

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

IN RE: **SHOP N QUICK #2**
 Water System No. 1000544

TO: Mr. Tarlochan Singh
 Shop N Quick #2
 6110 S. Elm Ave.
 Fresno, CA 93706

CITATION FOR NONCOMPLIANCE
TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION

OCTOBER 2013

Issued on January 24, 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 California Department of Public Health (hereinafter 'Department') hereby issues a Citation to Shop-N-Quick #2 (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: 6110 S. Elm Avenue, Fresno, CA 93706) failed to comply with the total coliform Maximum Contaminant Level (MCL) for the month of October 2013.



1
2 The Water System operates under a domestic water supply permit issued by the Department
3 in July of 2010. Shop-N-Quick #2 is a transient non-community water system serving a
4 population of approximately forty (40) transient persons. The Department's records show
5 that the operating season for the Water System is year round.
6

7 Section 64426.1(b)(2) specifies that a public water system collecting fewer than 40 samples
8 per month is in violation of the total coliform MCL when more than one sample collected
9 during any month is total coliform-positive.
10

11 The Water System is required to collect a minimum of one (1) distribution system
12 bacteriological sample per quarter. The bacteriological water analysis results submitted by
13 the Water System reported the presence of total coliform bacteria in four (4) of nine (9)
14 samples collected by the Water System in October 2013. None of the positive samples
15 showed the presence of fecal coliform or *E. coli* bacteria.
16

17 The following table summarizes the bacteriological monitoring conducted during the
18 months of October and November 2013.
19

Collection Date	Number of Samples	Sample Type	Number TC positive	Number E. Coli positive
10/16/2013	1	Routine	1	0
10/21/2013	3	Repeat including source	2	0
10/30/2013	5	Repeat	1	0
11/11/2013	5	Routine	0	0



1 Due to the above-mentioned total coliform positive samples, the Water System failed the
2 total coliform MCL for the month of October 2013. All water samples for coliform bacteria
3 collected since January 2012 are summarized in Attachment A.
4

5 The cause of the contamination is unknown since no specific source of contamination has
6 been identified.
7

8 The five routine samples required the month following a month with one or more total
9 coliform-positive samples were collected on November 11, 2013, and were negative for
10 total coliform bacteria.
11

12 The Groundwater Rule adopted by the Department, effective August 18, 2011, requires the
13 collection of a sample for bacteriological evaluation from wells serving the system in
14 response to a coliform positive distribution sample. This requirement was met with the
15 round of repeat sampling conducted by the Water System in October 2013.
16

17 **NOTIFICATION REQUIREMENTS**

18 Section 64426.1(c) requires a public water system to notify the Department and the
19 consumers of the water system, when a violation of Section 64426.1(b)(1) through (4)
20 occurs. Notification to the Department shall be by the end of the business day on which the
21 violation has been determined. If the Department is closed, notification shall be within 24
22 hours of the determination. The Department was notified on October 23, 2013, in
23 accordance with the above-referenced section.
24

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



1
2
3
4 The Water System shall post the public notice in conspicuous locations within the water
5 system. Section 116450(g) requires that upon receipt of notification from a public water
6 system, schools must notify school employees, students, and parents (if the students are
7 minors), residential rental property owners or managers (including nursing homes and care
8 facilities) must notify their tenants and business property owners, managers or operators
9 must notify employees of businesses located on the property. These secondary notification
10 requirements are included in the public notice.

11
12 Proof of notification is required.

13
14 Notification of the public was conducted on October 21, 2013, advising each consumer of
15 the failure of the total coliform MCL during the month of October 2013. A copy of the
16 notice that was posted for each consumer is provided as Attachment B. Proof of
17 Notification is provided as Attachment C.

18
19 **DIRECTIVES**

20 The Water System is hereby directed to take the following actions:

- 21 1. By **February 28, 2014**, the Water System shall complete and submit the enclosed
22 “Positive Total Coliform Investigation” form to the Department that describes the
23 incident and all corrective actions taken, and the results of the investigation. The
24 appropriate investigation report 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.

11 1/24/14
Date

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



24 BSL/EL

Attachments:

- 25 Attachment A: Summary of Bacteriological Samples collected since January 2012
- 26 Attachment B: Public Notice
- 27 Attachment C: Proof of Notification
- Attachment D: Positive Total Coliform Investigation Form



Bacteriological Distribution Monitoring Report

1000544 SHOP-N-QUICK #2
Distribution System Freq: 1/Q

Sample Date	Time	Location	T Coli	E Coli	F Coli	Type	Cl2	Violation	Comment
1/13/2012	10:45	Kitchen Sink	A	A		Routine			
5/24/2012	11:00	Dishwashing Sink	A	A		Routine			
9/30/2012		No Sample						MR2	11/13/12 Issued EL 03-23-12
10/1/2012	11:00	System	A	A					
10/10/2012	10:20	Kitchen sink	A	A		Routine			
1/11/2013	14:04	Bathroom Sink	A	A		Routine			
2/20/2013	9:25	kitchen sink	A	A		Routine			
6/20/2013	10:30	Kitchen Sink	A	A		Routine			
9/10/2013	15:15	Kitchen sink	A	A		Routine			
10/16/2013	11:50	Dishwashing sink	P	A		Routine			
10/21/2013	14:00	Dish sink	P	A		Repeat			
10/21/2013	14:00	Kitchen sink	P	A		Repeat		MCL	
10/21/2013	14:00	well	A	A		Repeat			
10/30/2013	9:30	K	A	A		Repeat			
10/30/2013	9:35	D	A	A		Repeat			
10/30/2013	9:37	B	P	A		Repeat			
10/30/2013	9:40	M	A	A		Repeat			
10/30/2013	9:45	D	A	A		Repeat			
11/11/2013	13:43	Kitchen Sink	A	A		Routine			
11/11/2013	13:52	Bathroom Sink	A	A		Routine			
11/11/2013	13:56	OHB @ Back Door	A	A		Routine			
11/11/2013	14:00	Kitchen Sink	A	A		Routine			
11/11/2013	14:04	Bathroom Sink	A	A		Routine			

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.

**Shop-N-Quick #2 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 2 samples to test for the presence of coliform bacteria in October 2013. Two (2) 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].

we are taking more sample

For more information, please contact SHOP N QUICK #2 [name of contact] at 6110 S. ELM AVE [phone number] or 559-441-8121 [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 Shop-N-Quick #2.

Date distributed:

10-21-13

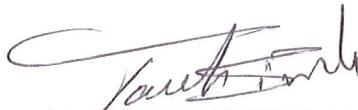
PROOF OF NOTIFICATION

(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 **Shop-N-Quick #2** of the failure to meet the **total coliform bacteria MCL** for the month of **October 2013** as directed by the Department.

Notification was made on Oct 21st by _____
(date)

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



Signature of Water System Representative

10-21-13

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: November 15, 2013
Total Coliform MCL Failure: October 2013
System Number: 1000544
Citation No.: _____



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

POSITIVE TOTAL COLIFORM INVESTIGATION
Simple Well with Pressure Tank Systems

Attachment D

This form is intended to assist public water systems in completing the investigation required by the California Department of Public Health (Section 64426(b) of Title 22, California Code of Regulations) and may be modified to take into account conditions unique to the system.

ADMINISTRATIVE INFORMATION

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)	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

Attachment D

Page 3 of 3

GENERAL OPERATIONS:	Response
1. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	
2. Where there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located.	
3. Does the system have backup power or elevated storage?	
4. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	
5. What were the symptoms of illness if you received complaints about customers being sick?	

ADDITIONAL INFORMATION TO BE SUBMITTED WITH RESPONSES TO THE ABOVE QUESTIONS

1. **Sketch** of System showing all sources, treatment locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
2. A set of photographs of the well, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by our Department
3. Name, certification level and certificate number of the Operator in Responsible Charge.
4. Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.

SUMMARY: BASED ON THE RESULTS OF YOUR INVESTIGATION AND ANY OTHER INFORMATION AT YOUR DISPOSAL, WHAT DO YOU BELIEVE TO BE THE CAUSE OF THE POSITIVE TOTAL COLIFORM SAMPLES FROM YOUR PUBLIC WATER SYSTEM?

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

NAME: _____ TITLE: _____ DATE: _____