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STATE OF CALIFORNIA  
WATER RESOURCES CONTROL BOARD  
DIVISION OF DRINKING WATER

**TO:** Ponderosa Trailer Park  
2085 E. Sawgrass Avenue  
Fresno, CA 93730  
  
Water System No. 1000365

**Attn:** Terri Castillo

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

**October 2015**

**CITATION NO. 03-23-16C-003**

**Issued on February 29, 2016**

Section 116650 of the California Health and Safety Code authorizes the issuance of a citation to a public water system for violation 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 Ponderosa Trailer Park Water System (hereinafter, Water System) (mailing address: 2085 E. Sawgrass Avenue, Fresno, CA

29 93730) for violation of California Code of Regulations (CCR), Title 22, Section 64426.1  
30 subsections (b)(2).

31 **APPLICABLE AUTHORITIES**

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

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

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

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

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

46 (e) The division may assess a penalty in an amount not to exceed one thousand dollars  
47 (\$1,000) per day for each day that a violation occurred, and for each day that a violation  
48 continues to occur. A separate penalty may be assessed for each violation.

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

51 **§64426.1. Total Coliform Maximum Contaminant Level (MCL).**

52 (a) Results of all samples collected in a calendar month pursuant to Sections 64423,  
53 64424, and 64425 that are not invalidated by the Division or the laboratory shall be  
54 included in determining compliance with the total coliform MCL. Special purpose  
55 samples such as those listed in §64421(b) and samples collected by the water  
56 supplier during special investigations shall not be used to determine compliance with  
57 the total coliform MCL.

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

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

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

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**§64424 (d) Repeat Sampling**

if a public water system for which fewer than five routine samples per month are collected has one or more total coliform-positive samples, the water supplier shall collect at least five routine samples the following month.

**STATEMENT OF FACTS**

The Water System has operated under a Water Supply Permit issued in March of 1998 by the Fresno County Community Health Department (County). The Water System serves a reported seasonal transient population of approximately one hundred-fifty six (156) persons through thirty nine (39) residential service connections during the months of May through October each calendar year. The Water System utilizes groundwater produced by two active wells.

Under the revised Total Coliform Rule, the Water System will be required to collect a minimum of one (1) distribution system bacteriological sample per month during its operating season when it reactivates during the spring of 2016. The Water System reported the presence of total coliform bacteria in six (6) of thirteen (13) samples, including Well 2, collected by the Water System in October 2015. None of the positive samples showed the presence of fecal coliform or *E. coli* bacteria.

The following table summarizes the bacteriological monitoring conducted during the months of October and November of 2015.

Collection Date	Number of Samples	Sample Labeled	Number TC positive	Number E. Coli positive
10/7/2015	1	Routine	1	0
10/12/2015	4	Repeat (including Well 3)	3 (distribution only)	0

10/15/2015	5	Repeat (including Well 2)	1 (Well 2 only)	0
10/16/2015	1	Repeat (Well 2 only)	0	0
10/29/2015	1	Repeat (Well 2 only)	1	0
11/6/15	1	Repeat (Well 2 only)	0	0

89

90 Due to the above-mentioned total coliform positive samples, the Water System failed the  
 91 total coliform MCL for the month of October 2015. Results for water samples tested for  
 92 coliform bacteria during 2015 are summarized in Attachment A. The source of  
 93 contamination is unknown, although samplings of Well 2 on 10/15/15 and on 10/29/15  
 94 indicated the presence of total coliform bacteria in that well. A "Positive Total Coliform  
 95 Investigation Form" has been completed. There are sanitary defects identified in the report  
 96 included here as Attachment B. The Water System shall address each of the sanitary  
 97 defects identified in Attachment B as detailed

98

99 The five routine distribution samples required the month following October 2015, which  
 100 had six total coliform-positive samples, were not collected in November 2015. Only one  
 101 sample from Well 2 was collected on November 6, 2015. That sample was negative for  
 102 total coliform bacteria.

103

104 The Groundwater Rule adopted by the Division, effective August 18, 2011, requires the  
 105 collection of a sample for bacteriological evaluation from wells serving the system in  
 106 response to a coliform positive distribution sample. This requirement was met with all  
 107 repeat sampling collected during October 2015.

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**ASSOCIATED VIOLATIONS**

Additionally, the Water System has failed to comply with the following Section 64424 of Title 22, CCR:  
Section 64424(d) specifies that if a public water system for which fewer than five routine samples per month are collected has one or more total coliform-positive samples, the water supplier shall collect at least five routine samples the following month. No distribution samples were collected during November 2015.

**DETERMINATION**

The Drinking Water Field Operations Branch of the State Water Resources Control Board – Division of Drinking Water (hereinafter 'Division') has determined that Ponderosa Trailer Park Water System (hereinafter 'Water System'), has failed to comply with Section 116555(a)(1) of the CHSC and Sections 64426.1(b)(2) and 64424(d) of Title 22, California Code of Regulations (CCR). Specifically, the Water System failed to comply with the total coliform Maximum Contaminant Level (MCL) for the month of October 2015. Additionally, the Water System failed to conduct the required routine distribution monitoring in November 2015.

**NOTIFICATION REQUIREMENTS**

Section 64426.1(c) requires a public water system to notify the Division and the consumers of the water system, when a violation of Section 64426.1(b)(1) through (4) occurs. Notification to the Division shall be by the end of the business day on which the violation has been determined. If the Division is closed, notification shall be within 24 hours of the determination. The Division was notified on October 13, 2015, in accordance with the above-referenced section.

137 A Tier 2 Public Notice for violation of paragraph 64426.1(b) (2) shall be given pursuant to  
138 Section 64463.4 and 64465. The Tier 2 Public Notice shall include the mandatory health  
139 effects language from Appendix 64465-A for a total coliform MCL failure. Section 64463.4  
140 allows non-community water systems to give public notice by posting the notice in  
141 conspicuous locations throughout the area served by the water system and by the use of  
142 one or more of the following methods in order to reach persons not likely to be reached by  
143 a public posting: publication in a local newspaper or newsletter distributed to customers,  
144 e-mailing the public notice to water system customers, posting the public notice on the  
145 internet, or by delivery to each customer.

146

147 Section 116450(g) requires that upon receipt of notification from a public water system,  
148 schools must notify school employees, students, and parents (if the students are minors),  
149 residential rental property owners or managers (including nursing homes and care  
150 facilities) must notify their tenants and business property owners, managers or operators  
151 must notify employees of businesses located on the property.

152

153 Notification of the public was conducted on October 16, 2015 using the notice included  
154 here as Attachment C. Proof of notification was submitted to the Division on October 19,  
155 2015 and is included here as Attachment D.

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### DIRECTIVES

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

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1. **By April 30, 2016**, the Water System shall make the following improvements

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identified in the "Positive Total Coliform Investigation" report at the wellheads:

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- a. Each wellhead seal shall be watertight.

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- b. Each wellhead shall be equipped with a properly sized casing vent. The vent shall extend above the well pad at least 36 inches, be downturned and screened. The casing vent should be installed in a manner to ensure the well casing is accessible for sounding and disinfection.
- c. The ground surface surrounding each wells' casing shall be graded in such a manner that it slopes away from the well casing.
- d. The Water System shall employ the services of a Certified Backflow Prevention Tester to establish whether all backflow prevention devices, including check valves at each well, are functional. This testing shall take place on an annual basis. The Water System may contact the Division for assistance in locating such a Tester.
- e. The Water System shall update its Bacteriological Sample Siting Plan using the guidance provided as Attachment E. The Water System shall follow those guidelines in selecting and maintaining the sanitation of appropriate sampling taps.

2. The Water System shall follow the *Protocol for Reactivation of Seasonal Water Systems* (Attachment F) for disinfection, flushing and Bacteriological testing during 2016 and each year prior to opening.
3. As required by the Revised Total Coliform Rule, the Ponderosa Trailer Park water system shall monitor for coliform bacteria in the distribution system on a monthly basis during its operating season from May throughout October of each calendar year.
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.

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**PARTIES BOUND**

This Citation shall apply to and be binding upon Ponderosa Trailer Park Water System, its officers, directors, shareholders, agents, employees, contractors, successors, and assignees.

**SEVERABILITY**

The Directives of this Citation are severable, and Ponderosa Trailer Park Water System shall comply with each and every provision thereof, notwithstanding the effectiveness of any other provision.

**FURTHER ENFORCEMENT ACTION**

The California SDWA authorizes the Division to: issue citation with assessment of administrative penalties to a public water system for violation or continued violation of the requirements of the California SDWA or any permit, regulation, permit or order issued or adopted thereunder including, but not limited to, failure to correct a violation identified in a citation or compliance order. The California SDWA also authorizes the Division to take action to suspend or revoke a permit that has been issued to a public water system if the system has violated applicable law or regulations or has failed to comply with an order of the Division; and to petition the superior court to take various enforcement measures against a public water system that has failed to comply with violates an order of the Division. The Division does not waive any further enforcement action by issuance of this citation.

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2/29/16  
Date

Betsy Lichti  
Betsy S. Lichti, P.E.,  
District Engineer  
Division of Drinking Water  
State Water Resources Control Board



Attachments:

- A. Bacteriological Distribution and Source Monitoring Reports
- B. Completed Positive Total Coliform Investigation Form
- C. Public Notice Template
- D. Proof of Public Notice
- E. Guidelines for Completing the BSSP for Small Water Systems.
- F. Protocol for Reactivation of a Seasonal Water System

Certified Mail Receipt Tracking Number: 7014 3490 0001 7868 8378

# Bacteriological Distribution Monitoring Report

**1000365 Ponderosa Trailer Park**
*Distribution System Freq: 1/Q*

Sample Date	Time	Location	T Coli	E Coli	F Coli	Type	Cl2	Violation	Comment
3/9/2015	9:45	Space 7	<1.1			Routine			
6/1/2015	12:45	Sp 38	<1.1			Routine			
9/7/2015	1:00	Sp 33	<1.1			Routine			
10/7/2015	16:00	Space 5	P	A		Routine			
10/12/2015	10:45	Space 5	P	A		Repeat			
10/12/2015	10:50	Space 3	P	A		Repeat		MCL	2/22/16 Issued 03-23-16C-003
10/12/2015	10:55	Space 24	P	A		Repeat			
10/12/2015	11:15	Well 3	A	A		Source Repeat			
10/15/2015	15:05	Well 2	21	<1.0		Source Repeat			
10/15/2015	15:10	Space 24	<1.0	<1.0		Repeat			
10/15/2015	15:15	Space 5	<1.0	<1.0		Repeat			
10/15/2015	15:20	Space 3	<1.0	<1.0		Repeat			
10/15/2015	15:35	Space 28	<1.0	<1.0		Repeat			
10/16/2015	15:30	Well 2	<1.0	<1.0		Source Repeat			
10/29/2015	10:50	Well 2	3.1	<1.0		Source Repeat			
11/6/2015	13:30	Well 2	A	A		Source Repeat			

**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

**POSITIVE TOTAL COLIFORM INVESTIGATION**  
**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>	PONDEROSA TRAILER PARK	<b>PWS ID NUMBER:</b>	CA1000365
<b>Name</b>		<b>Address</b>	Telephone #
<b>Operator in Responsible Charge (ORC)</b>	Terri Castillo	2085 E Sawgrass Ave Fresno Ca 93730	559 285 3820
<b>Person that collected TC samples if different than ORC</b>	Terri Castillo	Same	
<b>Owner</b>	LaVerne Coelho	Same	
<b>Certified Laboratory for Microbiological Analyses</b>	Fresno County Public Health and Moore twinning	1212 Fulton St Fresno Ca 93721	559600-6389
<b>Date Investigation Completed:</b>	Fulton St Fresno Ca 93721	2527 Fresno St Fresno Ca 93721	559268-0740
<b>Month(s) of Total Coliform MCL Failure:</b>	10-9- 2015		

**INVESTIGATION DETAILS**

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS
1. Inspect each well head for physical defects and report		2				
a. Is raw water sample tap upstream from point of disinfection?		✓				
b. Is wellhead vent pipe screened?		YES				
c. Is wellhead seal watertight?		N/A				
d. Is well head located in pit or is any piping from the wellhead submerged?		NO				
e. Does the ground surface slope towards well head?		NO				
f. Is there evidence of standing water near the wellhead?		YES				
g. Is there a check valve on the well discharge line? Is the check valve seating properly?		NO				
h. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)		See Comments				Well specialist will have to determine that
i. Is the wellhead secured to prevent unauthorized access?		Non visual				
j. To what treatment plant (name) does this well pump?		Yes				
k. How often do you take a raw water total coliform (TC) test?		N/A				
l. Provide the date and result of the last TC test at this location		Quarterly				
		10/29/15				3.1 result for well 2

# POSITIVE TOTAL COLIFORM INVESTIGATION

## Attachment B

Page 2 of 3

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	40 PSI
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the TCR positive finding?	NO
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.	NO
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	NO
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	YES/ NO LEAKS
6. If there was a mainline leak, when was it repaired?	N/A
7. On what date was the distribution system last flushed?	NEVER HAVE
8. Is there a written flushing procedure you can provide for our review?	NO
9. Do you have an active cross connection control program?	NO there is no program but a survey was done
10. What is name and phone number of your Cross-Connection Control Program Coordinator?	Tom Ayers & Associates 1600 Van Dorsten Corcoran CA 93212 559 992 3779
11. Is the review and testing of backflow prevention devices current?	YES
12. On what date was the last physical survey of the system done to identify cross-connections?	6/2012

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)	Not all	18"	18"	
2. Is the sample tap located in an exterior location or is it protected by an enclosure?	YES/NO	YES/NO	YES/NO	
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?	YES	YES	YES	
4. Is the sample tap in good condition, free of leaks around the stem or packing?	YES	YES	YES	
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?	NO	NO	NO	
6. Is the sample tap and area around the sample tap clean and dry (free of animal droppings, other contaminants or spray irrigation systems)	YES	YES	YES	Well 2 yes clean
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection	Some sites NO/YES	Some sites NO/YES	Some sites NO/YES	Well 2 Yes
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)	Run water	Run water	Run water	
9. Is this sample tap designated on the sampling plan submitted with this information request?	YES	YES	YES	
10. What were weather conditions at the time of positive sample (rainy, windy, sunny)?	SUNNY	SUNNY	SUNNY	

**POSITIVE TOTAL COLIFORM INVESTIGATION**

Attachment B

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?	NO
2. Where there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located.	NO
3. Does the system have backup power or elevated storage?	NO
4. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	NO
5. What were the symptoms of illness if you received complaints about customers being sick?	N/A

**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 Division.
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?**

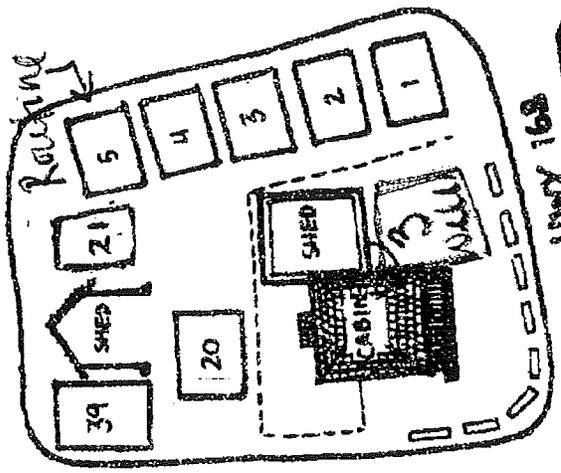
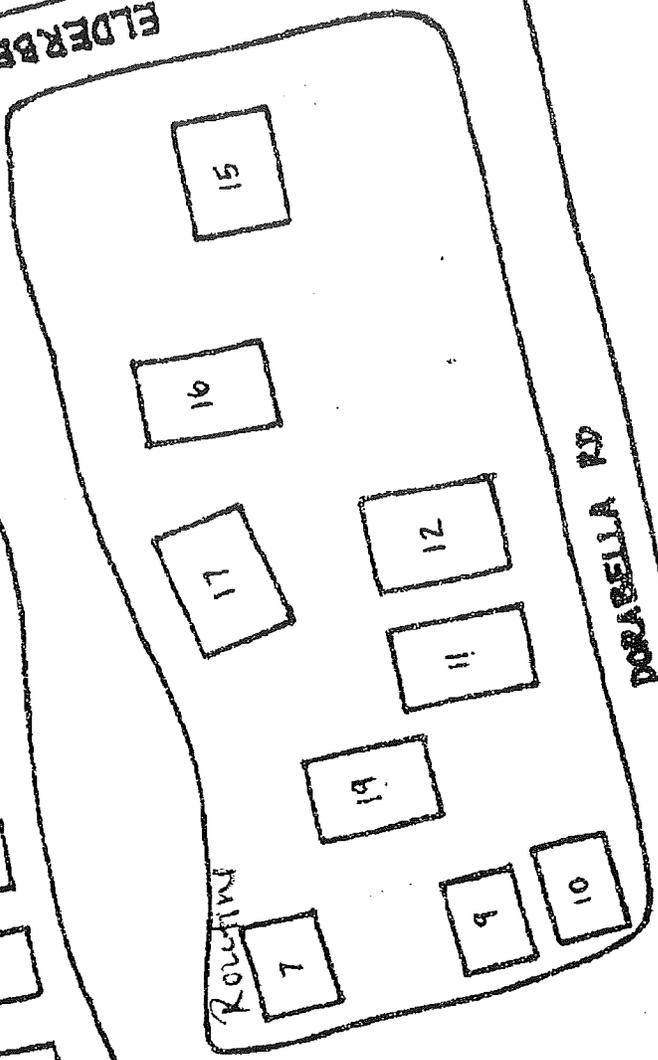
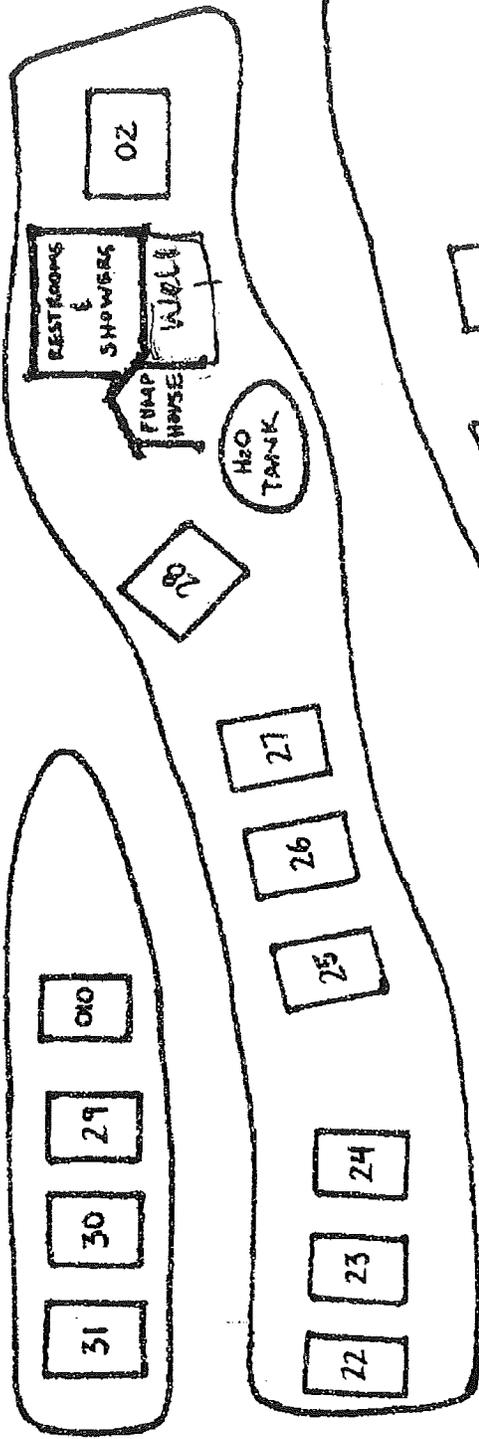
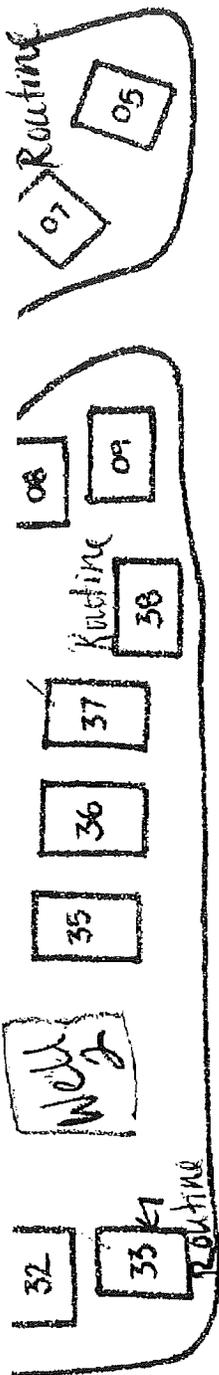
**CERTIFICATION: I CERTIFY THAT THE INFORMATION SUBMITTED IN RESPONSE TO THE QUESTIONS ABOVE IS ACCURATE TO THE BEST OF MY PROFESSIONAL KNOWLEDGE**

NAME: Monty Ferriera

TITLE: Water certified operator DATE: 11/10/15

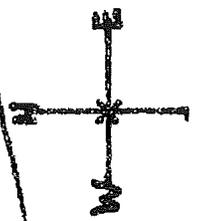
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DORABELLA RD

PONDEROSA TRAILER PARK  
 SHAVER LAKE, CA  
 (559) 841-3410



← HWY 168

ASPEN

# FAX COVER

To: Maria Dela  
Company Health Dept.  
Fax Number: 447 3304

From Monty Ferriera  
Juliana M.  
Company Aqua-Mech Water Systems  
Fax Number 559 277-5992

Subject

Pages including cover page: 4

Date 11/11/15

Time 3:02

MESSAGE

3 Coliform Investigation  
1 Sketch -

FAX BACK CONFIRMATION

Attachment C

### 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.

#### Ponderosa Trailer 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 5 samples to test for the presence of coliform bacteria in October 2015. One 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]. Took repeat samples at the 4 sites. Took sample at Well 3. Then shut off Well 2 and posted notices

For more information, please contact Terri Castillo (name of contact) at (559) 900-4085 (phone number) or 2085 E. Sawgrass Ave. Fresno CA (mailing address) 93730

Please share this information with all the other people who drink this water, especially those who may not

Due: November 15, 2015  
Total Coliform MCL Failure: October 2015  
System Number: 1000365  
Citation No.: \_\_\_\_\_

**Southern California Drinking Water Field Operations Branch**  
265 W. Bullard Avenue, Suite 101, Fresno, CA 93704  
(559) 447-3300; Fax (559) 447-3304

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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 Ponderosa Trailer Park of the failure to meet the total coliform bacteria MCL for the month of October 2015 as directed by the Division.

Notification was made on Oct. 16, 2015 by \_\_\_\_\_  
(date)

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

Tew Castillo  
Signature of Water System Representative

10-16-15  
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.

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 Ponderosa Trailer Park Water System.

Date distributed: 10-16-15



GOVERNOR

MATTHEW RODRIGUEZ  
SECRETARY FOR  
ENVIRONMENTAL PROTECTION

## State Water Resources Control Board

Division of Drinking Water

### GUIDELINES FOR COMPLETING THE BACTERIOLOGICAL SAMPLE SITING PLAN FOR SMALL WATER SYSTEMS

The total coliform regulation requires the water supplier to submit a bacteriological sample siting plan to the Division for review and approval. The locations where samples are to be collected must be written down and formally approved by the Division. These guidelines and Attachment 1, "Bacteriological Sample Siting Plan" Form, are to assist you in complying with these requirements.

To comply with the requirements for submitting a Bacteriological Sample Siting Plan, two (2) items must be submitted to the Division at this time.

1. A system map, street map, or system schematic showing all sampling locations must be submitted. The map can be prepared by any system representative. It does not have to be prepared by an engineer. The following are also to be shown on the map:
  - Water Sources (i.e., well or spring)
  - Treatment Facilities (i.e., chlorination)
  - Storage Tanks
  - Pressure Reducing Stations
  - Booster Stations
  - Pressure Zones
  - Dead Ends
  - Service Area Boundaries
  - Routine Sample Sites
  - Repeat Sample Sites
  - Special Sample Sites
  
2. Complete Attachment 1, the "Bacteriological Sample Siting Plan" form, and **return the system map and form to the Division for review and approval.**

Once the Bacteriological Sample Siting Plan has been approved by the Division, copies should be provided to the person responsible for sample collection, the laboratory and the person responsible for reporting coliform-positive samples to the Division.

### Selection of Sampling Sites

The routine sampling sites chosen must be representative of the water distribution system including all pressure zones, areas supplied by each water source and distribution reservoir.

Looped Systems: If your entire water distribution system is looped, then one routine sample point may be representative of your system, assuming valves are open.

Pressure Zones: You should only be concerned about sampling in different pressure zones if your water system serves different areas of varying elevations, for example in mountainous areas.

#### ***How many routine sampling sites are required?***

A minimum of five (5) routine sampling sites must be selected and indicated on your map and sampling plan form. If your water system is required to collect fewer than 5 routine samples a month, then 5 routine samples must be collected the month following any coliform positive sample. This is the reason for identifying 5 routine sites in your plan.

If the water system is not adequately represented by 5 routine sample locations, you may identify additional locations and collect more than one sample per month. Each site identified should be rotated for sampling at least every three months.

#### ***How many repeat sampling sites are required?***

For systems normally collecting one or fewer samples per month, a repeat sample set consists of four samples (could be greater than four if more than one source is providing water to the distribution) to be collected from the following locations:

- One repeat sample from the same routine location.
- One repeat sample from an *upstream location*.  
(within 5 connections of the routine site)
- One repeat sample from a *downstream location*.  
(within 5 connections of the routine site)
- One sample from *each active source*.  
(The following criteria should be considered when determining where to collect the fourth repeat sample.)
  - For systems with only one active well and do not provide continuous chlorination, the sample may be collected at the wellhead.
  - For systems with more than one active well, it may not be possible to determine which well was serving the area where the positive routine sample

was collected. For these systems, repeat samples should be collected at each well head.

- Contact the Division for assistance.

For systems collecting more than one routine sample per month, a repeat sample set consists of three samples from the following locations:

- One repeat sample from the same routine location.
- One repeat sample from an upstream location.  
(within 5 connections of the routine site)
- One repeat sample from a downstream location.  
(within 5 connections of the routine site)

*What if the water system does not have enough locations to select the required number of routine and repeat sample sites?*

If the water system does not have enough sample locations to identify 5 routine sites and 3 to 4 repeat sites per routine, you may either (1) identify fewer than 5 routine sites as long as the sampling adequately reflects water quality in the distribution system, or (2) use some of the routine sites as repeat sites for other routines (i.e., double up on use of available sites).

### **Pointers for Sample Site Selection**

- When selecting a routine sample site you should be able to select a site upstream and a site downstream for repeat sampling.
- Select a site where the water is used continuously all year round.
- Pick a site that is easily accessible, i.e., a fenced yard with a locked gate and vicious dog is not a good selection.
- When choosing a sampling tap you should consider these factors:

The sampling tap should be located in as clean an environment as possible. It should be protected from contamination by humans, animals, airborne materials or other sources of contamination.

If you choose an outside private tap, it should be one that is in frequent use, clean, and at least 1½ feet (18 inches) above the ground. The sample tap should discharge downward.

If you choose an inside tap, be sure that you are not sampling from drinking fountains; taps that have aerators or strainers, or swivel faucets; or taps off of individual homeowner treatment units.

Do not choose a fire hydrant as sampling tap.

Avoid taps that are surrounded by excessive foliage or taps that are dirty or corroded.

Avoid taps that leak, have fittings with packing, or have permanent hoses or attachments fastened to the tap (Never collect a sample from a hose).

Avoid the use of dead ends for routine sample collection, and use them for repeat samples only if no other sample sites are available and if there is continuous water use from a service off the dead-end.

### **Instructions for Completing the Bacteriological Sample Siting Plan Form**

This form has been designed to include all the requirements for the Bacteriological Sample Siting Plan.

- **Public Water System Classification**

The public water system (PWS) classification for your water system is either community, nontransient noncommunity or transient noncommunity. This classification determines the type and frequency of all water quality testing. If you are uncertain of your classification, contact the Division.

- **Month/Daily Users**

The monthly population determines the frequency of bacteriological sample collection for community water systems. The daily population determines the frequency of sample collection for transient and nontransient noncommunity systems.

- **Active Service Connections (Community water systems only)**

This is the number of active hook-ups served by the system. If your system has a hook-up to a vacant lot, do not count this as an active connection. If a vacant lot has a right to a future connection, do not count this as an active connection. If a residence is connected to the system, but the residence is vacant, count this as an active hook-up.

- **Sampling Frequency**

This is the minimum number of routine bacteriological samples required at the frequency specified. If any routine sample is positive for coliform bacteria, additional repeat samples will be required. Repeat samples are in addition to the required routine samples. If you are uncertain of the routine sampling frequency for your water system, contact the Division.

A coliform-positive sample will increase the routine monitoring for a small system the following month. A system normally collecting less than 5 routine

samples per month, which has a coliform positive sample, must collect a minimum of five (5) routine samples the following month.

- **Trained Sampler**

The person collecting samples must be trained.

Sampling Service: Water systems utilizing a certified laboratory or other sampling service for water sample collection will be considered to have trained samplers. Enter the name of the laboratory or sampling service collecting your samples. A copy of the approved Bacteriological Sample Siting Plan should be provided to the laboratory or sampling service, if one is used.

Other Trained Samplers: Any person receiving a certificate from AWWA for attendance of the Water Sampling Training should submit a copy of their certificate along with the completed form. Any other samplers should submit a statement of their experience and training to this Division for approval.

- **Analyzing Lab**

Enter the state-certified laboratory, which will be analyzing your water samples.

- **Person Responsible to Report Coliform-Positive Samples to the Division**

This should be the person that the laboratory is required to contact when a sample is total or fecal coliform positive. This person must notify the Division within 24 hours of a violation of the total coliform standard (more than one positive sample in a month) or when any sample is fecal or *E. coli* positive. This person should have the authority to take corrective action as required by regulation and the Division. This should be the same person listed on your Emergency Notification Plan.

- **Day/Evening Phone Number**

The Division requires that the water system provide the phone numbers of the person listed above so that they can be contacted by the laboratory or the Division at any time during the day or evening in the event of a bacteriological emergency.

- **Signature and Date**

The person preparing the Sample Siting Plan should sign and date the plan. If the Division has questions regarding the sampling plan, this is the person to be contacted.

- **Sample ID**

This should be entered on the laboratory slip when the sample is turned into the laboratory. This is the unique identifier for the water sample location or the location address may also be used. For systems, which have no more than five (5) routine locations, these routine sites will be 1-ROU, 2-ROU, 3-ROU, 4-ROU, and 5-ROU.

For systems collecting one or fewer routine samples per month, a minimum of five (5) routine sampling sites with three (3) repeat sampling sites for each routine sample locations must be listed.

For systems collecting more than one routine sample per month, a minimum of five (5) routine sampling sites with two (2) repeat sampling sites for each routine sample location must be listed. Repeat sample sites are to be located within five (5) service connections upstream and downstream of the routine sample site.

All sample locations should be marked in some way with the Sample ID or location address, i.e., the code painted on the sampling location or tagged with a water proof tag so the person collecting the water sample is sure to collect the water from the correct sample locations.

- **Sample Type**

This describes what type of sample (routine or repeat) is to be collected at this location.

- **Sample Point**

This is the type of the sample location. Use the following abbreviations, when appropriate.

HB	Hose Bib (exterior)
SF	Sink Faucet
PC	Goose Neck Type Copper Tube with Pet Cock

- **Location of Sample Point**

This is the description of the area in the distribution that the sample site is located. Routine sample sites shall not be located at dead ends.

DE	Dead End (Not Recommended)
PZ	Pressure Zone
RD	Representative Distribution

- **Location Address**

This is the actual physical location where the water sample is to be collected. If possible use a street address, i.e., 103 Good Street. If the location does not have a street address, use the nearest crossroads or use the last name of the resident, i.e., "Brown Residence." If the location is a business, please list the business name and address.

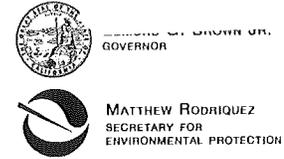
When describing the location, keep in mind that the person collecting water samples must be able to locate the sample site from your description.

- **Months Sample Collected at This Location**

This is the schedule for routine samples to be collected. For example, suppose two (2) sites are representative of your systems. Site No. 1 will be sampled in January, March, May, July, September, and November. Site No. 2 will be sampled in February, April, June, August, October, and December. All routine sites identified should be rotated to allow sampling at least every 3 months.

## BACTERIOLOGICAL SAMPLE SITING PLAN FOR SMALL WATER SYSTEMS

<b>System No.:</b>		<b>System Name:</b>		<b>List all Active Sources that may need to be sampled for each Total Coliform Positive:</b>	
<b>PWS Classification:</b>		<b>No. Monthly Users: Daily Users:</b>			
<b>No. Active Service Connections:</b>		<b>Sampling Frequency:</b>			
<b>Name of Trained Sampler:</b>		<b>Analyzing Lab:</b>			
<b>Person responsible to report coliform-positive samples to CDPH:</b>				<b>Day/Evening Phone No:</b>	
<b>Signature of Water System Representative:</b>				<b>Date:</b>	
Sample ID	Sample Type	Sample Point	Location of Sample Point	Address of Sample Point	Months Sample Collection at this Location
1-ROU	Routine				
1-REP1	Repeat				Repeat Sample Only
1-REP2	Repeat				Repeat Sample Only
1-REP3 *	Repeat				Repeat Sample Only
2-ROU	Routine				
2-REP1	Repeat				Repeat Sample Only
2-REP2	Repeat				Repeat Sample Only
2-REP3	Repeat				Repeat Sample Only
3-ROU	Routine				
3-REP1	Repeat				Repeat Sample Only
3-REP2	Repeat				Repeat Sample Only
3-REP3	Repeat				Repeat Sample Only
4-ROU	Routine				
4-REP1	Repeat				Repeat Sample Only
4-REP2	Repeat				Repeat Sample Only
4-REP3	Repeat				Repeat Sample Only
5-ROU	Routine				
5-REP1	Repeat				Repeat Sample Only
5-REP2	Repeat				Repeat Sample Only
5-REP3	Repeat				Repeat Sample Only
<b>If the water system has one or more total coliform-positive samples, at least five routine samples will be collected the following month.</b>					
<b>If chlorine is being used, is it used on a continuous basis? Yes <input type="checkbox"/> No <input type="checkbox"/></b>					
<b>* May be a source sample to satisfy the triggered source monitoring requirement under the Ground Water Rule</b>					



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

**PROTOCOL FOR REACTIVATION OF SEASONAL WATER SYSTEMS**  
**DRINKING WATER FIELD OPERATIONS BRANCH**  
**January 2015**

**1. Disinfection of Well(s) and Distribution System**

The well(s) 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 or normal operating chlorine residual levels are achieved from the routine sample sites in the distribution system.

**2. Bacteriological Monitoring**

Following the disinfection process and flushing of the distribution system, water samples shall be collected directly from **each active well's 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 (BSSP).

**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 Division 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  
State Water Resources Control Board, Division of Drinking Water  
Drinking Water Field Operations Branch  
265 W. Bullard Avenue, Suite 101  
Fresno, CA 93704

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