

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH

IN RE: **CITY OF MENDOTA**  
Water System No. 1010021

TO: Mr. Ron Demmers, Public Works Director  
City of Mendota  
643 Quince Street  
Mendota, CA 93640

CC: Fresno County Division of Environmental Health

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

**May 2013**

**Issued on August 14, 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 Department of Public Health (hereinafter 'Department') hereby issues a Citation to City of Mendota (hereinafter 'City'), 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 City (mailing address:

1 643 Quince Street) failed to comply with the total coliform Maximum Contaminant Level  
2 (MCL) for the month of May 2013.

3  
4 Section 64426.1(b)(2) specifies that a public water system collecting fewer than 40 samples  
5 per month is in violation of the total coliform MCL when more than one sample collected  
6 during any month is total coliform-positive.

7  
8 The City is required to collect a minimum of three (3) distribution system bacteriological  
9 samples per week. The bacteriological water analysis results submitted by the City reported  
10 the presence of total coliform bacteria in three (3) of twenty-one (21) samples collected by  
11 the City in May 2013. None of the positive samples showed the presence of fecal  
12 coliform or *E. coli* bacteria.

13  
14 Upon being informed of the presence of total coliform bacteria in one routine sample  
15 collected on May 14, 2013, City staff collected a total of three (3) repeat samples on May  
16 15, 2013 and two (2) showed the presence of total coliform bacteria. The sources were not  
17 sampled at the time the repeat samples were collected. Additional repeat samples were  
18 collected at four (4) locations on May 16, 2013, and were absent for total coliform bacteria.  
19 Due to the above-mentioned total coliform positive samples, the City failed the total  
20 coliform MCL for the month of May 2013. All water samples for coliform bacteria  
21 collected during May 2013 are summarized in Attachment A.

22  
23 The cause of the contamination is unknown since no specific source of contamination has  
24 been identified. The City did notify the Department of the MCL failure and was provided  
25 the "Investigation Report for Bacteriological MCL Failure" form on May 16, 2013 via  
26 email. The City provides continuous chlorination of the distribution system. The chlorine  
27 residual in the routine and repeat samples during this incident

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The above violation is classified as a non-continuing violation.

**ASSOCIATED VIOLATIONS**

Additionally, the City has failed to comply with the following Section of Title 22, CCR:

Sections 64424(a)(1) and 64424(b) specifies that for systems collecting three per week, a repeat sample set shall consist of four (4) samples as follows: one (1) from the routine sample site at which the positive occurred, one (1) from the upstream repeat sample site, one (1) from the downstream repeat sample site and one (1) from the operating well or another location within the system that would best help to identify the source or area of contamination.

The above violations are classified as non-continuing violations.

**NOTIFICATION REQUIREMENTS**

Section 64426.1(c) requires a public water system to notify the Department and the consumers of the water system, when a violation of Section 64426.1(b)(1) through (4) the total coliform MCL occurs. Notification to the Department shall be by the end of the business day on which the violation has been determined. If the Department is closed, notification shall be within 24 hours of the determination. The Department was notified in accordance with the above-referenced section.

A Tier 2 Public Notice for violation of paragraph 64426.1(b)(2) shall be given pursuant to Section 64463.4 and 64465. The Tier 2 Public Notice shall include the mandatory health effects language from Appendix 64465-A for a total coliform MCL failure.

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2 Section 64463.4 allows community water systems to use mail or direct delivery to each  
3 customer and the use of one or more of the following methods: publication in a daily or  
4 weekly newspaper, posting the public notice in a conspicuous public place within the water  
5 system or on the internet, or by delivery to community organizations. The Tier 2  
6 notification methods and the instructions on completing the public notice was provided to  
7 the City on May 16, 2013 via email. A copy of the public notice that was posted is provided  
8 as Attachment B.

9  
10 The City shall either mail or conduct direct delivery of the public notice to all customers  
11 served within the general service area. Section 116450(g) requires that upon receipt of  
12 notification from a public water system, schools must notify school employees, students,  
13 and parents (if the students are minors), residential rental property owners or managers  
14 (including nursing homes and care facilities) must notify their tenants and business property  
15 owners, managers or operators must notify employees of businesses located on the property.  
16 These secondary notification requirements are included in the public notice. The  
17 Department hereby waives public notification by newspaper, posting or delivery to  
18 community organizations.

19  
20 Section 116450(g) requires that upon receipt of notification from a public water system,  
21 schools must notify school employees, students, and parents (if the students are minors),  
22 residential rental property owners or managers (including nursing homes and care facilities)  
23 must notify their tenants and business property owners, managers or operators must notify  
24 employees of businesses located on the property. These secondary notification  
25 requirements are also included in the public notice.  
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1 Notification of the public was conducted on June 11, 2013, advising each  
2 consumer/customer of the failure of the total coliform MCL during the month of May 2013.  
3 A copy of the notice that was mailed / delivered to each customer is provided as Attachment  
4 B. Proof of Notification is provided as Attachment C.  
5

6 **DIRECTIVES**  
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8 The City is hereby directed to take the following actions:  
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- 10
- 11 1. By **September 1, 2013** the City shall complete and submit the enclosed  
12 “Investigation Report for Bacteriological MCL Failure” form to the Department that  
13 describes the incident and all corrective actions taken, and the results of the  
14 investigation. The appropriate investigation reports is provided as Attachment D.  
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**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.

8/14/13  
Date

Betsy Lichte  
Betsy S. Lichte, P.E.  
Senior Sanitary Engineer, Fresno District  
DRINKING WATER FIELD OPERATIONS BRANCH

BSL/MH

**Attachments:**

- Attachment A: Summary of Bacteriological Samples collected in May 2013.
- Attachment B: Copy of the Public Notice
- Attachment C: Copy of the Proof of Notification Form
- Attachment D: Investigation Report for Bacteriological MCL Failure form

1010021 TCRMCL Month-08Cit ID03-23-13C-032 ID \_\_\_\_\_



# Bacteriological Distribution Monitoring Report

**1010021 Mendota, City of**
*Distribution System Freq: 3/W*

Sample Date	Time	Location	T Coli	E Coli	F Coli	Type	Cl2	Violation	Comment
5/14/2013	11:00	241 Black	P	A		Routine	0.05	MCL	
5/14/2013	11:15	1936 Jennings	A	A		Routine			
5/14/2013	11:30	563 I St	A	A		Routine	0.06		
5/15/2013	13:20	231 Black	P	A		Repeat	0.02		
5/15/2013	13:20	241 Black	P	A		Repeat			
5/15/2013	13:20	251 Black	A	A		Repeat	0.05		
5/16/2013	13:55	water tank 1	A	A		Repeat	0.03		
5/16/2013	14:24	251 Black	A	A		Repeat	0.05		
5/16/2013	14:28	231 Black	A	A		Repeat	0.02		
5/16/2013	14:32	241 Black	A	A		Repeat	0.01		
5/31/2013		11 samples	A	A		Routine	0.01-0.26		

**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

## 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.

### The City of Mendota Had Levels of Coliform Bacteria Above the Drinking Water Standard

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

We routinely monitor for drinking water contaminants. We took 19 samples to test for the presence of coliform bacteria in May 2013. 3 of these samples showed the presence of total coliform bacteria. The standard is that no more than [1 sample per month/5 percent of samples per month] may show the presence of coliform bacteria.

#### What should I do?

- **You do not need to boil your water or take other corrective actions.**
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing.**
- 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? We believe that the sample got a piece of dust in it, as it was very windy on these two days, the corrective action we have taken is that when it is windy we will erect a barrier around the sampling station.**

**For more information Please contact Ron Demmers at (559) 655-3168 or by sending correspondence to 643 Quince Street Mendota, CA 93640.**

*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.

**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 City of Mendota of the failure to meet the **total coliform bacteria MCL** for the month of **May 2013** as directed by the Department.

Notification was made on June 11 by  
(date)

Mailed in water bills, posted in front of city hall and on the City web site. written notice.  
(circle all that apply)

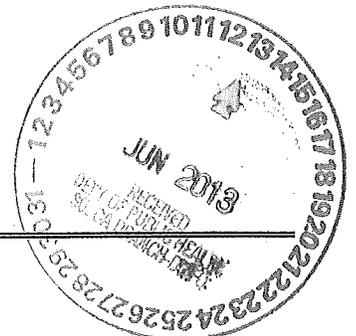
Ron Lemmer  
Signature of Water System Representative

6-11-2013  
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: August 15, 2004-lr  
Total Coliform MCL Failure: July-04  
System Number: 1010034  
Citation No.: \_\_\_\_\_

**Southern California Drinking Water Field Operations Branch**  
265 W. Bullard Avenue, Suite 101, Fresno, CA 93704  
(559) 447-3300; Fax (559) 447-3304  
Internet Address: <http://www.dhs.ca.gov/ps/ddwem/>



**POSITIVE TOTAL COLIFORM INVESTIGATION**  
**Simple Well with Pressure Tank Systems**

Attachment D

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**

<b>PWS Name:</b>	<b>PWS ID NUMBER:</b>
<b>Name</b>	<b>Address</b>
<b>Telephone #</b>	
Operator in Responsible Charge (ORC)	
Person that collected TC samples if different than ORC	
Owner	
Certified Laboratory for Microbiological Analyses	
Date Investigation Completed:	
Month(s) of Total Coliform MCL Failure:	

**INVESTIGATION DETAILS**

SOURCE	WELL (name)	COMMENTS				
1. Inspect each well head for physical defects and report						
a. Is raw water sample tap upstream from point of disinfection?						
b. Is wellhead vent pipe screened?						
c. Is wellhead seal watertight?						
d. Is well head located in pit or is any piping from the wellhead submerged?						
e. Does the ground surface slope towards well head?						
f. Is there evidence of standing water near the wellhead?						
g. Is there a check valve on the well discharge line? Is the check valve seating properly?						
h. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)						
i. Is the wellhead secured to prevent unauthorized access?						
j. To what treatment plant (name) does this well pump?						
k. How often do you take a raw water total coliform (TC) test?						
l. Provide the date and result of the last TC test at this location						

# POSITIVE TOTAL COLIFORM INVESTIGATION

## Attachment D

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the TCR positive finding.	
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.	
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	
6. If there was a mainline leak, when was it repaired?	
7. On what date was the distribution system last flushed?	
8. Is there a written flushing procedure you can provide for our review?	
9. Do you have an active cross connection control program?	
10. What is name and phone number of your Cross-Connection Control Program Coordinator?	
11. Is the review and testing of backflow prevention devices current?	
12. On what date was the last physical survey of the system done to identify cross-connections?	

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)				
2. Is the sample tap located in an exterior location or is it protected by an enclosure?				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?				
4. Is the sample tap in good condition, free of leaks around the stem or packing?				
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?				
6. Is the sample tap and area around the sample tap clean and dry (free of animal droppings, other contaminants or spray irrigation systems)				
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection				
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)				
9. Is this sample tap designated on the sampling plan submitted with this information request?				
10. What were weather conditions at the time of positive sample (rainy, windy, sunny)?				

# POSITIVE TOTAL COLIFORM INVESTIGATION

Attachment D

Page 3 of 3

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?	
2. Where there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located.	
3. Does the system have backup power or elevated storage?	
4. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	
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?**

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

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_