



EDMUND G. BROWN JR.
GOVERNOR

MATTHEW RODRIGUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board
Division of Drinking Water

October 10, 2014
System No.: 1610009

Ms. Rosa Maldonado, Manager
Kettleman City Community Services District
P. O. Box 179
Kettleman City, CA 93239

RE: Citation No. 03-12-14C-037
Violation of Title 22, California Code of Regulations, Section 64426.1,
For August 2014

Dear Ms. Maldonado:

Enclosed is a Citation issued to the Kettleman City Community Services District (District) public water system.

The District will be billed at the Division's hourly rate (currently estimated at \$126.00) for the time spent on issuing this Citation. The California Health and Safety Code Section 116577 provides that a public water system must reimburse the Division for actual costs incurred by the Division for specified enforcement actions, including but not limited to, preparing, issuing and monitoring compliance with a citation. At this time, the Division has spent approximately two hours on enforcement activities associated with this violation. The District will receive a bill sent from the Division of Drinking Water Fee Billing Unit in August of the next fiscal year. This bill will contain fees for any enforcement time spent on this water system for the current fiscal year.

If you have any questions regarding this letter and the enclosed citation, please contact the Visalia District office at (559) 447-3300.

Sincerely,

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

TAW/LR
Enclosures
cc: Kings County Environmental Health Department

STATE OF CALIFORNIA
WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER

IN RE: **KETTLEMAN CITY COMMUNITY SERVICES DISTRICT**
Water System No. 1610009

TO: Ms. Rosa Maldonado, Manager
Kettleman City Community Services District
P. O. Box 179
Kettleman City, CA 93239

CC: Tulare County Environmental Health Services Department
California Water Services, P. O. Box 343, Coalinga, CA 93210

**CITATION FOR VIOLATION OF
CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 64426.1
August 2014**

Issued on October 10, 2014

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

The State Water Resources Control Board (hereinafter "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 Kettleman City Community Services District (hereinafter "District") (6734 Charity Ave, Bakersfield, CA 93308) for violation of California Code of Regulations (CCR), Title 22, Section 64426.1.

1 APPLICABLE AUTHORITIES

2 The applicable statutes and regulations are provided in Appendix A; attached hereto and
3 incorporated by reference.

4
5 STATEMENT OF FACTS

6 The District is a community water system serving a residential population of approximately
7 1,500 persons through 353 service connections. The District is required to collect a minimum of
8 2 distribution system bacteriological samples per month. The bacteriological water analysis
9 results submitted by the District for the month of August 2014 reported the presence of total
10 coliform bacteria in 2 of 8 samples. None of the positive samples showed the presence of fecal
11 coliform or *E. coli* bacteria.

12
13 In response to the presence of total coliform bacteria detected in 2 routine samples collected on
14 August 6, 2014, a total of 6 repeat samples were collected on August 12, 2014, all of these
15 samples were negative for total coliform bacteria. The routine samples were analyzed using the
16 Multiple Tube Fermentation – 10 tube method which takes up to 48 hours to disclose the
17 preliminary results and an additional 48 hours to confirm the preliminary data. Thus the contract
18 operators for the District were not aware of the positive total coliform results until the 11th of
19 August. The repeat sampling was conducted within 24 hours of notification of the positive
20 results. Due to the above-mentioned total coliform positive samples, the District failed the total
21 coliform MCL for the month of August 2014. All water samples for coliform bacteria collected in
22 the distribution system during the month of August 2014 are summarized in Attachment A.

23
24 The cause of the failure has not been determined. The District provides continuous disinfection
25 of the water supplied to the distribution system and conducts routine monitoring from all its
26 active wells. The District has 2 groundwater wells; Well No. 2A (Maud) and Well No. 3 (Becky).
27 Well No. 2A was sampled on the same day (8/6/14) as the total coliform positive routine

1 samples. The results from Well No. 2A showed the presence of total coliform bacteria at a
2 concentration of 12 Most Probable Number per 100 milliliters (MPN/100mL) and <1.1
3 MPN/100mL for *E. coli* bacteria. Based on information from the contract operator, Well No. 3
4 had been offline undergoing repairs; after these were done the well was sampled on August 8,
5 2014. The results of this sampling detected the presence of total coliform bacteria at a
6 concentration of >23 MPN/100mL at the startup of the well and <1.1 MPN/100mL after 20
7 minutes of flushing. Due to the low tank levels, Well No. 3 was placed back in service for a
8 couple of hours Friday night and then again on Saturday morning for the remainder of the
9 weekend. Subsequent sampling from both wells was conducted on August 11, 12 and 13 and
10 all of the results were <1.1 MPN/100mL. All water samples for coliform bacteria collected from
11 the wells are summarized in Attachment B.

12
13 The 5 routine samples required the month following a month with one or more total coliform-
14 positive samples were collected on September 3, 2014 and were negative for total coliform
15 bacteria.

16
17 Public notification to the Division and consumers of a water system is required whenever a
18 violation of the Total Coliform MCL occurs. Notification to the Division is required by the end of
19 the business day on which the violation has been determined. If the Division is closed,
20 notification shall be within 24 hours of the determination. The Division was notified on August
21 12, 2014 in accordance with the above-referenced section

22
23 Public notification to the consumers of the water systems has not been conducted. Attachment
24 C is a copy of a public notice that may use to notify its customers. This notice fulfills the total
25 coliform MCL notification requirements and includes the mandatory language. Proof of
26 notification is required.

1 DETERMINATION

2 Title 22, CCR, Section 64426.1, Total Coliform Maximum Contaminant Level (MCL) provides
3 that a public water system that collects fewer than 40 bacteriological samples per month has
4 violated the regulation if more than one (1) sample collected during any month is total coliform-
5 positive.

6
7 The Division has determined that the District failed to comply with Title 22, CCR, Section
8 64426.1; Total Coliform MCL for the month of August 2014 due to the presence of total coliform
9 bacteria in 2 of 8 samples collected in August 2014.

10
11 DIRECTIVES

12 The District is hereby directed to take the following actions:

- 13
14 1. Comply with Title 22, CCR, Section 64426.1, in all future monitoring periods.
- 15
16 2. By October 25, 2014, notify all persons served by the District of the TCR MCL violation by
17 utilizing the Tier 2 Public Notice for violations of Section 64426.1. Public notice shall be
18 given pursuant to Sections 64463.4 [lists method, time-frame and delivery] and 64465
19 [content & format]. The District shall use the public notification template appended as
20 Attachment C to fulfill the public notification requirements. Section 64463.4 allows
21 community water systems to use mail or direct delivery to each customer and the use of one
22 or more of the following methods: publication in a daily or weekly newspaper, posting the
23 public notice in a conspicuous public place within the water system or on the internet, or by
24 delivery to community organizations.
- 25
26 3. By October 31, 2014, the District shall provide to the Division certification of public
27 notification using the enclosed Proof of Notification form (Attachment D). A copy of the final

1 notice that was distributed shall also be submitted to the Division with the proof of
2 notification form.

3
4 4. The District shall have their contracting laboratory utilize an analytical method that will
5 provide confirmed bacteriological results in a more expedient manner. The confirmed results
6 should take no longer than 24 hours to confirm.

7
8 5. By October 31, 2014, the District shall complete and submit the enclosed "Positive Total
9 Coliform Investigation" form to the Division that describes the incident and all corrective
10 actions taken, and the results of the investigation. The appropriate investigation report is
11 provided as Attachment E.

12
13 The Division reserves the right to make such modifications to the Citation as it may deem
14 necessary to protect public health and safety. Such modifications may be issued as
15 amendments to this Citation and shall be effective upon issuance.

16
17 Nothing in this Citation relieves the District of its obligation to meet the requirements of the
18 California Safe Drinking Water Act or any regulation, standard, permit or order issued
19 thereunder.

20
21 All submittal required by this Citation shall be submitted to the Division at the following address:

22
23 Tricia A. Wathen, P.E.
24 Senior Sanitary Engineer
25 State Water Resources Control Board
26 Division of Drinking Water
27 265 W. Bullard Avenue, Suite 101
Fresno, CA 93704

1 **PARTIES BOUND**

2 This Citation shall apply to and be binding upon the Kettleman City Community Services District,
3 its officers, directors, agents, employees, contractors, successors, and assignees.
4

5 **SEVERABILITY**

6 The Directives of this Citation are severable, and the District shall comply with each and every
7 provision thereof notwithstanding the effectiveness of any provision.
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1 FURTHER ENFORCEMENT ACTION

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

12
13
14 October 10, 2014

Tricia A. Wathen

15 Date

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

18 **TW/LR**

- 18 Attachments:
19 Attachment A: Summary of Distribution Bacteriological Samples for August 2014
20 Attachment B: Summary of Source Bacteriological Samples
21 Attachment C: Public Notice template for August 2014
22 Attachment D: Proof of Notification Form
23 Attachment E: Positive Total Coliform Investigation report

24 03-12-14C-037-1610009-22 TCRMCL Aug2014 ID10-10-14

Bacteriological Distribution Monitoring Report

1610009 Kettleman City
Distribution System Freq: 2/M

Sample Date	Location	T Coli	E Coli	F Coli	HPC	Type	Cl2	Cl2 Avg	Viol. Type	GWR Satisfied?	Comments
9/3/2014	5 samples	<1.1	<1.1			Routine	0.7-1.1				
8/12/2014	2ROU-715 Milham Ave	<1.1	<1.1			Repeat	1.1				
8/12/2014	2REPU-803 Milham	<1.1	<1.1			Repeat	1.2				
8/12/2014	4ROU-33313 Bernard	<1.1	<1.1			Repeat	1.1				
8/12/2014	4REPD-27494 Dana Circle	<1.1	<1.1			Repeat	1.0				
8/12/2014	2REPD-25712 Ward Dr.	<1.1	<1.1			Repeat	1.0				
8/12/2014	4REPU-27513 Ward Drive	<1.1	<1.1			Repeat	1.1				
8/6/2014	2ROU-715 Milham St.	1.1	<1.1			Routine	0.7				
8/6/2014	4ROU-33313 Bernard	3.6	<1.1			Routine			MCL	Yes	GWR: Wells were sampled.

Violation Key

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

Source Bacteriological Monitoring Report

1610009 Kettleman City

<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>
9/3/2014		Wells 2A & 3	Well	MPN	<1.1	<1.1				
8/13/2014	7:20	Well 03 Becky	Well	MPN	<1.1	<1.1				
8/12/2014	6:15	Well 02A Maud	Well	MPN	<1.1	<1.1				
8/12/2014	6:25	Well 03 Becky	Well	MPN	<1.1	<1.1				
8/11/2014		Well 03 Becky - Start	Well	MPN	<1.1	<1.1				
8/11/2014	8:37	Well 03 Becky-20 min.	Well	MPN	<1.1	<1.1				
8/8/2014	18:20	Well 03 Becky Pease	Well	MPN	>23	<1.1				Well offline. Sample collected after the submersible motor was replaced. Well used a couple of hours on the night of 8/8/14 & then 8/9/14 morning.
8/8/2014	18:41	Well 03 Becky 20 min.	Well	MPN	<1.1	<1.1				
8/6/2014	7:55	Well 02A Maud	Well	MPN	12	<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.

**Kettleman City CSD 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 6 samples to test for the presence of coliform bacteria in August 2014. Two (2) 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/ mailing address].

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.

Secondary Notification Requirements

Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- **SCHOOLS:** Must notify school employees, students, and parents (if the students are minors).
- **RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS** (including nursing homes and care facilities): Must notify tenants.
- **BUSINESS PROPERTY OWNERS, MANAGERS, OR OPERATORS:** Must notify employees of businesses located on the property.

This notice is being sent to you by Kettleman City CSD.

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 **Kettleman City CSD (1610009)** of the failure to meet the **total coliform bacteria MCL** for the month of **August 2014** as directed by the Division. 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 Division of Drinking Water within 10 days of notification to the public
Total Coliform MCL Failure / Enforcement Action No.: In progress

**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 Division of Drinking Water (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:		PWSID NUMBER:	
Operator in Responsible Charge (ORC)		Address	
Person that collected TC samples if different than ORC		Telephone #	
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. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)					
h. Is the wellhead secured to prevent unauthorized access?					
i. To what treatment plant (name) does this well pump?					
j. How often do you take a raw water total coliform (TC) test?					
k. Provide the date and result of the last TC test at this location					

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

POSITIVE TOTAL COLIFORM INVESTIGATION

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
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

Page 3 of 4

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	Sample 4 (specify)

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?

POSITIVE TOTAL COLIFORM INVESTIGATION

Page 4 of 4

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: _____