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STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD

IN RE: **MARIPOSA COUNTY PARKS & RECREATION – CATHEY’S
 VALLEY PARK**
 Water System No. 2207094

TO: Mr. Doug Wilson, Interim Public Works Director
 MCPR – Cathey’s Valley Park
 4639 Ben Hur Road
 Mariposa, CA 95338

CC: Mariposa County Environmental Health Department

**CITATION FOR NONCOMPLIANCE
TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION
June 2014**

Issued on August 15, 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 Division of Drinking Water Field Operations Branch of the State Water Resources Control Board (hereinafter ‘Division’) hereby issues a citation to the Mariposa County



1 Parks & Recreation-Cathey's Valley Park (hereinafter 'County'), for failure to comply with
2 Section 116555(a)(1) of the CHSC and Section 64426.1(b)(2) of Title 22, California Code
3 of Regulations (CCR). Specifically, the County (mailing address: 4639 Ben Hur Road
4 Mariposa, CA 95338) failed to comply with the total coliform Maximum Contaminant
5 Level (MCL) for the month of June 2014.

6
7 Section 64426.1(b)(2) specifies that a public water system collecting fewer than forty
8 samples per month is in violation of the total coliform MCL when more than one sample
9 collected during any month is total coliform-positive.

10
11 In the month of June, the County collected five routine samples following a routine sample
12 collected in the month of May that was positive for total coliform bacteria. Two of the five
13 routine samples collected on June 18, 2014, were positive for total coliform bacteria but
14 negative for E. coli. A source sample collected from the new well (Well No. 2) on June 20,
15 2014, tested positive for total coliform bacteria and absent for E. coli bacteria. In the month
16 of July, four routine distribution system samples and one source sample at Well No. 2 were
17 collected. All five samples were negative for total coliform and E. coli bacteria. A summary
18 of the samples collected in May through July 2014 is included in Attachment A.

19
20 The cause of the contamination is thought to be from the recent work done on the new well
21 (Well No. 2). Because the new well is not able to provide system pressure over 15 psi, the
22 County had been sounding the well to determine water level and installed a sand separator
23 to remove sand in the water produced by the well. The new well was disinfected on June 21,
24 2014. The County posted a Boil Water Notice (attached) on June 19, 2014.

25
26 The above violation is classified as a non-continuing violation.

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NOTIFICATION REQUIREMENTS

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

Public notification for violations of Sections 64426.1(b) (2) shall be in accordance with Sections 64464.3 and 64467, including the mandatory language.

Section 64464.3(b) subsections (b)(2) (A) and (B) allow nontransient-noncommunity or transient-noncommunity water systems to use notification methods outlined in Section 64464.1(a)(2) or (3) and Section 64464.1(a)(4) & (5) (i.e., Methods 2 [daily newspaper] or 3 [weekly newspaper] and Methods 4 [mail delivery] or 5 [hand delivery]). The Division finds that the Water System does not have the means to conduct public notification using Methods 2, 3, 4, and 5, therefore, Method 6 (Expedited Hand Delivery) or Method 7 (Continuous Posting) may be implemented. The Division hereby waives public notification by Methods 2, 3, 4, and 5, since the County is unable to utilize these methods, and approves the use of Method 7 (Continuous Posting) for public notification.

On June 19, 2014, a Boil Water Notice was posted in the County. Proof of notification is required. The County shall complete Attachment C and return it to the Division by **August 31, 2014.**

1
2 **NOTIFICATION REQUIREMENTS**

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4 of the water system, when a violation of Section 64426.1(b) (1) through (4) occurs.
5 Notification to the Division shall be by the end of the business day on which the violation
6 has been determined. If the Division is closed, notification shall be within 24 hours of the
7 determination. The Division was notified in accordance with the above-referenced section.

8
9 Public notification for violations of Sections 64426.1(b) (2) shall be in accordance with
10 Sections 64464.3 and 64467, including the mandatory language.

11
12 Section 64464.3(b) subsections (b)(2) (A) and (B) allow nontransient-noncommunity or
13 transient-noncommunity water systems to use notification methods outlined in Section
14 64464.1(a)(2) or (3) and Section 64464.1(a)(4) & (5) (i.e., Methods 2 [daily newspaper] or 3
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16 finds that the Water System does not have the means to conduct public notification using
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18 (Continuous Posting) may be implemented. The Division hereby waives public notification
19 by Methods 2, 3, 4, and 5, since the County is unable to utilize these methods, and approves
20 the use of Method 7 (Continuous Posting) for public notification.

21
22 On June 19, 2014, a Boil Water Notice was posted in the County. Proof of notification is
23 required. The County shall complete Attachment C and return it to the Division by
24 **September 1, 2014.**



DIRECTIVES

The MCPR-Cathey's Valley Park is hereby directed to take the following actions:

1. By **September 1, 2014**, the County shall provide a copy of the Boil Water Notice and proof of posting of the total coliform MCL violation notification using Attachment C.
2. By **September 1, 2014**, the County shall prepare and submit an incident report. The information contained in the report should detail the events leading to the coliform positive samples as well as corrective actions made since the coliform positive samples were collected. See Attachment D.
3. By **August 25, 2014**, the County 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. 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

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1 **DIRECTIVES**

2 The MCPR-Cathey's Valley Park is hereby directed to take the following actions:

- 3
- 4 1. By **August 31, 2014**, the County shall provide a copy of the Boil Water Notice and
- 5 proof of posting of the total coliform MCL violation notification using Attachment
- 6 C.
- 7
- 8 2. By **August 31, 2014**, the County shall prepare and submit an incident report. The
- 9 information contained in the report should detail the events leading to the coliform
- 10 positive samples as well as corrective actions made since the coliform positive
- 11 samples were collected. See Attachment D.
- 12
- 13 3. By **August 22, 2014**, the County shall submit a written response to the Division
- 14 acknowledging that it has received this citation and will comply with all the
- 15 directives listed herein.
- 16
- 17 4. All items requested by this Citation shall be submitted to:

18 Kassy D. Chauhan, P.E.
19 Senior Sanitary Engineer
20 State Water Resource Control Board
21 Division of Drinking Water – Merced District
22 265 W. Bullard Avenue, Suite 101
23 Fresno, CA 93704
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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 MCPR-Cathey's Valley Park, its officers,
13 directors, agents, employees, contractors, successors, and assignees.

14
15 **SEVERABILITY**

16 The directives of this citation are severable, and MCPR-Cathey's Valley Park comply with
17 each 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.



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

8/15/14
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 November 2013
- Attachment B: Tier 2 Public Notification
- Attachment C: Proof of Notification
- Attachment D: Positive Total Coliform Investigation form

KDC/mlm/2207094/Cit 03-11-14C-006-2207094.doc

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Bacteriological Distribution Monitoring Report

2207094 MCPR-Cathey's Valley Park
Distribution System Freq: 1/M

Sample Date	Location	T Coli	E Coli	F Coli	HPC	Type	Cl2	Violation	Comment
5/23/2014	Outside RR HB	11	<1.0			Routine			
5/27/2014	4 Samples	<1.0	<1.0			Routine	2.2		
6/2/2014	Distribution	A	A			Routine			
6/9/2014	O/S HB	A	A			Routine			
6/18/2014	Firehouse HB 1	P	A			Routine			
6/18/2014	Firehouse HB 2	A	A			Routine			
6/18/2014	Hall Kitchen	A	A			Routine			
6/18/2014	O/S HB	A	A			Routine			
6/18/2014	Womens Hall RR	P	A			Routine		MCL	TCR MCL
7/2/2014	Faucet	<1.0	<1.0			Routine			
7/2/2014	Hall	<1.0	<1.0			Routine			
7/16/2014	Faucet	<1.0	<1.0			Routine			
7/16/2014	Firehouse 1	<1.0	<1.0			Routine			
7/16/2014	Well 2	<1.0	<1.0			Routine			Well 2 as follow up sample.

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.

*MCPR-Cathey's Valley Park**2207094**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>
5/21/2014		Well 1	<1.0	<1.0					
5/27/2014		Well	<1.0	<1.0					
6/2/2014		Well 1	A	A					
6/9/2014		Well 2	A	A					
6/9/2014		Well 1	A	A					
6/20/2014		Well 2 New	1.0	<1.0					
6/26/2014		Well 2 Cycle test: 5 samples	<1.0	<1.0					
7/2/2014		Well 2	<1.0	<1.0					
7/7/2014		Well 2	A	A					

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 **Mariposa County Public Works Department – Parks and Recreation Division Catheys Valley Park** of the failure to meet the **Total Coliform Rule Maximum Contaminant Level (MCL)** requirement for **June 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: August 31, 2014
TCR MCL Violation
System Number: 2207094
Citation No.: 03-11-14C-006

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:		PWSID NUMBER:	
Name		Address	
Telephone #			
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

	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 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 measured chlorine residual (total/free) of the water exiting the storage tank today ?							
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

Page 4 of 5

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),				

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: _____