

**STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH**

IN RE: **RIVERVIEW ELEMENTARY SCHOOL**
Water System No. 1000196

TO: Mr. Joseph Gonzales
Riverview Elementary School
c/o Kings Canyon Unified School District
675 W. Manning
Reedley, CA 93654

**CITATION FOR NONCOMPLIANCE
TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION**

November 2012

Issued on February 1, 2013

Section 116650, Chapter 4, Part 12, Division 104 of the California Health and Safety Code (CHSC), authorizes the issuance of a citation for failure to comply with a requirement of the California Safe Drinking Water Act, or any regulation, standard, permit, or order issued hereunder.

VIOLATION

The Drinking Water Field Operations Branch of the California Department of Public Health (hereinafter 'Department') hereby issues a Citation to Riverview Elementary School (hereinafter 'Water System'), for failure to comply with Section 116555(a)(1) of the CHSC and Section 64426.1(b)(2) of Title 22, California Code of Regulations (CCR). Specifically, the Water System (mailing address: 675 W. Manning, Reedley, CA 93654) failed to comply with the total coliform Maximum Contaminant Level (MCL) for the month of November 2012.

1 The Water System operates under a domestic water supply permit issued by the Department
 2 in July of 2008. Riverview Elementary School is a non-transient non-community water
 3 system serving a population of approximately four hundred fifty (450) persons through
 4 eight (8) service connections.

5

6 Section 64426.1(b)(2) specifies that a public water system collecting fewer than 40 samples
 7 per month is in violation of the total coliform MCL when more than one sample collected
 8 during any month is total coliform-positive.

9

10 The Water System is required to collect a minimum of one (1) distribution system
 11 bacteriological sample per month. The bacteriological water analysis results submitted by
 12 the Water System reported the presence of total coliform bacteria in six (6) of fourteen (14)
 13 samples collected by the Water System in November 2012. None of the positive samples
 14 showed the presence of fecal coliform or *E. coli* bacteria.

15

16 The following table summarizes the bacteriological monitoring conducted during the
 17 months of November and December 2012.

18

19 Collection Date	Number of Samples	Sample Type	Number TC positive	Number E. Coli positive
20 11/6/2012	1	Routine	1	0
21 11/7/2012	5	Repeat + Source	5	0
22 11/14/2012	4	Repeat + Source	0	0
23 11/20/2012	4	Routine	0	0
24 12/4/2012	5	Routine + Source	0	0

25

26

27

1 Due to the above-mentioned total coliform positive samples, the Water System failed the
2 total coliform MCL for the month of November 2012. All water samples for coliform
3 bacteria collected during 2012 are summarized in Attachment A.

4
5 The cause of the contamination is suspected to be related to a line break that was found in
6 the distribution system following the first positive total coliform sampling of November 6,
7 2012. A Do Not Drink Order was issued and remained in place until the line was repaired,
8 the system and well disinfected, and two sets of sampling conducted one week apart were
9 free of coliform bacteria. The Do Not Drink Order was cancelled on November 21, 2012.

10 The Positive Total Coliform Investigation, completed by Water System staff is included
11 here as Attachment B.

12
13 The five routine samples required the month following a month with one or more total
14 coliform-positive samples were collected on December 4, 2012 and were negative for total
15 coliform bacteria.

16
17 The Groundwater Rule adopted by the Department, effective August 18, 2011, requires the
18 collection of a sample for bacteriological evaluation from wells serving the system in
19 response to a coliform positive distribution sample. This requirement was met with the each
20 round of repeat sampling conducted by the Water System in November of 2012.

21
22 **NOTIFICATION REQUIREMENTS**

23 Section 64426.1(c) requires a public water system to notify the Department and the
24 consumers of the water system, when a violation of Section 64426.1(b)(1) through (4)
25 occurs. Notification to the Department shall be by the end of the business day on which the
26 violation has been determined. If the Department is closed, notification shall be within 24
27

1 hours of the determination. The Department was notified on November 8, 2012, in
2 accordance with the above-referenced section.

3
4 A Tier 1 Public Notice for violation of paragraph 64426.1(b)(2) shall be given pursuant to
5 Section 64463.1 and 64465. The Tier 1 Public Notice shall include the mandatory health
6 effects language from Appendix 64465-A for a total coliform MCL failure associated with a
7 significant rise in bacterial count.

8
9 The Water System shall post the public notice in conspicuous locations within the water
10 system. Section 116450(g) requires that upon receipt of notification from a public water
11 system, schools must notify school employees, students, and parents (if the students are
12 minors), residential rental property owners or managers (including nursing homes and care
13 facilities) must notify their tenants and business property owners, managers or operators
14 must notify employees of businesses located on the property. These secondary notification
15 requirements are included in the public notice.

16
17 Notification of the public was conducted on November 8, 2012, advising each consumer of
18 the failure of the total coliform MCL as well as the Do Not Drink advisory. A copy of the
19 notice template that was provided to the water system for delivery to each consumer is
20 provided as Attachment C. The public notice advising of the Cancellation of the Boil Water
21 Order issued on November 21, 2012 is provided here as Attachment D.

22
23 Proof of notification is required. The Water System shall complete Attachment E and return
24 it to the Department by **February 28, 2013**.

DIRECTIVES

1. By **Feburary 28, 2013**, the Water System shall provide proof of public notification of the total coliform MCL violation and Do Not Drink Order by completing Attachment E and returning it to:

Betsy S. Lichti, Senior Sanitary Engineer
Department of Public Health
Drinking Water Field Operations Branch
265 W. Bullard Avenue, Suite 101
Fresno, CA 93704

CIVIL PENALTIES

Sections 116650(d) and 116650(e) of the CHSC allow for the assessment of a civil penalty for failure to comply with requirements of the California Safe Drinking Water Act. Failure to comply with any provision of this Citation may result in the Department imposing an administrative penalty of not less than \$100 (one hundred dollars) per day as of the date of violation of any provision of this Citation.

Date

2/1/13

Betsy S. Lichti, P.E.

Betsy Lichti

Senior Sanitary Engineer, Fresno District
DRINKING WATER FIELD OPERATIONS BRANCH

BSL/EL

Attachments:

- Attachment A: Summary of Bacteriological Samples collected in 2012
- Attachment B: Completed Positive Total Coliform Investigation Form
- Attachment C: Public Notice Template for the Do Not Drink Order
- Attachment D: Public Notice for Cancellation of the Do Not Drink Order
- Attachment E: Proof of Public Notification



Bacteriological Distribution Monitoring Report

1000196 Riverview School
Distribution System Freq: 1/M

Sample Date	Time	Location	T Coli	E Coli	F Coli	Type	Cl2	Violation	Comment
1/4/2012	9:12	Riverview Service Prep	A	A		Routine			
2/7/2012	9:03	Room 13	A	A		Routine			
3/8/2012	14:41	Service Prep	A	A		Routine			
4/10/2012	9:00	Riverview Room 13	A	A		Routine			
5/1/2012	10:05	Service Prep	A	A		Routine			
6/12/2012	7:55	Room 13	A	A		Routine			
7/11/2012	9:13	Riverview Service Prep	A	A		Routine			
8/1/2012	6:45	Rm 13	A	A		Routine			
9/4/2012	10:40	Riverview rm 1	A	A		Routine			
10/9/2012	10:15	Rm 13	A	A		Routine			
11/6/2012	10:35	Riverview Rm 1	P	A		Routine		MCL	
11/7/2012	14:00	Riverview Zone 2 (well 2)	P	A		Source Repeat			
11/7/2012	14:30	Riverview Rm 1	P	A		Repeat			
11/7/2012	14:35	Riverview Rm 2	P	A		Repeat			
11/7/2012	14:38	Riverview Rm 5	P	A		Repeat			
11/7/2012	14:43	Riverview Rm 13	P	A		Repeat			11/9/12 Do Not Drink Order issued
11/14/2012	8:30	Riverview Zone 2 (well 2)	A	A		Source Repeat			
11/14/2012	8:35	Riverview Rm 1	A	A		Repeat			
11/14/2012	8:38	Riverview Rm 2	A	A		Repeat			
11/14/2012	8:45	Riverview Rm 13	A	A		Repeat			
11/20/2012	7:20	R 13	A	A		Routine			
11/20/2012	7:25	Rm 1	A	A		Routine			
11/20/2012	7:30	Rm 2	A	A		Routine			
11/20/2012	7:35	Zone 2	A	A		Routine			
12/4/2012	11:25	Riverview Rm 2	A	A		Routine			
12/4/2012	11:30	Riverview Rm 5	A	A		Routine			
12/4/2012	11:35	Riverview Rm 13	A	A		Routine			
12/4/2012	11:45	Riverview Rm 17	A	A		Routine			
12/4/2012	11:55	Well 2 (Zone 2)	A	A		Routine			

Violation Key

MCL	Exceeds the maximum contaminant level	MR5	Incorrect number of repeat samples as follow-up to a positive sample
MR1	No monthly sample for the report month	MR6	No source sample
MR2	No quarterly sample for the report month	MR7	No summary report submitted
MR3	Incorrect number of routine samples for the report month	MR8	Other comments and/or info
MR4	Did not collect 5 routine samples for previous month's positive sample	MR9	Cl2 not reported

POSITIVE TOTAL COLIFORM INVESTIGATION

Simple Well with Pressure Tank Systems

Attachment E

This form is intended to assist public water systems in completing the investigation required by the California Department of Public Health (Section 64426(b) of Title 22, California Code of Regulations) and may be modified to take into account conditions unique to the system.

ADMINISTRATIVE INFORMATION

PWS Name:	Riverview Elementary School		PWS ID NUMBER:	1000196
Operator in Responsible Charge (ORC)	Byron Taira		Address	748 E. Sycamore Reedley, CA
Person that collected TC samples if different than ORC	Kings Canyon Unified School District		Telephone #	559-999-8143
Owner	B5K			
Certified Laboratory for Microbiological Analyses	1414 Stanford St. Fresno, CA			
Date Investigation Completed:	11-20-13			559-497-2888
Month(s) of Total Coliform MCL Failure:	1 (Nov) 2013			

INVESTIGATION DETAILS

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS
1. Inspect each well head for physical defects and report					
a. Is raw water sample tap upstream from point of disinfection?	Well 2				No
b. Is wellhead vent pipe screened?	"				YES
c. Is wellhead seal watertight?	"				YES
d. Is well head located in pit or is any piping from the wellhead submerged?	"				No
e. Does the ground surface slope towards well head?	"				No
f. Is there evidence of standing water near the wellhead?	"				No
g. Is there a check valve on the well discharge line? Is the check valve seating properly?	"				YES
h. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)	"				No
i. Is the wellhead secured to prevent unauthorized access?	"				YES
j. To what treatment plant (name) does this well pump?	"				
k. How often do you take a raw water total coliform (TC) test?	"				Every month
l. Provide the date and result of the last TC test at this location	"				11-20-13 Failed



POSITIVE TOTAL COLIFORM INVESTIGATION

Attachment E

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DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	40 - 45 LB.
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the TCR positive finding?	NO
3. Has the distribution system been worked on within the last week? (service taps, hydrant flushing, main breaks, main extensions, etc.) If yes, provide details.	YES - AFTER OUR FIRST CHLORINATION, WE FOUND A LINE BREAK ON 11-11-12
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	NO
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	YES, YES
6. If there was a mainline leak, when was it repaired?	11-12-12
7. On what date was the distribution system last flushed?	11-14-12
8. Is there a written flushing procedure you can provide for our review?	NO
9. Do you have an active cross connection control program?	NO, BUT WE ARE IN THE PROCESS OF IMPLEMENTING ONE.
10. What is name and phone number of your Cross-Connection Control Program Coordinator?	TIM BROUGHTON 559-559-2991 cell
11. Is the review and testing of backflow prevention devices current?	YES
12. On what date was the last physical survey of the system done to identify cross-connections?	1998

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	Sample 4 (specify)
1. What is the height of the sample tap above grade? (inches)	36"	36"	36"	Well 2-16"
2. Is the sample tap located in an exterior location or is it protected by an enclosure?	enc	enc	enc	EXT.
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?	Aerator Sink	Aerator Sink	Aerator Sink	1/4 cu. Tube
4. Is the sample tap in good condition, free of leaks around the stem or packing?	Yes	Yes	Yes	Yes
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?	Yes	Yes	Yes	Yes
6. Is the sample tap and area around the sample tap clean and dry (free of animal droppings, other contaminants or spray irrigation systems)	Yes	Yes	Yes	Yes
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection	Yes	Yes	Yes	Yes
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)	Flamed	Flamed	Flamed	Flamed
9. Is this sample tap designated on the sampling plan submitted with this information request?	Yes	Yes	Yes	Yes
10. What were weather conditions at the time of positive sample (rainy, windy, sunny)?	Sunny	Sunny	Sunny	Sunny

POSITIVE TOTAL COLIFORM INVESTIGATION

Attachment E

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GENERAL OPERATIONS:	Response
1. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	No
2. Where there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located.	No
3. Does the system have backup power or elevated storage?	No
4. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	No
5. What were the symptoms of illness if you received complaints about customers being sick?	—

ADDITIONAL INFORMATION TO BE SUBMITTED WITH RESPONSES TO THE ABOVE QUESTIONS

1. Sketch of System showing all sources, treatment locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
2. A set of photographs of the well, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by our Department
3. Name, certification level and certificate number of the Operator in Responsible Charge.
4. Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.

SUMMARY: BASED ON THE RESULTS OF YOUR INVESTIGATION AND ANY OTHER INFORMATION AT YOUR DISPOSAL, WHAT DO YOU BELIEVE TO BE THE CAUSE OF THE POSITIVE TOTAL COLIFORM SAMPLES FROM YOUR PUBLIC WATER SYSTEM?

I do believe that the positive total coliform samples came from the well, what caused the positive (Not sure).

CERTIFICATION: I CERTIFY THAT THE INFORMATION SUBMITTED IN RESPONSE TO THE QUESTIONS ABOVE IS ACCURATE TO THE BEST OF MY PROFESSIONAL KNOWLEDGE

NAME: Byron Taura TITLE: HVAC / Plumber DATE: 11-28-12

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

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

DRINKING WATER WARNING

Riverview School water has experienced a significant rise in
Total Coliform Bacteria

DO NOT DRINK THE WATER

Total Coliform bacteria were found in the water supply throughout in November 2012, failing a drinking water standard. As our consumers, you have a right to know what you should do, what happened and what we are doing to correct this situation.

What should I do?

- **If you must drink the water, DO NOT DRINK THE WATER WITHOUT BOILING IT FIRST.** Bring all water to a boil, let it boil for one minute, and let it cool before using, or use bottled water. Boiled or bottled water should be used for drinking, making ice, brushing teeth, washing dishes, and food preparation **until further notice**. Boiling kills bacteria and other organisms in the water.
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

What happened? What is being done?

Bacterial contamination can occur when increased run-off enters the drinking water source (for example, following heavy rains). It can also happen due to a break in the distribution system (pipes) or a failure in the water treatment process.

We are disinfecting well and flushing the water system. We will inform you when tests show no bacteria and you no longer need to boil your water. We anticipate resolving the problem as quickly as possible.

For more information, please contact _____ at _____.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.

Secondary Notification Requirements

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

- **SCHOOLS:** Must notify school employees, students, and parents (if the students are minors).
- **RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS** (including nursing homes and care facilities): Must notify tenants.
- **BUSINESS PROPERTY OWNERS, MANAGERS, OR OPERATORS:** Must notify employees of businesses located on the property.

Riverview Elementary School November 21, 2012

CANCELLATION OF DO NOT DRINK ORDER

On November 8, 2012, you were notified to boil your tap water for drinking and cooking purposes or use bottled water.

The Riverview Elementary School water system in conjunction with the California Department of Public Health has determined that the problem has been corrected. Comprehensive testing of the water has been performed showing that no coliform bacteria were detected, and your water is safe to drink. **It is no longer necessary to boil your tap water, or for you to consume bottled water.**

For more information call:

Water Utility contact: _____ at (____) _____

California Department of Public Health: (559) 447-3300



RON CHAPMAN, MD, MPH
Director

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

ATTACHMENT E

PROOF OF NOTIFICATION

(Return with copy of notice)

As required by Section 116450 of the California Health and Safety Code, I notified all users of water supplied by the **Riverview Elementary School** of the failure to meet the **total coliform bacteria MCL** for the month of **November 2012** by way of a **Do Not Drink Order** as directed by the Department.

Notification was made on _____ by _____
(date)

_____ **hand delivered** and/or **mailed** and/or **posted** _____ written notice.
(circle all that apply)

Signature of Water System Representative

Printed Name

Date

DISCLOSURE: Be advised that Section 116725 and 116730 of the California Health and Safety Code state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the attached order may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for separate violation for each day that violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in the county jail not to exceed one year, or by both the fine and imprisonment.

Due: February 28, 2013
Total Coliform MCL Failure: November 2012
System Number: 1000196
Citation No.: 03-23-13C-005



Do your part to help California save energy. To learn more about saving energy, visit the following web site:
<http://www.fypower.org>

Southern California Drinking Water Field Operations Branch
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(559) 447-3300; Fax (559) 447-3304
Internet Address: <http://www.dhs.ca.gov/ps/ddwem/>