

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH

IN RE:           **LOWER LINE CREEK IMPROVEMENT ASSOCIATION**  
                    Water System No. 1000080

TO:               Ms. Candice Bimemiller-Brinker  
                    Lower Line Creek Improvement Association  
                    709 W. Stuart  
                    Fresno, CA 93704

**CITATION FOR NONCOMPLIANCE**  
**TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION**

**DECEMBER 2012**

**Issued on February 21, 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 California Department of Public Health (hereinafter 'Department') hereby issues a Citation to Lower Line Creek Improvement Association (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: 709 W. Stuart, Fresno, CA 93704) failed

1 to comply with the total coliform Maximum Contaminant Level (MCL) for the month of  
2 December 2012.

3  
4 The Water System operates under a domestic water supply permit issued by the Department  
5 in March of 2010. Lower Line Creek Improvement Association is a transient non-  
6 community water system serving a transient population of approximately 225 persons  
7 during their highest use period which is during the summer months and is considered to be  
8 accessible year round. However, owners are prohibited from using their cabins as year-  
9 round residences. The Water System is therefore classified as a transient non-community  
10 water system.

11  
12 Section 64426.1(b)(2) specifies that a public water system collecting fewer than 40 samples  
13 per month is in violation of the total coliform MCL when more than one sample collected  
14 during any month is total coliform-positive.

15  
16 The Water System is required to collect a minimum of one (1) distribution system  
17 bacteriological samples per quarter. The bacteriological water analysis results submitted by  
18 the Water System reported the presence of total coliform bacteria in five (5) of five (5)  
19 samples collected by the Water System in December 2012. None of the positive samples  
20 showed the presence of fecal coliform or *E. coli* bacteria.

21  
22 Upon receiving the bacteriological monitoring results showing the presence of total  
23 coliform bacteria in one routine sample collected on September 26, 2012, Department staff  
24 contacted the Water System notifying them of the requirement to conduct repeat sampling.  
25 The Department issued Enforcement Letter 03-23-12E-118 on November 19, 2012 for  
26 failure to conduct repeat sampling. On December 9, 2012, Water System staff collected a  
27 total of five repeat samples. **All of the repeat samples showed the presence of total**

1 **coliform bacteria.** None of the repeat samples showed the presence of *E. Coli* or fecal  
2 coliform bacteria. **A Boil Water Order was issued on December 13, 2012.** As of the date  
3 of this citation, no further repeat or routine sampling has been conducted and the Boil Water  
4 Order remains in place. Due to the above-mentioned total coliform positive samples, the  
5 Water System failed the total coliform MCL for the month of December 2012. All water  
6 samples for coliform bacteria collected during 2011 and 2012 are summarized in  
7 Attachment A.

8  
9 The cause of the contamination is unknown since no specific source of contamination has  
10 been identified. In email correspondence on December 13, 2012, Water System staff  
11 reported that it would be a hardship to collect the required bacteriological monitoring  
12 samples. Department staff issued the Boil Water Order, requiring it to remain in place until  
13 disinfection and further testing could demonstrate that the Water System is free from  
14 coliform bacteria.

15  
16 The five routine samples required the month following a month with one or more total  
17 coliform-positive samples were not collected in January 2013.

18  
19 The Groundwater Rule adopted by the Department, effective August 18, 2011, requires the  
20 collection of a sample for bacteriological evaluation from wells serving the system in  
21 response to a coliform positive distribution sample. This requirement was met with the  
22 round of repeat sampling conducted by the Water System on December 9, 2012 in response  
23 to the positive total coliform sampling of September 26, 2012.

1 **ASSOCIATED VIOLATIONS**

2 Section 64424(d) specifies that if a public water system for which fewer than five routine  
3 samples per month are collected has one or more total coliform-positive samples, the water  
4 supplier shall collect at least five routine samples the following month. As of the date of  
5 this citation, the Department has not received any bacteriological monitoring results since  
6 those collected on December 9, 2012.

7  
8 **NOTIFICATION REQUIREMENTS**

9 Section 64426.1(c) requires a public water system to notify the Department and the  
10 consumers of the water system, when a violation of Section 64426.1(b)(1) through (4)  
11 occurs. Notification to the Department shall be by the end of the business day on which the  
12 violation has been determined. If the Department is closed, notification shall be within 24  
13 hours of the determination. The Department was notified on December 11, 2012, in  
14 accordance with the above-referenced section.

15  
16 A Tier 1 Public Notice for violation of paragraph 64426.1(b)(2) shall be given pursuant to  
17 Section 64463.1 and 64465. The Tier 1 Public Notice shall include the mandatory health  
18 effects language from Appendix 64465-A for a total coliform MCL failure associated with a  
19 significant rise in bacterial count.

20  
21 The Water System shall post the public notice provided as Attachment B in conspicuous  
22 locations within the water system. 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.

1 Proof of notification is required. The Water System shall complete Attachment C and return  
2 it to the Department by March 31, 2013.

3

4 **DIRECTIVES**

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

6

7 1. By March 15, 2013, the Lower Line Creek Improvement Association water system  
8 shall provide public notification of the total coliform Maximum Contaminant Level  
9 failure and Boil Water Order by posting the notice in conspicuous locations  
10 throughout the area served by the water system. The Water System is additionally  
11 required to use one or more of the following notification methods in order to reach  
12 persons not likely to be reached by a public posting: publication in a local  
13 newspaper or newsletter distributed to customers, e-mailing the public notice to  
14 water system customers, post the public notice on the internet, or by delivery to each  
15 customer.

16

17 By March 31, 2013, the Water System shall provide proof of public notification of  
18 the total coliform MCL violation by completing Attachment C and returning it to:

19

Betsy S. Lichti, Senior Sanitary Engineer  
Department of Public Health  
Drinking Water Field Operations Branch  
265 W. Bullard Avenue, Suite 101  
Fresno, CA 93704

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24 2. **As soon as facilities can be accessed**, the Water System shall disinfect the wells  
25 and distribution system according the Protocol for Reactivation of Seasonal Water  
26 Systems provided here as Attachment D. The Water System shall also follow  
27 Directives 2 and 3 of the Protocol for Reactivation of Seasonal Water Systems by

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conducting the required bacteriological monitoring described therein. The results shall be reported to the Department at the above address no later than May 10, 2013. The Boil Water Order will remain in place pending the outcome of this bacteriological monitoring.

3. The Water System 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.
4. Whenever the Water System 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.
5. By **March 31, 2013**, the Water System shall complete and submit the enclosed "Positive Total Coliform Investigation" 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 E.

1 **CIVIL PENALTIES**

2 Sections 116650(d) and 116650(e) of the CHSC allow for the assessment of a civil penalty  
3 for failure to comply with requirements of the California Safe Drinking Water Act. Failure  
4 to comply with any provision of this Citation may result in the Department imposing an  
5 administrative penalty of not less than \$100 (one hundred dollars) per day as of the date of  
6 violation of any provision of this Citation.

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2/21/13  
Date

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



BSL/el

- Attachments:
- Attachment A: Summary of Bacteriological Samples collected in 2011 and 2012
  - Attachment B: Boil Water Order Notice
  - Attachment C: Proof of Notification Form
  - Attachment D: Protocol for Reactivation of Seasonal Water Systems
  - Attachment E: Positive Total Coliform Investigation form

# Bacteriological Distribution Monitoring Report

**1000080 Lower Line Creek Imprvmnt Assn**
**Distribution System Freq: 1/Q**

Sample Date	Time	Location	T Coli	E Coli	F Coli	Type	CI2	Violation	Comment
3/31/2011		No Sample - Heavy Snowfall							Heavy snowfall prevented access during first Quarter 2011
6/30/2011		Still Closed for the season							
8/23/2011	12:30	Cabin 86	<1.1	A		Routine			
3/31/2012		No Sample						MR2	5/15/12 Issued 03-23-12E-070
5/7/2012	11:00	Cabin 86	<1.1	A		Routine			
9/26/2012	11:30	Cabin #86	>23	<1.1		Routine		MR5	11/19/12 Issued 03-23-12E-118
12/9/2012	12:35	Cabin 16	P	A		Repeat		MCL	
12/9/2012	13:05	Cabin 82	P	A		Repeat			
12/9/2012	13:21	Cabin 86	P	A		Repeat			
12/9/2012	13:40	Well 2	P	A		Source Repeat			12/13/12 BWO Issued
12/9/2012	14:05	Well 1	P	A		Source Repeat			2/20/13 Issued 03-23-13C-010

## 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	CI2 not reported

Date: December 13, 2012

## **BOIL WATER ORDER**

Este informe contiene información muy importante sobre su agua potable.  
Tradúzcalo o hable con alguien que lo entienda bien.

### **BOIL YOUR WATER BEFORE USING**

**Failure to follow this advisory could result in stomach or intestinal illness.**

The Lower Line Creek Improvement Association water system is presently contaminated with total coliform bacteria. The California Department of Public Health, in conjunction with the Lower Line Creek Improvement Association, is advising consumers to use boiled tap water or bottled water for drinking and cooking purposes as a safety precaution until testing shows that there is no more total coliform bacteria in the water.

*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 is a warning of potential problems.*

**DO NOT DRINK THE WATER WITHOUT BOILING IT FIRST.** Bring all water to a boil, **let it boil for one (1) minute**, and let it cool before using, or use bottled water. Boiled or bottled water should be used for drinking and food preparation **until further notice**. Boiling kills bacteria and other organisms in the water. This is the preferred method to assure that the water is safe to drink.

Do not be alarmed if you experience higher than normal chlorine concentrations in your water supply since increased chlorine residuals are used to disinfect the system when contamination occurs.

We will inform you when tests show no bacteria and you no longer need to boil your water. We anticipate resolving the problem within [estimated time frame] \_\_\_\_\_.

For more information call:

Water System contact: [Name, title, phone & address of responsible utility representative]

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California Department of Public Health – Drinking Water Field Operations Branch- District Office at (559) 447-3300.

*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 notice in a public place or distributing copies by hand or mail.*



RON CHAPMAN, MD, MPH  
Health Officer & Director

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



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 **Lower Line Creek Improvement Association** of the failure to meet the **total coliform bacteria MCL** for the month of **December 2012** and of the necessity to **Boil the Water** 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: March 31, 2013

Total Coliform MCL Failure: December 2012

System Number: 1000080

Citation No.: 03-23-13C-010



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/>



RON CHAPMAN, MD, MPH  
Director & State Health Officer

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



EDMUND G. BROWN JR.  
Governor

**PROTOCOL FOR REACTIVATION OF SEASONAL WATER SYSTEMS**  
**DRINKING WATER FIELD OPERATIONS BRANCH**  
**April 2012**

**1. Disinfection of the Well and Distribution System**

The well shall be disinfected with enough chlorine to provide a chlorine residual of 5 mg/L in all parts of the distribution system. Swimming pool chlorine is not considered acceptable for disinfection purposes. Chlorine must be certified under NSF Standard 60 for use in drinking water systems. Use the following chart for determining how much chlorine to use to achieve a 5 mg/L residual:

Volume to be treated (gallons):	1,000	2,000	5,000	10,000	25,000	50,000	100,000	250,000
<b>Amount of Chlorine Solution to Use Based on Solution Strength</b>								
<b>5% Chlorine solution</b>	1 pint	1 quart	0.5 gal	1 gal	2.5 gal	5 gal	10 gal	25 gal
<b>12.5% Chlorine solution</b>	1 cup	1 pint	1 quart	0.5 gal	1 gal	2 gal	4 gal	10 gal

The chlorine shall be held in the distribution system for at least 24 hours. The system should then be flushed till no chlorine is detectable in the system.

**2. Bacteriological Monitoring**

Following the disinfection process and flushing of the distribution system, water samples shall be collected directly from each well discharge and from the distribution system at the five routine sample sites to be analyzed for total coliform bacteria. The samples should be labeled as "special" samples. The disinfection and sampling process shall be repeated until samples from both the well and distribution system are negative for total coliform bacteria. Any distribution sample shall be collected at locations identified as "routine" sample sites on the system's approved Bacteriological Sample Siting Plan.

**3. Ongoing Bacteriological Monitoring**

The first routine samples to be collected for compliance with the monitoring requirements of the Total Coliform Rule shall be collected one week after the facility is open to the public. This monitoring shall continue either monthly or quarterly as specified in the approved Bacteriological Sample Siting Plan. All results shall be reported to the Department at the following address by the 10<sup>th</sup> day of the month following sample collection:

Betsy S. Lichti, P.E.  
Senior Sanitary Engineer, Fresno District  
California Department of Public Health  
265 W. Bullard Avenue, Suite 101  
Fresno, CA 93704

If the water system has any questions regarding the procedure outlined above with regards to the activation of their seasonal water systems, they may contact the CDPH Drinking Water Field Operations Branch, Fresno District staff at (559) 447-3300.

**POSITIVE TOTAL COLIFORM INVESTIGATION**  
**Simple Well with Pressure Tank Systems**

Attachment E

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>	
Operator in Responsible Charge (ORC)		Address	
Person that collected TC samples if different than ORC		Telephone #	
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 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: \_\_\_\_\_