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**STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH**

IN RE: TAVIS CORPORATION
Water System No. 2210918

TO: Mr. Roger Mitchell, Facility Superintendent
Tavis Corporation
3636 Highway 49 South
Mariposa, CA 95338

CC: Mariposa County Environmental Health Department
Larry Harris, Certified Operator (5460 Carleton Road, Mariposa, CA 95338)

**CITATION FOR NONCOMPLIANCE
SIGNIFICANT RISE IN BACTERIAL COUNT VIOLATION
August 2013**

Issued on September 13, 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 thereunder.

VIOLATION

The Drinking Water Field Operations Branch of the Department of Public Health (hereinafter 'Department') hereby issues a citation to Tavis Corporation hereinafter ('Corporation'), for incurring a significant rise in bacterial count as defined in Section 64426(a)(2) of Title 22, California Code of Regulations (CCR). Specifically, the

1 Department determined that the Corporation (mailing address: 3636 Highway 49 South,
2 Mariposa, CA 95338) incurred a significant rise in bacterial count in August 2013.

3
4 Section 64426(a)(2) specifies that when a system has a sample that is positive for fecal
5 coliform or *E. coli* bacteria, it is considered a possible significant rise in bacterial count and
6 requires notification to the Department per Section 64426(b)(1). Notification to the
7 Department shall be by the end of the business day on which the system is notified of the
8 test results. If the Department office is closed, notification shall be within 24 hours. A
9 routine sample collected on August 13, 2013, showed the presence of total coliform and *E.*
10 *coli* bacteria. In accordance with Section 64426(a)(2), this is considered a significant rise in
11 bacterial count and requires notification to the Department. The Department was notified
12 on August 15, 2013.

13
14 Upon being informed of the *E. coli* positive bacteria sample, the system was issued a Boil
15 Water Order by the Department. The Department directed the system to begin emergency
16 chlorination of the system. Six repeat samples were collected on August 19, 2013. The
17 result of these samples were negative for coliform bacteria. Five investigative samples were
18 collected on September 4, 2013. One of the five samples was positive for total coliform
19 bacteria. The sample was negative for *E. coli* bacteria. A confirmation sample was
20 collected on September 5, 2013, and was positive for total coliform bacteria. The sample
21 was negative for *E. coli* bacteria. A second confirmation sample was collected on
22 September 10, 2013, from the same location and was negative for coliform bacteria. Five
23 routine samples were also collected on this day and the results were negative for coliform
24 bacteria. Based on these results the Department rescinded the Boil Water Order on
25 September 13, 2013. A summary of the results during August and September 2013 is
26 included in Appendix A.

27



1 The cause of the contamination is from one of the three storage tanks on site. It was
2 discovered during the investigation that this tank had three decomposing rodents in it. The
3 tank was taken offline and isolated from the potable water system until the Corporation can
4 have it properly cleaned and disinfected. The Corporation is in process of soliciting bids for
5 this process.

6

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

8

9 **NOTIFICATION REQUIREMENTS**

10 Section 64426.1(c) requires a public water system to notify the Department and the
11 consumers of the water system, when a violation of Section 64426.1(b) (1) through (4)
12 occurs. Notification to the Department shall be by the end of the business day on which the
13 violation has been determined. If the Department is closed, notification shall be within 24
14 hours of the determination. The Department was notified on August 15, 2013, in
15 accordance with the above-referenced section.

16

17 Unless otherwise directed by the Department, public notification for a significant rise in
18 bacterial count shall be in accordance with Sections 64426.(c) and 64467, including the
19 mandatory language.

20

21 The Corporation notified the consumers on August 15, 2013, by implementing their
22 emergency notification plan, by hand delivery of boil water notices to each customer.
23 Copies of the notices that were distributed are appended as Appendix B. Copies of the boil
24 water cancellation notices were distributed on September 13, 2013, are also appended as
25 Appendix C.

26

27



1 Proof of notification is required. The Corporation shall complete Attachment C and return
2 it to the Department by **October 15, 2013**.

3

4 **DIRECTIVES**

5 The Tavis Corpoation is hereby directed to take the following actions:

6

7 1. By **September 30, 2013**, the Corporation shall provide proof of hand delivery of the
8 boil water notices to each consumer using Appendix D.

9

10 2. By **September 30, 2013**, the Corporation shall prepare and submit an incident report
11 (Appendix E). The information contained in the report should detail the events
12 leading to the coliform positive sample as well as corrective actions made since the
13 coliform positive sample was collected.

14

15 3. By **October 30, 2013**, the Corporation shall prepare and submit a tank inspection
16 and cleaning program to the Department.

17

18 4. The Corporation shall reimburse the Department, in accordance with an invoice that
19 shall be provided to the Corporation, the costs for enforcement activities, and such
20 reimbursement shall be made prior to September 1 of the fiscal year following the
21 fiscal year in which such costs are incurred as described in CHSC Section
22 116577(a)(1-2) and 116577(b).

23

24 5. By **September 25, 2013**, the Corporation shall submit a written response to the
25 Department acknowledging that it has received this citation and will comply with all
26 the directives listed herein.

27

1 6. All items requested by this Citation shall be submitted to:

2 Carl L. Carlucci, P.E.
3 Supervising Sanitary Engineer
4 California Department of Public Health
5 Drinking Water Field Operations Branch
6 265 W. Bullard Avenue, Suite 101
7 Fresno, CA 93704

7 **FURTHER ENFORCEMENT ACTIONS**

8 Section 116270, Division 104, Part 12, Chapter 4 of the CHSC authorizes the Department
9 to: issue additional citations with assessment of penalties if the public water system
10 continues to fail to correct a violation identified in a citation; take action to suspend or
11 revoke a permit that has been issued to a public water system if the system has violated
12 applicable laws or regulations or has failed to comply with orders of the Department; and
13 petition the superior court to take various enforcement measures against a public water
14 system that has failed to comply with orders of the Department. The Department does not
15 waive any further enforcement action by issuance of this citation.

16
17 **PARTIES BOUND**

18 This citation shall apply to and be binding upon Tavis Corporation, its officers, directors,
19 agents, employees, contractors, successors, and assignees.

20
21 **SEVERABILITY**

22 The directives of this citation are severable, and Tavis Corporation shall comply with each
23 and every provision thereof, notwithstanding the effectiveness of any other provision.

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1 **CIVIL PENALTY**

2 Section 116650, subsection (d) and (e) of the CHSC allow for the assessment of a civil
3 penalty for the failure to comply with the requirements of the Safe Drinking Water Act.
4 Failure to comply with any Directive of this Citation may result in the Department imposing
5 an administrative penalty of not less than \$200 (two hundred dollars) for each day that the
6 violation continues beyond the date set for correction in this Citation.

7
8 The Department does not waive any further enforcement action by issuance of this citation,
9 and expressly reserves the right to issue a citation with penalties for the violations on which
10 the Directives of this citation are based.

11
12
13
14
15 9-13-2013
Date


Carl L. Carlucci, P.E.
Supervising Sanitary Engineer, Region 3
Southern California Branch
DRINKING WATER FIELD OPERATIONS BRANCH

18 **Attachments:**

- 19 Attachment A: Summary of Bacteriological Samples collected in August and September 2013
- 20 Attachment B: Copy of BWO issued August 15, 2013
- 21 Attachment C: Copy of Cancellation Notice issued September 13, 2013
- 22 Attachment D: Proof of Notification
- 23 Attachment E: Positive Total Coliform Investigation form

24 CLC/mrw/2210918/Cit 03-11-13C-010-2210918-21.doc



Bacteriological Distribution Monitoring Report

2210918 Tavis Corporation
Distribution System Freq: 1/M

Sample Date	Location	T Coli	E Coli	F Coli	HPC	Type	Cl2	Violation	Comment
8/13/2013	OT @ shipping bldg	>8.0	>8.0	>8.0		Routine		MCL	notified by lab on 8-15-13. BWO issued
8/19/2013	Bldg A	A	A			Repeat			
8/19/2013	Bldg E	A	A			Repeat			
8/19/2013	Location #1	A	A			Repeat			
8/19/2013	Wells: 1,2	A	A			Source R			
8/19/2013	Bldg D	A	A			Repeat			
9/4/2013	Admin Bldg	A	A			Other			
9/4/2013	Garage	P	A			Other			
9/4/2013	Office Workshop	A	A			Other			
9/4/2013	Tanks	A	A			Other			
9/4/2013	Well 2	A	A			Other			
9/5/2013	Garage	P	A			Other			
9/10/2013	5 samples	<1.1				Routine			BWO rescinded 9-13-13.
9/10/2013	Garage	A	A			Other			

Violation Key

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

Date: 15 August, 2013

BOIL WATER NOTICE

Este informe contiene información muy importante sobre su agua potable.
Tradúzcalo o hable con alguien que lo entienda bien.

BOIL YOUR WATER BEFORE USING

Failure to follow this advisory could result in stomach or intestinal illness.

Due to a recent bacteriological monitoring result showing the presence of coliforms in the water distribution system, the California Department of Public Health in conjunction with the Mariposa County Health Department, and the Tavis Corporation Water System are advising employees of Tavis Corporation to use boiled tap water or bottled water for drinking and cooking purposes as a safety precaution.

DO NOT DRINK THE WATER WITHOUT BOILING IT FIRST. Bring all water to a boil, **let it boil for one (1) minute**, and let it cool before using, or use bottled water. Boiled or bottled water should be used for drinking and food preparation in addition to hand washing **until further notice**.

We will inform you when tests show that water is safe to drink and you no longer need to boil your water. We anticipate resolving the problem within 10 business days.

For more information call:

Water Utility contact: Roger Mitchel at (209) 966-2027.

California Department of Public Health – Drinking Water Field Operations Branch- District Office at (559) 447-3300.

Local Environmental Health Jurisdiction: Mariposa County at (209) 966-2220.

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 notice in a public place or distributing copies by hand or mail.

Tavis Corporation

DATE: September 13, 2013

CANCELLATION OF BOIL WATER NOTICE

On (date) August 15, 2013 you were notified of the need to boil/disinfect all tap water used for drinking and cooking purposes.

The Tavis Corporation Water System in conjunction with the California Department of Public Health, and/or Mariposa County Local Environmental Health Jurisdiction, has determined that, through abatement of the health hazard and comprehensive testing of the water, your water is safe to drink. **It is no longer necessary to boil your tap water or for you to consume bottled water.**

For more information call:

Water Utility contact: Roger Mitchell, Facility Superintendent, (209) 966-2027

California Department of Public Health: (559)447-3300

Local Environmental Health Jurisdiction: (209)966-2220

CANCELACIÓN DEL AVISO DE HERVIR EL AGUA

El (fecha) de August 15, 2013 le notificaron que tenía que hervir o desinfectar toda el agua de la llave que utilizara para beber y cocinar.

El Sistema de Agua de Tavis Corporation junto con el Departamento de Salud Publica de California, o la Jurisdicción Local de Salud Ambiental han determinado tras la supresión del riesgo de salud, seguido por un análisis completo del agua, que puede beber el agua de su llave sin peligro. **Ya no es necesario que hierva el agua de su llave ni que consuma agua de botella.**

Para más información llame a:

Contacto en el Servicio de Agua: Roger Mitchell, Facility Superintendent, (209) 966-2027

Departamento de Salud Publica de California: (559)447-3300

Jurisdicción Local de Salud Ambiental: (209)966-2220



RON CHAPMAN, MD, MPH
Director & State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

PROOF OF NOTIFICATION

(Return with copy of notice)

As required by Section 116450 of the California Health and Safety Code, I notified all users of water supplied by the **Tavis Corporation** of the failure to meet the **Significant Rise in Bacterial Count** requirement for August 2013 as directed by the Department.

Notification was made on _____ by _____
(date)

hand delivering / mailing / posting / publishing the written notice.

(circle all that apply)

Signature of Water System Representative

Date

DISCLOSURE: Be advised that Section 116725 and 116730 of the California Health and Safety Code state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the attached order may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for separate violation for each day that violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in the county jail not to exceed one year, or by both the fine and imprisonment.

Due: September 30, 2013
Significant Rise in Bacteriological Count: August 2013
System Number: 2210918
Citation No.: 03-11-13C-010

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:		PWSID NUMBER:	
Operator in Responsible Charge (ORC)	Name	Address	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	WELL	WELL	WELL	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 the TCR positive finding.

POSITIVE TOTAL COLIFORM INVESTIGATION

DISTRIBUTION SYSTEM	SYSTEM RESPONSES			
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 3

GENERAL OPERATIONS:	Response
1. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	
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: _____