Citation No. 03-11-14C-001

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

IN RE: **BOOTJACK STOMPERS HALL**
Water System No. 2204090

TO: Ms. Phyllis Spooner, Board President
Bootjack Stompers Hall
P.O. Box 2071
Mariposa, CA 95338

CC: Mariposa County Environmental Health Department

CITATION FOR NONCOMPLIANCE
TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION
November 2013

Issued on January 23, 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 thereunder.

VIOLATION

The Drinking Water Field Operations Branch of the California Department of Public Heath (hereinafter 'Department') hereby issues a citation to the Bootjack Stompers Hall (hereinafter 'BSH'), for failure to comply with Section 116555(a)(1) of the CHSC and

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Section 64426.1(b)(2) of Title 22, California Code of Regulations (CCR). Specifically, the BSH (mailing address: P.O. Box 2071 Mariposa, CA 95338) failed to comply with the total coliform Maximum Contaminant Level (MCL) for the month of November 2013.

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

As a transient non-community water system, the BSH is required to collect a minimum of one distribution system bacteriological samples per quarter. On November 12, 2013, the BSH collected one quarterly routine distribution system sample and a well head sample. The routine sample tested positive for total coliform bacteria but negative for E.coli bacteria. The well head sample tested positive for both total coliform and E. coli bacteria. The Department was not notified of the routine sample testing positive for bacteria until November 21, 2013. On November 19, 2013, only two of the required four repeat samples were collected. The well head designated as a one of the two repeat samples tested positive for total coliform bacteria. The laboratory notified both the BSH and the Department on November 21, 2013. The Department issued a Boil Water Order on November 21, 2013. A well cycle test was performed on December 4, 2013. Two of the five samples tested positive for total coliform bacteria with one sample taken after 5 minutes of pumping testing positive for fecal coliform bacteria (1.1 MPN/100 ml). The Boil Water Order was in effect until another well cycle test was conducted on January 6, 2014. All five samples collected at the well head were negative for total coliform bacteria. Due to the three total coliform positive samples collected in the month of November 2013, the BSH failed the Total Coliform Rule for November 2013. A summary of the samples collected in November 2013 is included in Attachment A.

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The cause of the contamination is thought to be from recent construction work done to seal the crack on the cement slab surrounding the well head.

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

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) 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 not notified in accordance with the above-referenced section.

Public notification for violations of Sections 64426.1(b)(2) shall be in accordance with Sections 64464.3 and 64467, including the mandatory language.

Section 64464.3(b) subsections (b)(2) (A) and (B) allow nontransient noncommunity or transient noncommunity water systems to use notification methods outlined in Section 64464.1(a)(2) or (3) and Section 64464.1(a)(4) & (5) (i.e., Methods 2 [daily newspaper] or 3 [weekly newspaper] and Methods 4 [mail delivery] or 5 [hand delivery]). The Department finds that the Water System does not have the means to conduct public notification using Methods 2, 3, 4, and 5, therefore, Method 6 (Expedited Hand Delivery) or Method 7 (Continuous Posting) may be implemented. The Department hereby waives public notification by Methods 2, 3, 4, and 5, since the BSH is unable to utilize these methods, and approves the use of Method 7 (Continuous Posting) for public notification.

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Attachment A is a copy of a public notice that the BSH used to notify its consumers. This notice fulfills the total coliform MCL notification requirements and includes the mandatory language. The attached notice was posted inside the Stompers Hall.

Proof of notification is required. The Water System shall complete Attachment B and return it to the Department by **February 15, 2014.**

DIRECTIVES

The Bootjack Stompers Hall is hereby directed to take the following actions:

1. By **February 15, 2014**, the BSH shall provide proof of posting of the total coliform MCL violation notification using Attachment C.

2. By **February 15, 2014**, the BSH shall prepare and submit an incident report. The information contained in the report should detail the events leading to the coliform positive samples as well as corrective actions made since the coliform positive samples were collected. See Attachment D.

3. For the next three months, beginning in the month of February, the BSH is required to collect a monthly bacteria sample at distribution sytem. **By May 10, 2014**, a determination will be made by the Department whether any further corrective action is required.

4. For the next three months, beginning in the month of February, the BSH is required to collect a monthly bacteria sample at the well. **By May 10, 2014**, a determination will be made by the Department whether any further corrective action is required.

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5. By **February 15, 2014**, the BSH shall submit a written response to the Department acknowledging that it has received this citation and will comply with all the directives listed herein.

6. All items requested by this Citation shall be submitted to:

Kassy D. Chauhan, P.E.
Senior Sanitary Engineer
California Department of Public Health
Drinking Water Field Operations Branch
265 W. Bullard Avenue, Suite 101
Fresno, CA 93704

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FURTHER ENFORCEMENT ACTIONS

Section 116270, Division 104, Part 12, Chapter 4 of the CHSC authorizes the Department to: issue additional citations with assessment of penalties if the public water system continues to fail to correct a violation identified in a citation; take action to suspend or revoke a permit that has been issued to a public water system if the system has violated applicable laws or regulations or has failed to comply with orders of the Department; and petition the superior court to take various enforcement measures against a public water system that has failed to comply with orders of the Department. The Department does not waive any further enforcement action by issuance of this citation.

PARTIES BOUND

This citation shall apply to and be binding upon Bootjack Stompers Hall, its officers, directors, agents, employees, contractors, successors, and assignees.

SEVERABILITY

The directives of this citation are severable, and Bootjack Stompers Hall comply with each and every provision thereof, notwithstanding the effectiveness of any other provision.

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CIVIL PENALTY

Section 116650, subsection (d) and (e) of the CHSC allow for the assessment of a civil penalty for the failure to comply with the requirements of the Safe Drinking Water Act. Failure to comply with any Directive of this Citation may result in the Department imposing an administrative penalty of not less than $200 (two hundred dollars) for each day that the violation continues beyond the date set for correction in this Citation.

The Department does not waive any further enforcement action by issuance of this citation, and expressly reserves the right to issue a citation with penalties for the violations on which the Directives of this citation are based.

1-23-14
Date

Kassy D. Chauhan
Kassy D. Chauhan, P.E.
Senior Sanitary Engineer
Merced District
Southern California Branch
DRINKING WATER FIELD OPERATIONS BRANCH

Attachments:

Attachment A:	Summary of Bacteriological Samples collected in November 2013
Attachment B:	Tier 2 Public Notification
Attachment C:	Proof of Notification
Attachment D:	Positive Total Coliform Investigation form

KDC/mlm/2204090/Cit 03-11-14C-001-2204090-22.doc

Bacteriological Distribution Monitoring Report

2204090 Bootjack Stompers Hall

Distribution System Freq: 1/Q

Sample Date	*Location*	*T Coli*	*E Coli*	*F Coli*	*HPC*	*Type*	*Cl2*	*Violation*	*Comment*
11/12/2013	Kitchen Sink	P	A			Routine			
11/19/2013	Well	P	A			Source R		MCL	*GWR satsified*
11/19/2013	Kitchen Sink	A	A			Repeat			

Violation Key

MCL	Exceeds the maximum contaminant level
MR1	No monthly sample for the report month
MR2	No quarterly sample for the report month
MR3	Incorrect number of routine samples for the report month
MR4	Did not collect 5 routine samples for previous month's positive sample
MR5	Incorrect number of repeat samples as follow-up to a positive sample
MR6	No source sample
MR7	No summary report submitted
MR8	Other comments and/or info.

Bootjack Stompers Hall

2204090 *Source Monitoring Freq:*

Sample Date	*Time*	*Source*	*T Coli*	*E Coli*	*F Coli*	*HPC*	*Turbidity*	*Violation*	*Comment*
11/12/2013	9:15	Well	P	P					
11/19/2013	8:20	Well	P	A					
12/4/2013	#####	Well cycle test	1.1		<1.1				*startup*
12/4/2013	#####	Well cycle test	2.2		1.1				*1 minute*
12/4/2013	#####	Well cycle test	<1.1		<1.1				*5 minutes*
12/4/2013	#####	Well cycle test	<1.1		<1.1				*15 minutes*
12/4/2013	#####	Well cycle test	<1.1		<1.1				*30 minutes*
1/6/2014		Well cycle test	<1.0	<1.0					*30 minutes*
1/6/2014		Well cycle test	<1.0	<1.0					*15 minutes*
1/6/2014		Well cycle test	<1.0	<1.0					*5 minutes*
1/6/2014		Well cycle test	<1.0	<1.0					*1 minute*
1/6/2014		Well cycle test	<1.0	<1.0					*start up*

Attachment B

Date: November 21, 2013

BOIL WATER NOTICE

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.

Due to a recent event, the California Department of Public Health in conjunction with the Mariposa County Health Department, and Bootjack Stompers Hall Water System are advising customers of Bootjack Stompers Hall to use boiled tap water or bottled water for drinking and cooking purposes as a safety precaution.

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.

Optional alternative to include for prolonged situations where it fits.

- An alternative method of disinfection for residents that are not able to boil their water is to use fresh, unscented, liquid household bleach. To do so, add 8 drops (or 1/8 teaspoon) of bleach per gallon of clear water or 16 drops (or 1/4 teaspoon) per gallon of cloudy water, mix thoroughly, and allow it to stand for 30 minutes before using. A chlorine-like taste and odor will result from this disinfection procedure and is an indication that adequate disinfection has taken place.
- Water disinfection tablets may also be used by following the manufacturer's instructions.

We will inform you when tests show that water is safe to drink and you no longer need to boil your water. We anticipate resolving the problem within the next 7 days.

For more information call:
Water Utility contact: Phyllis Spooner (209) 966-7579.
California Department of Public Health – Drinking Water Field Operations Branch- District Office at (559) 447-3300.
Local Environmental Health Jurisdiction: Mariposa County at (209) 966-2220.

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.

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

RON CHAPMAN, MD, MPH
Director & State Health Officer

EDMUND G. BROWN JR.
Governor

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 **Boojack Stompers Hall** of the failure to meet the **Total Coliform Rule Maximum Contaminant Level (MCL)** requirement for **November 2013** as directed by the Department.

Notification was made on _____ by
(date)
hand delivering / mailing / posting / publishing the 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: February 15, 2014
TCR MCL Violation
System Number: 2204090
Citation No.: 03-11-14C-001

Attachment D

POSITIVE TOTAL COLIFORM INVESTIGATION

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:		**PWSID 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. Are there any connections to the raw water piping that could be cross-connections? (describe all connections in comments)					
h. Is the wellhead secured to prevent unauthorized access?					
i. To what treatment plant (name) does this well pump?					
j. How often do you take a raw water total coliform (TC) test?					
k. Provide the date and result of the last TC test at this location					

TREATMENT	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS
1. If you provide continuous chlorination treatment, was there any equipment failure? Did the distribution system maintain a chlorine residual?					
a. Was emergency chlorination initiated?					
b. If yes, for how long?					

POSITIVE TOTAL COLIFORM INVESTIGATION

TREATMENT	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS
2. Did the distribution system lose chlorine residual?					
3. If you do not provide routine chlorination, was emergency chlorination initiated?					
If Yes, when?					
4. Inspect each point where disinfectant is added and report					
a. For hypochlorinator systems					
1. Is the disinfectant feed pump feeding disinfectant?					
2. What is the feed rate of disinfectant in ml/minute					
3. What is the concentration of the disinfectant solution being fed? (percent, or mg/l of chlorine as HOCl)					
4. By what method was the concentration of solution determined? (ex: measured, manufacturer's literature)					
5. What is the age (days) of the disinfectant solution currently being used at this treatment location?					
6. What is the raw water flow rate at the point where disinfectant is added in gallons per minute?					
7. What is the **total** chlorine residual measured immediately downstream from the point of application?					
8. What is the **free** chlorine residual measured immediately downstream from the point of application?					
9. What is the contact time in minutes from the point of disinfectant application to the first customer?					

STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
1. Is each tank locked to prevent unauthorized access?					
2. Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank?					
3. Is the overflow on each tank screened?					
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?					
5. Is the roof/cover of the tank sealed and free of any leaks?					
6. Is the tank above ground or buried.					
a. If buried or partially buried, are there provisions to direct surface water away from the site.					
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?					
8. Does the tank "float" on the distribution system or are there separate inlet and outlet					

POSITIVE TOTAL COLIFORM INVESTIGATION

STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
lines?					
9. What is the **measured** chlorine residual (total/free) of the water exiting the storage tank **today**?					
10. What is the volume of the storage tank in gallons?					
11. Is the tank baffled?					
12. Prior to the TC+ or EC+, what was the previous date item #1-7 were checked and documented?					

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?	

BOOSTER STATION **SYSTEM RESPONSES**

1. Do you have a booster pump? How many?

2. Do you have a standby booster pump if the main pump fails?

3. Prior to bacteriological quality problems, did your booster pump fail?

4. Do you notice standing water, leakage at the booster station?

POSITIVE TOTAL COLIFORM INVESTIGATION

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 the weather conditions at the time of the positive sample (rainy, windy, sunny),				

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?	

POSITIVE TOTAL COLIFORM INVESTIGATION

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:** _____