



EDMUND G. BROWN JR.  
GOVERNOR



MATTHEW RODRIGUEZ  
SECRETARY FOR  
ENVIRONMENTAL PROTECTION

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## State Water Resources Control Board

Division of Drinking Water

November 6, 2015  
Certified Mail/Return  
7012 3460 0003 1113 0345

Artois Community Services District  
P.O. Box 130  
Artois, CA 95913

Attention: Jack Cavier, Board President

**RE: Artois Community Services District, Public Water System No. 1100203 – Citation No. 21-15C-035 for Exceedance of the Bacteriological Maximum Contaminant Level in October 2015**

Enclosed is a citation issued to the Artois Community Services District (Water System). The citation is being issued because the Water System failed to achieve the drinking water standard for total coliform bacteria during October of 2015. Please read this citation carefully. Public notification is required to inform consumers that the standard was not achieved during this time period.

In addition, it has come to our attention that the Water System does not have a certified distribution operator, as required in Section 63770 of the California Code of Regulations. Please note that directive number five enclosed requires action within one month from the date of this letter. If you need assistance finding a certified operator, please contact our office.

Note that Section 116577 of the California Safe Drinking Water Act provides for the Division to be reimbursed by the Water System for costs incurred for preparing and issuing a citation. In accordance with Section 116577, the Water System will be billed for the preparation and issuance of this citation.

If you have any questions regarding this matter, please call Paul Rowe at (530) 224-4866 or me at (530) 224-4861.

Sincerely,

Handwritten signature of Reese B. Crenshaw.

Reese B. Crenshaw, P.E.  
Valley District Engineer  
Drinking Water Field Operations Branch

Enclosures

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FELICIA MARCUS, CHAIR | THOMAS HOWARD, EXECUTIVE DIRECTOR

364 Knollcrest Drive, Suite 101, Redding, CA 96002 | [www.waterboards.ca.gov](http://www.waterboards.ca.gov)

1 **Citation No. 21-15C-035**

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**STATE OF CALIFORNIA**

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**WATER RESOURCES CONTROL BOARD**

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**DIVISION OF DRINKING WATER**

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7 **Public Water System:** Artois Community Services District

8 **Water System No.:** 1100203

9

10 **To:** Artois Community Services District

11 Attn: Jack Cavier, President

12 P.O. Box 130

13 Artois, CA 95913

14

15 **Issued:** November 6, 2015

16 VIA CERTIFIED MAIL

17

18

**CITATION FOR NONCOMPLIANCE**

19

**With Title 22 California Code of Regulations**

20

**Section 64426.1(b)**

21

22 Section 116650 of the California Health and Safety Code (CHSC) authorizes the  
23 issuance of a citation for failure to comply with a requirement of the California Safe  
24 Drinking Water Act (CHSC, Division 104, Part 12, Chapter 4, commencing with  
25 Section 116270), or any regulation, standard, permit, or order issued thereunder.

26

1 The State Water Resources Control Board (hereinafter "Board"), acting by and  
2 through its Division of Drinking Water (hereinafter "Division") and the Deputy Director  
3 for the Division, hereby issues a citation to Artois Community Services District  
4 (System) for failure to comply with Section 64426.1(b), Title 22, of the California  
5 Code of Regulations (CCR).

6  
7 **APPLICABLE AUTHORITIES**

8 Section 116650 of the CHSC states:

9  
10 *(a) If the department determines that a public water system is in*  
11 *violation of this chapter or any regulation, permit, standard, citation,*  
12 *or order issued or adopted thereunder, the department may issue a*  
13 *citation to the public water system. The citation shall be served*  
14 *upon the public water system personally or by certified mail. Service*  
15 *shall be deemed effective as of the date of personal service or the*  
16 *date of receipt of the certified mail. If a person to whom a citation is*  
17 *directed refuses to accept delivery of the certified mail, the date of*  
18 *service shall be deemed to be the date of mailing.*

19  
20 *(b) Each citation shall be in writing and shall describe the nature of the*  
21 *violation or violations, including a reference to the statutory*  
22 *provision, standard, order, citation, permit, or regulation alleged to*  
23 *have been violated.*

24  
25 *(c) A citation may specify a date for elimination or correction of the*  
26 *condition constituting the violation.*  
27

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

3  
4 (e) The department may assess a penalty in an amount not to exceed  
5 one thousand dollars (\$1,000) per day for each day that a violation  
6 occurred, and for each day that a violation continues to occur. A  
7 separate penalty may be assessed for each violation.

8  
9 Section 64426.1(b), Title 22, of the CCR states:

10  
11 (b) A public water system is in violation of the total coliform MCL  
12 [maximum contaminant level] when any of the following  
13 occurs:

14  
15 (1) For a public water system which collects at least 40  
16 samples per month, more than 5.0 percent of the  
17 samples collected during any month are total coliform-  
18 positive; or

19  
20 (2) For a public water system which collects fewer than  
21 40 samples per month, more than one sample  
22 collected during any month is total coliform-positive; or

23  
24 (3) Any repeat sample is fecal coliform-positive or *E. coli*-  
25 positive; or  
26

1                                   (4) Any repeat sample following a fecal coliform-positive  
2                                   or *E. coli*-positive routine sample is total coliform-  
3                                   positive.  
4

5                                   **STATEMENT OF FACTS**

6                                   The Artois Community Services District, public water system (hereinafter "System")  
7                                   is classified as a community water system serving approximately 100 persons per  
8                                   day. In accordance with Section 64423 of Title 22, the System is required to collect  
9                                   one (1) routine bacteriological sample per month. On October 15, 2015, the routine  
10                                   sample collected from the distribution system contained total coliform bacteria. As a  
11                                   result, three out of the four repeat samples taken the next day were positive for total  
12                                   coliform. The cause of contamination was most likely the result of a pump  
13                                   replacement in the North Well during the previous month. The water system could  
14                                   not produce verification that the well contractor disinfected the well upon completion  
15                                   of the pump replacement project. No sample discussed herein was positive for *E.*  
16                                   *coli*.

17  
18                                   **DETERMINATIONS**

19                                   The Division has determined that the System violated Section 64426.1(b)(2), Title  
20                                   22, of the CCR, in that the System exceeded the total coliform MCL during the  
21                                   month of October 2015.  
22

23                                   **DIRECTIVES**

24                                   The System is hereby directed to take the following actions:  
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- 26                                   1. Comply with Section 64426.1, Title 22, of the CCR in all future monitoring  
27                                   periods.

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2. **Within 30 days** of the issuance of this Citation, notify all persons served by the System of the MCL violation as required by Section 64463.4 and Section 64465, Title 22, of the CCR. Notification shall be completed in accordance with each of the following:

(A) Mail or direct delivery to each customer receiving a bill; **and**

(B) Use of one of the following methods to reach persons not likely to be reached by method (A) above:

1. Publication in a local newspaper; **or**
2. Posting in conspicuous public places, or on the internet; **or**
3. Delivery to community organizations

3. Changes and/or modifications to Attachment 'A' shall be not be made unless approved by the Division.

4. Complete and return Attachment 'B' "Certification of Completion of Public Notification" form **within 10 days** of giving public notice. A copy of the notice used to provide public notification shall be attached to the form.

5. **Provide a certified distribution operator (D1) for the water system by December 11, 2015.**

1 The completed and signed copy of Attachment 'B' shall be submitted to the following  
2 address:

3  
4 Reese B. Crenshaw, P. E.  
5 Valley District Engineer  
6 Drinking Water Field Operations  
7 Division of Drinking Water  
8 State Water Resources Control Board  
9 364 Knollcrest Drive, Suite 101  
10 Redding, CA 96002  
11 (530) 224-4800

12  
13 Nothing in this Citation relieves the System of its obligation to meet the requirements  
14 of Health and Safety Code, Division 104, Part 12, Chapter 4 (California Safe  
15 Drinking Water Act), or any regulation, permit, standard or order issued or adopted  
16 thereunder.

17  
18 The Division reserves the right to make such modifications to this Citation, as it may  
19 deem necessary to protect public health and safety. Such modifications may be  
20 issued as amendments to this Citation and shall be effective upon issuance.

21  
22 **FURTHER ENFORCEMENT ACTION**

23 The California SDWA authorizes the Board to: issue citation with assessment of  
24 administrative penalties to a public water system for violation or continued violation  
25 of the requirements of the California SDWA or any permit, regulation, permit or order  
26 issued or adopted thereunder including, but not limited to, failure to correct a  
27 violation identified in a citation or compliance order. The California SDWA also  
28 authorizes the Board to take action to suspend or revoke a permit that has been  
29 issued to a public water system if the system has violated applicable law or

1 regulations or has failed to comply with an order of the Board; and to petition the  
2 superior court to take various enforcement measures against a public water system  
3 that has failed to comply with orders of the Board. The Board does not waive any  
4 further enforcement action by issuance of this citation.

5

6 **PARTIES BOUND**

7 This Citation shall apply to and be binding upon the System, its officers, directors,  
8 agents, employees, contractors, successors, and assignees.

9

10 **SEVERABILITY**

11 The directives of this Citation are severable, and Artois Community Services District  
12 shall comply with each and every provision thereof notwithstanding the effectiveness  
13 of any other provision.

14

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16

17 R. Crenshaw

18 Reese B. Crenshaw, P.E., District Engineer  
19 Valley District  
20 Drinking Water Field Operations Branch

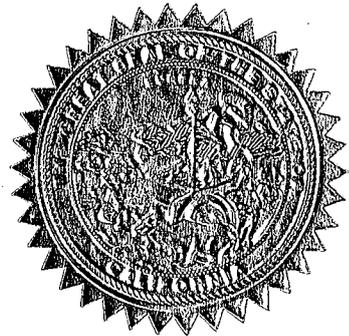
11/6/15

Date

21

22 **Attachments:**

- 23 'A' Public Notification Template
- 24 'B' Certification of Completion
- 25



**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.

**The Artois Community Services District did not meet  
Bacteriological Drinking Water Standards in October 2015**

Our water system violated the bacteriological drinking water standard in October 2015. As our customers, you have a right to know what you should do, what happened, and what we are doing to correct this situation.

We routinely monitor for the presence of coliform bacteria in your drinking water. Following a positive total coliform routine sample taken in mid-October, we took eleven repeat samples to confirm the presence of coliform bacteria. As a result, six (6) of the eleven samples showed the presence of total coliform. The standard is that no more than one (1) sample per month may have total coliform.

**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.
- Usually, coliforms are a sign that there could be a problem with the treatment or distribution system (pipes). Whenever we test for total coliform bacteria in any sample, we also test to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find E. coli bacteria in our 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 U.S. 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?**

Because the North Well appears to be the source of total coliform bacteria, we are currently addressing this issue by disinfecting the North Well. After disinfection, water samples will be collected on \_\_\_\_\_, 2015, and results will be available during the week of November \_\_\_\_\_, 2015.

For more information, please contact Jack Cavier @ 530-934-4025.

State Water System ID#: 1100203

## CERTIFICATION OF COMPLETION OF PUBLIC NOTIFICATION

This form, when completed and returned to the Division of Drinking Water (364 Knollcrest Drive, Suite 101, Redding, CA 96002 or fax to 530-224-4844), serves as certification that public notification to water users was completed as required by the California Water Quality and Monitoring Regulations. Completing public notification and providing the Division with certification is important. Failure to do so will result in additional hourly time charges to your water utility and may result in a formal enforcement action with monetary penalties.

**Public Water System Name** Artois Community Services District

**Public Water System No.** 1100203

Public notification for the October 2015 bacteriological failure was performed by the following methods:

- Mail, email, or hand delivery to water users. Please indicate the date(s) the notice was sent or delivered: \_\_\_\_\_

**AND**

- Use of one of the following methods to reach persons not likely to be reached by mail, email, or hand delivery: (circle one and indicate date of delivery: \_\_\_\_\_, 2015)
  1. Publication in a local newspaper; **or**
  2. Posting in conspicuous public places, or on the internet; **or**
  3. Delivery to community organizations

I hereby certify that the above information is factual.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date