

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

IN RE: **HEATH BRIMHALL P.O.A.**
Water System No. 1502629

TO: Mr. Tim Lucas, President
Heath Brimhall P.O.A.
16548 Brimhall Road
Bakersfield, CA 93314

CC: McMor Chlorination
Kern County Environmental Health Services Department

CITATION FOR NONCOMPLIANCE
TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION
April 2013

Issued on May 23, 2013

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

VIOLATION

The Drinking Water Field Operations Branch of the Department of Public Health (hereinafter 'Department') hereby issues a Citation to Heath Brimhall P.O.A. (hereinafter 'Water System'), for failure to comply with Section 116555(a)(1) of the CHSC and Section

1 64426.1(b)(2) of Title 22, California Code of Regulations (CCR). Specifically, the Water
2 System (mailing address: 16548 Brimhall Road, Bakersfield, CA 93314) failed to comply
3 with the total coliform Maximum Contaminant Level (MCL) for the month of April 2013.

4
5 Section 64426.1(b)(2) specifies that a public water system collecting fewer than 40 samples
6 per month is in violation of the total coliform MCL when more than one sample collected
7 during any month is total coliform-positive.

8
9 The Water System is required to collect a minimum of one (1) distribution system
10 bacteriological sample per month. The bacteriological water analysis results submitted by
11 the Water System reported the presence of total coliform bacteria in five (5) of nine (9)
12 samples collected by the Water System in April and May of 2013. None of the positive
13 samples showed the presence of fecal coliform or *E. coli* bacteria.

14
15 Upon being informed of the presence of total coliform bacteria in the routine sample
16 collected on April 29, 2013, Water System staff collected an additional sample from the
17 same location on May 1, 2013, and from a second location on May 2, 2013. Both of the
18 additional samples showed the presence of total coliform bacteria. A set of three (3) repeat
19 samples was collected on May 3, 2013. Two (2) of the repeat samples showed the presence
20 of total coliform bacteria. A second set of three (3) repeat samples was collected on May 8,
21 2013, and all three (3) samples were negative for total coliform bacteria. Due to the above-
22 mentioned total coliform positive samples, the Water System failed the total coliform MCL
23 for the month of April 2013. None of the positive samples showed the presence of fecal
24 coliform or *E. coli* bacteria. All water samples for coliform bacteria collected during April
25 and May 2013 are summarized in Attachment A.

26

27

1 The cause of the contamination is unknown since no specific source of contamination has
2 been identified. The Water System does not provide for continuous chlorination of the
3 distribution system. Following the first two total coliform positive samples, the Water
4 System voluntarily advised customers to boil their water, although an official Boil Water
5 Order was not issued by the Department. The Water System batch chlorinated the storage
6 tank on May 6, 2013, then flushed the distribution system. At the direction of the
7 Department, the second set of repeat samples was taken on May 8, 2013 when there was no
8 longer a detectable chlorine residual. Triggered source monitoring was conducted on May
9 3 and May 8 from the only active well. All source sample results were <1.1 MPN/100mL
10 for total coliform and *E. coli* bacteria.

11
12 The above violation is classified as a non-continuing violation.

13
14 **ASSOCIATED VIOLATIONS**

15 Additionally, the Water System has failed to comply with the following Section 64424 of
16 Title 22, CCR:

17
18 Sections 64424(a)1 and 64424(b) specifies that a repeat sample set shall consist of at least
19 three samples for each total coliform-positive sample as follows: one from the routine
20 sample site at which the positive occurred, another from within five service connections
21 upstream of the original site and a third from within five service connections downstream
22 from the original sample site unless there is no upstream and/or downstream service
23 connections.

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

1 **NOTIFICATION REQUIREMENTS**

2 Section 64426.1(c) requires a public water system to notify the Department and the
3 customers of the water system when a violation of the total coliform MCL occurs.
4 Notification to the Department shall be by the end of the business day on which the
5 violation has been determined. If the Department is closed, notification shall be within 24
6 hours of the determination. The Department was notified on May 2, 2013, in accordance
7 with the above-referenced section.

8
9 A Tier 2 Public Notice for violations of paragraphs 64426.1(b)(2) shall be given pursuant to
10 Section 64463.4 [lists method, time-frame and delivery] and 64465 [content & format].
11 The Tier 2 Public Notice shall include the mandatory health effects language from
12 Appendix 64465-A for a total coliform MCL failure.

13
14 The Water System shall either mail or conduct direct delivery of the public notice to all
15 customers served within the general service area (Attachment B). Section 116450(g)
16 requires that upon receipt of notification from a public water system, schools must notify
17 school employees, students, and parents (if the students are minors), residential rental
18 property owners or managers (including nursing homes and care facilities) must notify their
19 tenants and business property owners, managers or operators must notify employees of
20 businesses located on the property. These secondary notification requirements are included
21 in the public notice. The Department hereby waives public notification by newspaper,
22 posting or delivery to community organizations.

23
24 Proof of notification is required. The Water System shall complete Attachment C and
25 return it to the Department by **June 21, 2013**.

1 **DIRECTIVES**

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

- 3
- 4 1. By **June 7, 2013**, provide public notification of the total coliform Maximum
5 Contaminant Level failure by direct delivery by hand or mail to each consumer.

6

7 By **June 21, 2013**, the Water System shall provide proof of hand or mail delivery of
8 the total coliform MCL violation notification to each consumer using Attachment C,
9 to:

10 Tricia A. Wathen, Senior Sanitary Engineer
11 Department of Public Health
12 Drinking Water Field Operations Branch
13 265 W. Bullard Avenue, Suite 101
14 Fresno, CA 93704

- 15 2. The Water System shall collect repeat samples as required by Section 64424 and as
16 discussed in this Citation whenever a routine sample is positive for total coliform
17 bacteria.

- 18
- 19 3. The Water System shall collect five (5) routine samples for total coliform analysis
20 during the month of May 2013.

- 21
- 22 4. By **June 21, 2013**, the Water System shall complete and submit the enclosed
23 “Positive Total Coliform Investigation” form to the Department that describes the
24 incident and all corrective actions taken, and the results of the investigation. The
25 appropriate investigation report is provided as Attachment D.

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CIVIL PENALTIES

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

5/23/13
Date

Tricia A. Wathen
Tricia A. Wathen, P.E.
Senior Sanitary Engineer, Visalia District
DRINKING WATER FIELD OPERATIONS BRANCH



TAW/SF

Attachments:

- Attachment A: Summary of Bacteriological Samples collected in April and May 2013
- Attachment B: Public Notice
- Attachment C: Proof of Notification Form
- Attachment D: Positive Total Coliform Investigation Form

03-12-13C-010-1502629-22 TCRMCL April 2013

Bacteriological Distribution Monitoring Report

1502629 Heath Brimhall POA
Distribution System Freq: 1/M

<i>Sample Date</i>	<i>Location</i>	<i>T Coli</i>	<i>E Coli</i>	<i>F Coli</i>	<i>HPC</i>	<i>Type</i>	<i>CI2 Avg</i>	<i>Viol. Type</i>	<i>GWR Satisfied?</i>	<i>Comments</i>
4/29/2013	16301 Barton	P	A			Routine				
5/1/2013	16301 Barton	P	A			Repeat				
5/2/2013	16548 Brimhall	P	A			Repeat				
5/3/2013	16301 Barton	A	A			Repeat			Yes	
5/3/2013	16548 Brimhall	P	A			Repeat			Yes	
5/3/2013	16500 Brimhall	P	A			Repeat			Yes	
5/8/2013	16301 Barton	A	A			Repeat			Yes	
5/8/2013	16500 Brimhall	A	A			Repeat			Yes	
5/8/2013	16548 Brimhall	A	A			Repeat			Yes	

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	CI2 not reported

Source Bacteriological Monitoring Report

1502629 Heath Brimhall POA

<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>
5/3/2013	8:29	Well	GWR Well	MPN	<1.1	<1.1				
5/8/2013	8:21	Well	GWR Well	MPN	<1.1	<1.1				

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.

Heath Brimhall POA 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 a total of nine (9) samples to test for the presence of coliform bacteria in April and May, 2013. Five (5) 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?

[Describe corrective action.] _____ We
anticipate resolving the problem within _____ [estimated time frame].

For more information, please contact _____ [insert name of contact] at
_____ [insert phone number] or at the following mailing address:
_____ [insert business/mailling 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 Heath Brimhall POA.

Date distributed: _____.

PROOF OF NOTIFICATION
(Return with copy of the Notice)

As required by Section 116450 of the California Health and Safety Code, I notified all users of water supplied by the **Heath Brimhall POA** of the failure to meet the **total coliform bacteria MCL** for the month of **April 2013** as directed by the Department. At least one primary distribution method is required: mail, hand-delivery or newspaper publication. A second method is also required in order to reach persons not likely to be reached by a mailing, direct delivery or newspaper publication (renters, nursing home patients, prison inmates, etc.):

Notification was made on _____
(date)

To summarize report delivery used and good-faith efforts used, please check all items below that apply and fill-in where appropriate:

- The notice was distributed by mail delivery to each customer served by the water system.
- The notice was distributed by direct delivery to each customer served by the water system. Specify direct delivery method(s) used: _____
- Publication of the notice in a local newspaper or newsletter of general circulation (attach a copy of the published notice, including name of newspaper and date published).
- Posted the notice at the following conspicuous locations served by the water system (if needed, please attach a list of locations). _____
- Posted the notice on the Internet at www. _____
- Other method used to notify customers. _____

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.

Certified by Name and Title: _____

Date: _____ Signature: _____

Due to the Dept. of Health Services within 10 days of notification to the public
Total Coliform MCL Failure

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 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

PWS Name:		PWS ID NUMBER:	
Name		Address	
Operator in Responsible Charge (ORC)		Telephone #	
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

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 the weather conditions at the time of the positive sample (rainy, windy, sunny)				

POSITIVE TOTAL COLIFORM INVESTIGATION

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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: _____