Citation No. 03-12-13C-005

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

IN RE: **CITY OF HANFORD**
Water System No. 1610003

TO: Mr. Lou Camara, Public Works Director
900 S. 10th Avenue
Hanford, CA 93230

CC: Kings County Environmental Health Services Department

CITATION FOR NONCOMPLIANCE
TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION
December 2012

Issued on February 20, 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 City of Hanford (hereinafter 'City'), for failure to comply with Section 116555(a)(1) of the CHSC and Section 64426.1(b)(1) of Title 22, California Code of Regulations (CCR). Specifically, the City (mailing address:

900 S. 10th Avenue, Hanford, CA 93230) failed to comply with the total coliform Maximum Contaminant Level (MCL) for the month of December 2012.

Section 64426.1(b)(1) specifies that a public water system which collects at least 40 samples per month is in violation of the total coliform MCL when more than 5.0 percent of the samples collected during any month are total coliform-positive. The City is required to collect a minimum of fifteen (15) distribution system bacteriological samples per week. The bacteriological water analysis results submitted by the City reported the presence of total coliform bacteria in twenty (20) of one hundred three (103) samples collected by the City in December 2012. None of the positive samples showed the presence of fecal coliform or *E. coli* bacteria.

A total of five (5) routine samples collected during December 2012 showed the presence of total coliform bacteria. Upon being informed of the presence of total coliform bacteria in routine samples, city staff collected sets of four (4) repeat samples for each positive routine sample. City staff continued to collect additional repeat samples until all of the repeat samples were negative for total coliform bacteria. Fifteen (15) of the thirty-nine (39) repeat samples showed the presence of total coliform bacteria. Due to the above-mentioned total coliform positive samples, the City failed the total coliform MCL for the month of December 2012. All distribution water samples for coliform bacteria collected during December 2012 are summarized in Attachment A.

The cause of the contamination is inconclusive, however, based on the investigation conducted by the City's staff (see Attachment B), the cause of contamination appears to be the lack of routine maintenance and cleaning of Tank 6. Tank 6 was sampled on December 10, 2012, and the results showed the presence of total coliform bacteria. The City cleaned and chlorinated Tank 6, and performed extensive flushing of the affected area.

The City does not provide continuous disinfection of the distribution system, but does conduct routine monitoring from all its active wells. The analytical results for all wells sampled during December 2012 did not detect the presence of total coliform bacteria. Additionally, representative triggered source monitoring was conducted for Wells Nos. 44 and 41 on December 5, 2012 and December 13, 2012, respectively. Results from these samples were negative for total coliform bacteria. All source water samples for coliform bacteria collected during December 2012 are summarized in Attachment C.

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

NOTIFICATION REQUIREMENTS

Section 64426.1(c) requires a public water system to notify the Department and the consumers of the water system, when a violation of the total coliform MCL occurs. Notification to the Department shall be by the end of the business day on which the violation has been determined. If the Department is closed, notification shall be within 24 hours of the determination. The Department was notified on December 5, 2012, in accordance with the above-referenced section.

A Tier 2 Public Notice for violations of paragraphs 64426.1(b)(1) shall be given pursuant to Section 64463.4 [lists method, time-frame and delivery] and 64465 [content & format]. The Tier 2 Public Notice shall include the mandatory health effects language from Appendix 64465-A for a total coliform MCL failure.

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

system or on the internet, or by delivery to community organizations. The City may publish the public notice once in a daily or weekly newspaper available in the general service area. The Department hereby waives public notification by mail or direct delivery.

Section 116450(g) requires that upon receipt of notification from a public water system, 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 their tenants and business property owners, managers or operators must notify employees of businesses located on the property. These secondary notification requirements are also included in the public notice.

Notification of the public was conducted on January 30, 2013, advising each customer of the failure of the total coliform MCL during the month of December 2012. A copy of the notice that was mailed to each customer is provided as Attachment D. Proof of Notification is provided as Attachment E.

DIRECTIVES

The City is hereby directed to take the following actions:

1. By May 1, 2013, the City of Hanford needs to update their Operation Plan to include storage tank cleaning and flushing necessary to reduce the possibility of additional bacteriological events. The City does not provide chlorination so it is very important that the City develops and implements adequate flushing and storage tank maintanence.
2. By May 1, 2013, the City of Hanford needs to develop an Emergency Chlorination Plan. In the event that another bacteriological event occurs, the City will need to be prepared to provide emergency chlorination.

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.

February 20, 2013
Date

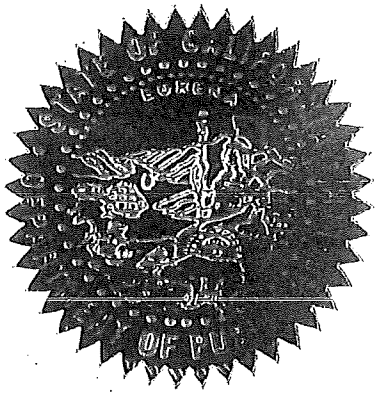
Tricia A. Wathen
Tricia A. Wathen, P.E.
Senior Sanitary Engineer, Visalia District
DRINKING WATER FIELD OPERATIONS BRANCH

TAW/SF

Attachments:

Attachment A:	Summary of Bacteriological Distribution Samples collected in December 2012
Attachment B:	Positive Coliform Investigative Report
Attachment C:	Summary of Bacteriological Source Samples collected in December 2012
Attachment D:	Public Notice
Attachment E:	Proof of Notification Form

03-12-13C-005-1610003-22 TCRMCL Dec-2012Cit ID 2-20-13



Bacteriological Distribution Monitoring Report

1610003 Hanford, City of

Distribution System Freq: 15/W

Sample Date	Location	T Coli	E Coli	F Coli	HPC	Type	Cl2	Cl2 Avg	Viol. Type	GWR Satisfied?	Comments
12/1/2012	15 Tanks	<1.1		<1.1		Other					
12/1/2012	59 Samples	<1.1		<1.1		Routine					
12/3/2012	350 W. Grangeville Blvd	1.1		<1.1		Routine				Yes	GWR: Well was sample
12/3/2012	1800 Block Fitzgerald	3.6		<1.1		Routine				Yes	GWR: Well was sample
12/5/2012	350 W. Grangeville	<1.1		<1.1		Repeat					Repeat for 12/3 (350 W. Grangeville)
12/5/2012	350 W. Grangeville	<1.1		<1.1		Repeat					Repeat for 12/3 (350 W. Grangeville)
12/5/2012	FH @ Grangeville/Redington	<1.1		<1.1		Repeat			MCL		2/11/13 Issued Cit 03-12 005. Repeat for 12/3 (3 Grangeville)
12/5/2012	1800 Block Fitzgerald	1.1		<1.1		Repeat					Repeat for 12/3 (1800 Bl Fitzgerald)
12/5/2012	1800 Block Fitzgerald	<1.1		<1.1		Repeat					Repeat for 12/3 (1800 Bl Fitzgerald)
12/5/2012	FH @ Grangeville/Kaweah	1.1		<1.1		Repeat					Repeat for 12/3 (350 W. Grangeville)
12/5/2012	FH @ W. Berkshire/Fitzgerald	<1.1		<1.1		Repeat					Repeat for 12/3 (1800 Bl Fitzgerald)
12/5/2012	FH @ Hampton/Fitzgerald	1.1		<1.1		Repeat					Repeat for 12/3 (1800 Bl Fitzgerald)
12/8/2012	FH @ Grangeville/Kaweah	<1.1		<1.1		Repeat					Repeat for 12/5 (FH @ Grangeville/Kaweah)
12/8/2012	FH @ Grangeville/Kaweah	<1.1		<1.1		Repeat					Repeat for 12/5 (FH @ Grangeville/Kaweah)
12/8/2012	FH @ Berkshire/Fitzgerald	16.1		<1.1		Repeat					Repeat for 12/5 (1800 Bl Fitzgerald)
12/8/2012	FH @ Hampton/Fitzgerald	16.1		<1.1		Repeat					Repeat for 12/5 (1800 Bl Fitzgerald)
12/8/2012	1800 Block Fitzgerald	>23.0		<1.1		Repeat					Repeat for 12/5 (1800 Bl Fitzgerald)
12/8/2012	1800 Block Fitzgerald	12.0		<1.1		Repeat					Repeat for 12/5 (1800 Bl Fitzgerald)
12/10/2012	800 Block W. Imperial	3.6		<1.1		Routine				Yes	GWR: Well was sample
12/10/2012	1800 Block Fitzgerald	9.2		<1.1		Routine				Yes	GWR: Well was sample
12/10/2012	Tank 6	2.2		<1.1		Other					
12/10/2012	2570 Glacier Way	9.2		<1.1		Routine				Yes	GWR: Well was sample
12/13/2012	2570 Glacier Way	6.9		<1.1		Repeat					Repeat for 12/10 (2570 Glacier Way)
12/13/2012	2570 Glacier Way	3.6		<1.1		Repeat					Repeat for 12/10 (2570 Glacier Way)
12/13/2012	FH @ Glacier/Willow	<1.1		<1.1		Repeat					Repeat for 12/10 (2570 Glacier Way)
12/13/2012	FH @ Glacier/Orange	12.0		<1.1		Repeat					Repeat for 12/10 (2570 Glacier Way)
12/13/2012	800 Block W. Imperial	9.2		<1.1		Repeat					Repeat for 12/10 (800 Bl W. Imperial)
12/13/2012	800 Block W. Imperial	9.2		<1.1		Repeat					Repeat for 12/10 (800 Bl W. Imperial)
12/13/2012	FH @ 11th Avenue/Imperial	16.1		<1.1		Repeat					Repeat for 12/10 (800 Bl W. Imperial)
12/13/2012	809 W. Imperial	16.1		<1.1		Repeat					Repeat for 12/10 (800 Bl W. Imperial)
12/16/2012	FH @ Hampton/Fitzgerald	1.1	<1.1			Repeat					Repeat for 12/10 (1800 E W. Imperial)
12/16/2012	1800 Block Fitzgerald	<1.1	<1.1			Repeat					Repeat for 12/10 (1800 E Fitzgerald)
12/16/2012	1800 Block Fitzgerald	<1.1	<1.1			Repeat					Repeat for 12/10 (1800 E Fitzgerald)
12/16/2012	FH @ Berkshire/Fitzgerald	<1.1	<1.1			Repeat					Repeat for 12/10 (1800 E Fitzgerald)

Sample Date	Location	T Coli	E Coli	F Coli	HPC	Type	Cl2	Cl2 Avg	Viol. Type	GWR Satisfied?	Comments
12/16/2012	FH @ Glacier Way/Willow	<1.1	<1.1			Repeat					Repeat for 12/13 (2570 Glacier Way)
12/16/2012	2570 Glacier Way	<1.1	<1.1			Repeat					Repeat for 12/13 (2570 Glacier Way)
12/16/2012	2570 Glacier Way	<1.1	<1.1			Repeat					Repeat for 12/13 (2570 Glacier Way)
12/16/2012	FH @ Glacier Way/Orange	<1.1	<1.1			Repeat					Repeat for 12/13 (2570 Glacier Way)
12/16/2012	FH @ 11th Ave/Imperial	<1.1	<1.1			Repeat					Repeat for 12/13 (800 Bl W. Imperial)
12/16/2012	800 Block W. Imperial	<1.1	<1.1			Repeat					Repeat for 12/13 (800 Bl W. Imperial)
12/16/2012	800 Block W. Imperial	<1.1	<1.1			Repeat					Repeat for 12/13 (800 Bl W. Imperial)
12/16/2012	809 W. Imperial	<1.1	<1.1			Repeat					Repeat for 12/13 (800 Bl W. Imperial)
12/18/2012	800 Block W. Imperial	<1.1	<1.1			Repeat					W. Imperial follow-up
12/18/2012	2570 Glacier Way	<1.1	<1.1			Repeat					Glacier Way follow-up
12/18/2012	1800 Block Fitzgerald	<1.1	<1.1			Repeat					Repeat for 12/16 (FH @ Hampton/Fitzgerald)
12/18/2012	FH @ Hampton/Fitzgerald	<1.1	<1.1			Repeat					Repeat for 12/16 (FH @ Hampton/Fitzgerald)
12/18/2012	FH @ Berkshire/Fitzgerald	<1.1	<1.1			Repeat					Repeat for 12/16 (FH @ Hampton/Fitzgerald)

Violation Key

MCL	Exceeds the maximum contaminant level
MR1	No monthly sample for the report month
MR2	No quarterly sample for the report month
MR3	Incorrect number of routine samples for the report month
MR4	Did not collect 5 routine samples for previous month's positive sample
MR5	Incorrect number of repeat samples as follow-up to a positive sample
MR6	No source sample
MR7	No summary report submitted
MR8	Other comments and/or info
MR9	Cl2 not reported

POSITIVE TOTAL COLIFORM INVESTIGATION

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:	City of Hanford	PWSID NUMBER:	1610003
	Name	**Address**	**Telephone #**
Operator in Responsible Charge (ORC)	Michael Cosenza	900 S. 10th Avenue	(559) 585-2564
Person that collected TC samples if different than ORC	Samuel Martinez / Justin Bone	900 S. 10th Avenue	(559) 585-2564
Owner	City of Hanford	900 S. 10th Avenue	(559) 585-2564
Certified Laboratory for Microbiological Analyses	County of Kings – Public Health Lab		(559) 584-1401
Date Investigation Completed:			
Month(s) of Total Coliform MCL Failure:	December		

INVESTIGATION DETAILS

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS
	40	41	42	44	
1. Inspect each well head for physical defects and report					
a. Is raw water sample tap upstream from point of disinfection?	N/A	N/A	N/A	N/A	
b. Is wellhead vent pipe screened?	YES	YES	TES	YES	
c. Is wellhead seal watertight?	YES	YES	YES	YES	
d. Is well head located in pit or is any piping from the wellhead submerged?	NO	NO	NO	NO	
e. Does the ground surface slope towards well head?	NO	NO	NO	NO	
f. Is there evidence of standing water near the wellhead?	NO	NO	NO	NO	
g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)	NO	NO	NO	NO	
h. Is the wellhead secured to prevent unauthorized access?	YES	YES	YES	YES	
i. To what treatment plant (name) does this well pump?	N/A	N/A	N/A	N/A	
j. How often do you take a raw water total coliform (TC) test?	MONTHLY	MONTHLY	MONTHLY	MONTHLY	
k. Provide the date and result of the last TC test at this location					

TREATMENT	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS
1. If you provide continuous chlorination treatment, was there any equipment failure? Did the distribution system maintain a chlorine residual?	N/A	N/A	N/A	N/A	
a. Was emergency chlorination initiated?	N/A	N/A	N/A	N/A	
b. If yes, for how long?	N/A	N/A	N/A	N/A	

POSITIVE TOTAL COLIFORM INVESTIGATION

TREATMENT	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS
2. Did the distribution system lose chlorine residual?	N/A				
3. If you do not provide routine chlorination, was emergency chlorination initiated?	NO				
If Yes,, when?					
4. Inspect each point where disinfectant is added and report	N/A				
a. For hypochlorinator systems					
1. Is the disinfectant feed pump feeding disinfectant?	N/A				
2. What is the feed rate of disinfectant in ml/minute	N/A				
3. What is the concentration of the disinfectant solution being fed? (percent, or mg/l of chlorine as HOCl)	N/A				
4. By what method was the concentration of solution determined? (ex: measured, manufacturer's literature)	N/A				
5. What is the age (days) of the disinfectant solution currently being used at this treatment location?	N/A				
6. What is the raw water flow rate at the point where disinfectant is added in gallons per minute?	N/A				
7. What is the **total** chlorine residual measured immediately downstream from the point of application?	N/A				
8. What is the **free** chlorine residual measured immediately downstream from the point of application?	N/A				
9. What is the contact time in minutes from the point of disinfectant application to the first customer?	N/A				

STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
	T5N	T5S	T6		
1. Is each tank locked to prevent unauthorized access?	YES	YES	YES		
2. Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank?	YES	YES	YES		
3. Is the overflow on each tank screened?	YES	YES	YES		
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?	NO	NO	NO		
5. Is the roof/cover of the tank sealed and free of any leaks.	YES	YES	YES		
6. Is the tank above ground or buried.	ABOVE	ABOVE	ABOVE		
a. If buried or partially buried, are there provisions to direct surface water away from the site.	N/A	N/A	N/A		
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?	YES	YES	YES		
8. Does the tank "float" on the distribution system or are there separate inlet and outlet lines?	SEP	SEP	SEP		

POSITIVE TOTAL COLIFORM INVESTIGATION

STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
	T5N	T5S	T6		
9. What is the **measured** chlorine residual (total/free) of the water exiting the storage tank **today**?	N/A	N/A	N/A		
10. What is the volume of the storage tank in gallons?	1 M	1 M	1 M		
11. Is the tank baffled?	NO	NO	NO		
12. Prior to the TC+ or EC+, what was the previous date item #1-7 were checked and documented?	11/30/12	11/30/12	11/30/12		Was also checked the day of sample 12/3/12.

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	**45 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 MAINLINE LEAKS DETECTED**
6. If there was a mainline leak, when was it repaired?	**N/A**
7. On what date was the distribution system last flushed?	**11/30/12 PRIOR TO THE 12/3/12 TC+ SAMPLE**
8. Is there a written flushing procedure you can provide for our review?	**NO**
9 Do you have an active cross connection control program?	**YES**
10. What is name and phone number of your Cross-Connection Control Program Coordinator?	**MIKE COSENZA, UTILITIES SUPERINTENDENT, 559-585-2564**
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?	**SURVEYS ARE CONDUCTED ON A CONTINUING BASIS.**

BOOSTER STATION	SYSTEM RESPONSES
1. Do you have a booster pump? How many?	**Only at Tank Sites – T6 3 boosters – T5 5 boosters – T4 3 boosters**
2. Do you have a standby booster pump if the main pump fails?	**YES**
3. Prior to bacteriological quality problems, did your booster pump fail?	**NO**
4. Do you notice standing water, leakage at the booster station?	**NO**

POSITIVE TOTAL COLIFORM INVESTIGATION

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)	36	30	30	
2. Is the sample tap located in an **ext**erior location or is it protected by an **enc**losure?	ENC	EXT	EXT	
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?	NO	NO	NO	
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?	YES	YES	YES	
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	
7 Is the area around the sample tap free of excessive vegetation or other impediments to sample collection	YES	YES	YES	
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)	ran water, swabbed with disinfectant, flamed,	ran water, swabbed with disinfectant, flamed,	ran water, swabbed with disinfectant, flamed,	
9. Is this sample tap designated on the sampling plan submitted with this information request?	YES	YES	YES	
10. What were the weather conditions at the time of the positive sample (rainy, windy, sunny),	HEAVY FOG	HEAVY FOG	HEAVY FOG	

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?	YES
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

POSITIVE TOTAL COLIFORM INVESTIGATION

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?

The cause of the TC+ was due to the lack of routine maintenance and cleaning on our distribution storage tank.

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

NAME: Mike Cosey **TITLE:** Utilities Superintendent **DATE:** 2/4/2013

Source Bacteriological Monitoring Report

1610003 Hanford, City of

Sample Date	*Time*	*Source*	*Sample Type*	*Test Method*	*T Coli*	*E Coli*	*F Coli*	*HPC*	*Violation*	*Comments*
12/1/2012		Wells: 35,36,38,40,41,42,43,44,45,46,47,48,49	Well	MPN	<1.1	<1.1				
12/5/2012	2:47	Well 44	GWR Well	MPN	<1.1	<1.1				
12/13/2012	9:44	Well 41	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 alguíen que lo entienda bien.

City of Hanford Had 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 103 sample(s) to test for the presence of coliform bacteria in December 2012. 19.4 percent of these samples showed the presence of total coliform bacteria. The standard is that no more than 5 percent of samples 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?

A maintenance failure at a distribution tank site was the cause of the failure. This problem has been remedied.

For more information, please contact Mike Cosenza, Utilities Superintendent at (559) 585-2550 or at the following mailing address: City of Hanford 900 S. 10th Avenue, Hanford, CA 93230.

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)]: *This can do this by posting this public notice in a public place or distributing copies by hand or mail.*

- 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 City of Hanford. Date distributed: 1/30/13.

TheSentinel

Lee Central California Newspapers
P.O. BOX 9
HANFORD, CALIFORNIA 93232
PHONE 888-790-0915
Sentinel_Finance@lee.net

City of Hanford - Legals
315 N. Douty St.- Attn: Accts Payable
Hanford, CA 93230

Certificate of Publication

ACCOUNT #	1330	DESCRIPTION	
AD #	0000146153	SIZE	2 x 6.67
INVOICE DATE	1/30/2013	TIMES	3
		DATES APPEARED	1/30/2013

Paste Tear Sheet Here

Publication - **The Hanford Sentinel**

State of California

County of **Kings**

I am a citizen of the United States and a resident of the county foresaid; I am over the age of eighteen years, and not a part to or interested in the above-entitled matter. I am the principal clerk of **The Hanford Sentinel**, a newspaper of general circulation, printed and published daily in the city of Hanford, County of Kings, and which newspaper has been adjudged a newspaper of general circulation by the superior court of the County of Kings, State of California, under the date of October 23, 1951, case number 11623,

That I know from my own personal knowledge the notice, of which the annexed is a printed copy (set in type not smaller than nonpareil), has been published in each regular and entire issue of said newspaper and not in any supplement thereof on the following dates, to wit:

Published on: 1/30/2013

Filed on: 1/30/2013

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Dated at Kings County, California

This Day 30 of Jan. 2013

Signature Terri Rocha

AD#146153

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.

City of Hanford Had 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 103 sample(s) to test for the presence of coliform bacteria in December 2012. 19.4 percent of these samples showed the presence of total coliform bacteria. The standard is that no more than 5 per cent of samples 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?
A maintenance failure at a distribution tank site was the cause of the failure. This problem has been remedied.
For more information, please contact Mike Cosenza, Utilities Superintendent at (559) 585-2550 or at the following mailing address: City of Hanford 900 S. 10th Avenue, Hanford, CA 93230.

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)]: *This can do this by posting this public notice in a public place or distributing copies by hand or mail.*

- 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 City of Hanford. Date distributed:_____
Publish: January 30, 2013

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 **City of Hanford** of the failure to meet the **total coliform bacteria MCL** for the month of **December 2012** 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 1/30/2013 .
(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.ci.hanford.ca.us**

☐ 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: Mike Cosenza, Utilities Superintendent

Date: 2/14/2013 Signature: _____

Due to the Dept. of Health Services within 10 days of notification to the public
Total Coliform MCL Failure / Enforcement Action No.: To be assigned