

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH

IN RE: **CITY OF WOODLAKE**  
Water System No. 5410020

TO: Mr. Cruz Dominguez, Public Works Dir.  
City of Woodlake  
P.O. Box 4567  
Woodlake, CA 93286

CC: Tulare County Environmental Health Services Department

**CITATION FOR NONCOMPLIANCE**  
**TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION**  
**March 2014**

**Issued on May 7, 2014**

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

**VIOLATION**

The Drinking Water Field Operations Branch of the Department of Public Health (hereinafter 'Department') hereby issues a Citation to the City of Woodlake (hereinafter 'City') for failure to comply with Section 116555(a)(1) of the CHSC and Section 64426.1(b)(2) of Title 22, California Code of Regulations (CCR). Specifically, the City



1 (mailing address: 350 N. Valencia Blvd., Woodlake, CA 93286) failed to comply with the  
2 total coliform Maximum Contaminant Level (MCL) for the month of March 2014.

3  
4 Section 64426.1(b)(2) specifies that a public water system collecting fewer than 40 samples  
5 per month is in violation of the total coliform MCL when more than one (1) sample  
6 collected during any month is total coliform-positive.

7  
8 The City is required to collect a minimum of three (3) distribution system bacteriological  
9 samples per week. The bacteriological water analysis results submitted by the City reported  
10 the presence of total coliform bacteria in nine (9) of twenty-one (21) samples collected by  
11 the City in March 2014. None of the positive samples showed the presence of fecal  
12 coliform or *E. coli* bacteria.

13  
14 Upon being informed of the presence of total coliform bacteria in two (2) routine samples  
15 collected on March 18, 2014, City staff collected a total of six (6) repeat samples on March  
16 20, 2014. Four (4) of the repeat samples showed the presence of total coliform bacteria.  
17 The same six (6) repeat sites were sampled again on March 26, 2014, and three (3) of the  
18 six (6) sites confirmed the presence of total coliform bacteria. Due to the above-mentioned  
19 total coliform positive samples, the City failed the total coliform MCL for the month of  
20 March 2014. All water samples for coliform bacteria collected during March 2014 are  
21 summarized in Attachment A.

22  
23 The cause of the contamination is unknown since no specific source of contamination has  
24 been identified. The City does not provide continuous disinfection of the distribution  
25 system. The City's wells were sampled on March 20, 2014; the analytical results did not  
26 show the presence of total coliform bacteria in any of the wells. City staff initiated  
27 emergency disinfection of the distribution following the second set of repeat samples. The



1 bacteriological sampling conducted in the month of April 2014 did not show the presence of  
2 total coliform bacteria.

3  
4 The above violation is classified as a non-continuing violation.

5  
6 **ASSOCIATED VIOLATIONS**

7 Additionally, the City failed to collect the required number of routine samples for the month  
8 of March 2014 per Section 64423.(a)(1) and the required number of repeat samples per  
9 Section 64424.(a) of Title 22, CCR as follows:

10  
11 Section 64423.(a)(1) specifically requires each water supplier to collect routine bacteriological  
12 water samples based on the known population served or the total number of service  
13 connections, whichever results in the greater number of samples. The City is required to collect  
14 three (3) routine bacteriological samples per week. Per City staff, the routine bacteriological  
15 samples required the week of March 24, 2014 were not collected due to working on the  
16 investigation of the contamination.

17  
18 Section 64424.(a) specifically requires that in the event a routine sample is total coliform-  
19 positive, the water supplier shall collect a repeat sample set as described in paragraph (a)(1)  
20 within 24 hours of being notified of the positive result. The repeat samples shall all be collected  
21 within the same 24 hour time period. A routine sample from April 8, 2014 detected the  
22 presence of total coliform bacteria; repeat sampling was not conducted.

23  
24 The above violations are classified as non-continuing violations.

25  
26  
27



1 **NOTIFICATION REQUIREMENTS**

2 Section 64426.1(c) requires a public water system to notify the Department and the  
3 consumers of the water system, when a violation of the total coliform MCL occurs.  
4 Notification to the Department shall be by the end of the business day on which the  
5 violation has been determined. If the Department is closed, notification shall be within 24  
6 hours of the determination. The Department was not notified in accordance with the above-  
7 referenced section.

8  
9 A Tier 2 Public Notice for violations of paragraphs 64426.1(b)(2) shall be given pursuant to  
10 Section 64463.4 [lists method, time-frame and delivery] and 64465 [content & format].  
11 The Tier 2 Public Notice shall include the mandatory health effects language from  
12 Appendix 64465-A for a total coliform MCL failure.

13  
14 Section 64463.4 allows community water systems to use mail or direct delivery to each  
15 customer and the use of one or more of the following methods: publication in a daily or  
16 weekly newspaper, posting the public notice in a conspicuous public place within the water  
17 system or on the internet, or by delivery to community organizations. The Tier 2  
18 notification methods, notice and proof of notification forms were emailed to the City on  
19 March 25, 2014. The City may publish the public notice once in a daily or weekly  
20 newspaper available in the general service area. The Department hereby waives public  
21 notification by mail or direct delivery.

22  
23 Section 116450(g) requires that upon receipt of notification from a public water system,  
24 schools must notify school employees, students, and parents (if the students are minors),  
25 residential rental property owners or managers (including nursing homes and care facilities)  
26 must notify their tenants and business property owners, managers or operators must notify  
27



1 employees of businesses located on the property. These secondary notification  
2 requirements are also included in the public notice.

3  
4 Proof of notification is required. The City shall complete Attachment C and return it to the  
5 Department by May 25, 2014.

6  
7 **DIRECTIVES**

8 The City is hereby directed to take the following actions:

- 9  
10 1. By May 25, 2014 provide public notification of the total coliform Maximum  
11 Contaminant Level failure by publication once in a daily or weekly newspaper  
12 available within the general service area.

13  
14 By May 25, 2014 the City shall provide proof of publication of the notification in a  
15 newspaper to:

16  
17 Tricia A. Wathen, Senior Sanitary Engineer  
18 Department of Public Health  
19 Drinking Water Field Operations Branch  
20 265 W. Bullard Avenue, Suite 101  
21 Fresno, CA 93704

- 22 2. The City shall collect repeat samples as required by Section 64424 and as discussed  
23 in this Citation whenever a routine sample is positive for total coliform bacteria.
- 24 3. The City shall notify the Department of any further violations of the total coliform  
25 MCL by the end of the business day on which the violation has been determined, or,  
26 if the Department is closed, within 24 hours of the determination.
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4. By May 25, 2014 the City shall complete and submit the enclosed "Positive Total Coliform Investigation" form to the Department that describes the incident and all corrective actions taken, and the results of the investigation. The appropriate investigation report is provided as Attachment D.

**CIVIL PENALTIES**

Sections 116650(d) and 116650(e) of the CHSC allow for the assessment of a civil penalty for failure to comply with requirements of the California Safe Drinking Water Act. Failure to comply with any provision of this Citation may result in the Department imposing an administrative penalty of not less than \$100 (one hundred dollars) per day as of the date of violation of any provision of this Citation.

May 7, 2014  
Date

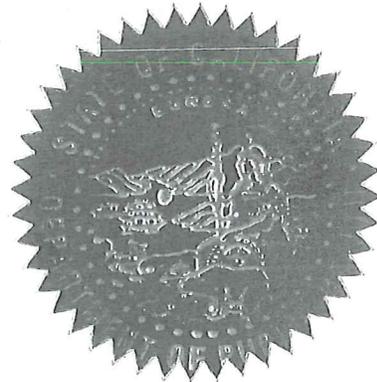
Tricia A. Wathen  
Tricia A. Wathen, P.E.  
Senior Sanitary Engineer, Visalia District  
DRINKING WATER FIELD OPERATIONS BRANCH

TW/LR

**Attachments:**

- Attachment A: Summary of Bacteriological Samples collected in March & April 2014.
- Attachment B: Public Notice Template
- Attachment C: Proof of Notification Form
- Attachment D: Positive Total Coliform Investigation Form

03-12-14C-006-5410020-22 TCRMCL March-2014Cit ID 5-7-14



# POSITIVE TOTAL COLIFORM INVESTIGATION

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## 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.

## **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: \_\_\_\_\_

# POSITIVE TOTAL COLIFORM INVESTIGATION

<b>SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)</b>	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 <b>exterior</b> location or is it protected by an <b>enclosure</b> ?				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or 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 area 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, sunny),				

<b>GENERAL OPERATIONS:</b>	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, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	
5. What were the symptoms of illness if you received complaints about customers being sick?	

# POSITIVE TOTAL COLIFORM INVESTIGATION

Page 3 of 5

STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
lines?							
9. What is the <b>measured</b> chlorine residual (total/free) of the water exiting the storage tank <b>today</b> ?							
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 you are maintaining in the distribution system?	
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the TCR positive finding.	
3. Has the distribution system been worked on within the last week? (service taps, hydrant flushing, main breaks, main 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 and 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?	

BOOSTER STATION	SYSTEM RESPONSES
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?	

# POSITIVE TOTAL COLIFORM INVESTIGATION

TREATMENT	PLANT (NAME)	COMMENTS				
2. Did the distribution system lose chlorine residual?						
3. If you do not provide routine chlorination, was emergency chlorination initiated? If Yes., when?						
4. Inspect each point where disinfectant is added and report a. For hypochlorinator systems						
1. Is the disinfectant feed pump feeding disinfectant?						
2. What is the feed rate of disinfectant in ml/minute						
3. What is the concentration of the disinfectant solution being fed? (percent, or mg/l of chlorine as HOC)						
4. By what method was the concentration of solution determined? (ex: measured, manufacturer's literature)						
5. What is the age (days) of the disinfectant solution currently being used at this treatment location?						
6. What is the raw water flow rate at the point where disinfectant is added in gallons per minute?						
7. What is the total chlorine residual measured immediately downstream from the point of application?						
8. What is the free chlorine residual measured immediately downstream from the point of application?						
9. What is the contact time in minutes from the point of disinfectant application to the first customer?						

STORAGE	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						

**POSITIVE TOTAL COLIFORM INVESTIGATION**

This form is intended to assist public water systems in completing the investigation required by the California Department of Public Health (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**

<b>PWS Name:</b>		<b>PWSID NUMBER:</b>	
Operator in Responsible Charge (ORC)		Address	
Person that collected TC samples if different than ORC		Telephone #	
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
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)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS
1. If you provide continuous chlorination treatment, was there any equipment failure? Did the distribution system maintain a chlorine residual?					
a. Was emergency chlorination initiated?					
b. If yes, for how long?					

**PROOF OF NOTIFICATION**  
(Return with copy of the Notice)

As required by Section 116450 of the California Health and Safety Code, I notified all users of water supplied by the **City of Woodlake** of the failure to meet the **total coliform bacteria MCL** for the month of **March 2014** as directed by the Department. At least one primary distribution method is required: mail, hand-delivery or newspaper publication. A second method is also required in order to reach persons not likely to be reached by a mailing, direct delivery or newspaper publication (renters, nursing home patients, prison inmates, etc.):

Notification was made on \_\_\_\_\_  
(date)

To summarize report delivery used and good-faith efforts taken, please check all items below that apply and fill-in where appropriate:

- The notice was distributed by mail delivery to each customer served by the water system.
- The notice was distributed by direct delivery to each customer served by the water system. Specify direct delivery method(s) used: \_\_\_\_\_
- Publication of the notice in a local newspaper or newsletter of general circulation (attach a copy of the published notice, including name of newspaper and date published).
- Posted the notice at the following conspicuous locations served by the water system (if needed, please attach a list of locations). \_\_\_\_\_
- Posted the notice on the Internet at www. \_\_\_\_\_
- Other method used to notify customers. \_\_\_\_\_

**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 submitted for the purpose of compliance with the attached order may be liable for a civil penalty not to exceed five thousand dollars (\$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.

Certified by Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Due to the Dept. of Health Services within 10 days of notification to the public  
Total Coliform MCL Failure / Enforcement Action No.: 03-12-14C-006

**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.

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**City of Woodlake Had Levels of Coliform Bacteria  
Above the Drinking Water Standard**

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

We routinely monitor for drinking water contaminants. We took \_\_\_\_\_ samples to test for the presence of coliform bacteria in March 2014. \_\_\_\_\_ of these samples showed the presence of total coliform bacteria. The standard is that no more than 1 sample per month may show the presence of coliform bacteria.

**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 treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing.**
- 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 is being done?**

[Describe corrective action.] \_\_\_\_\_ We anticipate resolving the problem within \_\_\_\_\_ [estimated time frame].

For more information, please contact \_\_\_\_\_ [insert name of contact] at \_\_\_\_\_ [insert phone number] or at the following mailing address: \_\_\_\_\_ [insert business/ mailing address].

*Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.*

**Secondary Notification Requirements**

Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- **SCHOOLS:** Must notify school employees, students, and parents (if the students are minors).
- **RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS** (including nursing homes and care facilities): Must notify tenants.
- **BUSINESS PROPERTY OWNERS, MANAGERS, OR OPERATORS:** Must notify employees of businesses located on the property.

This notice is being sent to you by City of Woodlake.

Date distributed: \_\_\_\_\_.

# Bacteriological Distribution Monitoring Report

**5410020 Woodlake, City of**
*Distribution System Freq: 3/W*

Sample Date	Location	T Coli	E Coli	F Coli	HPC	Type	Cl2	Cl2 Avg	Viol. Type	GWR Satisfied?	Comments
3/4/2014	3 samples (2,4,6)	A	A			Routine					
3/11/2014	3 samples (1,3,5)	A	A			Routine					
3/18/2014	Site #2	P	A			Routine			MCL		
3/18/2014	Site #4	P	A			Routine					
3/18/2014	Site #6	A	A			Routine					
3/20/2014	Site #2	P	A			Repeat					
3/20/2014	Site #2, Upstream	P	A			Repeat					
3/20/2014	Site #2, downstream	P	A			Repeat					
3/20/2014	Site #4	A	A			Repeat					
3/20/2014	Site #4, upstream	P	A			Repeat					
3/20/2014	Site #4, downstream	A	A			Repeat					
3/26/2014	Site #2	P	A			Repeat					
3/26/2014	Site #2, upstream	P	A			Repeat					
3/26/2014	Site #2, downstream	P	A			Repeat					
3/26/2014	Site #4	A	A			Repeat					
3/26/2014	Site #4, upstream	A	A			Repeat					
3/26/2014	Site #4, downstream	A	A			Repeat					
4/2/2014	3 samples (1,3,5)	A	A			Routine					
4/8/2014	Site #2, after CL2	P	A			Routine					Temporary disinfection initiated.
4/8/2014	Site #4, after CL2	A	A			Routine					
4/8/2014	Site #6, after CL2	A	A			Routine					
4/15/2014	3 samples (1,3,5)	A	A			Routine					
4/22/2014	3 samples (2,4,6)	A	A			Routine					

**Violation Key**

MCL	Exceeds the maximum contaminant level	MR5	Incorrect number of repeat samples as follow-up to a positive sample
MR1	No monthly sample for the report month	MR6	No source sample
MR2	No quarterly sample for the report month	MR7	No summary report submitted
MR3	Incorrect number of routine samples for the report month	MR8	Other comments and/or info
MR4	Did not collect 5 routine samples for previous month's positive sample	MR9	Cl2 not reported