



HOWARD BACKER, MD, MPH
Interim Director

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



EDMUND G. BROWN JR.
Governor

October 28, 2013

Mr. Jerry Gallyer
Indianola School
3036 Thompson Avenue
Selma, CA 93662

**RE: Indianola School – Water System #1000187
Citation for Noncompliance with Total Coliform Maximum Contaminant Level**

Enclosed is Citation No. 03-23-13C-050 issued by the California Department of Public Health (Department) to the Indianola School water system for failure to comply with the Total Coliform Maximum Contaminant Level.

As discussed in Citation No. 03-23-13C-050, the water system shall take the actions detailed as Directives by the dates indicated. **The Department shall be notified of the date the chlorination was or will be discontinued. If the chlorination treatment continues beyond November 15, 2013, an application for a permit amendment approving permanent installation of the chlorination equipment shall be submitted to the Department.**

Please note that a written response to the Department is required by November 15, 2013, acknowledging that the water system has received the citation and that it will comply with all of the directives listed therein. Failure to comply with deadlines and directives specified in the Citation may result in further enforcement action by the Department. Please be advised that the time we have spent on preparing the citation is considered enforcement time and has been billed to the water system at our current billing rate of \$126.00 per hour.

All written responses should be directed to Betsy Lichti, Senior Sanitary Engineer in the Fresno District Office. If you have any question regarding this citation, please contact the Fresno District Office at (559) 447-3300.

Sincerely,

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

BSL/EL

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

IN RE: INDIANOLA SCHOOL
Water System No. 1000187

TO: Mr. Jerry Gallyer
Indianola Elementary School
3036 Thompson Avenue
Selma, CA 93662

CITATION FOR NONCOMPLIANCE
TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION

July 2013

Issued on October 28, 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 Indianola 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: 3036 Thompson Avenue; Selma, CA 93662) failed to comply with the total coliform Maximum Contaminant Level (MCL) for the month of July 2013.

1 The Water System operates under a domestic water supply permit issued by the Department
2 in July of 2008. Indianola School is a non-transient non-community water system serving a
3 population of approximately five hundred eleven (511) persons through one (1) service
4 connection.

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 four (4) of five (5)
13 samples collected by the Water System in July 2013. None of the positive samples showed
14 the presence of fecal coliform or *E. coli* bacteria.

15
16 Upon being informed of the presence of total coliform bacteria in one routine sample
17 collected on July 9, 2013, Water System staff collected a total of four (4) repeat samples,
18 including one from the well, on July 11, 2013. Three of the repeat samples showed the
19 presence of total coliform bacteria and the absence of fecal coliform and *E. coli* bacteria;
20 the well sample did not show the presence of total coliform bacteria. The Department
21 required that continuous chlorination be installed and remain in place for at least thirty
22 days. Following the installation of temporary continuous chlorination, five routine samples
23 were collected from the distribution on August 8, 2013, and were negative for total coliform
24 bacteria. The chlorine residuals in the samples collected on August 8, 2013 ranged from
25 0.16 to 0.20 mg/L. Due to the above-mentioned total coliform positive samples, the Water
26 System failed the total coliform MCL for the month of July 2013. All water samples for
27 coliform bacteria collected during 2012 and 2013 are summarized in Attachment A.

1
2 In a telephone conversation between Water System and Department staff, it has been
3 suggested that the cause of the contamination may have been the lack of use while school is
4 not in session. A "Positive Total Coliform Investigation Form" was provided to the Water
5 System's certified operator electronically on July 15, 2013, however it has not yet been
6 completed and returned to the Department. The five routine samples required the month
7 following a month with one or more total coliform-positive samples were collected on
8 August 8, 2013, and were negative for total coliform bacteria. As of the date of this citation,
9 it is unknown whether the continuous chlorination has been discontinued.

10
11 The Groundwater Rule adopted by the Department, effective August 18, 2011, requires the
12 collection of a sample for bacteriological evaluation from wells serving the system in
13 response to a coliform positive distribution sample. This requirement was met with the
14 round of repeat sampling conducted by the Water System in July of 2013.

15
16 **NOTIFICATION REQUIREMENTS**

17 Section 64426.1(c) requires a public water system to notify the Department and the
18 consumers of the water system, when a violation of Section 64426.1(b) (1) through (4)
19 occurs. Notification to the Department shall be by the end of the business day on which the
20 violation has been determined. If the Department is closed, notification shall be within 24
21 hours of the determination. The Department was notified on July 12, 2013, in accordance
22 with the above-referenced section.

23
24 A Tier 2 Public Notice for violation of paragraph 64426.1(b)(2) shall be given pursuant to
25 Section 64463.4 and 64465. The Tier 2 Public Notice shall include the mandatory health
26 effects language from Appendix 64465-A for a total coliform MCL failure.

27

1 Section 64463.4 allows non-transient non-community water systems to give public notice
2 by posting the notice in conspicuous locations throughout the area served by the water
3 system and by the use of one or more of the following methods in order to reach persons not
4 likely to be reached by a public posting: publication in a local newspaper or newsletter
5 distributed to customers, e-mailing the public notice to water system customers, post the
6 public notice on the internet, or by delivery to each customer.

7
8 Section 116450(g) requires that upon receipt of notification from a public water system,
9 schools must notify school employees, students, and parents (if the students are minors),
10 residential rental property owners or managers (including nursing homes and care facilities)
11 must notify their tenants and business property owners, managers or operators must notify
12 employees of businesses located on the property. These secondary notification
13 requirements are also included in the public notice.

14
15 Proof of notification is required. Notification of the public was conducted on July 15, 2013,
16 advising each consumer of the failure of the total coliform MCL during the month of July
17 2013. An example of the notice that was hand delivered to each customer is provided as
18 Attachment B. Proof of Notification is provided as Attachment C.

19
20 **DIRECTIVES**

21 The Indianola School Water System is hereby directed to take the following actions:

- 22
23 1. By **November 15, 2013**, the Water System shall complete and submit the enclosed
24 “Positive Total Coliform Investigation” form to the Department that describes the
25 incident and all corrective actions taken, and the results of the investigation. The
26 appropriate investigation report is provided as Attachment D.

27

1 2. The Department required that continuous chlorination must remain in place for at
 2 least thirty days. **In the event that continuous chlorination is still being provided,**
 3 **the chlorine residuals shall be measured and reported with all bacteriological**
 4 **sampling results. The Department shall be notified of the date the chlorination**
 5 **was or will be discontinued. If the chlorination treatment continues beyond**
 6 **November 15, 2013, an application for a permit amendment approving**
 7 **permanent installation of the chlorination equipment shall be submitted to the**
 8 **Department.**

9 **CIVIL PENALTIES**

10 Sections 116650(d) and 116650(e) of the CHSC allow for the assessment of a civil penalty
 11 for failure to comply with requirements of the California Safe Drinking Water Act. Failure
 12 to comply with any provision of this Citation may result in the Department imposing an
 13 administrative penalty of not less than \$100 (one hundred dollars) per day as of the date of
 14 violation of any provision of this Citation.
 15

16
 17
 18 10/28/13
 19 Date

18 Betsy Lichten
 19 Betsy S. Lichten, P.E.
 20 Senior Sanitary Engineer, Fresno District
 21 DRINKING WATER FIELD OPERATIONS BRANCH

22
 23
 24
 25 BSL/EL

- 26 Attachments:
 Attachment A: Summary of Bacteriological Samples collected in 2012 and 2013
 Attachment B: Public Notice Template
 Attachment C: Proof of Notification Form
 27 Attachment D: Positive Total Coliform Investigation Form



Bacteriological Distribution Monitoring Report

1000187 INDIANOLA SCHOOL
Distribution System Freq: 1/M

Sample Date	Time	Location	T Coli	E Coli	F Coli	Type	Cl2	Violation	Comment
1/3/2012	10:15	Kitchen Sink	P	A		Routine			
1/5/2012	10:15	Well Head	<1.0	<1.0		Source Repeat			
1/5/2012	10:32	Cafeteria Sink	A	A		Repeat			
1/5/2012	10:43	Office Sink	A	A		Repeat			
1/5/2012	10:50	Rm #2	A	A		Repeat			
2/22/2012	11:10	Rm 2	A	A		Routine			
2/22/2012	11:25	Rm 5	A	A		Routine			
2/22/2012	11:30	Rm 7	A	A		Routine			
2/22/2012	11:40	Office Sink	A	A		Routine			
2/22/2012	11:50	Café Sink	A	A		Routine			
3/6/2012	10:15	Café Sink	A	A		Routine			
4/17/2012	11:35	Office Sink	A	A		Routine			
5/2/2012	12:13	Café Sink	A	A		Routine			
6/7/2012	10:00	Office Sink	A	A		Routine			
7/12/2012	13:30	Café Sink	A	A		Routine			
8/6/2012	11:30	Office Sink	A	A		Routine			
9/7/2012	12:40	Kitchen sink	A	A		Routine			
10/9/2012	13:30	office sink	A	A		Routine			
11/1/2012	12:00	Kitchen sink	A	A		Routine			
12/4/2012	10:15	Kitchen Sink	A	A		Routine			
1/4/2013	10:15	Kitchen sink	A	A		Routine			
2/6/2013	13:30	Office sink	A	A		Routine			
3/6/2013	13:00	café sink	A	A		Routine			
4/2/2013	9:55	office sink	A	A		Routine			
5/9/2013	15:05	Kitchen sink	A	A		Routine			
6/5/2013	15:45	Office-Sink	A	A		Routine			
7/9/2013	12:45	Café Sink	P	A		Routine			
7/11/2013	12:17	Café Sink	P	A		Repeat		MCL	
7/11/2013	12:25	Office Sink	P	A		Repeat			
7/11/2013	12:31	Well Head	<1.0	<1.0		Source Repeat			
7/11/2013	12:39	Café Sink	P	A		Repeat			
8/8/2013	13:15	Café sink	A	A		Routine	0.18		
8/8/2013	13:25	Office sink	A	A		Routine	0.18		
8/8/2013	13:30	Café sink	A	A		Routine	0.16		
8/8/2013	13:40	Office sink	A	A		Routine	0.20		
8/8/2013	13:50	Multipurpose building sink	A	A		Routine	0.16		

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.

**Indianola School Has 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 five samples to test for the presence of coliform bacteria in July 2013. Four of these samples showed the presence of total coliform bacteria. The standard is that no more than one sample 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?

[Describe corrective action]. _____
_____.

For more information, please contact _____ [name of contact] at _____ [phone number] or _____ [mailing address].

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.

This notice is being sent to you by Indianola School

Date distributed: _____.



RON CHAPMAN, MD, MPH
Health Officer & Director

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



EDMUND G. BROWN JR.
Governor

ATTACHMENT C

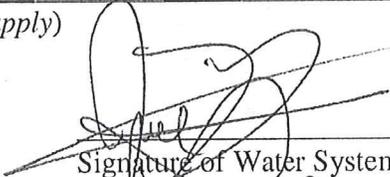
PROOF OF NOTIFICATION

(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 Indianola School of the failure to meet the **total coliform bacteria MCL** for the month of **July 2013** as directed by the Department.

Notification was made on 7-15-13 by _____
(date)

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



Signature of Water System Representative

Jared Reeves

Printed Name

7-15-13

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: July 31, 2013
Total Coliform MCL Failure: July 2013
System Number: 1000187
Citation No.: _____



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
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

Attachment D

Simple Well with Pressure Tank Systems

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

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?					
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

Page 2 of 3

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

Page 3 of 3

Attachment D

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: _____