

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**STATE OF CALIFORNIA**  
**WATER RESOURCES CONTROL BOARD**  
**DIVISION OF DRINKING WATER**

**TO:** Shady Lakes Mobile Home Park  
3342 Shady Lawn Drive  
Duarte, CA 91010  
  
Water System No. 1000244

**Attn:** Don Myers

**CITATION FOR VIOLATION OF CALIFORNIA CODE OF REGULATIONS, TITLE 22,  
SECTION 64426.1 (b) (2) - TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL**

**December 2014 and January 2015**

**CITATION NO. 03-23-15C-012**

**Issued on March 23, 2015**

Section 116650 of the California Health and Safety Code authorizes the issuance of a citation to a public water system for violation of the California Safe Drinking Water Act (Health and Safety Code, Division 104, Part 12, Chapter 4, commencing with Section 116270) (hereinafter "California SDWA"), or any regulation, standard, permit or order issued or adopted thereunder.

The State Water Resources Control Board, acting by and through its Division of Drinking Water (hereinafter "Division") and the Deputy Director for the Division (hereinafter "Deputy Director"), hereby issues a citation to the Shady Lakes Mobile Home Park Water System (hereinafter, Water System) (mailing address: 3342 Shady Lawn Drive, Duarte, CA

29 91010) for violation of California Code of Regulations (CCR), Title 22, Section 64426.1  
30 subsections (b)(2).

31

32

**APPLICABLE AUTHORITIES**

33

**Section 116650 of California Health and Safety Code provides:**

34

(a) If the Division determines that a public water system is in violation of this chapter or  
35 any regulation, permit, standard, citation, or order issued or adopted thereunder, the  
36 Division may issue a citation to the public water system. The citation shall be served upon  
37 the public water system personally or by certified mail. Service shall be deemed effective  
38 as of the date of personal service or the date of receipt of the certified mail. If a person to  
39 whom a citation is directed refuses to accept delivery of the certified mail, the date of  
40 service shall be deemed to be the date of mailing.

41

(b) Each citation shall be in writing and shall describe the nature of the violation or  
42 violations, including a reference to the statutory provision, standard, order, citation, permit,  
43 or regulation alleged to have been violated.

44

(c) A citation may specify a date for elimination or correction of the condition constituting  
45 the violation.

46

(d) A citation may include the assessment of a penalty as specified in subdivision (e).

47

(e) The Division may assess a penalty in an amount not to exceed one thousand dollars  
48 (\$1,000) per day for each day that a violation occurred, and for each day that a violation  
49 continues to occur. A separate penalty may be assessed for each violation.

50

**California Code of Regulations, Title 22, Section 64426.1, subsections (a) and (b)  
51 provide, in relevant part:**

52

**§64426.1. Total Coliform Maximum Contaminant Level (MCL).**

53

(a) Results of all samples collected in a calendar month pursuant to Sections 64423,  
54 64424, and 64425 that are not invalidated by the Division or the laboratory shall be  
55 included in determining compliance with the total coliform MCL. Special purpose  
56 samples such as those listed in §64421(b) and samples collected by the water  
57 supplier during special investigations shall not be used to determine compliance with  
58 the total coliform MCL.

59

(b) A public water system is in violation of the total coliform MCL when any of the  
60 following occurs:

61

(1) For a public water system which collects at least 40 samples per month, more  
62 than 5.0 percent of the samples collected during any month are total coliform-  
63 positive; or

64 (2) For a public water system which collects fewer than 40 samples per month,  
65 more than one sample collected during any month is total coliform-positive

66

67

**STATEMENT OF FACTS**

68 The Water System is operated under Water Supply Permit No. 03-23-11P-021, issued by  
69 the Division on May 13, 2011. Shady Lakes Mobile Home Park Water System is a  
70 community water system serving a population of approximately one hundred sixty (160)  
71 people through sixty (60) service connections at a mobile home park.

72

73 The Water System is required to collect a minimum of one (1) distribution system  
74 bacteriological sample per month. The bacteriological water analysis results submitted by  
75 the Water System reported the presence of total coliform bacteria in two (2) of five (5)  
76 samples collected during December 2014. Additionally, the Water System reported the  
77 presence of total coliform in three (3) of six (6) samples collected during January 2015.  
78 None of the positive samples showed the presence of fecal coliform or *E. coli* bacteria.  
79 The well tested positive for total coliform bacteria on December 10, 2014. A well cycle  
80 test was conducted on Well #1 on December 16, 2014 and showed all five samples were  
81 free of coliform bacteria. During February 2015, however, the well tested positive for total  
82 coliform bacteria. The Water System has been required to operate the chlorination system  
83 to achieve a minimum chlorine residual of 1 mg/L.

84

85 The following table summarizes the bacteriological monitoring conducted during the  
86 months of December of 2014 and January and February of 2015.

87

Collection Date	Number of Samples	Sample Labeled	Number TC positive	Number E. Coli positive
12/4/2014	1	Routine	1	0

12/9/2014	3	Repeat	0	0
12/10/2014	1	Source Repeat	1	0
1/9/2015	1	Routine	1	0
1/19/2015	2	Routine	2	0
2/5/2015	6	Routine (including Well 01)	1 (Well)	0
2/13/2015	1	Repeat (Well 01 only)	1 (Well)	0
2/27/2015	1	Routine (Well 01 only)	1(Well)	0

88

89 Due to the above-mentioned total coliform positive samples, the Water System failed the  
90 total coliform MCL for the months of December 2014 and January 2015. Results for water  
91 samples tested for coliform bacteria during 2014 and 2015 are summarized in Attachment  
92 A. Water System staff have not completed a Positive Total Coliform Investigation.  
93 Bacteriological monitoring results indicate that the well continues to be contaminated with  
94 total coliform bacteria.

95

96 The Groundwater Rule adopted by the Division, effective August 18, 2011, requires the  
97 collection of a sample for bacteriological evaluation from wells serving the system in  
98 response to a coliform positive distribution sample. This requirement was met with the  
99 round of repeat sampling conducted during December 2014, however it was not met  
100 during the sampling conducted during January 2015. Source sampling was collected  
101 during February 2015 and all samples were positive for total coliform bacteria.

102

103

**VIOLATION**

104

105

106

The Drinking Water Field Operations Branch of the State Water Resources Control Board  
– Division of Drinking Water (hereinafter 'Division') hereby issues a Citation to Shady  
Lakes Mobile Home Park Water System (hereinafter 'Water System'), for failure to comply

107 with Section 116555(a)(1) of the CHSC and Section 64426.1(b)(2) of Title 22, California  
108 Code of Regulations (CCR). Based on the Statement of Facts, the Water System has  
109 failed to comply with the total coliform Maximum Contaminant Level (MCL) for the months  
110 of December 2014 and January 2015.

111

112 **NOTIFICATION REQUIREMENTS**

113 Section 64426.1(c) requires a public water system to notify the Division and the  
114 consumers of the water system, when a violation of Section 64426.1(b)(1) through (4) the  
115 total coliform MCL occurs. Notification to the Division shall be by the end of the business  
116 day on which the violation has been determined. If the Division is closed, notification shall  
117 be within 24 hours of the determination. **The Division was not notified in accordance**  
118 **with the above-referenced section.**

119

120 A Tier 2 Public Notice for violation of paragraph 64426.1(b) (2) shall be given pursuant to  
121 Section 64463.4 and 64465. The Tier 2 Public Notice shall include the mandatory health  
122 effects language from Appendix 64465-A for a total coliform MCL failure. The notice shall  
123 include notification of the July and August 2014 violations of the Groundwater Rule.

124

125 Section 64463.4 allows community water systems to use mail or direct delivery to each  
126 customer and the use of one or more of the following methods: publication in a daily or  
127 weekly newspaper, posting the public notice in a conspicuous public place within the  
128 water system or on the internet, or by delivery to community organizations.

129 The appropriate Tier 2 Public Notice is provided here as Attachment B.

130

131 Section 116450(g) requires that upon receipt of notification from a public water system,  
132 schools must notify school employees, students, and parents (if the students are minors),

133 residential rental property owners or managers (including nursing homes and care  
134 facilities) must notify their tenants and business property owners, managers or operators  
135 must notify employees of businesses located on the property.

136 Proof of notification is required. The Water System shall complete Attachment C and  
137 return it to the Division by April 30, 2015.

138

139

### DIRECTIVES

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

141 1. By April 15, 2015 the Shady Lakes MHP water system shall provide public  
142 notification of the total coliform Maximum Contaminant Level failures by mail or  
143 conduct direct delivery of the public notice provided as Attachment B to all  
144 customers served within the general service area. The Water System is  
145 additionally required to use one or more of the following notification methods:  
146 publication in a daily or weekly newspaper, posting the public notice in a  
147 conspicuous public place within the water system or on the internet, or by delivery  
148 to community organizations.

149

150 By April 30, 2015, the Water System shall provide proof of public notification of  
151 the total coliform MCL violations by completing Attachment C and returning it to:

152

153

154

155

156

157

Betsy S. Lichti, Senior Sanitary Engineer  
State Water Resources Control Board  
Division of Drinking Water  
265 W. Bullard Avenue, Suite 101  
Fresno, CA 93704

158

159 2. By April 15, 2015, the Water System shall complete and submit the enclosed  
160 "Positive Total Coliform Investigation" form to the Division that describes the



161 incident and all corrective actions taken, and the results of the investigation. The  
162 appropriate investigation report is provided as Attachment D.

163

164 3. Until such time as it can be demonstrated that the well and distribution system are  
165 free from total coliform bacteria, continuous chlorination equipment shall be  
166 installed on the discharge of the well. A chlorine residual of at least 1.0 mg/L shall  
167 be maintained in all areas of the distribution system at all times. The operation of  
168 the chlorination treatment shall be overseen by a minimum of a D1 operator.

169

170 4. The Water System shall disinfect the well following the guidelines provided as  
171 Attachment E under the direct supervision of its certified operator.

172

173 5. Following the disinfection and flushing of the well as directed in Directive No. 4, the  
174 Water System shall conduct a bacteriological cycle test on the raw water produced  
175 from the well. The cycle test shall be conducted using the guidelines provided as  
176 Attachment F. All of these raw water samples shall be analyzed for total and fecal  
177 coliform using enumeration method to determine the density of the coliform. The  
178 results of these samples shall be reported to the Division by the April 10, 2015.

179

180 6. The Water system shall implement a Cross-Connection Control Program per CCR  
181 Section 116800, elements (a) through (e) as provided as guidance in Attachment  
182 G. By June 30, 2015, the Water System shall conduct a survey to identify  
183 potential backflow hazards. The survey shall be conducted by a certified cross-  
184 connection control specialist. The survey and documentation of a Cross-  
185 Connection Control Program shall be submitted to the Division by July 31, 2015.  
186 You may contact the SWRCB Fresno District for guidance in identifying a cross-  
187 connection specialist.

188



189 7. The Water System shall correct any sanitary defects at the well as noted by the  
190 Division in an inspection conducted on February 3, 2015 and in the following  
191 excerpt from the inspection report:

192  
193 ***REPORT REQUIREMENTS***  
194

- 195 1. *By no later than (3 MONTHS), the Water System shall install a concrete base for the well,*  
196 *in accordance with the noted requirements provided in Section II of this report.*  
197  
198 2. *By no later than (2 MONTHS), the Water System shall install a dedicated source water*  
199 *sample tap at a location before the well's check valve.*  
200

201 **PARTIES BOUND**

202 This Citation shall apply to and be binding upon Shady Lakes Mobile Home Park of  
203 California Water System, its officers, directors, shareholders, agents, employees,  
204 contractors, successors, and assignees.

205  
206 **SEVERABILITY**

207 The Directives of this Citation are severable, and Shady Lakes Mobile Home Park Water  
208 System shall comply with each and every provision thereof, notwithstanding the  
209 effectiveness of any other provision.

210  
211  
212  
213  
214  
215  
216  
217  
218  
219





# Bacteriological Distribution Monitoring Report

**1000244 Shady Lakes Mobile Home Park**
**Distribution System Freq: 1/M**

Sample Date	Time	Location	T Coli	E Coli	F Coli	Type	Cl2	Violation	Comment
1/14/2014	9:05	Site 5	A	A		Routine			
2/11/2014	11:15	Res 5	A	A		Routine			
3/11/2014	12:45	#3	A	A		Routine			
4/8/2014	7:50	RES 2	A	A		Routine			
5/9/2014	13:15	Distribution System	A	A		Routine			
6/12/2014	12:01	Resident 6	A	A		Routine			
7/15/2014	16:45	Distribution System Resident #5	A	A		Routine			
8/14/2014	13:00	Distribution #4	A	A		Routine			
9/11/2014	11:45	Resident 3	A	A		Routine			
10/21/2014	15:55	Resident 2	A	A		Routine			
11/11/2014	14:10	Resident 1	A	A		Routine			
12/4/2014	12:15	Resident 6	P	A		Routine			
12/9/2014	11:00	Res #41 Before	A	A		Repeat			
12/9/2014	11:15	Res #5 Repeat	A	A		Repeat			
12/9/2014	11:30	Res #6 After	A	A		Repeat			
12/10/2014	12:30	Well #1	P	A		Source Repeat		MCL	
1/9/2015	10:50	Resident 3	P	A		Routine			
1/19/2015	10:35	Distribution System Resident 1	P	A		Routine			
1/19/2015	10:40	Resident 2	A	A		Routine			
1/19/2015	10:55	Resident 4	A	A		Routine			
1/19/2015	11:05	Resident 5	P	A		Routine		MCL	
1/19/2015	11:15	Resident 6	A	A		Routine			
2/5/2015	13:00	Dist #6	A	A		Routine			
2/5/2015	13:10	Dist #5	A	A		Routine			
2/5/2015	13:20	Dist #4	A	A		Routine			
2/5/2015	13:30	Dist #3	A	A		Routine			
2/5/2015	13:40	Resident #2	A	A		Routine			
2/5/2015	13:50	Well 01	P	A		Source Repeat			
2/13/2015	14:45	Well #1 After Disinfection	P	A		Source Repeat			
2/27/2015	16:00	Well #1	P	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

# Source Bacteriological Monitoring Report

1000244 Shady Lakes Mobile Home Park

<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>
2/11/2014	11:00	Well 01	Well	P/A	A	A				
5/9/2014	13:00	Well 01	Well	P/A	A	A				
8/14/2014	12:30	Well 1	Well	P/A	A	A				
11/11/2014	14:30	Well #1	Well	P/A	A	A				
12/10/2014	12:30	Well #1	Well	P/A	P	A				
12/16/2014	12:15	Well #1 Start up	Well Cycle	P/A	A	A				
12/16/2014	12:16	Well #1 1 min	Well Cycle	P/A	A	A				
12/16/2014	12:20	Well #1 5 min	Well Cycle	P/A	A	A				
12/16/2014	12:30	Well #1 15 min	Well Cycle	P/A	A	A				
12/16/2014	12:45	Well #1 30 min	Well Cycle	P/A	A	A				
2/5/2015	13:50	Well 01	Well	P/A	P	A				
2/13/2015	14:45	Well #1 - After Disinfection	Well		P	A				
2/27/2015	16:00	Well #1	Well	P/A	P	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.

---

**Shady Lakes Mobile Home Park Water System 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 five (5) samples to test for the presence of coliform bacteria during December 2014. Two (2) of these samples showed the presence of total coliform bacteria. Additionally, we took six (6) samples to test for the presence of bacteria during January 2015. Three (3) of those 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.

This notice is being sent to you by Shady Lakes MHP Water System

Date distributed: \_\_\_\_\_



EDMUND G. BROWN JR.  
GOVERNOR



MATTHEW RODRIGUEZ  
SECRETARY FOR  
ENVIRONMENTAL PROTECTION

**State Water Resources Control Board**  
Division of Drinking Water

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 **Shady Lakes Mobile Home Park** of the failure to meet the **total coliform bacteria MCL** for the months of **December 2014 and January 2015** as directed by the Division.

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: April 30, 2015  
Total Coliform MCL Failure: December 2014 and January 2015  
System Number: 1000244  
Citation No.: 03-23-15C-012

# 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 SWRCB Drinking Water Division (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>
Operator in Responsible Charge (ORC)		<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)	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						