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2  
3 STATE OF CALIFORNIA  
4 WATER RESOURCES CONTROL BOARD  
5 DIVISION OF DRINKING WATER

6 IN RE: TRANQUILLITY IRRIGATION DISTRICT  
7 Water System No. 1010030

8 TO: Mr. Danny Wade, Manager  
9 Tranquillity Irrigation District  
10 P.O. Box 487  
11 Tranquillity, CA 93668

12 CC: Fresno County Division of Environmental Health

13  
14 CITATION FOR NONCOMPLIANCE  
15 TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION

16 May 2014

17 Issued on August 14, 2014

18  
19 Section 116650, Chapter 4, Part 12, Division 104 of the California Health and Safety Code  
20 (CHSC), authorizes the issuance of a citation for failure to comply with a requirement of the  
21 California Safe Drinking Water Act, or any regulation, standard, permit, or order issued  
22 hereunder.

23 **VIOLATION**

24 The Drinking Water Field Operations Branch of the State Water Resources Control Board-  
25 Division of Drinking Water (hereinafter 'Division') and the Deputy Director for the  
26 Division (hereinafter 'Deputy Director') hereby issues a Citation to Tranquillity Irrigation  
27 District (hereinafter 'District'), for failure to comply with Section 116555(a)(1) of the

1 CHSC and Section 64426.1(b)(2) of Title 22, California Code of Regulations (CCR).  
 2 Specifically, the District (mailing address: P.O. Box 487, Tranquillity, CA 93668) failed to  
 3 comply with the total coliform Maximum Contaminant Level (MCL) for the month of May  
 4 2014.

5  
 6 Section 64426.1(b)(2) specifies that a public water system collecting fewer than 40 samples  
 7 per month is in violation of the total coliform MCL when more than one sample collected  
 8 during any month is total coliform-positive.

9  
 10 The District is required to collect a minimum of two (2) distribution system bacteriological  
 11 samples per month. The bacteriological water analysis results submitted by the District  
 12 reported the presence of total coliform bacteria in five (5) of twenty-seven (27) samples  
 13 collected by the District in May 2014. None of the positive samples showed the  
 14 presence of fecal coliform or *E. coli* bacteria.

15  
 16 The following table summarizes the bacteriological monitoring conducted during the  
 17 months of May and June 2014.

18	19 Collection Date	Number of Samples	Sample Type	Number TC positive	Number E. Coli positive
20	5/19/2014	1	Routine	1	0
21	5/20/2014	3	Repeat	1	0
22	5/21/2014	5	Repeat	1	0
23	5/22/2014	5	Repeat	1	0
24	5/23/2014	5	Routine	1	0
25	5/27/2014	3	Repeat	0	0
26	6/30/2014	5	Routine	0	0

1 Upon being informed of the presence of total coliform bacteria in one routine sample  
2 collected on May 19, 2014, District staff collected a total of three (3) repeat samples on  
3 May 20, 2014. The proper number of repeat samples were not collected. Both Well 6 and  
4 Well 7 were not sampled on May 20, 2014 and hence the District failed to follow the  
5 Groundwater Rule. One (1) of the repeat samples showed the presence of total coliform  
6 bacteria. Additional repeat samples were collected at five locations including Well 6 and  
7 Well 7, on May 21, 2014, and one (1) distribution site was positive for total coliform  
8 bacteria. A set of five (5) repeat samples were collected on May 22, 2014. One (1) of the  
9 repeat samples was positive for total coliform bacteria. Additional repeat samples were  
10 collected at three locations on May 27, 2014 and were negative for total coliform bacteria.  
11 Due to the above-mentioned total coliform positive samples, the District failed the total  
12 coliform MCL for the month of May 2014. All water samples for coliform bacteria  
13 collected during May and June 2014 are summarized in Attachment A.

14  
15 The cause of the contamination is unknown since no specific source of contamination has  
16 been identified. However, the repeat samples taken in May 2014 following the first initial  
17 positive sample for total coliform are from Site 3. Well 6 and 7 did not show the presence  
18 of total coliform.

19  
20 The five routine samples required the month following a month with one or more total  
21 coliform-positive samples were collected in June 2014 and all were absent for total  
22 coliform.

23  
24 The above violation is classified as a non-continuing violation.

25  
26 The Groundwater Rule adopted by the Division, effective August 18, 2011, requires the  
27 collection of a sample for bacteriological evaluation from wells serving the system in

1 response to a coliform positive distribution sample. This requirement was met with the  
2 round of repeat sampling conducted by the Water System on May 21, May 22, and May 23  
3 of 2014.

#### 4 5 **ASSOCIATED VIOLATIONS**

6 Additionally, the District has failed to comply with the following Section of Title 22, CCR:

7  
8 Section 64534.4 (a) requires Community and nontransient noncommunity water systems that  
9 use chlorine or chloramines shall measure the residual disinfectant levels at the same points  
10 in the distribution system and at the same time as total coliforms are sampled, as specified  
11 in section 64421.

#### 12 13 **NOTIFICATION REQUIREMENTS**

14 Section 64426.1(c) requires a public water system to notify the Division and the consumers  
15 of the water system, when a violation of Section 64426.1(b)(1) through (4) the total  
16 coliform MCL occurs. Notification to the Division shall be by the end of the business day  
17 on which the violation has been determined. If the Division is closed, notification shall be  
18 within 24 hours of the determination. The Division was notified on May 21, 2014 in  
19 accordance with the above-referenced section.

20  
21 A Tier 2 Public Notice for violation of paragraph 64426.1(b)(2) shall be given pursuant to  
22 Section 64463.4 and 64465. The Tier 2 Public Notice shall include the mandatory health  
23 effects language from Appendix 64465-A for a total coliform MCL failure.

24  
25 Section 64463.4 allows community water systems to use mail or direct delivery to each  
26 customer and the use of one or more of the following methods: publication in a daily or  
27 weekly newspaper, posting the public notice in a conspicuous public place within the water

1 system or on the internet, or by delivery to community organizations. The Tier 2  
2 notification methods are included Attachment B along with instructions on completing the  
3 public notice.

4  
5 The District shall either mail or conduct direct delivery of the public notice to all customers  
6 served within the general service area. Section 116450(g) requires that upon receipt of  
7 notification from a public water system, schools must notify school employees, students,  
8 and parents (if the students are minors), residential rental property owners or managers  
9 (including nursing homes and care facilities) must notify their tenants and business property  
10 owners, managers or operators must notify employees of businesses located on the property.  
11 These secondary notification requirements are included in the public notice. The Division  
12 hereby waives public notification by newspaper, posting or delivery to community  
13 organizations.

14  
15 Notification of the public was conducted on May 27, 2014 by mail, advising each  
16 consumer/customer of the failure of the total coliform MCL during the month of May 2014.  
17 A copy of the notice that was mailed to each customer is provided as Attachment B. Proof  
18 of Notification is provided as Attachment C.

19  
20 **DIRECTIVES**

21 The District is hereby directed to take the following actions:

- 22
- 23 1. By **September 15, 2014**, the District shall complete and submit the enclosed  
24 “Positive Total Coliform Investigation” form to the Division that describes the  
25 incident and all corrective actions taken, and the results of the investigation. The  
26 appropriate investigation report is provided as Attachment D.

27

1 2. The chlorine residual must be measured and reported at the same time and  
2 location(s) that the bacteriological sample(s) are collected. The residual(s) should  
3 be provided to the Division along with the bacteriological laboratory analysis.  
4

5  
6 **CIVIL PENALTIES**

7 Sections 116650(d) and 116650(e) of the CHSC allow for the assessment of a civil penalty  
8 for failure to comply with requirements of the California Safe Drinking Water Act. Failure  
9 to comply with any provision of this Citation may result in the Division imposing an  
10 administrative penalty of not less than \$100 (one hundred dollars) per day as of the date of  
11 violation of any provision of this Citation.  
12

13  
14  
15 8/14/14  
16 Date

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

- 18  
19 BSL/MH  
Attachments:  
20 Attachment A: Summary of Bacteriological Samples collected in March, April, May 2014  
21 Attachment B: Copy of the Public Notice  
22 Attachment C: Copy of the Proof of Notification Form  
23 Attachment D: Investigation Report for Bacteriological MCL Failure form  
24  
25  
26  
27

# Bacteriological Distribution Monitoring Report

**1010030 Tranquility Irrigation District**
*Distribution System Freq: 2/M*

Sample Date	Time	Location	T Coli	E Coli	F Coli	Type	Cl2	Violation	Comment
5/19/2014	13:50	Site 1	P	A		Routine			
5/20/2014	13:48	Site 1	A	A		Repeat			
5/20/2014	13:59	Site 2	A	A		Repeat			
5/20/2014	14:16	Site 3	P	A		Repeat			
5/21/2014	12:40	Site 1	A	A		Repeat			
5/21/2014	13:02	Site 2	A	A		Repeat			
5/21/2014	13:23	Site 3	P	A		Repeat			
5/21/2014	13:44	well 6	A	A		Source Repeat			
5/21/2014	14:05	well 7	A	A		Repeat			
5/22/2014	13:00	well 6	A	A		Source Repeat			
5/22/2014	13:16	Well 7	A	A		Repeat			
5/22/2014	13:33	Site 3	P	A		Repeat			
5/22/2014	13:50	Site 2	A	A		Repeat			
5/22/2014	14:13	Site 1	A	A		Repeat			
5/23/2014	13:21	well 7	A	A		Repeat			
5/23/2014	13:36	Well 6	A	A		Source Repeat			
5/23/2014	13:55	site 3	P	A		Repeat			
5/23/2014	14:15	Site 2	A	A		Repeat			
5/23/2014	14:33	Site 1	A	A		Repeat			
5/27/2014	13:21	Site 2	A	A		Repeat			
5/27/2014	13:46	site 3	A	A		Repeat			
5/27/2014	14:02	Site 1	A	A		Repeat			
6/30/2014		5 samples	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.

## **COPY** Tranquillity Irrigation District 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 26 samples to test for the presence of coliform bacteria in May 19-23, 2014. 5 (five) 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?

We increased the amount of chlorine being injected into the system and we will continue to pull samples until we receive an all clear on the samples.

For more information, please contact Rod.Wade at 559-698-7225 or PO Box 487 Tranquillity Ca 93668.

*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 Tranquillity Irrigation District.

Date distributed: 5-27-14.



RON CHAPMAN, MD, MPH  
Health Officer & Director

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

ATTACHMENT C



EDMUND G. BROWN JR.  
Governor

**COPY**

ATTACHMENT \_\_\_\_\_

**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 **Tranquillity Irrigation District** of the failure to meet the **total coliform bacteria MCL** for the month of **May 2014** as directed by the Department.

Notification was made on May 27, 2014 by \_\_\_\_\_  
(date)

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

Evelyn Reun  
Signature of Water System Representative

Liz Reeves  
Printed Name

5-27-14  
Date

**RECEIVED**  
MAY 28 2014  
BY: \_\_\_\_\_

**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: June 10, 2014  
Total Coliform MCL Failure: May 2014  
System Number: 1010030  
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

Attachment D

## Simple Well with Pressure Tank Systems

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>Operator in Responsible Charge (ORC)</b>		<b>Telephone #</b>	
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: \_\_\_\_\_