐	☐	☐	
4.4	Fire hydrants/blow off used	☐	☐	☐	
4.5	Line break/repair or nearby construction	☐	☐	☐	
4.6	Yard hydrants near sample location	☐	☒	☐	
4.7	Customer complaints about pressure, water quality prior to sampling?	☐	☐	☐	

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Virginia Department of Health
Office of Drinking Water (ODW)
Waterworks Level 1 Assessment

Waterworks Name: Pleasants Landing	PWSID No.: 2109635

Assessment Elements		Response			Describe any element of concern
		Y	N	N/A	
5. Storage Tanks/Tank Sites					
5.1	Are lot/tank ladder secured from unauthorized access?	☐	☐	☐	
~~5.2~~	~~Are roof access hatches on atmospheric tanks locked and properly sealed?~~	☐	☐	☒	
~~5.3~~	~~Are roof vents on atmospheric tanks properly sealed/screened?~~	☐	☐	☒	
5.4	Are structures water tight/without leak?	☐	☐	☐	
5.5	Any hole/damage in the tank structure that is not sleeved or protected?	☐	☐	☐	
5.6	Are drain and overflow line outlets screened?	☐	☐	☐	
5.7	Have tank(s) been serviced, repaired, or maintained recently?	☐	☐	☐	
5.8	Any recent unusual changes in tank water levels?	☐	☐	☐	
~~**6. Treatment Process Upsets Or Change Noted:**~~				☐	
6.1	~~Has there been an interruption of treatment operations?~~	☐	☐	☒	
6.2	~~Are chemical solution containers uncovered?~~	☐	☐	☒	
6.3	~~Does building housing treatment equipment reflect poor house keeping~~	☐	☐	☒	
6.4	~~Any chlorine residual <0.2 mg/L at entry point to distribution system?~~	☐	☐	☒	
6.5	~~Any turbidity values ≥ 0.3 NTU in water entering the distribution system?~~	☐	☐	☒	
6.6	~~Did treatment fail to continuously meet 4 log inactivation of viruses requirements?~~	☐	☐	☒	
7.Water Supply Well(s)				☐	
7.1	Is well house free of pests/vermin?	☐	☐	☐	
7.2	Is well cap and seal securely in place?	☐	☐	☐	
7.3	Is well casing vent properly screened?	☐	☐	☐	
7.4	Is electrical connection to pump secure and sealed?	☐	☐	☐	
7.5	If there is an air release or screened pressure relief valve, is the release feature piped to grade?	☐	☐	☐	
7.6	Is the wellhead free of any cross-connections?	☐	☐	☐	
7.7	Any hoses left connected to a hose bib w/o a vacuum breaker in well house?	☐	☐	☐	

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Virginia Department of Health
Office of Drinking Water (ODW)
Waterworks Level 1 Assessment

Waterworks Name: Pleasants Landing	PWSID No.: 2109635

Assessment Elements		Response Y	Response N	Response N/A	Describe any element of concern
7.Water Supply Well(s) cont.				☐	
7.8	Is the well pump blow-off line air gapped w/screened discharge?	☐	☐	☐	
7.9	Any recent ponding or flooding around wellhead?	☐	☐	☐	
7.10	Is well site secure? (i.e. fenced, gate or building locked)	☐	☐	☐	
7.11	Was a triggered source water sample result total coliform present?	☐	☐	☐	
7.12	Has the well pump been replaced during the current monitoring period?	☐	☐	☐	
8. Source – Surface/GUDI Water Supply				☐	
8.1	Has there been an incident of raw water turbidity (≥ 100 NTU) within 14 days prior to sampling?	☐	☒	☐	Typical turbidity ranges from ____ to _____.
8.2	Any sewage overflow, storm water discharge or construction excavation in the vicinity of the source within 14 days prior to sampling?	☐	☒	☐	
~~**9. Source – Spring(s)**~~				☒	
9.1	~~Recent heavy rainfall, flooding event prior to sampling?~~	☐	☐	☒	Typical turbidity ranges from ____ to _____.
9.2	~~Recent incident of water turbidity (≥ 100 NTU) prior to sampling?~~	☐	☐	☒	
9.3	~~Has there been any damage, change or repairs to the spring(s) infrastructure?~~	☐	☐	☒	
9.4	~~Have there been any unusual changes or incidents recently within the spring recharge area prior to the sampling event?~~	☐	☐	☒	

Additional Comments

FM-C7-Attachment 1. Level 1 Assessment Form.

Virginia Department of Health
Office of Drinking Water (ODW)
Waterworks Level 1 Assessment

Waterworks Name: Pleasants Landing	PWSID No.: 2109635

Summary	
Assessment Elements/Sanitary Defects	Corrective Action Taken and Date
Additional Actions Needed But Not Completed	
Action Needed	Completion Deadline:

Conclusions:

☐ A cause for the contamination was not determined.

Assistance with assessment provided by:

Print name of person completing the form: _____

Signature: _____ Date: _____

Print name of Waterworks Representative: _____

Signature: _____ Date: _____

FM-C7-Attachment 1. Level 1 Assessment Form.

Virginia Department of Health
Office of Drinking Water (ODW)
Waterworks Level 1 Assessment

Waterworks Name: Pleasants Landing	PWSID No.: 2109635

Reserved for VDH-ODW Review			
	Response		
	Yes	No	Comments
1. Has assessment been completed?	☐	☐	
2. Was likely reason for TC+ occurrence found?	☐	☐	
3. Was assessment completed on time?	☐	☐	
4. Have all identified problems or sanitary defects been corrected by the waterworks?	☐	☐	
a. If 'No', has an acceptable schedule of corrective actions been provided?	☐	☐	
b. If a correction schedule is necessary, has schedule been entered into SDWIS?	☐	☐	

ODW Reviewer: _____
(Print)

Date: _____

BACTERIOLOGICAL CERTIFICATE OF ANALYSIS

(See reverse side for instructions)

Sample No. 121835

MID-ATLANTIC LABORATORIES
State Certified Environmental Laboratory
VA Lab I.D: #00215 • MD Cert #215
WV Lab I.D. #9926 • NC Lab I.D. #51704
224 Main Street, Suite 1 #222
Port Royal, Virginia 22535

Tel. 804-742-5577
www.midatlanticlaboratories.corn

DATE-TIME COLLECTED		COLLECTED BY	AGENCY/COMPANY
7/23	10 AM (PM)	Ana Guevara	El Patron Mexican Restaurant

CHLORINE RESIDUAL: _____

EMAIL RESULTS TO:

EMAIL: elpatronfamilyllc@gmail.com

PHONE #: 540 768 9407 | CELL PHONE #:

PLEASE PRINT NAME & MAILING ADDRESS BELOW

SEND REPORT TO:

NAME El Patron Mexican Restaurant
STREET 349 Pleasant Landing Rd
CITY Bumpass STATE VA ZIP 23024

OWNER & ADDRESS OF WATER SUPPLY

NAME Pleasant Landing
STREET 349 Pleasant Landing Rd
CITY Bumpass STATE VA ZIP 23024
Optional: New Well Health Dept. ID# _____

FORM OF PAYMENT

☐ CHECK ☐ MONEY ORDER # _____ ☐ c/c
☐ CUSTOMER ACCOUNT: _____

***IF PUBLIC SYSTEM MUST HAVE PWSID #**

PWSID #: 2109435

TO BE COMPLETED BY LAB ONLY

RECEIVED IN LAB	DATE 7/24/26	TIME 1700	BY JW	METHOD	
COMPLETED	DATE 7/25/26	TIME 1700	ANALYST AEG	☒ ONPG-MUG (24 HR) ☐ ONPG-MUG (18 HR)	☐ MPN (Bacterial count)

RESULTS
BOX MARKED WITH "X" INDICATES YOUR RESULTS

Results valid only when accompanied by Certified Analysis Seal

☐ ***NO* TOTAL COLIFORM OR E.COLI (FECAL COLIFORM) BACTERIA WERE DETECTED IN THIS SAMPLE** - therefore this sample PASSES THE POTABILITY TEST required by the Environmental Protection Agency (EPA)

☒ **TOTAL COLIFORM BACTERIA WERE DETECTED IN THE SAMPLE** - therefore this sample DOES NOT PASS THE POTABILITY TEST required by the Environmental Protection Agency (EPA), For further information or recommended action, contact your local or state Health Department, drinking water division

☐ **TOTAL COLIFORM AND E.COLI (FECAL COLIFORM) BACTERIA WERE DETECTED IN THIS SAMPLE** - therefore this sample DOES NOT PASS THE POTABILITY TEST required by the Environmental Protection Agency (EPA)
NOTE: the presence of the E.Coli bacteria indicates a potentially serious health threat. For further information or recommended action, contact your local or state Health Department, drinking water division

☐ **OTHER:** _____

- END OF REPORT-

BACTERIOLOGICAL CERTIFICATE OF ANALYSIS

(See reverse side for instructions)

Sample No. 121987

MID-ATLANTIC LABORATORIES
State Certified Environmental Laboratory
VA Lab I.D: #00215 • MD Cert #215
WV Lab I.D. #9926 • NC Lab I.D. #51704
224 Main Street, Suite 1 #222
Port Royal, Virginia 22535

Tel. 804-742-5577
www.midatlanticlaboratories.com

DATE-TIME COLLECTED		COLLECTED BY	AGENCY/COMPANY
7/23	10 AM (PM)	Ana Guevara	El Patron Mexican Restaurant

CHLORINE RESIDUAL: _____

EMAIL RESULTS TO:

EMAIL: elpatronfamilyllc@gmail.com

PHONE #: 540 768 9407 | CELL PHONE #:

SEND REPORT TO: PLEASE PRINT NAME & MAILING ADDRESS BELOW

NAME El Patron Mexican Restaurant
STREET 349 Pleasant Landing Rd
CITY Bumpass STATE VA ZIP 23024

OWNER & ADDRESS OF WATER SUPPLY

NAME Pleasant Landing
STREET Pleasant Landing Rd
CITY Bumpass STATE VA ZIP 23024
Optional: New Well Health Dept. ID# _____

FORM OF PAYMENT

☐ CHECK ☐ MONEY ORDER # _____ ☐ c/c
☐ CUSTOMER ACCOUNT: _____

***IF PUBLIC SYSTEM MUST HAVE PWSID #**

PWSID #: 2109635

TO BE COMPLETED BY LAB ONLY

					METHOD
RECEIVED IN LAB	DATE 7/24/26	TIME 700	BY JW	☒ ONPG-MUG (24 HR)	☐ MPN (Bacterial count)
COMPLETED	DATE 7/25/26	TIME 1700	ANALYST AEG	☐ ONPG-MUG (18 HR)	

RESULTS
BOX MARKED WITH "X" INDICATES YOUR RESULTS

Mid-Atlantic Laboratories, Inc. VA 00215 WV 9428 M MD 215 NC 51704 Certified Accurate

Results valid only when accompanied by Certified Analysis Seal

☐ ***NO* TOTAL COLIFORM OR E.COLI (FECAL COLIFORM) BACTERIA WERE DETECTED IN THIS SAMPLE** - therefore this sample PASSES THE POTABILITY TEST required by the Environmental Protection Agency (EPA)

☒ **TOTAL COLIFORM BACTERIA WERE DETECTED IN THE SAMPLE** - therefore this sample DOES NOT PASS THE POTABILITY TEST required by the Environmental Protection Agency (EPA), For further information or recommended action, contact your local or state Health Department, drinking water division

☐ **TOTAL COLIFORM AND E.COLI (FECAL COLIFORM) BACTERIA WERE DETECTED IN THIS SAMPLE** - therefore this sample DOES NOT PASS THE POTABILITY TEST required by the Environmental Protection Agency (EPA)
NOTE: the presence of the E.Coli bacteria indicates a potentially serious health threat. For further information or recommended action, contact your local or state Health Department, drinking water division

☐ **OTHER:** _____

- END OF REPORT-

BACTERIOLOGICAL CERTIFICATE OF ANALYSIS

(See reverse side for instructions)

Sample No. 121838

MID-ATLANTIC LABORATORIES
State Certified Environmental Laboratory
VA Lab I.D: #00215 • MD Cert #215
WV Lab I.D. #9926 • NC Lab I.D. #51704
224 Main Street, Suite 1 #222
Port Royal, Virginia 22535

Tel. 804-742-5577
www.midatlanticlaboratories.corn

DATE-TIME COLLECTED		COLLECTED BY	AGENCY/COMPANY
~~10~~ 7/23	10 AM (PM)	Ana Guevara	El Patron Mexican Restaurant

CHLORINE RESIDUAL: _____

EMAIL RESULTS TO:

EMAIL: elpatronfamilyllc@gmail.com

PHONE #: 540 768 9407 | CELL PHONE #:

SEND REPORT TO: PLEASE PRINT NAME & MAILING ADDRESS BELOW

NAME El Patron Mexican Restaurant
STREET 349 Pleasant Landing Rd
CITY Bumpass STATE VA ZIP 23024

OWNER & ADDRESS OF WATER SUPPLY

NAME Pleasant Landing
STREET 349 Pleasant Landing Rd
CITY Bumpass STATE VA ZIP 23024
Optional: New Well Health Dept. ID# _____

***IF PUBLIC SYSTEM MUST HAVE PWSID #**

PWSID #: 2109635

FORM OF PAYMENT

☐ CHECK ☐ MONEY ORDER # _____ ☐ c/c
☐ CUSTOMER ACCOUNT: _____

TO BE COMPLETED BY LAB ONLY

					METHOD
RECEIVED IN LAB	DATE 7/24/26	TIME 1700	BY JW	☒ ONPG-MUG (24 HR)	☐ MPN (Bacterial count)
COMPLETED	DATE 7/25/26	TIME 1700	ANALYST AEG	☐ ONPG-MUG (18 HR)	

RESULTS
BOX MARKED WITH "X" INDICATES YOUR RESULTS

Mid-Atlantic Laboratories, Inc. VA 00215 WV 9926 M MD 215 NC 51704 Certified Analysis

Results valid only when accompanied by Certified Analysis Seal

☐ ***NO* TOTAL COLIFORM OR E.COLI (FECAL COLIFORM) BACTERIA WERE DETECTED IN THIS SAMPLE** - therefore this sample PASSES THE POTABILITY TEST required by the Environmental Protection Agency (EPA)

☒ **TOTAL COLIFORM BACTERIA WERE DETECTED IN THE SAMPLE** - therefore this sample DOES NOT PASS THE POTABILITY TEST required by the Environmental Protection Agency (EPA), For further information or recommended action, contact your local or state Health Department, drinking water division

☐ **TOTAL COLIFORM AND E.COLI (FECAL COLIFORM) BACTERIA WERE DETECTED IN THIS SAMPLE** - therefore this sample DOES NOT PASS THE POTABILITY TEST required by the Environmental Protection Agency (EPA)
NOTE: the presence of the E.Coli bacteria indicates a potentially serious health threat. For further information or recommended action, contact your local or state Health Department, drinking water division

☐ **OTHER:** _____

- END OF REPORT-