

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH

IN RE: CITY OF MENDOTA  
Water System No. 1010021

TO: Mr. Mark Nunez, Interim Manager  
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

September 2013

Issued on December 20, 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, Mendota, CA 93640) failed to comply with the total coliform Maximum  
2 Contaminant Level (MCL) for the month of September 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 nineteen (19) samples collected by the  
11 City in September 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 September 3, 2013, City staff collected a total of three (3) repeat samples on  
16 September 4, 2013. Two (2) out of the three repeat samples showed the presence of total  
17 coliform bacteria. Additional repeat samples were collected on September 6, 2013, and  
18 were absent for total coliform bacteria. Chlorine residuals for the routine distribution  
19 samples ranged from 0.09-0.25 mg/L. None of the repeat samples indicate chlorine  
20 residuals on the bacteriological analyses. Due to the above-mentioned total coliform  
21 positive samples, the City failed the total coliform MCL for the month of September 2013.  
22 All water samples for coliform bacteria collected during September 2013 are summarized in  
23 Attachment A.

24  
25 The cause of the contamination is unknown since no specific source of contamination has  
26 been identified. The City provides continuous chlorination of the distribution system.

27



1 The above violation is classified as a non-continuing violation.  
2

3 **NOTIFICATION REQUIREMENTS**

4 Section 64426.1(c) requires a public water system to notify the Department and the  
5 consumers of the water system, when a violation of Section 64426.1(b)(1) through (4) the  
6 total coliform MCL occurs. Notification to the Department shall be by the end of the  
7 business day on which the violation has been determined. If the Department is closed,  
8 notification shall be within 24 hours of the determination. The Department was not notified  
9 in accordance with the above-referenced section.  
10

11 A Tier 2 Public Notice for violation of paragraph 64426.1(b)(2) shall be given pursuant to  
12 Section 64463.4 and 64465. The Tier 2 Public Notice shall include the mandatory health  
13 effects language from Appendix 64465-A for a total coliform MCL failure.  
14

15 Section 64463.4 allows community water systems to use mail or direct delivery to each  
16 customer and the use of one or more of the following methods: publication in a daily or  
17 weekly newspaper, posting the public notice in a conspicuous public place within the water  
18 system or on the internet, or by delivery to community organizations. The Tier 2  
19 notification methods are included Attachment A.  
20

21 The City shall either mail or conduct direct delivery of the public notice to all customers  
22 served within the general service area. Section 116450(g) requires that upon receipt of  
23 notification from a public water system, schools must notify school employees, students,  
24 and parents (if the students are minors), residential rental property owners or managers  
25 (including nursing homes and care facilities) must notify their tenants and business property  
26 owners, managers or operators must notify employees of businesses located on the property.  
27

These secondary notification requirements are included in the public notice. The



1 Department hereby waives public notification by newspaper, posting or delivery to  
2 community organizations.

3  
4 Proof of notification is required. The City shall complete Attachment C and return it to  
5 the Department by January 31, 2014.

6  
7  
8 **DIRECTIVES**

9 The City is hereby directed to take the following actions:

- 10  
11 1. By January 19, 2014, the City of Mendota water system shall provide public  
12 notification of the total coliform Maximum Contaminant Level failure by mail or  
13 conduct direct delivery of the public notice to all customers served within the  
14 general service area. The Water System is additionally required to use one or more  
15 of the following notification methods: publication in a daily or weekly newspaper,  
16 posting the public notice in a conspicuous public place within the water system or  
17 on the internet, or by delivery to community organizations.

18  
19 By January 31, 2014, the City shall provide proof of notification of the total  
20 coliform MCL violation notification to each consumer using Attachment C, to:

21  
22 Betsy S. Lichti, Senior Sanitary Engineer  
23 Department of Public Health  
24 Drinking Water Field Operations Branch  
25 265 W. Bullard Avenue, Suite 101  
26 Fresno, CA 93704  
27

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27

2. The City shall notify the Department of any further violations of the total coliform MCL by the end of the business day on which the violation has been determined, or, if the Department is closed, within 24 hours of the determination.
  
3. By January 31, 2014, the City 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 report is provided as Attachment D.



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27

**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.

12/20/13  
Date

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

- BSL/MH  
Attachments:  
Attachment A: Summary of Bacteriological Samples collected in September 2013  
Attachment B: Public Notice Example  
Attachment C: Proof of Notification Form  
Attachment D: Investigation Report for Bacteriological MCL Failure form Attachment E:

## 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
9/3/2013	7:45	563 I street	P	A		Routine	0.06	MCL	
9/4/2013	14:00	615 I Street	A	A		Repeat			
9/4/2013	14:05	583 I street	P	A		Repeat			
9/4/2013	14:15	519 I Street	P	A		Repeat			
9/6/2013	7:05	water tank	A	A		Repeat			
9/6/2013	7:15	563 I street	A	A		Repeat			
9/6/2013	7:30	519 I street	A	A		Repeat			
9/6/2013	7:45	549 I st	A	A		Repeat			
9/30/2013		11 samples	A	A		Routine	0.09-0.25		

**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

1010021 Mendota, City of

<i>Sample Date</i>	<i>Time</i>	<i>Source</i>	<i>Sample Type</i>	<i>Test Method</i>	<i>T Coli</i>	<i>E Coli</i>	<i>F Coli</i>	<i>HPC</i>	<i>Violation</i>	<i>Comments</i>
9/3/2013	8:15	well 9	Well	P/A	A	A				
9/3/2013	8:35	well 7	Well	P/A	A	A				

**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.

---

**City of Mendota 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 19 samples to test for the presence of coliform bacteria in September 2013. Three (3) of these samples showed the presence of total coliform bacteria. The standard is that no more than 1 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 City of Mendota.

Date distributed: \_\_\_\_\_.

**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 **September 2013** as directed by the Department.

Notification was made on \_\_\_\_\_ by  
(date)

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

\_\_\_\_\_  
Signature of Water System Representative

\_\_\_\_\_  
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 31, 2014  
Total Coliform MCL Failure: September 2013  
System Number: 1010021  
Citation No.: 03-23-13C-058

# 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

<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)	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

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 E

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: \_\_\_\_\_