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

RON CHAPMAN, MD, MPH
Director & State Health Officer

EDMUND G. BROWN, JR.
Governor

June 19, 2014

Mr. Vinay Panchal
Owner
National 9 Inn
5530 Monterey Road
Gilroy, CA 95020

Dear Mr. Panchal:

CITATION NO. : 02-17-14C-006
TOTAL COLIFORM MAXIMUM CONTAMIANT LEVEL VIOLATION
TOTAL COLIFORM MONITORING VIOLATION
GROUNDWATER RULE MONITORING VIOLATION
NATIONAL 9 INN, SYSTEM NO. 4300624

Enclosed is a citation issued to National 9 Inn. The citation is issued because the water system failed to comply with Section 64426.1(b)(2), Section 64424(a), and Section 64430, Chapter 15, Title 22, California Code of Regulations. Specifically, the system violated the total coliform maximum contaminant level, repeat total coliform monitoring was not performed within 24 hours of being notified of the positive result, and triggered groundwater source monitoring was not performed within 24 hours of being notified of a positive result, as required for May 2014.

The attached citation consists of three sections: Violations, Directives, and Civil Penalty. The Violations section describes the events leading up to the issuance of the citation. The Directives section specifies what the water system needs to do to return to compliance. The Civil Penalty section describes fees to be assessed for failure to comply with the citation. No civil penalty is levied with the current citation.

If you have any questions concerning this letter, please contact Karen Nishimoto at (510) 620-3461.

Sincerely,

Eric Lacy, P.E.
District Engineer
Santa Clara District
Drinking Water Field Operations Branch

Attachments: Tier 2 Resolved Total Coliform Notice Template
Proof of Notification Form
Bacteriological Sample Siting Plan

cc: Santa Clara County Environmental Health Department (w/o attach.)

CITATION NO. 02-17-14C-006

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

Issued June 19, 2014

RE: Water System No. 4300624
National 9 Inn
5530 Monterey Road
Gilroy, CA 95020

TO: Mr. Vinay Panchal
Owner

CITATION FOR NONCOMPLIANCE

Total Coliform Bacteria – Maximum Contaminant Level

Total Coliform Bacteria – Repeat Monitoring

Total Coliform Bacteria – Triggered Source Monitoring

May 2014

Section 116650, Chapter 4 of Part 12 of Division 104 of the California Health and Safety Code (CHSC), authorizes the issuance of a citation for failure to comply with a requirement of Chapter 4 (California Safe Drinking Water Act), or any regulation, permit, standard, or order issued thereunder.

Violations

The Drinking Water Field Operations Branch of the Department of Public Health (hereinafter "Department") hereby issues a citation to National 9 Inn (hereinafter "Water System")(mailing address: 5530 Monterey Road, Gilroy, CA 95020) for the following violations:

Section 64426.1(b)(2), Chapter 15, Title 22, California Code of Regulations (CCR) specifies that a public water system which collects fewer than 40 samples per month is

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OSP 98 10924

in violation of the Total Coliform Maximum Contaminant Level (MCL) when more than one sample collected during any month is total coliform positive. During May 2014, the Water System collected nine routine and repeat samples, of which five samples tested total coliform positive. Therefore, the Water System violated the total coliform MCL during May 2014.

Section 64424(a), Chapter 15, Title 22, CCR specifies that a Water System that collects one or fewer routine samples a month must collect at least four samples for each total coliform positive within 24 hours of being notified of a positive result. The Water System was notified on May 21, 2014 of the positive sample taken on May 20, 2014. Repeat samples were not taken until May 29, 2014. This resulted in a violation of Section 64424(a), Chapter 15, Title 22, CCR.

Section 64430 specifies that a groundwater system must collect, within 24 hours of notification of a routine total coliform positive sample, at least one groundwater source sample from each groundwater source in use at the time the total coliform positive sample is collected. The Water System is required to collect a sample from their well following a routine total coliform positive sample. During the month of May 2014, following notification on May 21, 2014 of the routine total coliform positive sample taken May 20, 2014, the Water System failed to collect a groundwater sample from their well until May 29, 2014. This resulted in a violation of Section 64430, Chapter 15, Title 22, CCR.

In accordance with Section 116650(e), CHSC, this violation is classified as a non-continuing violation.

Directives

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The Water System is hereby directed to take the following actions:

1. Cease and desist violating Subsection 64426.1(b)(2), Chapter 15, Title 22, CCR.

2. Cease and desist violating Subsection 64424(a), Chapter 15, Title 22, CCR. Specifically, the Water System must collect within 24 hours of being notified of a positive result and report the required number of repeat bacteriological samples in the month following a routine total coliform positive sample to the Department.

3. Cease and desist violating the requirements of Section 64430, Chapter 15, Title 22, CCR. Specifically, the Water System must collect the required number of triggered groundwater monitoring bacteriological samples within 24 hours of being notified of a positive result and report in the month following a routine total coliform positive sample to the Department.

4. Conduct public notification for the Total Coliform MCL violation, Total Coliform monitoring and reporting violation, and the Groundwater Rule monitoring and reporting violation pursuant to Section 64463.4, Chapter 15, Title 22, CCR. Notice by direct delivery to all customers shall be issued within 30 days of notification of the violation. Provide public notice by posting in a prominent location in the National 9 Inn lobby. The Department's *Tier 2 Resolved Total Coliform Notice Template* (enclosed) may be used by the Water System to conduct public notification. The notice must be approved by the Department prior to distribution.

5. Complete a *Proof of Notification* form (enclosed) and submit it with a copy of the delivered notice to the Department by July 31, 2014.

6. Prepare a written Corrective Action Plan (CAP) based on investigation findings. The plan shall include an evaluation of the causes of the

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bacteriological event, the follow-up actions taken to correct the bacteriological problem, and the preventative measures to be taken to reduce the possibility of bacteriological contamination in the future. The Water System's current bacteriological sample siting plan is dated March 22, 1995. The CAP shall also include a revised bacteriological sample siting plan which includes triggered groundwater source monitoring and notification of the Department following a routine total coliform positive. The enclosed Bacteriological Sample Siting Plan may be used by the Water System as a template. The CAP shall be submitted to the Department by July 31, 2014.

All submittals to the Department are to be addressed to

Mr. Eric Lacy, P.E.
Santa Clara District Engineer
Department of Public Health
Drinking Water Field Operations Branch
850 Marina Bay Parkway
Building P, 2nd Floor
Richmond, CA 95804-6403

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Civil Penalty

Sections 116650(d) and 116650(e), CHSC allow for the assessment of a civil penalty for failure to comply with the requirements of Chapter 4. Failure to comply with any provision of this citation will result in the Department imposing a civil penalty of up to one thousand dollars ($1,000) per day as of the date of violation of the provision.

June 19, 2014
Date

Eric Lacy, P.E., District Engineer
Santa Clara District
Drinking Water Field Operations Branch

Attachments: Tier 2 Resolved Total Coliform Notice Template
Proof of Notification Form
Bacteriological Sample Siting Plan

cc: Santa Clara County Environmental Health Department
bcc: Chron, System Enforcement File,
File Server – 4300624.20140619.May TCR MCL / TCR&GWR M&R.doc

CERTIFIED MAIL # 7007 0220 0004 6904 0528

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STD. 113 (REV. 3-95)
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Instructions for Tier 2 Resolved Total Coliform Notice Template

Template Attached

Since exceeding the total coliform bacteria maximum contaminant level is a Tier 2 violation, you must provide public notice to persons served as soon as practical but within 30 days after you learn of the violation [California Code of Regulations, Title 22, Chapter 15, Section 64463.4(b)]. **Each water system required to give public notice must submit the notice to the Department for approval prior to distribution or posting, unless otherwise directed by the Department [64463(b)].**

Notification Methods

You must use the methods summarized in the table below to deliver the notice to consumers. If you mail, post, or hand deliver, print your notice on letterhead, if available.

If You Are a…	*You Must Notify Consumers by…*	*…and By One or More of the Following Methods to Reach Persons Not Likely to be Reached by the Previous Method…*
Community Water System [64463.4(c)(1)]	Mail or direct delivery [(a)]	Publication in a local newspaper
		Posting [(b)] in public places served by the water system or on the Internet
		Delivery to community organizations
Non-Community Water System [64463.4(c)(2)]	Posting in conspicuous locations throughout the area served by the water system [(b)]	Publication in a local newspaper or newsletter distributed to customers
		Email message to employees or students
		Posting [(b)] on the Internet or intranet
		Direct delivery to each customer

(a) Notice must be distributed to each customer receiving a bill including those that provide their drinking water to others (e.g., schools or school systems, apartment building owners, or large private employers), and other service connections to which water is delivered by the water system.

(b) Notice must be posted in place for as long as the violation or occurrence continues, but in no case less than seven days.

The notice attached is appropriate for the methods described above. However, you may wish to modify it before using it for posting. If you do, you must still include all the required elements and leave the health effects and notification language in italics unchanged. This language is mandatory [64465].

Multilingual Requirement

Spanish. Each public notice must contain information in Spanish regarding (1) the importance of the notice or (2) contain a telephone number or address where Spanish-speaking residents may contact the water system to obtain a translated copy of the public notice or assistance in Spanish.

Non-English Speaking Groups Other than Spanish-Speaking. For each group that exceeds 1,000 residents or 10% of the residents in the community served, whichever is less, the public notice must (1) contain information in the appropriate language(s) regarding the importance of the notice or (2) contain a telephone number or address where such residents may contact the water system to obtain a translated copy of the notice or assistance in the appropriate language.

Population Served

Make sure it is clear who is served by your water system -- you may need to list the areas you serve.

Description of the Violation

Make sure that the notice is clear about the fact that the coliform problem has been resolved, and there is no current cause for concern. The description of the violation and the MCL vary depending on the number of samples you take. The following table should help you complete the second paragraph of the template.

If You Take Fewer Than 40 Samples a Month	**If You Take 40 or More Samples a Month**
State the number of samples testing positive for coliform. The standard is that no more than one sample per month may be positive.	State the percentage of samples testing positive for coliform. The standard is that no more than 5.0 percent of samples may test positive each month.

Corrective Action

In your notice, describe corrective actions you have taken. Listed below are some steps commonly taken by water systems with total coliform violations. Use one or more of the following actions, if appropriate, or develop your own:

- "We have increased sampling for coliform bacteria to catch the problem early if it recurs."
- "The well and/or distribution system has been disinfected and additional samples do not show presence of coliform bacteria."

After Issuing the Notice

Send a copy of each type of notice and a certification that you have met all the public notice requirements to the Department within ten days after you issue the notice [64469(d)].

It is recommended that you notify health professionals in the area of the violation. People may call their doctors with questions about how the violation may affect their health, and the doctors should have the information they need to respond appropriately.

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.

[System] Has Levels of Coliform Bacteria Above the Drinking Water Standard

Our water system recently violated a drinking water standard. Although this is not an emergency, as our customers, you have a right to know what you should do, what happened, and what we did to correct this situation.

We routinely monitor for drinking water contaminants. We took [number] samples to test for the presence of coliform bacteria during [month year]. [Number/percentage] of our samples showed the presence of total coliform bacteria. The standard is that no more than [1 sample per month/5.0 percent of samples] may do so.

What should I do?

- **You do not need to boil your water or take other corrective actions.**
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the system's treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing, and further testing shows that this problem has been resolved.**
- 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.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

What happened? What was done?

[Describe corrective action].

For more information, please contact [name of contact] at [phone number] or [mailing address].

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 [system].

State Water System ID#: _____. Date distributed: _____.

PROOF OF NOTIFICATION

Water System Name: National 9 Inn
Water System Number: 4300624

As required by Section 116450 of the California Health and Safety Code, I notified the users of the water supplied by National 9 Inn of the Total Coliform Maximum Contaminant Level exceedance, Total Coliform monitoring and reporting violation, and the Groundwater Rule monitoring and reporting violation during May 2014. I complied with the directives of the California Department of Public Health as indicated below:

Required Action	Date Completed
Public Notification by Direct Delivery To all customers by July 19, 2014	

Signature of Water System Representative _____ Date _____

THIS FORM MUST BE COMPLETED AND RETURNED TO THE DEPARTMENT.
A COPY OF THE PUBLISHED NOTICE, DELIVERED NOTICE, AND POSTED NOTICE MUST BE ATTACHED TO THIS FORM

Disclosure: Be advised that Section 116725 and 116730 of 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 citation 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.

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

RON CHAPMAN, MD, MPH
Director & State Health Officer

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SMALL WATER SYSTEM
BACTERIOLOGICAL SAMPLE SITING PLAN (BSSP)

Name of System: _____ System No.: _____

Population: _____ Service Connections: _____

(No. of individuals served each day by the system during the busiest months) (Number of residences and/or buildings served by the system)

Sources: _____

(List all water supply sources - wells, springs, lakes, etc.)

Map or Diagram: Attach a map or diagram showing the location of routine and repeat sample sites and the entry point of water from the source into the system.

Water System Type: _____

(i.e. State Small, Community water system, Non-community systems, or Transient-non-community systems)

ROUTINE SAMPLING

Sampling Frequency: _____

Please list routine sampling sites below. One sampling site is usually sufficient. Complex water systems with pressure zones or separate areas require each zone or area to be sampled routinely.

Routine Sample Site No. 1: _____

Routine Sample Site No. 2 (If necessary): _____

Routine Sample Site No. 3 (If necessary): _____

Routine Sample Site No. 4 (If necessary): _____

REPEAT SAMPLING

If a routine sample contains coliform bacteria, the water system will collect a repeat sample set *within 24 hours of being notified of the result.* Please list the location of the repeat sample set below. Each routine sample location must have a corresponding set of repeat sample locations. If you have more than one routine sample site, please list each set of corresponding repeat sample site on a separate sheet. Non-community systems which serve one service connection (i.e. a building) may collect all the four follow-up samples from within the building. Systems with one or more groundwater wells must conduct triggered source monitoring at each ground water *well within 24 hours of being notified of a positive routine sample.*

Repeat Sample Site No. 1: _____

(Collect one sample at the original routine sample site)

Repeat Sample Site No. 2: _____

(Collect one sample within five connections upstream)

Repeat Sample Site No. 3: _____

(Collect one sample within five connections downstream)

Repeat Sample Site No. 4: _____

Triggered Source Sampling: _____

SAMPLING DURING THE MONTH FOLLOWING A POSITIVE SAMPLE

If one or more samples are positive for total coliform in a month, the water system is required to collect five routine samples during the following month. These five samples can be collected over the course of the month or all on the same day. Please list the location from which these extra samples would be collected:

1. _____ 2. _____ 3. _____

4. _____ 5. _____

PERSONNEL AND NOTIFICATION

Sampler: _____
(Sample collection must be performed by a person trained in sample collection. Provide name of sampler)

Laboratory: _____
(Provide the name and phone number of the certified lab doing your water analysis. Arrangements must be made for weekend and holiday analysis)

Notification: Laboratory is to notify persons designated below within 24 hours whenever a sample is found to contain coliform bacteria:

1. _____ _____ _____
(Name) (Daytime Phone #) (Evening Phone #)

2. _____ _____ _____
(Name) (Daytime Phone #) (Evening Phone #)

NOTIFICATION OF THE DEPARTMENT: The water system will notify the Department of Health Services, Drinking Water Field Operations Branch, Santa Clara District Office, within 24 hours whenever a sample contains fecal coliform, E. coli bacteria or whenever a follow-up sample is coliform positive.

Santa Clara District Office:	510-620-3474 (day or night, leave message)
Eric Lacy, District Engineer:	510-620-3453
Karen Nishimoto, Associate Sanitary Engineer:	510-620-3461

Submitted by: _____ Date: _____

NOTES

When responding to a laboratory report of bacterial contamination, keep in mind the following:

1. Coliform bacteria should not be present in drinking water and the presence of coliforms indicates a potentially serious problem. Appropriate investigation should be performed immediately.

2. Check water systems components such as water sources, filtration and /or chlorination equipment and storage tanks for indications of unusual conditions or problems.

3. Correct problems immediately, do not wait for results of follow-up samples to take action.