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GOVERNOR



MATTHEW RODRIGUEZ  
SECRETARY FOR  
ENVIRONMENTAL PROTECTION

## State Water Resources Control Board

Division of Drinking Water

August 19, 2016

System No. 4600072

Certified Mail

No. 7012 3460 0003 11128250

Mary Westmoreland  
TNF – Aspen Creek/Pass Creek Campground  
10811 Stockrest Springs Rd.  
Truckee, CA 96161

TRANSMITTAL OF CITATION NO. 01-02-16C-023

Dear Ms. Westmoreland,

The State Water Resources Control Board, Division of Drinking Water, has issued the TNF – Aspen Creek/Pass Creek Campground water system a citation, which is attached.

If you have any questions regarding this matter, please call Stephen Rooklidge at (530) 224-2413 or me at (530) 224-4800.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael J. McNamara".

Michael J. McNamara, P.E.  
Lassen District Engineer  
Drinking Water Field Operations Branch

cc: Elizabeth Morgan, Sierra County Environmental Health Department  
Peggy Davidson, Nevada Irrigation District

Enclosure: Citation No. 01-02-16C-023  
Certification of Compliance  
Level 1 Assessment Form

sjr \ 4600072 TNF Aspen Creek \ File: Enforcement

FELICIA MARCUS, CHAIR | THOMAS HOWARD, EXECUTIVE DIRECTOR

364 Knollcrest Drive, Suite 101, Redding, CA 96002 | [www.waterboards.ca.gov](http://www.waterboards.ca.gov)

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

**TO:** TNF – Aspen Creek/Pass Creek Campground  
10811 Stockrest Springs Rd.  
Truckee, CA 96161

**ATTN:** Mary Westmoreland, Permit Administrator

**CITATION FOR VIOLATION OF CALIFORNIA CODE OF REGULATIONS,  
TITLE 22, SECTION 64424 and 64436 - WATER SYSTEM NO. 4600072  
CITATION NO. 01-02-16C-023  
Issued on August 19, 2016**

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 Tahoe National Forest Aspen Creek/Pass Creek Campground water system (hereinafter, Campground) (15 miles west of Highway 89 along Jackson Meadows Road) for violation of California Code of Regulations (CCR), Title 22, Section 64424(a).

1

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**APPLICABLE AUTHORITIES**

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

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

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

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

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

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

23

24 **California Code of Regulations, Title 22, Section 64424 provides, in relevant**  
25 **parts:**

26 (a) If a routine sample is total coliform-positive, the water supplier shall  
27 collect a repeat sample set as described in paragraph (a)(1) within 24



1 hours of being notified of the positive result. The repeat samples shall all  
2 be collected within the same 24 hour time period.

3 (1) For a water supplier that normally collects one or fewer samples per  
4 month, a repeat sample set shall be at least four samples for each total  
5 coliform-positive sample.

6  
7 **California Code of Regulations, Title 22, Section 64426.1, subsection (b)**  
8 **provides, in relevant part:**

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

11 (1) For a public water system which collects at least 40  
12 samples per month, more than 5.0 percent of the samples collected  
13 during any month are total coliform-positive; or

14 (2) For a public water system which collects fewer than 40  
15 samples per month, more than one sample collected during any month is  
16 total coliform-positive; or

17 (3) Any repeat sample is fecal coliform-positive or E. coli-  
18 positive; or

19 (4) Any repeat sample following a fecal coliform-positive or E.  
20 coli-positive routine sample is total coliform-positive.

21  
22 **40 Code of Federal Regulations, Section 141.402, which is incorporated by**  
23 **reference in California Code of Regulations, Title 22, Section 64430 provides, in**  
24 **relevant part:**

25 (2) Sampling requirements. A ground water system must collect, within 24  
26 hours of notification of the total coliform-positive sample, at least one  
27 ground water source sample from each ground water source in use at the

1 time the total coliform-positive sample was collected under 22 California  
2 Code of Regulations sections 64422 and 64423, except as provided in  
3 paragraph (a)(2)(ii) of this section.  
4

#### 5 STATEMENT OF FACTS

6 The Campground is located along Jackson Meadows Road, west of Highway 89,  
7 approximately 23 miles southwest of Sierraville. It is open for public use during the  
8 months between June and October each year. The domestic water system is  
9 classified as a transient non-community water system. As such, the Campground is  
10 required to collect one routine bacteriological sample during each month the  
11 Campground is open to the public.  
12

13 The Campground had begun operation sporadically in June, 2016, without completing  
14 the Division's Seasonal Start-up Certification. Upon opening, the Campground posted  
15 signs at every spigot that the water was not safe to drink because campers were  
16 beginning to use the Campground prior to the official opening date. On July 20, 2016,  
17 two routine bacteriological samples were collected from the Campground's distribution  
18 system, and one was found positive for total coliform and negative for E. coli bacteria.  
19 The Campground staff notified the Division of the positive samples on July 22, 2016  
20 and were instructed to collect repeat sample according to their sampling site plan.  
21 Four repeat samples were collected on August 3, 2016, and again were all positive for  
22 total coliform and negative for E. coli. Division staff inspected the site on August 5,  
23 2016, and the Division notified the Campground that a Level 1 Assessment was  
24 required to be conducted. The water tank and distribution system were disinfected  
25 after some main pipe leaks were discovered and repaired. A repeat set of five  
26 bacteriological samples collected on August 16, 2016, that included the spring source,  
27 was also found to be positive for total coliform bacteria and negative for E. coli in two



1 of the five samples collected: the storage tank and East Meadows campground  
2 sampling locations. Additional water pipe repair and disinfection is continuing. The  
3 cause of the contamination has not been found.

#### 4 5 **DETERMINATIONS**

6 Based on the above Statement of Facts, the Division has determined that the  
7 Campground violated Sections 64424(a), Title 22, of the CCR, in that the  
8 Campground did not collect all required repeat samples within 24 hours of being  
9 notified of the positive bacteriological result.

10  
11 The Division has determined that the Campground violated Sections 64426.1(b)(2),  
12 Title 22, of the CCR, in that the Campground exceeded the maximum contaminant  
13 level for total coliform bacteria in August 2016.

14  
15 The Division has determined that the Campground violated Sections 64430, Title 22,  
16 of the CCR, in that the Campground did not collect a source sample from the  
17 groundwater spring within 24 hours of being notified of the positive bacteriological  
18 result.

#### 19 20 **DIRECTIVES**

21 The Campground is hereby directed to take the following actions:

- 22
- 23 1. Comply with Sections 64424, 64426, and 64430, Title 22, of the CCR in all  
24 future monitoring periods.
  - 25
  - 26 2. Identify a possible cause of the total coliform positive samples and describe  
27 corrective actions taken or needed. The completed assessment must be



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submitted to the Division by August 26, 2016. Completing and submitting the Site Assessment Form (Attachment A) fulfills this directive.

- 3. During the remainder of the season that the TNF Aspen Creek/Pass Creek Campground provides water for public use for the 2016 season, five routine bacteriological samples must be collected and analyzed each month from the water distribution system.
- 4. Submit a Certification of Public Notification (Attachment B) to the Division, indicating the Campground continued to post alerts to the public that the water available is not potable until bacteriological samples indicate no positive results. Submit a copy of the posted notification to the Division.

All documents required by this Citation to be submitted to the Department shall be submitted 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

As used in this Citation, the date of issuance shall be the date of this Citation; and the date of service shall be the date of service of this Citation, personal or by certified mail, on the Water System

Nothing in this Citation relieves the Campground of its obligation to meet the requirements of Health and Safety Code, Division 104, Part 12, Chapter 4 (California

1 Safe Drinking Water Act), or any regulation, permit, standard or order issued or  
2 adopted thereunder.

3  
4 The Division reserves the right to make such modifications to this Citation, as it may  
5 deem necessary to protect public health and safety. Such modifications may be  
6 issued as amendments to this Citation and shall be effective upon issuance.

7  
8 **PARTIES BOUND**

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

11  
12 **SEVERABILITY**

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

16  
17 **FURTHER ENFORCEMENT ACTION**

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



1 action by issuance of this citation.

2

3

8-19-2016

4 Date

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Michael J. McNamara

Michael J. McNamara, P.E.

Lassen District Engineer

Division of Drinking Water

State Water Resources Control Board

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10 Attachments:

11

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A Site Assessment Form

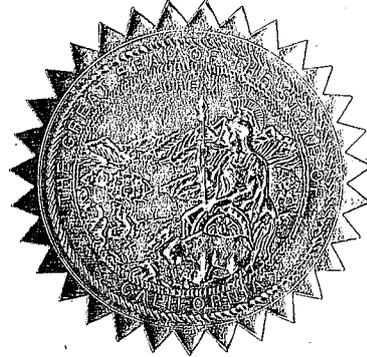
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B Compliance Certification Form

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CERTIFIED MAIL 7012 3460 0003 1113 2295



# REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT

## For Transient, Non-Community Water Systems



This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (TCR) [effective April 1, 2016] and may be modified to take into account conditions unique to the water system. To avoid a violation, an assessment report must be completed and returned to your local regulatory agency no later than 30 days after the coliform treatment trigger date.

<b>SYSTEM NAME:</b>	<b>Trigger Date:</b>
<b>SYSTEM #:</b>	<b>Investigation Date:</b>

#	Issues	Yes/No	N/A	Potentially	If Yes or Potentially, Identify
1	Unusual occurrences with the water system since the last negative routine bacteriological sample:				
	Loss of pressure <5 psi	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Heavy precipitation and/or flooding	Y <input type="checkbox"/> N <input type="checkbox"/>			
	Customer complaints of water quality or pressure	Y <input type="checkbox"/> N <input type="checkbox"/>			
	Evidence of unauthorized access/vandalism	Y <input type="checkbox"/> N <input type="checkbox"/>			
2	Interruption in disinfection treatment	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Changes to water system since last negative routine bacteriological sample:				
	Piping modified or repaired	Y <input type="checkbox"/> N <input type="checkbox"/>			
	System components replaced or repaired	Y <input type="checkbox"/> N <input type="checkbox"/>			
3	Changes in operational procedures or personnel	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Groundwater source contamination:				Proceed to section 4 if groundwater is not used.
	Repeat bacteriological sample(s) from raw source water is positive for total coliform	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Wells:			<input type="checkbox"/>	
	Cracks or holes in the well casing above grade	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Water can leak through well top seal	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	The well is not equipped with a downturned screened vent.	Y <input type="checkbox"/> N <input type="checkbox"/>			
	Water can leak through well head penetrations for electrical or sounding equipment	Y <input type="checkbox"/> N <input type="checkbox"/>			
	Leaking pipes or standing water around the well(s)	Y <input type="checkbox"/> N <input type="checkbox"/>			
	Springs and/or Horizontal Wells:			<input type="checkbox"/>	
The collection site is overgrown with vegetation.	Y <input type="checkbox"/> N <input type="checkbox"/>				
Flowing/standing water around the collection site	Y <input type="checkbox"/> N <input type="checkbox"/>				
Evidence of animal activity around the collection site (grazing/burrowing)	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
Rodents, insects or roots in the spring box	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		

# REVISED TOTAL COLIFORM RULE (RTCRR) – LEVEL 1 ASSESSMENT

## For Transient, Non-Community Water Systems

Page 2 of 3

#	Issues	Yes/No	N/A	Potentially	If Yes or Potentially, Identify
4	Surface water or GWUDI treatment issues		<input type="checkbox"/>		
	CT not met at all times	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Spikes in raw or filtered water turbidity	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Alarms and auto shutdowns are not properly set or functioning.	Y <input type="checkbox"/> N <input type="checkbox"/>			
5	<b>Tank(s) storage, clearwell, backwash return:</b>		<input type="checkbox"/>		Proceed to section 6 if there are no tanks.
	Openings in tank roof that rain water can enter	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Rodents, birds, insects or other unexpected materials inside tank	Y <input type="checkbox"/> N <input type="checkbox"/>			
	Tank air vents are not properly screened to prevent insects from entering.	Y <input type="checkbox"/> N <input type="checkbox"/>			
	Hatches or access ladders left unlocked	Y <input type="checkbox"/> N <input type="checkbox"/>			
	For redwood tanks, signs of birds/animals burrowing or nesting into the tank	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	root intrusion, for underground tanks	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	<b>Distribution system</b>				
	Low pressure transmission lines	Y <input type="checkbox"/> N <input type="checkbox"/>			
	Dead end lines	Y <input type="checkbox"/> N <input type="checkbox"/>			
6	Interties with non-potable water systems or sources (even if valved off)	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Any certified backflow prevention devices not tested in the previous calendar year.	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	<b>Sample site and sampling procedures</b>				
	Is there a written sampling procedure and was it followed?	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Sample sites are not the ones identified in the approved bacteriological sample siting plan.	Y <input type="checkbox"/> N <input type="checkbox"/>			
7	Sample taps are wet, leaking or dirty	Y <input type="checkbox"/> N <input type="checkbox"/>			
	The sample collector was not properly trained	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Were sample bottles delivered to the lab in a cooler and within allowable holding time?	Y <input type="checkbox"/> N <input type="checkbox"/>			
	Is there a seasonal pattern in positive samples when reviewing historical monitoring?	Y <input type="checkbox"/> N <input type="checkbox"/>			
	<b>Other</b>	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
8					

# REVISED TOTAL COLIFORM RULE (RTCRR) – LEVEL 1 ASSESSMENT

## For Transient, Non-Community Water Systems

Page 3 of 3

**SUMMARY:** Based on the results of your assessment and any other available information, what deficiencies do you believe to have caused the positive total coliform sample(s) within your distribution system? (DO NOT LEAVE BLANK)

Deficiency #	Deficiency Description
1.	
2.	
3.	
4.	
5.	

**CORRECTIVE ACTIONS:** What actions have you taken to correct the above mentioned deficiencies? If additional time is needed to correct a deficiency, indicate the date that it will be corrected. (DO NOT LEAVE BLANK)

Deficiency #	Corrective Action	Date Completed
1.		
2.		
3.		
4.		
5.		

**CERTIFICATION:** I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Upon review of the Level 1 Assessment Form, the local regulatory agency may require submittal of the following additional information:**

- Sketch of system showing all sources, all treatment and chlorination 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.
- A set of photographs of the source, 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 the local regulatory agency.
- Name, certification level and certificate number of the Operator in Responsible Charge.
- Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.

