Citation No. 03-23-13C-053

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

IN RE: **LATON COMMUNITY SERVICES DISTRICT**
Water System No. 1010020

TO: Mr. Daniel Chapa, General Manager
Laton Community Services District
P.O. Box 447
Laton, CA 93242

CC: Fresno County Division of Environmental Health

CITATION FOR NONCOMPLIANCE
TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION

August 2013

Issued on December 5, 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 Laton Community Services District (hereinafter 'District'), 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

District (mailing address: P.O. Box 447, Laton, CA 93242) failed to comply with the total coliform Maximum Contaminant Level (MCL) for the month of August 2013.

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

The District is required to collect a minimum of two (2) distribution system bacteriological samples per month. The bacteriological water analysis results submitted by the District reported the presence of total coliform bacteria in eight (8) of twenty-five (25) samples collected by the District in August 2013. None of the positive samples showed the presence of fecal coliform or *E. coli* bacteria.

Upon being informed of the presence of total coliform bacteria in two routine samples collected on August 7, 2013, District staff collected a total of ten (10) repeat samples on August 9, 2013. Six (6) repeat samples showed the presence of total coliform bacteria. A total of thirteen (13) additional repeat samples were taken on August 13, 2013 and were negative for total coliform bacteria. Due to the above-mentioned total coliform positive samples, the District failed the total coliform MCL for the month of August 2013. All water samples for coliform bacteria collected during August 2013 are summarized in Attachment A.

Multiple samples showing high levels of total coliform in Well 04 suggest that contamination of Well 04 was the likely cause of the violation. Two rounds of well cycle tests consisting of 5 samples each were collected on August 21, 2013 and August 28, 2013. The well contamination could be caused by construction defects, mechanical failures, or

natural causes present in the groundwater. Well 04 was taken out of service during the investigation.

The District disinfected Well 4 per AWWA standards and then collected two rounds of well cycle test for Well 04 and were taken on September 17, 2013 and September 24, 2013.

The five routine samples required the month following a month with one or more total coliform-positive samples were collected on September 17, 2013, and were negative for total coliform bacteria.

Well 4 was put in service for a short while, but the District found that there was air in the water lines and so currently it is offline and Well 5 is the well that is in primary use.

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

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.

Section 64463.4 allows community water systems to use mail or direct delivery to each customer and the use of one or more of the following methods: publication in a daily or weekly newspaper, posting the public notice in a conspicuous public place within the water system or on the internet, or by delivery to community organizations. The Tier 2 notification methods are included Attachment B.

The District shall either mail or conduct direct delivery of the public notice to all customers served within the general service area. Section 116450(g) requires that upon receipt of notification from a public water system, 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 their tenants and business property owners, managers or operators must notify employees of businesses located on the property. These secondary notification requirements are included in the public notice. The Department hereby waives public notification by newspaper, posting or delivery to community organizations.

Proof of notification is required. The District shall complete Attachment C and return it to the Department by **December 31, 2013.**

DIRECTIVES

The Laton Community Services District has completed the necessary public notification and investigation and no other directives are necessary at this time.

The District is hereby directed to take the following actions:

1. By **December 18, 2013** the Laton CSD water system shall provide public notification of the total coliform Maximum Contaminant Level failure by mail or

conduct direct delivery of the public notice to all customers served within the general service area. The Water System is additionally required to use one or more of the following notification methods: publication in a daily or weekly newspaper, posting the public notice in a conspicuous public place within the water system or on the internet, or by delivery to community organizations.

By **December 31, 2013** the District shall provide proof of notification of the total coliform MCL violation notification to each consumer using Attachment C, 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

3. By **December 31, 2013**, the District shall complete and submit the enclosed "Investigation Report for Bacteriological MCL Failure" form to the Department that describes the incident and all corrective actions taken, and the results of the investigation. The appropriate investigation reports is provided as Attachment D.

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.

12/5/13
Date

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

BSL/MH
Attachments:
Attachment A: Summary of Bacteriological Samples collected in August 2013.
Attachment B: Public Notification Methods
Attachment C: Proof of Notification Form
Attachment D: Investigation Report for Bacteriological MCL Failure form

1010020 TCRMCL Aug-13Cit ID_____ ID_____

Bacteriological Distribution Monitoring Report

1010020 Laton Community Services District

Distribution System Freq: 2/M

Sample Date	Time	Location	T Coli	E Coli	F Coli	Type	Cl2	Violation	Comment
8/7/2013	8:09	4 - Rou	P	A		Routine			
8/7/2013	8:31	3 Rou	P	A		Routine			
8/9/2013	6:50	3 RepU	A	A		Repeat			
8/9/2013	7:06	3 Rou	P	A		Repeat			
8/9/2013	7:21	3 RepD	A	A		Repeat			
8/9/2013	7:21	4 Rep &3RepD	A	A		Repeat			
8/9/2013	7:37	3 Rep & 4 Rep D	P	A		Repeat			
8/9/2013	7:37	4-RepD	P	A		Repeat			
8/9/2013	7:51	4 Rep U	P	A		Repeat			
8/9/2013	8:06	4 Rou	P	A		Repeat			
8/9/2013	9:02	Well 6	A	A		Source Repeat			
8/9/2013	9:49	Well 4	P	A		Source Repeat			
8/13/2013	9:02	3 RepU	A	A		Repeat			
8/13/2013	9:17	3 Rou	A	A		Repeat			
8/13/2013	9:34	3 RePD	A	A		Repeat			
8/13/2013	9:34	4 ReP & 3-RepD	A	A		Repeat			
8/13/2013	9:34	4ReP &3 REPD	A	A		Repeat			
8/13/2013	9:56	3 Rep & 4 RepD	A	A		Repeat			
8/13/2013	9:56	4-RePD	A	A		Repeat			
8/13/2013	10:15	4 RepU	A	A		Repeat			
8/13/2013	10:35	4 Rou	A	A		Repeat			
8/13/2013	10:35	4 Rou	A	A		Repeat			
8/13/2013	10:52	Well 6	A	A		Source Repeat			
8/13/2013	10:52	well 6	A	A		Repeat			
8/13/2013	10:52	Well 6	A	A		Source Repeat			

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

Source Bacteriological Monitoring Report

1010020 Laton Community Services District

Sample Date	Time	Source	Sample Type	Test Method	T Coli	E Coli	F Coli	HPC	Violation	Comments
8/21/2013	8:25	Well 4 #1	Well	P/A	A	A				
8/21/2013	8:28	Well 4 #2	Well	P/A	A	A				
8/21/2013	8:30	well 4 #3	Well	P/A	A	A				
8/21/2013	8:40	Well 4 #4	Well	P/A	A	A				
8/21/2013	8:55	Well 4 #5	Well	P/A	A	A				
8/28/2013	8:49	Well 4 #1	Well	P/A	A	A				
8/28/2013	8:50	well 4 #2	Well	P/A	P	A				
8/28/2013	8:54	Well 4 #3	Well	P/A	P	A				
8/28/2013	9:04	Well 4 #5	Well	P/A	A	A				
8/28/2013	9:04	Well 4 #4	Well	P/A	P	A				
9/17/2013	9:36	Well 4 #!	Well	MPN	<1.1	<1.1				
9/17/2013	9:37	Well 4 #2	Well	MPN	<1.1	<1.1				
9/17/2013	9:41	Well #4 #3	Well	MPN	<1.1	<1.1				
9/17/2013	9:51	Well #4 #4	Well	MPN	<1.1	<1.1				
9/17/2013	10:06	Well #4 #5	Well	MPN	<1.1	<1.1				
9/24/2013	10:00	Well #4 #1	Well	MPN	<1.1	<1.1				
9/24/2013	10:01	Well #4 #2	Well	MPN	<1.1	<1.1				
9/24/2013	10:05	Well #4 #3	Well	MPN	<1.1	<1.1				
9/24/2013	10:15	Well #4 #4	Well	MPN	<1.1	<1.1				
9/24/2013	10:30	well #4 #5	Well	MPN	<1.1	<1.1				

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.

Laton Community Services District 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 __ samples to test for the presence of coliform bacteria in August 2013. ____ 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 Laton Community Services District. Date distributed: _____

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

RON CHAPMAN, MD, MPH
Health Officer & Director

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 the **Laton Community Services District** of the failure to meet the **total coliform bacteria MCL** for the month of **August 2013** 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: January 15, 2014
Total Coliform MCL Failure: August 2013
System Number: 1010020
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

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:		PWSID NUMBER:	
	Name	**Address**	**Telephone #**
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)	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. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)					
h. Is the wellhead secured to prevent unauthorized access?					
i. To what treatment plant (name) does this well pump?					
j. How often do you take a raw water total coliform (TC) test?					
k. Provide the date and result of the last TC test at this location					

TREATMENT	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS
1. If you provide continuous chlorination treatment, was there any equipment failure? Did the distribution system maintain a chlorine residual?					
a. Was emergency chlorination initiated?					
b. If yes, for how long?					

POSITIVE TOTAL COLIFORM INVESTIGATION

TREATMENT	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS
2. Did the distribution system lose chlorine residual?					
3. If you do not provide routine chlorination, was emergency chlorination initiated?					
If Yes,, when?					
4. Inspect each point where disinfectant is added and report					
a. For hypochlorinator systems					
1. Is the disinfectant feed pump feeding disinfectant?					
2. What is the feed rate of disinfectant in ml/minute					
3. What is the concentration of the disinfectant solution being fed? (percent, or mg/l of chlorine as HOCl)					
4. By what method was the concentration of solution determined? (ex: measured, manufacturer's literature)					
5. What is the age (days) of the disinfectant solution currently being used at this treatment location?					
6. What is the raw water flow rate at the point where disinfectant is added in gallons per minute?					
7. What is the **total** chlorine residual measured immediately downstream from the point of application?					
8. What is the **free** chlorine residual measured immediately downstream from the point of application?					
9. What is the contact time in minutes from the point of disinfectant application to the first customer?					

STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
1. Is each tank locked to prevent unauthorized access?					
2. Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank?					
3. Is the overflow on each tank screened?					
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?					
5. Is the roof/cover of the tank sealed and free of any leaks.					
6. Is the tank above ground or buried.					
a. If buried or partially buried, are there provisions to direct surface water away from the site.					
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?					
8. Does the tank "float" on the distribution system or are there separate inlet and outlet					

POSITIVE TOTAL COLIFORM INVESTIGATION

STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
lines?					
9. What is the **measured** chlorine residual (total/free) of the water exiting the storage tank **today**?					
10. What is the volume of the storage tank in gallons?					
11. Is the tank baffled?					
12. Prior to the TC+ or EC+, what was the previous date item #1-7 were checked and documented?					

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?	

BOOSTER STATION	SYSTEM RESPONSES
1. Do you have a booster pump? How many?	
2. Do you have a standby booster pump if the main pump fails?	
3. Prior to bacteriological quality problems, did your booster pump fail?	
4. Do you notice standing water, leakage at the booster station?	

POSITIVE TOTAL COLIFORM INVESTIGATION

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 the weather conditions at the time of the positive sample (rainy, windy, sunny),				

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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?	
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?	

POSITIVE TOTAL COLIFORM INVESTIGATION

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:** _____