

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27

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

**IN RE:**       **Atascadero State Hospital**  
                  **PO Box 7001**  
                  **Atascadero, CA 93423**

**TO:**           **David Shiel, Chief Engineer**

**SYSTEM NO.:**     **4010832**

**CITATION NO.:**   **04\_06\_15C\_031\_4010832\_23**

**CITATION**

Section 116650 of Chapter 4, Part 12, Division 104 of the California Health and Safety Code (H&S Code), authorizes the issuance of a citation for failure to comply with the requirements 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 the Atascadero State Hospital (hereinafter ASH) for the following violation:

1. Section 64423, Title 22, CCR. Specifically, the ASH failed to collect and/or report two routine distribution coliform samples for the month of October 2015.



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27

**BACKGROUND**

The ASH water system serves a population of approximately 950 patients, 1500 employees, and a few residents in the area through one master meter, and operates by the authority of a domestic water permit issued by the Division on May 2, 2003. The permit is subject to special Surface Water Treatment Rule (SWTR) provisions for the wells, which require ASH to use the wells only if there is no surface water within 150 feet of the wells or utilize natural filtration if the wells are from 100 to 150 feet to surface water and comply with the SWTR requirements and its turbidity, and disinfection performance standards including CT. ASH is complying with the provisions.

ASH's source of water supply consists of groundwater obtained from three wells, Wells 01, 02, 03, and 04. ASH maintains two storage reservoirs. Reservoir 1 has a storage capacity of 1.0 million gallons and Reservoir 2 has a storage capacity of 32,000 gallons. The distribution system is made up of one pressure zone. Pressures range between 55 and 60 psi and are adequate to meet peak demands. ASH is required to collect a minimum of two coliform samples per month from the distribution system. During the month of October 2015, no distribution samples were collected.

**DIRECTIVES**

The ASH is hereby directed to take the following actions:

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27

1. Continue following proper TCR routine and repeat sampling/reporting procedures in accordance with Article 3, Title 22, CCR, Sections 64423, 64424.
2. Within 30 days of receipt of this violation, notify the public of the TCR Monitoring & Reporting failure by using the following methods to reach persons not likely to be reached by a mailing or direct delivery (renters, visitors, etc.):
  - a. Posting in conspicuous public places served by the water system, or on the Internet.
3. Submit a copy of the public notification, and a signed Proof of Public Notification (attached).
4. Continue submitting the required Monthly Summary of Distribution System Coliform Monitoring form by the 10<sup>th</sup> of each month.
5. A copy of the notification and certification form shall be submitted to:

Jeff Densmore, P.E., District Engineer  
 Division of Drinking Water  
 Santa Barbara District  
 1180 Eugenia, Suite 200  
 Carpinteria, CA 93013-2000

December 18, 2015  
 Date

  
 Jeff Densmore, P.E., District Engineer  
 Southern California Section  
 Santa Barbara District (SWRCB-DDW)



cc: San Luis Obispo County Environmental Health

**PROOF OF NOTIFICATION**

Name of Water System: Atascadero State Hospital

Please explain what caused the problem if you have determined what it was and what steps you have taken to correct it.

\_\_\_\_\_  
\_\_\_\_\_

**Consumers Notified**                             Yes                             No

If not, explain: \_\_\_\_\_  
\_\_\_\_\_

**Date of Notification:** \_\_\_\_\_

On the date of notification set forth above, I served the above referenced document(s) on the consumers by:

       Sending a copy through the U.S. Mail, first class, postage prepaid, addressed to each of the resident(s) at the place where the property is situated, pursuant to the California Civil Code.

       Newspaper (if the problem has been corrected).

       Personally hand-delivering a copy to each of the consumers.

       Posting on a public bulletin board, that will be seen by each of the consumers (for small water non-community water systems with permission from the Division).

\_\_\_\_\_

**I hereby declare the foregoing to be true and correct under penalty of perjury.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Serving Notice

**Drinking Water Notification to Consumers**

**\*\*Notice:** Complete this Proof of Notification and return it along with a copy of the notification to the Department within **30 Days** of receiving your notification order.

Disclosure: Be advised that the California Health and Safety Code states 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 each 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 county jail not to exceed one year, or by both the fine and imprisonment.