STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

IN RE: **San Vicente Water Company**
P.O. Box 187
Santa Barbara, CA 93102

TO: **Lawrence Price**
Operator

CITATION

SYSTEM NO.: **4210005**

CITATION NO.: **04-06-13C-014**

The Division of Drinking Water and Environmental Management of the Department of Public Health (hereinafter Department) hereby issues a citation to the San Vicente Water Company (mailing address: P.O. Box 187, Santa Barbara, CA 93102) for the following violation:

1. Section 116650 of Chapter 4, Part 12, Division 104 of the California Health and Safety Code (H&S Code), authorizes the issuance of a citation for failure to comply with the requirements of the California Safe Drinking Water Act, or any regulation, standard, permit or order issued thereunder.

VIOLATION

The Drinking Water Field Operations Branch of the Department of Public Health, (hereinafter Department) hereby issues a citation to the San Vicente Water Company (hereinafter SVWC), for the following violation:

COURT PAPER
STATE OF CALIFORNIA
STD. 113 (REV. 3-95)
OSP 98 10924

1. Groundwater Rule – Triggered Source Water Monitoring

Section 141.400, Title 22, CCR. Specifically, the SVWC was not in compliance with the Groundwater Rule during the month of September 2013. The water system failed to collect a triggered source water sample from the representative groundwater source(s) per their Groundwater Rule Plan (attached). On September 30, 2013, a routine sample location was Total coliform positive, E. Coli negative. Three repeats were taken from the distribution system which were all Total coliform negative. A sample from the representative groundwater source(s) was not collected. Six routine distribution coliform samples and two source coliform samples were collected in October 2013, and all were total coliform negative.

BACKGROUND

The SVWC serves 550 people with 277 residential unmetered service connections, 1 irrigation service connection, and is a community water system, operating by the authority of a domestic water supply permit issued on January 20, 1989 by the Department. The SVWC provides its customers chlorinated groundwater from local wells. Two wells provide a total of 200 gpm, and due to a past history of high iron and manganese levels, are treated via a Filtronics filtration plant. The treated water is stored in one of the two 175,000 gallon embankment tanks or a 16,500 gallon clearwell. Water from the storage tanks is pumped from two booster pumps and a 5,000 gallon hydropneumatic tank to the distribution system.

COURT PAPER
STATE OF CALIFORNIA
STD. 113 (REV. 3-95)
OSP 98 10924

DIRECTIVES

The SVWC is hereby directed to take the following actions:

1. When a Total Coliform Rule sample from the distribution system is Total coliform positive, San Vicente Mutual Water Company must collect at least three repeats from the distribution system as well as a sample from each groundwater well that is being used according to their approved Groundwater Rule Monitoring Plan. The samples must be collected within 24 hours of being notified of the original positive result.

2. Within one year of receipt of the Citation, notify the public of the Groundwater Rule violation which occurred during the month of September 2013. The notification may be included in the 2013 Consumer Confidence Report.

3. A copy of the Proof of Notification certification form (attached) shall be submitted to:

Kurt Souza, P.E., Chief
Southern California Section
Santa Barbara District
Drinking Water Field Operations Branch
1180 Eugenia Place, Suite 200
Carpinteria, CA 93013-2000

11/6/13
Date

Kurt Souza, P.E., Chief
Southern California Section
Santa Barbara District (CDPH-DWFOB)

cc: Santa Barbara County Environmental Health

COURT PAPER
STATE OF CALIFORNIA
STD. 113 (REV. 3-95)
OSP 98 10924

PROOF OF NOTIFICATION

Name of Water System: San Vicente Water Company, System No.: 4210005

Please explain what caused the problem if you have determined what it was and what steps you have taken to correct it.

_____

_____

Consumers Notified _____**Yes** _____**No**

If not, explain: _____

_____

Date of Notification:_____

On the date of notification set forth above, I served the above referenced document(s) on the consumers by:

_____ Sending a copy through the U.S. Mail, first class, postage prepaid, addressed to each of the resident(s) at the place where the property is situated, pursuant to the California Civil Code.

_____ Newspaper (if the problem has been corrected).

_____ Personally hand-delivering a copy to each of the consumers.

_____ Posted on a public bulletin board, that will be seen by each of the consumers (for small water non-community water systems with permission from the Department).

_____

I hereby declare the foregoing to be true and correct under penalty of perjury.

Dated:_____ _____

Signature of Person Serving Notice

Drinking Water Notification to Consumers

Notice: Complete this Proof of Notification and return it to the Department within **30 Days** of receiving your notification order.

Disclosure: Be advised that the California Health and Safety Code states 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 each 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 county jail not to exceed one year, or by both the fine and imprisonment.

DEPARTMENT OF PUBLIC HEALTH
DIVISION OF DRINKING WATER AND ENVIRONMENTAL MANAGEMENT
Santa Barbara District Office, 1180 Eugenia Place, Suite 200, Carpinteria, CA 93013, (805) 566-1326

GROUNDWATER RULE MONITORING FORM

A. System Information:

Name of Facility: San Vicente Water Company System Number: 421-0005
Street Address: 340 Old Mill Road, Santa Barbara, CA 93110 Ph. No.: 805 962-9662
Consecutive, Wholesaler or Neither: Neither Fax: 805 964-0816
Provide Continuous 4-log treatment of Viruses ☐ ~~YES~~ ☐✓ *NO* (if yes, only complete part F and submit a Monthly CT Calculation Report to CDPH)
Service Connections: 278 Population Served: 470-480 Coliform Samples/Month: 2

B. Sample Collection:

All water samples will be collected by: Lawrence Price
Name of Laboratory: Fruit Growers Laboratory, Inc
Mailing Address: 853 Corporation Street, Santa Paula, CA 93060
State Lab Code: 5867 Phone #: 805 392-2000 Fax #: 805 525-4172
The Laboratory was sent a copy of this plan on: 8 October, 2009

C. Map of System:

A map of the distribution system showing the distribution sites and which sources can influence them, pressure zones and storage facilities.
Have you enclosed this map? ☐✓ *YES* ☐ ~~NO~~ Explain_____

D. Consecutive Systems:

Does your system purchase groundwater? ☐ ~~YES~~ ☐✓ *NO*
If yes, contact the wholesaler within 24 hours of notification of a TC+ Distribution Sample.
Wholesaler_____ Contact_____ Phone No._____
Wholesaler_____ Contact_____ Phone No._____

E. Wholesaler Systems:

Does your system sell groundwater? ☐ ~~YES~~ ☐✓ *NO*
If yes, collect source(s) samples within 24 hours.
If source sample is fecal indicator positive, contact all consecutive systems within 24 hours*:
System_____ Contact_____ Phone No._____
System_____ Contact_____ Phone No._____
System_____ Contact_____ Phone No._____
*A Tier 1 notice is required for all fecal indicator positive source samples.

F. Report Prepared by: Lawrence E. Price

Signature and Title: Water System Operator **Date:** 10/08/09

G. Sample Locations:

The following describes each routine sample location and the sources which may influence it. If the routine sample location is positive, the source(s) affecting it will be sampled within 24 hours. Only sources in use during the time of initial sampling will be required to be sampled (production log required):

Routine Sample Location:
1. Maintenance Building @ Car Wash
(Lowest Distribution System Elevation)

Sources Influencing Location:
Well #2 -or- Well #3
(Only ONE Well ON at a time)
(Alternated at least each week)

Routine Sample Location:
2. Tennis Court
(Highest Distribution System Elevation)

Sources Influencing Location:
Well #2 -or- Well #3
(Only ONE Well ON at a time)
(Alternated at least each week)

Routine Sample Location:
3.

Sources Influencing Location:

Routine Sample Location:
4.

Sources Influencing Location:

Routine Sample Location:
5.

Sources Influencing Location:

Routine Sample Location:
6.

Sources Influencing Location:

Report Approved by: [signature] **Date:** 10/08/09

11/5/09