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**STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD**

**IN RE: YOSEMITE NATIONAL PARK – VOGELSANG CAMPGROUND**  
Water System No. 2210509

**TO:** Mr. Paul Laymon, Utilities Manager  
Yosemite National Park  
P.O. Box 700W  
El Portal, CA 95318

**CC:** Mariposa County Environmental Health Department  
Jim Allen, Facilities Operations Specialist

**CITATION FOR NONCOMPLIANCE  
SIGNIFICANT RISE IN BACTERIAL COUNT VIOLATION  
July 2014**

Issued on September 24, 2014

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

**VIOLATION**

The Drinking Water Field Operations Branch of the State Water Resource Control Board – Division of Drinking Water (hereinafter ‘Division’) hereby issues a citation to Yosemite National Park – Vogelsang Campground (hereinafter ‘YNP’), for incurring a significant rise in bacterial count as defined in Section 64426(a)(2) of Title 22, California Code of

1 Regulations (CCR). Specifically, the Division determined that the YNP (mailing address:  
2 P.O. Box 700W El Portal, CA 95318) incurred a significant rise in bacterial count for the  
3 month of July 2014.

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 Division per Section 64426(b)(1). Notification to the Division  
7 shall be by the end of the business day on which the system is notified of the test results. If  
8 the Division office is closed, notification shall be within 24 hours. On July 21, 2014, the  
9 YNP collected one of two monthly routine distribution system samples that was positive for  
10 both total coliform bacteria and *E.coli* bacteria. In accordance with Section 64426(a)(2),  
11 this is considered a significant rise in bacterial count and requires notification to the  
12 Division. The Division was notified on July 23, 2014.

13  
14 On July 22, 2014, the YNP collected three repeat distribution system samples and one  
15 repeat source sample. The repeat sample collected at the Tank Overflow site was positive  
16 for both total coliform and *E. coli* bacteria. The repeat source sample was positive for total  
17 coliform bacteria but negative for *E. coli* bacteria. The YNP posted the Tier 1 Public Notice,  
18 Boil Water Order (Attachment B) throughout the Campgrounds on July 22, 2014. On July  
19 24, 2014, after emergency chlorination and flushing of the water system, the YNP collected  
20 two repeat distribution system samples that were negative for total coliform bacteria. The  
21 YNP also collected samples at the spring box inlet and at the spring source that were  
22 positive for total coliform bacteria but negative for *E. coli* bacteria.

23  
24 The following month of August, the YNP was able to collect two special samples from the  
25 spring source (raw and spring box) and two routine distribution system samples before the  
26 Campground was evacuated due to the Meadow Fire. All four samples collected in the  
27 month of August were absent for total coliform bacteria. The Vogelsang Campground is

1 now closed for the rest of the season. A summary of the samples collected in July through  
2 August 2014 is included in Attachment A.

3  
4 The cause of the contamination is thought to be from the loose-fitting hatches of the two  
5 700-gallon tanks and a water leak at the pipeline between the spring source and the spring  
6 box.

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

9  
10 **NOTIFICATION REQUIREMENTS**

11 Section 64426.1(c) requires a public water system to notify the Division and the consumers  
12 of the water system, when a violation of Section 64426.1(b) (1) through (4) occurs.  
13 Notification to the Division shall be by the end of the business day on which the violation  
14 has been determined. If the Division is closed, notification shall be within 24 hours of the  
15 determination. The Division was notified on July 23, 2014, in accordance with the above-  
16 referenced section.

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

21  
22 The campers were notified on July 22, 2014, by implementing their emergency notification  
23 plan and posting the "Boil Water Order" notices throughout the Vogelsang Campgrounds. A  
24 copy of the notice that was distributed is included as Attachment B.

**DIRECTIVES**

The Yosemite National Park is hereby directed to take the following actions:

1. By **October 30, 2014**, the YNP shall provide a copy of proof of posting of the Tir 1 Public Notice (Boil Water Order) using Attachment C.
2. By **October 30, 2014**, the YNP shall prepare and submit an incident report. The information contained in the report should detail the events leading to the total coliform bacteria positive samples as well as corrective actions made since the coliform positive samples were collected. See Attachment D.
3. By **October 15, 2014**, the YNP shall submit a written response to the Division acknowledging that it has received this citation and will comply with all the directives listed herein.
4. The YNP shall reimburse the Division, in accordance with an invoice that shall be provided to the Water System, the costs for enforcement activities, and such reimbursement shall be made prior to September 1 of the fiscal year following the fiscal year in which such costs are incurred as described in CHSC Section 116577(a)(1-2) and 116577(b).
5. All items requested by this Citation shall be submitted to:

Kassy D. Chauhan, P.E.  
 Senior Sanitary Engineer  
 State Water Resource Control Board  
 Division of Drinking Water – Merced District  
 265 W. Bullard Avenue, Suite 101  
 Fresno, CA 93704

1 **FURTHER ENFORCEMENT ACTIONS**

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

10  
11 **PARTIES BOUND**

12 This citation shall apply to and be binding upon Yosemite National Park, its officers,  
13 directors, agents, employees, contractors, successors, and assignees.

14  
15 **SEVERABILITY**

16 The directives of this citation are severable, and Yosemite National Park comply with each  
17 and every provision thereof, notwithstanding the effectiveness of any other provision.

18  
19 **CIVIL PENALTY**

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

1 The Division does not waive any further enforcement action by issuance of this citation, and  
2 expressly reserves the right to issue a citation with penalties for the violations on which the  
3 Directives of this citation are based.

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9/24/14

Date

Kassy D. Chauhan

Kassy D. Chauhan, P.E.  
Senior Sanitary Engineer  
State Water Resources Control Board  
Division of Drinking Water - Merced District  
Southern California Branch  
DRINKING WATER FIELD OPERATIONS BRANCH

**Attachments:**

- Attachment A: Summary of Bacteriological Samples collected in July – August 2014
- Attachment B: Copy of BWO issued July 22, 2014
- Attachment C: Proof of Notification Template
- Attachment D: Positive Total Coliform Investigation form

KDC/mlm/2210509/Cit 03-11-14C-009.doc



## Bacteriological Distribution Monitoring Report

**2210509 YNP-Vogelsang**
*Distribution System Freq: 2/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>Cl2</i>	<i>Violation</i>	<i>Comment</i>
7/3/2014	Distribution SS	A	A			Routine			
7/21/2014	Distribution SS	2.0	1.0			Routine		MCL	
7/22/2014	Distribution SS	<1.0	<1.0			Repeat			
7/22/2014	Kitchen Dish Sink	<1.0	<1.0			Repeat			
7/22/2014	Tank Overflow	1.0	1.0			Repeat			
7/24/2014	Distribution SS	<1.0	<1.0			Repeat			
7/24/2014	Kitchen Dish Sink	<1.0	<1.0			Repeat			
8/14/2014	2 samples	<1.0	<1.0			Routine			

**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.

*YNP-Vogelsang**2210509**Source Monitoring Freq: 1/M*

<i>Sample Date</i>	<i>Time</i>	<i>Source</i>	<i>T Coli</i>	<i>E Coli</i>	<i>F Coli</i>	<i>HPC</i>	<i>Turbidity</i>	<i>Violation</i>	<i>Comment</i>
7/21/2014		Raw	<1.0	<1.0					
7/22/2014		Raw	1.0	<1.0					
7/24/2014		Raw	1.0	<1.0					
7/24/2014		Spring Box Inlet	1.0	<1.0					
8/14/2014		Spring Box	<1.0	<1.0					
8/27/2014		Raw	<1.0	<1.0					



**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 **YNP- Vogelsang** of the failure to meet the **Total Coliform Rule Maximum Contaminant Level (MCL)** requirement for **July 2014** 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: October 15, 2014  
TCR MCL Violation  
System Number: 2210509  
Citation No.: 03-11-14C-009

**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**

<b>PWS Name:</b>	<b>PWSID NUMBER:</b>
<b>Name</b>	<b>Address</b>
<b>Telephone #</b>	
Operator in Responsible Charge (ORC)	
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. 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					

**TREATMENT**

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?					
a. Was emergency chlorination initiated?					
b. If yes, for how long?					

# POSITIVE TOTAL COLIFORM INVESTIGATION

Page 2 of 5

TREATMENT	PLANT (NAME)	COMMENTS				
2. Did the distribution system lose chlorine residual?						
3. If you do not provide routine chlorination, was emergency chlorination initiated? If Yes, when?						
4. Inspect each point where disinfectant is added and report a. For hypochlorinator systems						
1. Is the disinfectant feed pump feeding disinfectant?						
2. What is the feed rate of disinfectant in ml/minute						
3. What is the concentration of the disinfectant solution being fed? (percent, or mg/l of chlorine as HOCl)						
4. By what method was the concentration of solution determined? (ex: measured, manufacturer's literature)						
5. What is the age (days) of the disinfectant solution currently being used at this treatment location?						
6. What is the raw water flow rate at the point where disinfectant is added in gallons per minute?						
7. What is the total chlorine residual measured immediately downstream from the point of application?						
8. What is the free chlorine residual measured immediately downstream from the point of application?						
9. What is the contact time in minutes from the point of disinfectant application to the first customer?						

STORAGE	TANK (name)	COMMENTS				
1. Is each tank locked to prevent unauthorized access?						
2. Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank?						
3. Is the overflow on each tank screened?						
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?						
5. Is the roof/cover of the tank sealed and free of any leaks?						
6. Is the tank above ground or buried. a. If buried or partially buried, are there provisions to direct surface water away from the site. b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?						
8. Does the tank "float" on the distribution system or are there separate inlet and outlet						

# POSITIVE TOTAL COLIFORM INVESTIGATION

STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
lines?							
9. What is the <b>measured</b> chlorine residual (total/free) of the water exiting the storage tank <b>today</b> ?							
10. What is the volume of the storage tank in gallons?							
11. Is the tank baffled?							
12. Prior to the TC+ or EC+, what was the previous date item #1-7 were checked and documented?							

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?	

## BOOSTER STATION

1. Do you have a booster pump? How many?
2. Do you have a standby booster pump if the main pump fails?
3. Prior to bacteriological quality problems, did your booster pump fail?
4. Do you notice standing water, leakage at the booster station?

# POSITIVE TOTAL COLIFORM INVESTIGATION

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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 <b>exterior</b> location or is it protected by an <b>enclosure</b> ?				
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).				

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?	

# POSITIVE TOTAL COLIFORM INVESTIGATION

Page 5 of 5

## 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: \_\_\_\_\_