CALIFORNIA
Water Boards

EDMUND G. BROWN JR.
GOVERNOR

MATTHEW RODRIQUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board
Division of Drinking Water

Certified Mail
7012 3460 0003 1113 1045

January 9, 2015

McCloud C.S.D.
P.O. Box 640
McCloud, CA 96057

Attn: Wayne Grigsby, General Manager

CITATION NO. 01_01_15C_001 FOR VIOLATION OF MAXIMUM CONTAMINANT LEVEL FOR TOTAL COLIFORM BACTERIA, McCloud C.S.D., SYSTEM #4710006

Enclosed is a citation issued to the McCloud C.S.D. for violating the maximum contaminant level for coliform bacteria during the month of October, 2014. The order specifies action to be taken by the McCloud C.S.D. to achieve compliance and avoid future civil penalties.

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 an enforcement action to that system. Therefore, your water system will be billed for the preparation and issuance of this order. Our costs are approximately $128 per hour. At this time we have spent approximately two hours on enforcement activities associated with this violation. You will receive a bill for these costs in August, following the end of the State's fiscal year, from our Fee Billing Unit in Sacramento.

Should you have any questions, please contact me at (530) 224-4872 or Barry Sutter at (530) 224-4875.

Tony Wiedemann

Tony Wiedemann, P.E.
Klamath District Engineer
DRINKING WATER FIELD OPERATIONS BRANCH

Enclosures

cc: Richard Hinrichs, Chief – DDW – Northern California Section

STATE OF CALIFORNIA

STATE WATER RESOURCES CONTROL BOARD

DIVISION OF DRINKING WATER

Date: January 9, 2015

To: McCloud Community Services District
P.O. Box 640
McCloud, CA 96057

Attn: Wayne Grigsby, Public Works Director

CITATION No. 01_01_15C_001
FOR FAILURE TO
COMPLY WITH MAXIMUM CONTAMINANT LEVELS
FOR TOTAL COLIFORM BACTERIA
Section 64426.1
Title 22, California Code of Regulations
Public Water System: McCloud Community Services District
Public Water System No.: 4710006

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 "State 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 McCloud Community Services District (hereinafter McCloud C.S.D.) for violation of Maximum Contaminant Levels for Total Coliform Bacteria, Section 64426.1(a), California Code of Regulations (CCR).

APPLICABLE AUTHORITIES

Section 64426.1 (Total Coliform Maximum Contaminant Level), CCR states in relevant part:

(b) A public water system is in violation of the total coliform MCL 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.

A copy of additional *Applicable Authorities* is located in Appendix 1, which is attached hereto and incorporated by reference.

STATEMENT OF FACTS

McCloud C.S.D. is classified as a community water system with a population of approximately 1300, serving 742 connections and collecting less than 40 coliform samples per month. The Division received laboratory results for two routine bacteriological samples collected from McCloud C.S.D. on October 30, 2014. The samples were analyzed for the presence of coliform bacteria and *E. coli* and both of the samples tested positive for coliform bacteria. Two repeat samples collected on October 31, 2014, also showed the presence of coliform bacteria. Two more repeat samples collected on November 3, 2014, were absent of coliform bacteria.

DETERMINATION

The Division has determined that the McCloud C.S.D. is in violation of Title 22, CCR, Section 64426.1, *Total Coliform Maximum Contaminant Level*. Section 64426.1(b)(2) defines a violation of the total coliform MCL as when more than one sample collected during any month is total coliform-positive (less than 40 bacteriological samples required during any month). The results of the sample analysis indicated that four samples were total coliform positive in October, 2014. Therefore, McCloud C.S.D. violated the total coliform maximum contaminant level contained in Section 64426.1 in October, 2014.

Furthermore, McCloud C.S.D. did not collect repeat samples in total conformance with Sections 64424(a) and (b), and did not conduct triggered source water monitoring in conformance with Section 64430, (specifically the Groundwater Rule, Section 141.402 of 40 Code of Federal Regulations).

DIRECTIVES

The McCloud C.S.D. is hereby directed to take the following actions:

1. Comply with Title 22, CCR, Section 64426.1, Section 64424, and Section 64430 in all future monitoring periods.

2. On or before **January 24, 2015**, notify all persons served by the System of the MCL violation in conformance with Title 22, CCR, Sections 64463.4 and 64465.

   Appendix 2: *Public Notice Template* may be used to fulfill this directive. The procedures for the distribution, format and content of the *Public Notice* shall be in accordance with Article 18, Section 64463 through Section 64465, CCR, which relevant parts are included in Appendix 1 *Applicable Authorities*.

3. The McCloud C.S.D. shall complete Appendix 3: *Certification of Public Notification*. The McCloud C.S.D. shall submit the *Certification of Public Notification* with a copy of the *Public Notice* to the Division on or before **January 31, 2015.**

4. The McCloud C.S.D. shall submit to the Division the information described in Title 22, CCR Section 64426 (b)(2) on or before **February 7, 2015**. Appendix 4: *Positive Total Coliform Investigation*, which is attached to this document and may be used to fulfill this directive.

All submittals required by this citation shall be submitted to the Division of Drinking Water at the following address:

Tony Wiedemann, P.E.
Klamath District Engineer
364 Knollcrest Drive, Suite 101
Redding CA, 96002

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.

Nothing in this Citation relieves the McCloud C.S.D. of its obligation to meet the requirements of the California Safe Drinking Water Act (CHSC, Division 104, Part 12, Chapter 4, commencing with Section 116270), or any regulation, standard, permit or order issued thereunder.

PARTIES BOUND

This citation shall apply to and be binding upon McCloud C.S.D., its owners, shareholders, officers, directors, agents, employees, contractors, successors, and assignees.

SEVERABILITY

The Directives of this citation are severable, and McCloud C.S.D. shall comply with each and every provision thereof notwithstanding the effectiveness of any provision.

FURTHER ENFORCEMENT ACTION

The California SDWA authorizes the Division to issue a citation or compliance order 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 Division 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 Division; and to petition the superior court to take various enforcement measures against a public water system that has failed to comply with an order of the Division. The Division does not waive any further enforcement action by issuance of this citation or compliance order.

Tony Wiedemann

January 9, 2015

Tony Wiedemann, P.E., District Engineer
Klamath District
State Water Resources Control Board
Drinking Water Field Operations Branch

Date

Appendices (4):

1. Applicable Authorities
2. Public Notification Template
3. Compliance Certification
4. Positive Total Coliform Investigation

Certified Mail No. 7012 3460 0003 1113 1045

Appendix 2: Public Notification Template

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.

State Coliform Standard Not Met for McCloud C.S.D. – October 2014

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

We routinely monitor for drinking water contaminants. On October 30, 2014, two routine water samples were taken from our water system which showed the presence of coliform bacteria. In accordance with State regulations, follow-up samples were taken which confirmed the presence of total coliform bacteria in the water. The standard is that no more than one sample per month may show the presence of total coliform bacteria.

What should you 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, coliform are a sign that there could be a problem with our treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing and check for the presence of other bacteria of greater concern, such as fecal coliform or *E. coli*. **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?

Persons wishing more information should contact: _____
(name)

_____
(address)

_____
(phone number)

Please share this information with 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 notice in a public place or distributing copies by hand or mail.

Appendix 3

Certification of Public Notification

(Community)

This form when completed and returned to the Division of Drinking Water (364 Knollcrest Drive, Suite 101, Redding, CA 96002 or fax to 530-224-4844), serves as certification that public notification to water users was completed as required by Title 22, California Code of Regulations, Sections 64463 - 64465.

Public Water System Name **McCloud C.S.D.**

Public Water System No. **4710006**

Public notification for the **October 2014 total coliform MCL violation** was performed by the following method(s) (check and complete those that apply):

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

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

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

_____The notice was posted in the following conspicuous places:
A copy of the notice is attached.

_____

_____

_____

Provide the date (or dates) that the notice was posted _____

_____The notice was delivered to the following community organizations:
A copy of the notice is attached.

_____

_____

_____

Provide the date (or dates) that the notice was delivered _____

I hereby certify that the above information is factual.

_____
Printed Name

_____
Signature

_____
Date

APPENDIX 4. POSITIVE TOTAL COLIFORM INVESTIGATION

This form is intended to assist public water systems in completing the investigation required by the SWRCB Division of Drinking Water (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

Entity Name: PWSID NUMBER: System Type:	Name	System Address & Email	Telephone Number
Operator in Responsible Charge (ORC)			
Person that collected TC samples if different than ORC			
System 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 (attach additional pages if needed)
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 does the system take a raw water total coliform (TC) test?					
k. Provide the date and result of the last TC test at this location					
2. Inspect and review records for surface water source (if applicable)					
a. Have there been any events in the watershed or near the intake that might have contributed to TC+ or EC+ results? (Describe)					

TREATMENT	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS
1. If the system provides continuous chlorination treatment was there any equipment failure?					
a. Did the distribution system maintain chlorine residual?					
b. Was emergency chlorination initiated? If yes, for how long?					
c. Did the distribution system lose chlorine residual?					
2. If routine chlorination is not provided, was emergency chlorination initiated?					

APPENDIX 4. POSITIVE TOTAL COLIFORM INVESTIGATION

TREATMENT	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS
If Yes, when?					
3. Inspect each point where disinfectant is added and report					
a. Is the disinfectant feed pump feeding disinfectant?					
b. What is the feed rate of disinfectant in ml/minute?					
c. What is the concentration of the disinfectant solution being fed? (percent or mg/l of chlorine as HOCl)					
d. By what method was the concentration of solution determined? (ex: measured, manufacturer's literature)					
e. What is the age (days) of the disinfectant solution currently being used at this treatment location?					
f. What is the raw water flow rate at the point where disinfectant is added in gallons per minute?					
g. What is the **total** chlorine residual measured immediately downstream from the point of application?					
h. What is the **free** chlorine residual measured immediately downstream from the point of application?					
i. What is the contact time in minutes from the point of disinfectant application to the first customer?					

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 **ext**erior location or is it protected by an **enc**losure?				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or an 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 areas 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, and sunny)?				

APPENDIX 4. POSITIVE TOTAL COLIFORM INVESTIGATION

STORAGE	TANK (name)	TANK (name)	TANK (name)	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 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 maintained in the distribution system?	
2. Did pressure in the distribution system drop to less than 5 psi prior to positive bacti?	
3. Has the distribution system been worked on within the last week? (taps, hydrant flushing, main breaks, mainline 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. Has the distribution system been inspected to check for mainline leaks? Is there or has there been 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 & 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?	

APPENDIX 4. POSITIVE TOTAL COLIFORM INVESTIGATION

BOOSTER STATION	Response
1. Does the system have a booster pump? How many?	
2. Does the system have a standby booster pump if the main pump fails?	
3. Prior to bacteriological quality problems, did the booster pump fail?	
4. Do you notice standing water, leakage at the booster station?	

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, were any complaints received of any customers' illness suspected of being waterborne? How many?	
5. What were the symptoms of illness in received complaints about customers being sick?	

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.
5. Updated source water assessment(s) (DWSAP) if there have been changes to well construction or potentially contaminating activities (PCA list) since last inspection.

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:** _____