

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH

IN RE: **BEAR MOUNTAIN PIZZA**  
Water System No. 1000528

TO: Ms. Patti Grove  
Bear Mountain Pizza  
P. O. Box 535  
Squaw Valley, CA 93675-0535

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

**December 2012**

**Issued on February 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 California Department of Public Health (hereinafter 'Department') hereby issues a Citation to Bear Mountain Pizza (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: P.O. Box 535, Squaw Valley, CA 93675-0535) failed to comply

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

3  
4 The Water System operates under a domestic water supply permit issued by the Department  
5 in June of 2008. Bear Mountain Pizza is a transient non-community water system serving a  
6 population of approximately twenty-five (25) transient persons. The Department's records  
7 show that the operating season for the Water System is year round.

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

12  
13 The Water System is required to collect a minimum of one (1) distribution system  
14 bacteriological sample per quarter. The bacteriological water analysis results submitted by  
15 the Water System reported the presence of total coliform bacteria in six (6) of seven (7)  
16 samples, including one from the well, collected by the Water System in December 2012.  
17 None of the positive samples showed the presence of fecal coliform or *E. coli* bacteria.

18  
19 The following table summarizes the bacteriological monitoring conducted during the  
20 months of December 2012 and January 2013.

Collection Date	Number of Samples	Sample Type	Number TC positive	Number E. Coli positive
12/4/2012	1	Routine	1	0
12/11/2012	5	Repeat (including well)	5	0
12/13/2012	5	Well Cycle Test	0	0
12/14/2012	1	Repeat	0	0

1	1/3/2013	5	Routine + Source	1(to be replaced)	0
2	1/4/2013	1	Replacement	0	0

3  
4 Due to the above-mentioned total coliform positive samples, the Water System failed the  
5 total coliform MCL for the month of December 2012. All water samples for coliform  
6 bacteria collected during 2011, 2012 and 2013 are summarized in Attachments A and B.

7  
8 The cause of the contamination is unknown since no specific source of contamination has  
9 been identified. The well and distribution system were disinfected on December 12, 2012.

10  
11 The five routine samples required the month following a month with one or more total  
12 coliform-positive samples were collected on January 3<sup>rd</sup> and January 4<sup>th</sup>, 2013, and were  
13 negative for total coliform bacteria. The Department allowed replacement of one positive  
14 sample collected on January 3, 2013 because another sample from that sampling site on the  
15 same day was negative for total coliform bacteria. The replacement sample collected the  
16 following day, January 4, 2013, from the same sampling site was also negative for total  
17 coliform bacteria.

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 11, 2012.

23  
24 **NOTIFICATION REQUIREMENTS**

25 Section 64426.1(c) requires a public water system to notify the Department and the  
26 consumers of the water system, when a violation of Section 64426.1(b)(1) through (4)  
27 occurs. Notification to the Department shall be by the end of the business day on which the

1 violation has been determined. If the Department is closed, notification shall be within 24  
2 hours of the determination. The Department was notified on December 12, 2012, in  
3 accordance with the above-referenced section.

4  
5 A Tier 2 Public Notice for violation of paragraph 64426.1(b)(2) shall be given pursuant to  
6 Section 64463.4 and 64465. The Tier 2 Public Notice shall include the mandatory health  
7 effects language from Appendix 64465-A for a total coliform MCL failure.

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

16  
17 Notification of the public was conducted on December 13, 2012, advising each consumer of  
18 the failure of the total coliform MCL during the month of December 2012. A copy of the  
19 notice that was posted for each consumer is provided as Attachment C. Proof of  
20 Notification is provided as Attachment D.

21  
22 **DIRECTIVES**

23  
24 The Water System is hereby directed to take the following action:

- 25  
26 1. By **March 15, 2013**, the Water System shall complete and submit the enclosed  
27 “Positive Total Coliform Investigation” form to the Department that describes the

1 incident and all corrective actions taken, and the results of the investigation. The  
2 appropriate investigation report is provided as Attachment E.

3  
4 **CIVIL PENALTIES**

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

10  
11  
12  
13 2/20/13  
14 Date

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



19  
20  
21  
22  
23  
24 BSL/el

25 **Attachments:**

- 26 Attachment A: Bacteriological Distribution Monitoring Report for 2011-2013  
27 Attachment B: Source Bacteriological Monitoring Report for 2011-2013  
Attachment C: Public Notice  
Attachment D: Proof of Notification Form  
Attachment E: Positive Total Coliform Investigation Form

# Bacteriological Distribution Monitoring Report

1000528

BEAR MOUNTAIN PIZZA

Distribution System Freq: 1/Q

Sample Date	Time	Location	T Coli	E Coli	F Coli	Type	Cl2	Violation	Comment
3/22/2011	9:10	Middle Sink	6.9	<1.1	<1.1	Routine			
3/28/2011	8:15	Middle Sink	<1.1			Repeat			
3/28/2011	8:15	Prep Sink	<1.1			Repeat			
3/28/2011	8:15	Squaw Valley - Bathroom	<1.1			Repeat			
3/28/2011	8:15	Well	<1.1			Source Repeat			
4/30/2011		WS in process of sampling							WS staff spoke with engineer and will take 5 routine follow ups in May.
5/22/2011	8:45	Middle Sink	<1.1	A		Routine			
5/23/2011	8:45	Bath 1	<1.1	A		Other			
5/23/2011	8:45	Bath 2	<1.1	A		Other			
5/23/2011	8:45	Hand Wash Sink	1.1	<1.1		Other			
5/23/2011	8:48	Prep	<1.1	A		Routine			
5/26/2011	8:00	Handwash	<1.1			Repeat			
5/26/2011	8:00	Middle	<1.1			Repeat			
5/26/2011	8:00	Prep	<1.1			Repeat			
5/26/2011	8:00	Well	<1.1			Source Repeat			
6/22/2011	9:00	Bath	<1.1			Routine			
6/22/2011	9:00	Hand Wash	<1.1			Routine			
6/22/2011	9:00	Middle	<1.1			Routine			
6/22/2011	9:00	Prep	<1.1			Routine			
8/24/2011	8:30	Squaw Valley Middle Sink	<1.1	A		Routine			
12/1/2011	8:30	Middle Sink	<1.1			Routine			
3/31/2012		No Sample						MR2	5/9/12 Issued 03-23-12E-067
4/24/2012	8:00	Middle Sink	<1.1			Routine			
8/21/2012		Middle Sink	<1.1			Routine			
12/4/2012	7:00	Middle sink	1.1		<1.1	Routine			
12/11/2012	7:30	Hand	5.1	<1.1		Repeat			
12/11/2012	7:30	Middle Sink	>23.0	<1.1		Repeat		MCL	12/12/12 T.Thomas to disinfect well and distribution
12/11/2012	7:30	Veggie	2.2	<1.1		Repeat			
12/11/2012	7:30	Well	9.2	<1.1		Source Repeat			
12/11/2012	7:30	Women's Bath	3.6	<1.1		Repeat			
12/14/2012	17:20	BMP Middle Sink	<1.1	A		Repeat			Well was disinfected 12/12/12
1/3/2013	11:00	BMP Well	<1.1	A		Source			
1/3/2013	11:05	BMP HB @ Tank	<1.1	A		Routine			
1/3/2013	11:10	BMP Handwash Station	<1.1	A		Routine			
1/3/2013	11:15	BMP Middle Sink	<1.1	A		Routine			
1/3/2013	11:30	BMP Middle Sink	1.1	<1.1		Routine			Test 2 - replaced with permission 1-4-13 sample
1/4/2013	10:15	BMP Middle Sink	A	A		Routine			This is a replacement sample

# Source Bacteriological Monitoring Report

**1000528 BEAR MOUNTAIN PIZZA**

<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>
3/28/2011	8:15	Well	Well	MPN	<1.1					
12/11/2012	7:30	Well	Well	MPN	9.2	<1.1				Source Repeat after positives
12/13/2012	16:59	Well Start up	Well Cycle	MPN	<1.1	A				
12/13/2012	17:00	Well - 1min	Well Cycle	MPN	<1.1	A				
12/13/2012	17:05	Well - 5 min	Well Cycle	MPN	<1.1	A				
12/13/2012	17:15	Well 15 min	Well Cycle	MPN	<1.1	A				
12/13/2012	17:30	Well 30 min.	Well Cycle	MPN	<1.1	A				
1/3/2013	11:00	BMP Well	Well	MPN	<1.1	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.

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**Bear Mountain Pizza Has Levels of Coliform Bacteria  
Above the Drinking Water Standard**

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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 seven samples to test for the presence of coliform bacteria in December 2012. Six of these samples showed the presence of total coliform bacteria. The standard is that no more than one 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.



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 D

**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 **Bear Mountain Pizza** of the failure to meet the **total coliform bacteria MCL** for the months of **December 2012** as directed by the Department.

Notification was made on 12/13/12 by Bear Mt Pizza  
(12/13/12)

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



[Signature]  
Signature of Water System Representative  
PATRIC GROVE  
Printed Name  
12/17/12  
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 15, 2013  
Total Coliform MCL Failure: December 2012  
System Number: 1000528  
Citation No.: \_\_\_\_\_



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/>

**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>	
<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

## 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: \_\_\_\_\_