Citation No. 03-23-13C-057

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

IN RE: **RIVERDALE PUBLIC UTILITY DISTRICT**
Water System No. 1010028

TO: Mr. Ronald Bass, District Superintendent
Riverdale Public Utility District
P.O. Box 248
Riverdale, CA 93656

CC: Fresno County Division of Environmental Health

CITATION FOR NONCOMPLIANCE
TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION

September 2013

Issued on January 8, 2014

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 Riverdale Public Utility 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

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District (mailing address: P.O. Box 248, Riverdale, CA 93656) failed to comply with the total coliform Maximum Contaminant Level (MCL) for the month of September 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 ten (10) of fourteen (14) samples collected by the District in September 2013. Six (6) were from the distribution and four (4) from Well 5 were positive for total coliform. None of the positive samples showed the presence of fecal coliform or *E. coli* bacteria. The following table shows the bacteriological monitoring that was conducted following the presence of total coliform bacteria in two routine samples collected in September 2013.

Date	**Location**	**Routine/ Repeat Sample**	**Presence of total or fecal coliform or E. coli**
September 3, 2013	3596 Henson	Routine	Positive for total coliform
September 3, 2013	Well 5	Routine	Positive for total coliform
September 4, 2013	Well 5	Source Repeat	Positive for total coliform
September 4, 2013	3596 Henson	Repeat	Positive for total coliform

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September 5, 2013	Well 5	Repeat	Positive for total coliform
September 6, 2013	3596 Henson	Repeat	Positive for total coliform
September 9, 2013	3596 Henson	Repeat	Absent for total coliform
September 9, 2013	Well 5	Source Repeat	Absent for total coliform
September 16, 2013	3247 Paloma	Routine	Positive for total coliform
September 19, 2013	Well 5	Source Repeat	Positive for total coliform
September 19, 2013	3247 Paloma	Repeat	Positive for total coliform
September 20, 2013	Well 5	Source Repeat	Positive for total coliform
September 24, 2013	Well 5	Routine	Absent for total coliform

Due to the above-mentioned total coliform positive samples, the District failed the total coliform MCL for the month of September 2013. All water samples for coliform bacteria collected during September 2013 are summarized in Attachment A.

Multiple samples showing the presence of total coliform in Well 05 suggest that contamination of Well 05 was the likely cause of the violation. The well contamination could be caused by construction defects, mechanical failures, or natural causes present in

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the groundwater. Well 5 was disinfected and the District submitted a permit application for the installation of a permanent continuous chlorination unit, which has been installed. Since then Well 5 bacteriological sample results are absent for total coliform.

The five routine samples required the month following a month with one or more total coliform-positive samples were not collected in October 2013.

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

ASSOCIATED VIOLATIONS

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

Sections 64424(a)1 and 64424(b) specifies that for systems collecting more than one sample per month or quarter, a repeat sample set shall consist of three (3) samples as follows: one (1) from the routine sample site at which the positive occurred, one (1) from the upstream repeat sample site and one (1) from the downstream repeat sample site. The Groundwater Rule requires sampling from all operating wells or sources within the system as "triggered source monitoring."

Section 64424(d) specifies that if a public water system for which fewer than five routine samples/month are collected has one or more total coliform-positive samples, the water supplier shall collect at least five routine samples the following month.

The above violations are classified as non-continuing violations.

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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 on 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. A copy of the Tier 2 notification form is included as 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.

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Proof of notification is required. The District has completed the proof of notification and a copy is provided as Attachment C.

Notification of the public was conducted on September 25, 2013, advising each consumer/customer of the failure of the total coliform MCL during the month of September 2013. A copy of the notice that was mailed / delivered to each customer is provided as Attachment B. Proof of Notification is provided as Attachment C.

DIRECTIVES

The 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. The District shall collect repeat samples as required by Section 64424 and as discussed in this Citation whenever a routine sample is positive for total coliform bacteria.

2. Whenever the District has one or more total coliform-positive samples in a given month, at least five (5) routine samples shall be collected the following month as required by Section 64424(d) and as discussed in this Citation.

3. By **January 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.

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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.

1/8/14
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 September 2002.
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

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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.

Riverdale Public Utility 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 (13) samples to test for the presence of coliform bacteria in September, 2013 . (10) / 77% percentage positive 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?

Continuous chlorination must continue for at least 30 days.

For more information, please contact Ronald Bass at (559) 647-1836 or Riverdale Public Utility District, P.O. Box 248, Riverdale, CA. 93656.

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 the Riverdale Public Utility District.

State Water System ID#: 1010028

Date distributed: September 25, 2013.

ATTACHMENT A

Bacteriological Distribution Monitoring Report

1010028 Riverdale Public Utility District — *Distribution System Freq: 2/M*

Sample Date	*Time*	*Location*	*T Coli*	*E Coli*	*F Coli*	*Type*	*Cl2*	*Violation*	*Comment*
9/3/2013	6:45	3596 Henson	P	A		Routine		MCL	
9/4/2013	11:35	Well 5	P	A		Source Repeat			
9/4/2013	11:50	3596 Henson	P	A		Routine			
9/5/2013	12:55	Well 5	A	A		Source Repeat			
9/5/2013	13:05	3596 Henson	P	A		Repeat			
9/6/2013	13:15	3596 Henson	P	A		Repeat			
9/9/2013	11:40	3596 Henson	A			Repeat			
9/16/2013	6:30	3247	P		A	Routine			
9/19/2013	12:30	well 5	P	A		Source Repeat			
9/19/2013	12:40	3247 Paloma	P	A		Repeat			
9/20/2013	11:30	well 5	P	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

1010028 Riverdale Public Utility District

Sample Date	*Time*	*Source*	*Sample Type*	*Test Method*	*T Coli*	*E Coli*	*F Coli*	*HPC*	*Violation*	*Comments*
9/3/2013	6:35	well 5	Well	P/A	P	A				
9/9/2013	11:35	well 5	Well	P/A	A					
9/24/2013	10:00	well 5	Well	MPN	<2		<2			

INFORMACION IMPORTANTE ACERCA DE SU AGUA POTABLE

Bacterias Coliformes Totales en el Sistema de Agua de: Riverdale Public Utility District

Nuestro sistema de agua recientemente no cumplio con un estándar de agua potable. Aunque este incidente no es una emergencia, como nuestros clientes, ustedes tienen el derecho de saber lo que ocurrio y lo que hicimos para corregir esta situación.

Cada mes tomamos pruebas para contaminantes en la agua potable de nuestra sistema. Durante el mes de September, 2013, **Ten (10) / (77 porcentaje) de (13)** muestras mostraron la presencia de bacterias coliformes totales. El estándar es que no más que una (1) muestra por mes puede mostrar la presencia de bacterias coliformes.

¿Qué debo hacer yo?

- **No es necesario hervir su agua ni tomar otras acciones correctivas.** Sin embargo, si usted tiene una preocupacion tocante la salud, debe de consultar a su doctor.
- Esto no es una emergencia. Si había sido, usted habría sido notificado inmediatamente. Las bacterias coliformes generalmente no son dañosos. Coliformes son bacterias que son naturalmente presente en el ambiente y se usan como un indicador que otros, potencialmente dañosos bacterias pueden ser presentes. Coliformes fueron encontrados en más muestras que se permiten y esto era una advertencia de problemas potenciales.
- Generalmente, coliformes son un signo que puede haber un problema con el sistema de tratamiento o sistema de distribucion (tubos). Cuando bacterias coliformes se disciernen en cualquier muestra, pruebas subsigientes se hacen para ver si otras bacterias de más grande riesgo o daño, tal como coliformes fecales o *E. coli*, estan presente. Ninguna de las muestras coliformes positivas mostró la presencia de bacterias coliformes fecales o la bacteria E. coli.
- Personas con sistemas immunologicos, los bebes, niños y niñas de corta edad, y algunas personas ancianas pueden estar en alto riesgo. Estas personas deben consultar con sus proveedores de servicios medicos. Directivas generales para disminuir el riesgo de la infección por microbios está disponible de parte de la Línea Directa de Agua Potable de parte de EPA llamando al numero 1-(800)-426-4791.

¿Qué suscedio? ¿Qué se hizo?

Cloración continua debe continuar durante al menos 30 días

Para más información, por favor contacte Ronald Bass al numero (559) 647-1836 o a la siguiente dirección Riverdale Public Utility District, P.O. Box 248, Riverdale, CA. 93656.

Por favor comparte esta información con otros que pueden tomar de esta agua, colocando este aviso en lugares visibles, o remitiéndolo por correo, o entregandolo manualmente. Es de particular interés distribuir este aviso ampliamente si usted lo recibe representando un negocio, un hospital o hogar de infantes o hogar de ancianos o comunidad residencial.

Requisitos secundarios de la Notificación

Al recibir esta notificación por parte de una persona que opera un sistema público de agua, este aviso debe ser dada dentro de 10 días [Sección 116450(g) de la reglas de Salud] según lo sigiente:

- ESCUELAS: Debe notificar a empleados de escuela, los estudiantes, y los padres si los estudiantes son menores.
- DUEÑOS O ADMINISTRADORES DE PROPIEDADES RESIDENCIALES de RENTA (inclusivo clinicas o hogares de reposo): Debe notificar a los inquilinos, renteros o residentes.
- DUEÑOS DE PROPIEDADES de NEGOCIO, los DIRECTORES, O los OPERARIOS: Deben notificar a empleados de negocios localizados en la propiedad.

Este aviso ha sido enviado a usted de acuerdo con las Regulaciones de California sobre la Calidad de la Agua Doméstica como un medio de mantener el público informado.

Fecha: *September 25, 2013* State Water System ID# 1010028

ATTACHMENT C

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 F

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 **Riverdale PUD** of the failure to meet the **total coliform bacteria MCL** for the months of **September 2013** as directed by the Department.

Notification was made on SEPTEMBER 25, 2013 by
(date)

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

SEP 2013
RECEIVED
DEPT OF PUBLIC HEALTH
ED. CA BRANCH-DWQ

Ronald Bass
Signature of Water System Representative

RON BASS
Printed Name

9/25/13
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:
Total Coliform MCL Failure: September 2013
System Number: 1010028
Citation No.:

Flex your POWER

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:**	

	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. 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 E

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 **ext**erior location or is it protected by an **enc**losure?				
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 E

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:** _____