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STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
DIVISION OF DRINKING WATER

IN RE: **CEDAR LODGE RESORT**  
Water System No. 2210900

TO: Mr. Kevin Shelton, Vice President of Operations  
Cedar Lodge Resort  
P.O. Box 650  
El Portal, CA 95318

CC: Mariposa County Environmental Health Division  
Ignatius Nelson, Certified Operator, 1039 Ringwood Ave. Menlo Park, CA  
94025

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

Issued on September 24, 2014

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 State Water Resources Control Board, Division of Drinking Water (hereinafter 'Division') hereby issues a citation to Cedar Lodge Resort hereinafter ('CLR'), for incurring a significant rise in bacterial count as defined in Section 64426(a)(2) of Title 22, California

1 Code of Regulations (CCR). Specifically, the Division determined that the CLR (mailing  
2 address: P.O. Box 650 El Portal, CA 95318) incurred a significant rise in bacterial count in  
3 April 2014.

4  
5 Section 64426(a)(2) specifies that when a system has a sample that is positive for fecal  
6 coliform or *E. coli* bacteria, it is considered a possible significant rise in bacterial count and  
7 requires notification to the Division per Section 64426(b)(1). Notification to the Division  
8 shall be by the end of the business day on which the system is notified of the test results. If  
9 the Division office is closed, notification shall be within 24 hours. The two routine samples  
10 collected on April 9, 2014, showed the presence of total coliform bacteria with the  
11 “restaurant” sample showing presence for *E. coli* bacteria. In addition, the CLR collected  
12 source samples at Wells Nos. 3, 6 and 7 on August 9, 2014. Wells Nos. 6 and 7 showed  
13 presence for both total coliform bacteria and *E. coli* bacteria. Well No. 3 showed presence  
14 for total coliform bacteria but absence for *E. coli* bacteria. In accordance with Section  
15 64426(a)(2), this is considered a significant rise in bacterial count and requires notification  
16 to the Division. The Division was notified on April 11, 2014.

17  
18 Upon being informed of the *E. coli* positive bacteria sample, the system was issued a Tier 1  
19 Public Notice (Boil Water Order) by the Division. Wells Nos. 6, 7 and 3 were removed  
20 from production and disinfected immediately. The CLR collected two distribution system  
21 repeat samples on April 11, 2014 and additional five distribution repeat samples were  
22 collected on April 14, 2014. The results of these samples were negative for total coliform  
23 bacteria. After disinfection, two sets of samples were collected at Wells Nos. 3 and 7 on  
24 August 11 and 14, 2014. The results of these samples were negative for total coliform and  
25 *E. coli* bacteria. Well No. 6 is still disconnected from the distribution system. Based on these  
26 results, the Division rescinded the Boil Water Order on April 17, 2014. The following  
27 month, the CLR submitted six distribution system routine samples and source samples from

1 Wells: 7, 5, 10, 1 that were all negative for total coliform bacteria. A summary of the  
2 bacteriological results during April and May 2014 is included in Attachment A.

3  
4 The cause of contamination is thought be from the mishandling of the sample bottles. It was  
5 reported that the drinking water sample bottles were stored and carried in the same cooler  
6 box as the waste water samples.

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 April 11, 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 employees and customers of the CLR were notified on April 11, 2014, by implementing  
23 their emergency notification plan and posting the boil water notices throughout the Lodge.  
24 Copies of the notices that were distributed are included as Attachment B.

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27

1 **DIRECTIVES**

2 The Cedar Lodge Resort is hereby directed to take the following actions:

3  
4 1. By **October 30, 2014**, the CLR shall provide proof of posting of the Tier 1 Public  
5 Notices throughout the Lodge using Attachment C.

6  
7 2. By **October 30, 2014**, the CLR shall prepare and submit an incident report  
8 (Attachment D). The information contained in the report should detail the events  
9 leading to the total coliform and *E. coli* bacteria positive samples as well as  
10 corrective actions made since the first total coliform positive sample was collected.

11  
12 3. The CLR shall reimburse the Division, in accordance with an invoice that shall be  
13 provided to the Fertilizer Plant, the costs for enforcement activities, and such  
14 reimbursement shall be made prior to September 1 of the fiscal year following the  
15 fiscal year in which such costs are incurred as described in CHSC Section  
16 116577(a)(1-2) and 116577(b).

17  
18 4. By **October 15, 2014**, the CLR shall submit a written response to the Division  
19 acknowledging that it has received this citation and will comply with all the  
20 directives listed herein.

21  
22 5. All items requested by this Citation shall be submitted to:

23 Kassy D. Chauhan, P.E.  
24 Senior Sanitary Engineer, Merced District  
25 State Water Resources Control Board  
26 Division of Drinking Water – Merced District  
27 265 W. Bullard Avenue, Suite 101  
Fresno, CA 93704

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**FURTHER ENFORCEMENT ACTIONS**

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

**PARTIES BOUND**

This citation shall apply to and be binding upon the Cedar Lodge Resort, its officers, directors, agents, employees, contractors, successors, and assignees.

**SEVERABILITY**

The directives of this citation are severable, and the Cedar Lodge Resort shall comply with each and every provision thereof, notwithstanding the effectiveness of any other provision.

**CIVIL PENALTY**

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

Kassy D. Chauhan

Kassy D. Chauhan, P.E.  
Senior Sanitary Engineer, Merced District  
Division of Drinking Water  
STATE WATER RESOURCES CONTROL BOARD

**Attachments:**

- Attachment A: Summary of Bacteriological Samples collected in April and May 2014
- Attachment B: Copy of BWO issued April 11, 2014
- Attachment C: Proof of Notification Template
- Attachment D: Positive Total Coliform Investigation form

KDC/mlm/2210900/Cit 03-11-14C-012-2210900-21.doc



## Bacteriological Distribution Monitoring Report

**2210900 Cedar Lodge Resort**
*Distribution System Freq: 2/M*

Sample Date	Location	T Coli	E Coli	F Coli	HPC	Type	Cl2	Violation	Comment
4/9/2014	Restaurant	P	P			Routine	0.83		
4/9/2014	Room 504	P	A			Routine	0.67		
4/11/2014	2 Samples: Room 504, Restaurant	A	A			Routine	0.72- 1.26		
4/14/2014	5 Samples: Rooms: 500,504,189,203,130	A	A			Repeat	0.78- 1.28		
5/6/2014	6 Samples	A	A			Routine	0.93-1.2		

**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.

*Cedar Lodge Resort***2210900***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>
4/9/2014	#####	Well 10	<1.0	<1.0					
4/9/2014	#####	Well 5	<1.0	<1.0					
4/9/2014	#####	Well 6	>2419	24.9					
4/9/2014	#####	Well 3	79.4	<1.0					
4/9/2014	#####	Well 7	>2419	54.7					
4/11/2014	#####	Wells: 3,7	<1.0	<1.0					
4/14/2014	#####	Wells: 3,7	<1.0	<1.0					
5/6/2014	#####	Wells: 7,5,10,1	A	A					

**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.

**DRINKING WATER WARNING**

Cedar Lodge water is contaminated with *E. coli*

**BOIL YOUR WATER BEFORE USING**

Fecal coliform or *E. coli* bacteria were found in the water supply on 04/09/14. These bacteria can make you sick, and are a particular concern for people with weakened immune systems.

**What should I do?**

- **DO NOT DRINK THE WATER WITHOUT BOILING IT FIRST.** Bring all water to a boil, let it boil for one minute, and let it cool before using, or use bottled water. Boiled or bottled water should be used for drinking, making ice, brushing teeth, washing dishes, and food preparation **until further notice**. Boiling kills bacteria and other organisms in the water.
- *Fecal coliforms and E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Microbes in these wastes can cause short-term effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a special health risk for infants, young children, some of the elderly, and people with severely compromised immune systems. The symptoms above are not caused only by organisms in drinking water. If you experience any of these symptoms and they persist, you may want to seek medical advice.*
- 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 U.S. EPA's Safe Drinking water Hotline at 1(800) 426-4791.

**What happened? What is being done?**

Bacterial contamination can occur when increased run-off enters the drinking water source (for example, following heavy rains). It can also happen due to a break in the distribution system (pipes) or a failure in the water treatment process.

We inspected the water system, sanitized the system and sent new samples for testing. We will inform you when tests show no bacteria and you no longer need to boil your water. We anticipate resolving the problem within 24 Hours.

### **Alternative Sources for Water**

We are providing our guest with bottled water to use for drinking. If you have any questions, please call the front desk.

For more information, please contact Kevin Shelton at 209-379-2817 or PO Box 650, El Portal, CA 95318.

*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 Cedar Lodge.

State Water System ID#: 2210900. Date distributed: 04/11/14.

**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 **Cedar Lodge Resort** of the failure to meet the **Total Coliform Rule Maximum Contaminant Level (MCL) - Significant Rise in Bacterial Count** requirement for April 2014 as directed by the State Water Resources Control Board – Division of Drinking Water.

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 30, 2014  
TCR MCL Violation  
System Number: 2210900  
Citation No.: 03-11-14C-013

**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>Operator in Responsible Charge (ORC)</b>	<b>Telephone #</b>
<b>Person that collected TC samples if different than ORC</b>	
<b>Owner</b>	
<b>Certified Laboratory for Microbiological Analyses</b>	
<b>Date Investigation Completed:</b>	
<b>Month(s) of Total Coliform MCL Failure:</b>	

**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

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 HOC)						
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 <b>total</b> chlorine residual measured immediately downstream from the point of application?						
8. What is the <b>free</b> 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)	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

## SYSTEM RESPONSES

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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<b>SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)</b>	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

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