



EDMUND G. BROWN JR.
GOVERNOR



MATTHEW RODRIGUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board
Division of Drinking Water

October 12, 2016

System No. 5010014

Thom Clark
Public Services Director
City of Oakdale
455 South Fifth Avenue
Oakdale, CA 95361

TRANSMITTAL OF CITATION NO. 01-10-16C-012 FOR TCR MCL FAILURE

Dear Mr. Clark,

The City of Oakdale's (City) domestic water system violated the Maximum Contaminant Level (MCL) for total coliform bacteria during the month of October 2016, as specified in the Domestic Water Quality and Monitoring Regulations, Chapter 15, Title 22, California Code of Regulations (CCR). The State Water Resources Control Board, Division of Drinking Water (Division) has issued Citation No. 01-10-16C-012, in response to this violation. The citation is being transmitted to the City under cover of this letter.

Please respond to the Directives of this Citation by the deadlines established with each item. If you have any questions regarding this Citation, please contact Tahir Mansoor by email at Tahir.Mansoor@Waterboards.ca.gov or by phone at (209) 948-3879.

Sincerely,

A handwritten signature in blue ink, appearing to read "BS" followed by a stylized name.

Bhupinder S. Sahota, P.E.
District Engineer, Stockton District
Drinking Water Field Operations Branch

Attachments: Citation No. 01-10-16C-012
Certified Mail No. 7004 2890 0002 0058 1358

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1 Oakdale (hereinafter "City") (455 South 5th Av., Oakdale, CA 95361) for violation of
2 California Code of Regulations (CCR), Title 22, Section 64426.1 subsection (b)(2).

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

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

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

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

22 (e) The Division may assess a penalty in an amount not to exceed one
23 thousand dollars (\$1,000) per day for each day that a violation occurred, and for
24 each day that a violation continues to occur. A separate penalty may be assessed for
25 each violation.
26
27

1 **California Code of Regulations, Title 22, Section 64426.1, subsection (b)(2)**
2 **provides, in relevant part:**

3
4 (b) A public water system is in violation of the total coliform Maximum Contaminant
5 Level (hereinafter MCL) when any of the following occurs:

6 (2) For a public water system which collects fewer than 40 samples per month, more
7 than one sample collected during any month is total coliform-positive.

8
9 **California Code of Regulations, Title 22, Section 64426, Subsection (a)(3)**
10 **provides, in relevant part:**

11
12 (a) Any of the following criteria shall indicate a possible significant rise in bacterial
13 count:

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

15
16 **STATEMENT OF FACTS**

17 The City's domestic water system operates under the authority of a Domestic Water
18 Supply Permit, No. 03-10-14P-003, granted by the Division on August 7, 2014.

19
20 The City of Oakdale is located on State Highway 120 at the junction of State
21 Highway 108, south of the Stanislaus River, in the northeastern part of Stanislaus
22 County. The water supply is obtained from six wells located within the service area.

23 The majority of the water system is controlled and monitored by a remote telemetry
24 system located at the Public Works Center at 5th and I Street in southeast Oakdale.

25 In 2014, the City replaced its old 0.54 million-gallon storage tank with a brand new
26 1.0 MG concrete storage tank that receives water exclusively from Well No. 3. The

1 water supply is not disinfected on a regular basis; however, the wells are equipped
2 with the necessary fittings so that chlorination can be initiated if necessary.

3
4 The City serves approximately 21,773 permanent residents through 7,696 service
5 connections. Based on the reported population and number of service connections,
6 the City is required to have six samples examined for bacteriological quality every
7 week from the distribution system. However, based on the 2014 population, which
8 was less than 21,500, the City has been collecting five samples per week. Since
9 now the population served is above 21,500, the City is required to collect six
10 samples per week per Section 64423(a)(1), Title 22, CCR.

11
12 On October 3, 2016, the City collected five routine samples for bacteriological quality
13 from the designated sites in the distribution system. One sample, collected from 813
14 East C. Street, tested positive for total coliform bacteria. The sample was negative
15 for E. coli bacteria.

16
17 On October 4, 2016, the City collected three repeat distribution system samples (one
18 sample each from the routine coliform positive sample location, the downstream,
19 and the upstream locations). All three repeat distribution samples tested positive for
20 total coliform bacteria (negative for E. coli bacteria). All wells and the system's only
21 storage tank were also tested and were negative for total coliform bacteria.

22
23 On October 5, 2016, the City notified the Division of the repeat positive samples and
24 asked for guidance. The Division told the City to immediately start disinfecting all
25 active wells and the storage tank since routinely the City does not disinfect the
26 drinking water. The Division also recommended that the City flush the distribution
27 system to help move chlorine rapidly throughout the distribution system and maintain

1 about 0.5 mg/L chlorine residuals in the system. The following day, on October 6,
2 2016, the City tested 13 distribution system sites (including the three positive sites)
3 for bacteriological quality. All sampling sites tested negative for total coliform
4 bacteria. On October 10, 2016, the City completed another round of routine
5 distribution system monitoring and all sites once again tested negative for total
6 coliform bacteria confirming that the system is free of bacteriological contamination.

7
8 The City collects fewer than 40 samples per month; therefore, four positive total
9 coliform samples constitute failure of the total coliform MCL for October 2016, per
10 Section 64426.1(b)(2), Title 22, CCR.

11 DETERMINATION

12
13 The Division has determined that the City's domestic water system failed to comply
14 with the requirements of Section 64426.1(b)(2) due to the fact that the City's domestic
15 water system is in violation of the total coliform MCL because the water system
16 collects fewer than 40 samples per month, and more than one sample collected
17 during the month of October 2016 was total coliform positive. Therefore the City's
18 domestic water system is in violation of Section 64426.1, subsection (b)(2), of the
19 CCR for the month of October 2016.

20 DIRECTIVES

21
22 The City is hereby directed to take the following actions:

- 23
24 1. By **November 3, 2016**, notify the consumers served by the City of the
25 bacteriological quality (Total Coliform Rule) failure in conformance with
26 Section 64463.4 (a)(1), Title 22, CCR. The notification shall be provided in
27 accordance with the following:

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a. Provide written notice of the bacteriological water quality MCL violation by mail or by direct hand delivery to every customer and by publication of a notice in a newspaper of general circulation in the Oakdale area served by the City. The notice shall be published and delivered once, no later than the above mentioned date.

This notification shall be given in English. In addition, if the City serves a large proportion of other non-English speaking consumers, notices must contain some information in the appropriate language(s) on the importance of the notice as provided in the Division's guidance for the Consumer Confidence Report.

b. The contents of the notice, including the mandatory language, shall be approved by the Division prior to publication and delivery.

c. Within ten (10) days following publication and delivery of the notice, the City shall submit to the Division a copy of the notification including certification of its publication and delivery.

2. By **October 31, 2016**, the City shall conduct and submit Level 1 assessment in accordance to the Federal revised Total Coliform Rule. A form that should be used to meet this requirement has already been provided to the City electronically.

3. By **November 4, 2016**, the City shall submit a written response to the Division indicating its willingness to comply with the directives of this Citation.

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4. Comply with Section 64426.1, Title 22, CCR, in all future monitoring periods.

5. With a population of about 21,773 permanent residents served through 7,696 service connections, the City is required to have six samples examined for bacteriological quality every week from its distribution system in accordance with Section 64423(a)(1), Title 22, CCR. Beginning immediately, the City shall start collecting six samples per week (instead of five) for routine total coliform analysis.

The City's existing bacteriological sample siting plan needs to be revised to add the new sampling location. Therefore, by **November 4, 2016**, update and submit to the Division, a copy of the revised bacteriological sample siting plan and a system map showing locations of all sampling points and upstream/downstream repeat sampling points.

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 deemed effective upon issuance.

Nothing in this Citation relieves the City of its obligation to meet the requirements of the California Safe Drinking Water Act, or of any regulation, permit, standard, or order issued or adopted thereunder.

1 All submittals required by this Citation shall be submitted to the Division at the
2 following address:

3
4 Bhupinder S. Sahota, P.E.
5 District Engineer, Stockton District
6 State Water Resources Control Board
7 Division of Drinking Water
8 31 E. Channel Street, Room 270
9 Stockton, CA 9202

10

11

PARTIES BOUND

12

13

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

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SEVERABILITY

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

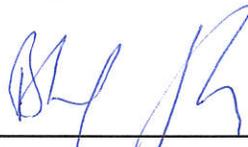
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FURTHER ENFORCEMENT ACTION

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.

10/12/2016

Date



Bhupinder S. Sahota, P.E.,
District Engineer, Stockton District
Division of Drinking Water
State Water Resources Control Board

Attachments:

- 1. Public Notification
- 2. Proof of Notification Form
- 3. Level 1 Assessment Form



Certified Mail No. 7004 2890 0002 0058 1358

Attachment 1

City of Oakdale
455 South Fifth Avenue
Oakdale, CA 95361

October 11, 2016

Dear Customers:

Este informe contiene información muy importante sobre su agua potable.
Para esta información en Español, llame al (209) 869-7128.

During the month of October 2016, the City of Oakdale's (City) domestic water system failed the maximum contaminant level (MCL) for total coliform bacteria indicative of the water quality standards for bacteriological quality as prescribed by the California Domestic Water Quality and Monitoring Regulations. Fecal coliform/E. coli were absent in all total coliform positive samples.

The State Water Resources Control Board, Division of Drinking Water (Division) sets drinking water standards and has determined that the presence of total coliform is a possible health concern. Total coliform are common in the environment and are generally not harmful themselves. The presence of these bacteria in drinking water; however, generally is a result of a problem with water treatment or the pipes, which distribute the water, and indicates that the water may be contaminated with organisms that can cause disease. Disease symptoms may include diarrhea, cramps, nausea, and possibly jaundice, and any associated headaches and fatigue. These symptoms, however, are not just associated with disease-causing organisms in drinking water, but may also be caused by a number of factors other than your drinking water. The Division has set an enforceable drinking water standard for total coliform to reduce the risk of these adverse health effects. Under this standard, no more than 5.0 percent of the samples collected during a month can contain these bacteria, except that systems collecting fewer than 40 samples/month that have one total coliform positive per month are not violating the standard. Drinking water, which meets this standard is usually not associated with a health risk from disease causing bacteria and should be considered safe.

The finding of coliform bacteria in routine samples necessitated the issuance of this notice to all consumers of Oakdale water system. After disinfection of the water, flushing, and additional repeat samples that were negative for coliform bacteria, the water was determined to be safe for drinking. The City completed all bacteriological testing, in accordance with the requirements of the State Water Resources Control Board, Division of Drinking Water. Follow up actions included confirmation sampling.

No further action is required on your part at this time.

Consumers wishing more information should contact Duane Reynolds, Water System Lead Person at (209) 499-7426.

Attachment 2

PROOF OF NOTIFICATION

As required by Section 116450 of the California Health and Safety Code, I notified all users that _____ failed the Total Coliform MCL during December 2014.

Notification was made on _____ by _____
(date)

_____ written notice.
hand delivery or posted (circle one)

Signature of Water System Representative

(date)

DISCLOSURE: Be advised that Section 116725 and 116730 of the California Health and Safety Code state that any person who knowingly makes any false statement on any report or document may be liable for a civil penalty not to exceed five thousand (5,000) for 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 the county jail not to exceed one year, or by both the fine and imprisonment.

Due By: November 4, 2016
Failed Total Coliform MCL: October 2016
System Number: 5010014
Citation No.: 01-10-16C-012

Attachment 3

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT Groundwater System with Chlorination and Storage

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 trigger date.**



ADMINISTRATIVE INFORMATION

Entity Name:	Name	System Address & Email	Telephone Number
PWSID NUMBER:	System Type:		
Operator in Responsible Charge (ORC)			
Person that collected TC samples			
System Owner			
Certified Laboratory for Microbiological Analyses			
Date Investigation Completed:			
Month(s) of Coliform Treatment Technique Trigger:			

INVESTIGATION DETAILS

SOURCE	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 do you take a raw water total coliform (TC) test?						
k. Provide the date and result of the last TC test at this location						

TREATMENT

TREATMENT	PLANT (NAME)	COMMENTS (attach additional pages if needed)				
1. If you provide continuous chlorination, was there any equipment failure?						
a. Did this result in a loss of chlorine residual at the entry point to distribution system? If Yes, how long?						
b. Was emergency chlorination initiated? If Yes, how long?						
c. Did the distribution system lose chlorine residual?						
2. If you do not provide routine chlorination, was emergency chlorination initiated? If Yes, when?						

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

Groundwater System with Chlorination and Storage

TREATMENT	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS (attach additional pages if needed)
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	4 th Repeat Sample (specify)
1. What is the height of the sample tap above grade? (inches)				
2. Is the sample tap located in an <u>exterior</u> location or is it protected by an <u>enclosure</u> ?				
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 bacteriological sample siting plan (BSSP) as a routine or repeat site?				

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

Groundwater System with Chlorination and Storage

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	4 th Repeat Sample (specify)
10. Were the samples delivered to the laboratory in a cooler and within the allowable holding time?				
11. What were the weather conditions at the time of the positive sample (rainy, windy, and sunny)?				

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?					
7. Does the tank "float" on the distribution system or are there separate inlet and outlet lines?					
8. What is the measured chlorine residual (total/free) of the water exiting the storage tank today ?					
9. What is the volume of the storage tank in gallons?					
10. Is the tank baffled?					
11. Prior to the TC+ or EC+, what was the previous date item #1-6 were checked and documented?					

PRESSURE TANK	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
1. What is the volume of the pressure tank?					
2. What is the age of the pressure tank?					
3. Is the pressure tank bladder type or air compressor type?					
4. Did the pressure tank(s) deviate from normal operating pressure?					
5. Is the compressor pump running more often than normal?					
6. Is the tank bladder(s) is water logged?					

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

Groundwater System with Chlorination and Storage

PRESSURE TANK	TANK	TANK	TANK	TANK	COMMENTS
	(name)	(name)	(name)	(name)	
7. Is the tank(s) damaged, rusty, leaking, or has holes?					
8. Was there any recent work performed?					
9. Is the air relief vent (if there is one) on the pressure tank screened and facing downwards?					
10. Can the inside of the pressure tank be visually inspected thru an inspection port? If so, when was the last time it was inspected?					

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	
2. Did pressure in the distribution system drop to less than 5 psi prior to positive back?	
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. Did you inspect your distribution system to check for mainline leaks? Do you or did you have 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. Have all backflow prevention devices in the distribution system been tested annually and repaired/replaced if they did not pass and retested afterwards?	
12. When was the last physical survey of the system done to identify cross-connections?	

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

GENERAL OPERATIONS:	Response
1. Has the sampler(s) who collected the samples received training on proper sampling techniques? If yes, please indicate date of last training.	
2. Does the water system have a written sampling procedure and was it followed?	

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

Groundwater System with Chlorination and Storage

GENERAL OPERATIONS:	Response
3. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	
4. Were there any main breaks, water outages, or low pressure reported in the service area from which TC+ or EC+ samples were collected?	
5. Does the system have backup power or elevated storage?	
6. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	
7. What were the symptoms of illness if you received complaints about customers being sick?	

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	Completion/Proposed Date
1.		
2.		
3.		
4.		
5.		

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM
Groundwater System with Chlorination and Storage

Page 6 of 6

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.