

State Water Resources Control Board
Division of Drinking Water

December 30, 2014

7012 3460 0003 1113 1038
Certified Mail

Fall River Valley Community Services District
P.O. Box 427
Fall River Mills, CA 96028

Attention: Mr. Bill Johnson, General Manager

**Subject: Public Water System No. 4510008 – Citation 01-02-14(C)011
September 2014 Exceedance of the Bacteriological Maximum Contaminant Level**

Enclosed is a citation issued to the Fall River Valley Community Services District (District). The Citation is being issued because the District failed to comply with the drinking water standard for total coliform bacteria in September 2014 and includes a penalty of **\$300**. Please be aware that the Directives section of the citation contains required actions that must be taken by the District to return to compliance.

Note that Section 116577 of the California Safe Drinking Water Act provides for our Department to be reimbursed by the public water system for costs incurred for preparing and issuing a citation to that system. In accordance with Section 116577, the District will be billed for the preparation and issuance of this citation. Our current costs are \$126 per hour. The estimated time to prepare the citation is two hours.

If you have any questions, please call staff engineer Steve Watson at (530) 224-4828 or me at (530) 224-4800.

Michael J. McNamara, P.E.
Lassen District Engineer
DRINKING WATER FIELD
OPERATIONS BRANCH

Enclosures

cc: Richard L. Hinrichs, P.E., Chief, DDW-Northern California Section
Shasta County Division of Environmental Health

4510008/Enforcement

FELICIA MARCUS, CHAIR | THOMAS HOWARD, EXECUTIVE DIRECTOR

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

TO: Fall River Valley Community Services District
24850 3rd Street
Fall River Mills, CA 96028

Attn: Bill Johnson, General Manager

**CITATION FOR VIOLATION OF CALIFORNIA CODE OF REGULATIONS,
TITLE 22, SECTION 64426 and 64426.1 - WATER SYSTEM NO. 4510008
CITATION NO. 01-02-14(C)011
Issued on December 30, 2014**

Section 116650 of the California Health and Safety Code authorizes the issuance of a citation to a public water system for violation of the California Safe Drinking Water Act (Health and Safety Code, Division 104, Part 12, Chapter 4, commencing with Section 116270) (hereinafter "California SDWA"), or any regulation, standard, permit or order issued or adopted thereunder.

The State Water Resources Control Board (hereinafter "Board"), acting by and through its Division of Drinking Water (hereinafter "Division") and the Deputy Director for the Division (hereinafter "Deputy Director"), hereby issues a citation to the Fall River Valley Community Services District (hereinafter, District) (24850 Third Street,

1 Fall River Mills, CA 96028) for violation of California Code of Regulations (CCR), Title
2 22, Section 64426 subsection (b) and 64426.1 subsection (b).

3
4 **APPLICABLE AUTHORITIES**

5 **Section 116650 of California Health and Safety Code provides:**

6
7 (a) If the Division determines that a public water system is in violation of
8 this chapter or any regulation, permit, standard, citation, or order issued or adopted
9 thereunder, the Division may issue a citation to the public water system. The citation
10 shall be served upon the public water system personally or by certified mail. Service
11 shall be deemed effective as of the date of personal service or the date of receipt of
12 the certified mail. If a person to whom a citation is directed refuses to accept delivery
13 of the certified mail, the date of service shall be deemed to be the date of mailing.

14 (b) Each citation shall be in writing and shall describe the nature of the
15 violation or violations, including a reference to the statutory provision, standard, order,
16 citation, permit, or regulation alleged to have been violated.

17 (c) A citation may specify a date for elimination or correction of the
18 condition constituting the violation.

19 (d) A citation may include the assessment of a penalty as specified in
20 subdivision (e).

21 (e) The Division may assess a penalty in an amount not to exceed one
22 thousand dollars (\$1,000) per day for each day that a violation occurred, and for
23 each day that a violation continues to occur. A separate penalty may be assessed for
24 each violation.

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26 **California Code of Regulations, Title 22, Section 64422, subsections (a), and (c)**
27 **provides in relevant part:**



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(a) By September 1, 1992, each water supplier shall develop and submit to the Department a siting plan for the routine collection of samples for total coliform analysis, subject to the following:

(1) The sample sites chosen shall be representative of water throughout the distribution system including all pressure zones, and areas supplied by each water source and distribution reservoir.

(2) The water supplier may rotate sampling among the sample sites if the total number of sites needed to complies with (a)(1) above exceeds the number of samples required according to Table 64423-A. The rotation plan shall be described in the sample siting plan.

(c) The supplier shall submit an updated plan to the Department at least once every ten years and at any time the plan no longer ensures representative monitoring of the system.

California Code of Regulations, Title 22, Section 64426, subsections (a) and (b), provides in relevant part:

(a) Any of the following criteria shall indicate a possible rise in bacterial count:

(3) A system fails the total coliform Maximum Contaminant Level (MCL) as defined in Section 64426.1.

(b) When the coliform levels specified in subsection (a) are reached or exceeded, the water supplier shall:

(1) Contact the Department by the end of the day on which the system is notified of the test result or the system determines that it has exceeded the MCL, unless the notification or determination occurs after the Department office is closed, in which case the supplier shall notify the Department within 24 hours; and

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(2) Submit to the Department information on the current status of the physical works and operating procedures which may have caused the elevated bacteriological findings, or any information on community illness suspected of being waterborne.

California Code of Regulations, Title 22, Section 64426.1, subsection (b) provides, in relevant part:

(b) A public water system is in violation of the total coliform MCL [maximum contaminant level] when any of the following occurs:

- (1) For a public water system which collects at least 40 samples per month, more than 5.0 percent of the samples collected during any month are total coliform-positive; or
- (2) For a public water system which collects fewer than 40 samples per month, more than one sample collected during any month is total coliform-positive; or
- (3) Any repeat sample is fecal coliform-positive or E. coli-positive; or
- (4) Any repeat sample following a fecal coliform-positive or E. coli-positive routine sample is total coliform-positive.

California Code of Regulations, Title 22, Section 64430, provides, in relevant part:

A public water system that uses ground water shall comply with the following provisions of 40 Code of Federal Regulations as they appear in the Groundwater Rule published in 71 Federal Register 65574 (November 8, 2006) and amended in 71 Federal Register 67427 (November 21, 2006) and 74 Federal Register 30953 (June 29, 2009).

1 Section 141.402. (a) *Triggered source water monitoring-*

2 (1) *General requirements.* A ground water system must conduct triggered
3 source water monitoring if the conditions identified in paragraphs (a)(1)(i)
4 and (a)(1)(ii) of this section exist.

5 (ii) The system is notified that a sample collected under 22 California
6 Code of Regulations section 64422 and 64423 is total coliform-
7 positive and the sample is not invalidated under 22 California
8 Code of Regulations section 64425.

9 (2) *Sampling requirements.* A ground water system must collect, within 24
10 hours of notification of the total coliform-positive sample, at least one ground
11 water source sample from each ground water source in use at the time the total
12 coliform-positive sample water collected under 22 California Code of
13 Regulations sections 64422 and 64423, except as provided in paragraph
14 (a)(2)(ii) of this section.

15 (h) *Monitoring violations.* Failure to meet the requirements of
16 paragraphs (a)-(f) of this section is a monitoring violation and requires the
17 groundwater system to provide public notification under Section 141.204.

18
19 **STATEMENT OF FACTS**

20 The District operates a community water system which serves a population of
21 approximately 1,600 people through 488 service connections. The water system
22 includes one active well (Well 01 – McArthur Well), one inactive well (Well 02 – Dee
23 Knoch Well), an inactive surface water intake (Fall River), three storage reservoirs
24 (Tank 1 – West, Tank 2 – Middle, and Tank 3 – East), and two booster stations.
25 Disinfection is not provided; however, a sodium hypochlorite solution metering pump
26 is located at the well site in case emergency disinfection of the well is required. The
27 District operates under Water Supply Permit No. 78-011, issued on March 9, 1978.

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On September 11, 2014, two routine bacteriological samples were collected from the following sample site locations: Fall River Mills Sample Tap and McArthur Sample Tap. The sample from the Fall River Mills Sample Tap showed the presence of total coliform bacteria. Five repeat bacteriological samples were collected on September 12, 2014, from the following locations: Fall River Mills Sample Tap, 24845 and 43031 Fort Crook Avenue, and 43009 and 43088 Bridge Street. Three out of the five repeat samples were positive for total coliform bacteria (Fall River Mills Sample Tap, 43088 Bridge Street and 43031 Fort Crook Avenue).

On October 9, 2014, one routine sample was collected from the Fall River Mills Sample Tap and one raw water sample was collected from the McArthur Well Sample Tap. Both samples were absent for total coliform bacteria. On October 9, 2014, the Division was made aware of the routine positive sample and subsequent repeat samples from September 2014, upon receipt of laboratory summary reports from Fruit Growers Laboratory Inc., twenty-seven (27) days after the District was notified of the initial routine positive test result. On October 24, 2014, three routine bacteriological samples were collected from the following locations: McArthur Well, Fort Crook Museum, and 43088 Bridge Street. All three sample sites were absent for total coliform bacteria. All routine samples collected from the distribution system since October 9, 2014, have been absent of total coliform bacteria.

DETERMINATION

The Division has determined that the District violated Section 64422(a) and (c), 64426(b)(1) and 64426.1(b)(2), and 64430, Title 22 of the CCR, in that the District exceeded the total coliform MCL during the month of September 2014, failed to collect a bacteriological sample from Well 01 within 24-hours of being notified of a total

1 coliform positive routine sample, and failed to contact the Division during the
2 mandated 24-hour notification period after determination of a significant rise in
3 bacterial count.

4
5 **PENALTIES PURSUANT TO HEALTH AND SAFETY CODE SECTION 116650**

6 The Department hereby assesses upon the System a penalty in the amount of
7 \$300.00. Directions for paying this penalty are included in Directive 6 of this citation.

8
9 **DIRECTIVES**

10 The District is hereby directed to take the following actions:

- 11
- 12 1. Comply with Section 64426.1 and Section 64430, Title 22, of the CCR in all
13 future monitoring periods.
 - 14
 - 15 2. Within 30 days of receipt of this Citation, notify all persons served by the
16 District of the MCL violation as required by Section 64463.4 and Section
17 64465, Title 22, of the CCR. Notification shall be completed in accordance with
18 each of the following:
 - 19 a. Mail or direct delivery of the notice contained in Attachment 'A' to each
20 customer receiving a bill including those that provide their drinking water
21 to others (e.g., schools or school systems, apartment building owners,
22 or large private employers), and other service connections to which
23 water is delivered by the District.
 - 24 b. Provide the notice contained in Attachment 'A' to customers using one
25 or more of the following methods to reach persons not likely to be
26 reached by a mailing or direct delivery:
 - 27 i. Publication in a local newspaper,

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- ii. Posting in conspicuous public places within the service area,
- iii. Posting on the Internet, or
- iv. Delivery to community organizations.

Changes and/or modifications to Attachment 'A' shall be not be made unless approved by the Division.

3. Complete and return Attachment 'B' "Certification of Completion of Public Notification" form within 10 days of giving public notice. A copy of the notice used to provide public notification shall be attached to the form.
4. Within 30 days the District shall submit to the Division a Bacteriological Sample Siting Plan in accordance with the requirements of Section 64422 of Title 22 California Code of Regulations. The District shall complete and submit Attachment 'C' in order to meet this directive.
5. The District shall ensure that all bacteriological samples collected for compliance purposes are clearly labeled as described in the District's Bacteriological Sample Siting Plan, in order to remain in compliance with the monitoring requirements of the primary standards for total coliform bacteria.
6. Upon issuance of this Citation, the District is directed to pay the Penalty within ten (10) days of receipt of this Citation. Payment shall be made by check in the amount of \$300.00 made payable to the State Water Resources Control Board, together with a completed Payment Submittal Form (attached), and with the number of the Citation written on the check submitted to the following address:

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State Water Resources Control Board
Accounting Office
P.O. Box 188
Sacramento, CA 95812-1888

All documents required by this Citation with the exception of documents described in Directive 6 relating to payment of the Penalty shall be submitted to the Division to the following address:

Michael J. McNamara, P. E.
Lassen District Engineer

State Water Resources Control Board
Division of Drinking Water
364 Knollcrest Drive, Suite 101
Redding, CA 96002
(530) 224-4800

Nothing in this Citation relieves the District of its obligation to meet the requirements of Health and Safety Code, Division 104, Part 12, Chapter 4 (California Safe Drinking Water Act), or any regulation, permit, standard or order issued or adopted thereunder.

The Division reserves the right to make such modifications to this Citation, as it may deem necessary to protect public health and safety. Such modifications may be issued as amendments to this Citation and shall be effective upon issuance.

PARTIES BOUND

This Citation shall apply to and be binding upon the District, its officers, directors, shareholders, agents, employees, contractors, successors, and assignees.

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SEVERABILITY

The Directives of this Citation are severable, and the District shall comply with each and every provision thereof, notwithstanding the effectiveness of any other provision.

FURTHER ENFORCEMENT ACTION

The California SDWA authorizes the Board to: issue citation with assessment of administrative penalties to a public water system for violation or continued violation of the requirements of the California SDWA or any permit, regulation, permit or order issued or adopted thereunder including, but not limited to, failure to correct a violation identified in a citation or compliance order. The California SDWA also authorizes the Board to take action to suspend or revoke a permit that has been issued to a public water system if the system has violated applicable law or regulations or has failed to comply with an order of the Board; and to petition the superior court to take various enforcement measures against a public water system that has failed to comply with violates an order of the Board. The Board does not waive any further enforcement action by issuance of this citation.



Richard L. Hinrichs

December 30, 2014

Date

Richard L. Hinrichs, P.E., Chief
Northern California Section
Division of Drinking Water
State Water Resources Control Board

- 1 Attachments:
- 2 'A' Public Notification Template
- 3 'B' Certification of Completion
- 4 'C' Bacteriological Sample Siting Plan form
- 5 Payment Submittal Form

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.

Fall River Valley Community Services District Had 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 collected a total of seven samples to test for the presence of coliform bacteria during September 2014. Four of our samples showed the presence of total coliform bacteria. The standard is that no more than one sample per month may do so. A total of five samples were collected during October 2014. There were no coliform bacteria detected in any of these samples. We collected a total of two samples to test for the presence of coliform bacteria during November 2014. There were no coliform bacteria detected in any of these samples.

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 water source 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 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?

The District collected two routine samples to test for the presence of coliform bacteria on September 11, 2014. One sample showed the presence of coliform bacteria. Five repeat samples were collected on September 12, 2014, of which three samples showed the presence of total coliform bacteria. The District added the disinfectant sodium hypochlorite to the storage and distribution system, after obtaining the repeat sample results. A total of five samples were collected during October 2014, with one sample collected at the source well (McArthur Well). There were no coliform bacteria detected in any of these samples. The District collected a total of 2 samples to test for the presence of coliform bacteria during November 2014. There were no coliform bacteria detected in any of these samples. The cause of the contamination was not determined.

For more information, please contact Bill Johnson at (530) 336-5263 or P.O. Box 427, Fall River Mills, CA 96028.

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 Fall River Valley Community Services District.

State Water System ID#: 4510008 . Date distributed: _____

CERTIFICATION OF COMPLETION OF PUBLIC NOTIFICATION

This form, when completed and returned to the State Water Resources Control Board Division of Drinking Water (364 Knollcrest Drive, Suite 101, Redding, CA 96002), serves as certification that public notification to water users was completed as required by the California Water Quality and Monitoring Regulations. Completing public notification and providing the Division of Drinking Water with certification is important. Failure to do so will result in additional hourly time charges to your water utility and may result in a formal enforcement action with monetary penalties.

Public Water System Name Fall River Valley CSD

Public Water System No. 4510008

Public notification for the September 2014 bacteriological failures was performed by the following method(s) (check and complete those that apply):

The notice was published in the local newspaper on _____.
A copy of the newspaper notice is attached.

The notice was mailed to users on _____.
A copy of the notice is attached.

The notice was hand delivered to water customers on _____.
A copy of the notice is attached.

The attached notice was posted in the following conspicuous places:

For this method, provide the date (or dates) that the notice was posted _____.

I hereby certify that the above information is factual.

Printed Name

Signature

Date



EDMUND G. BROWN JR.
GOVERNOR

MATTHEW RODRIGUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board
Division of Drinking Water

Attachment C

BACTERIOLOGICAL SAMPLE SITING PLAN

System Information:

Name of Facility: _____ System Number: _____
 Street Address: _____ Ph. No.: _____
 Mailing Address: _____ Fax: _____
 Service Connections: _____ Population Served: _____ Sampling Frequency: _____

Sample Collection:

All water samples will be collected by: _____
 Name of Laboratory: _____
 Mailing Address: _____
 State Lab Code: _____ Phone #: _____ Fax #: _____
 The Laboratory was sent a copy of this plan on: _____

Raw Water Sampling:

Is water continuously treated with chlorine? YES NO
 Systems which provide continuous chlorine treatment are required to take samples of water prior to the addition of chlorine (raw water samples) on a quarterly basis. Please list below the sources which are continuously treated and the months when raw water samples will be taken:

1. _____ Months sampled: _____
 2. _____ Months sampled: _____

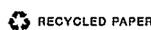
Map of System:

A map of the distribution system showing the source (well, spring, etc.), storage tanks, treatment facilities, distribution piping, routine sample locations, and follow-up (repeat) sample locations is required. Have you enclosed this map? YES NO

(OVER)

FELICIA MARCUS, CHAIR | THOMAS HOWARD, EXECUTIVE DIRECTOR

364 Knollcrest Drive, Suite 101, Redding, CA 96002 | www.waterboards.ca.gov



BACTERIOLOGICAL SAMPLE SITING PLAN (cont.)

Sample Locations:

The following describes each routine sample location, what months the location will be sampled, and where follow-up (repeat) samples will be taken in the event of a "positive" routine sample:

Routine Sample Location:

1. _____
(location name or address)

Water samples will be collected from this location during the months of (circle):

1 st Qtr:	Jan.	Feb.	Mar.
2 nd Qtr:	Apr.	May	Jun.
3 rd Qtr:	July	Aug.	Sept.
4 th Qtr:	Oct.	Nov.	Dec.

Description: _____
(hose bib, sink faucet, etc.)

Follow-up (repeat) Sample Location:

1. _____
(routine sample location name or address)

2. _____
(location name or address up-stream)

3. _____
(location name or address down-stream)

4. _____
(source)

Routine Sample Location: (if required)

2. _____
(location name or address)

Water samples will be collected from this location during the months of (circle):

1 st Qtr:	Jan.	Feb.	Mar.
2 nd Qtr:	Apr.	May	Jun.
3 rd Qtr:	July	Aug.	Sept.
4 th Qtr:	Oct.	Nov.	Dec.

Description: _____
(hose bib, sink faucet, etc.)

Follow-up (repeat) Sample Location:

1. _____
(routine sample location name or address)

2. _____
(location name or address up-stream)

3. _____
(location name or address down-stream)

4. _____
(source)

Routine Sample Location: (if required)

3. _____
(location name or address)

Water samples will be collected from this location during the months of (circle):

1 st Qtr:	Jan.	Feb.	Mar.
2 nd Qtr:	Apr.	May	Jun.
3 rd Qtr:	July	Aug.	Sept.
4 th Qtr:	Oct.	Nov.	Dec.

Description: _____
(hose bib, sink faucet, etc.)

Follow-up (repeat) Sample Location:

1. _____
(routine sample location name or address)

2. _____
(location name or address up-stream)

3. _____
(location name or address down-stream)

4. _____
(source)

Report Prepared by: _____

Signature and Title: _____ Date: _____

PAYMENT SUBMITTAL FORM

Mail to:
SWRCB Accounting Office
ATTN: Drinking Water Program
P.O. Box 1888
Sacramento, CA 95812-1888

System Name: _____

System No. _____

Please check the box applicable to the attached payment received

- Xeroxing
- Pre-printed publication
- Data Search – generated report from data base
- Fine or penalty
- Permit application fee
- Small water system enforcement fee for FY 20___ / 20___
- Water system annual fee for FY 20___ / 20___ (Systems w/less than 999 service connections)
- Water System time accounting fee for FY 20___ / 20___ (Systems w/service connections greater than 999)
- Exemption, variance, waiver
- Other: Fee for copying information from System file

Comments: _____

Signature: _____ Date: _____

Name: _____

ATTACH CHECK HERE: