

STATE OF CALIFORNIA  
WATER RESOURCES CONTROL BOARD  
DIVISION OF DRINKING WATER

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**IN RE:** Golden State Water Company – Southwest District  
14401 Chadron Ave.  
Hawthorne, CA 90250

**TO:** Mr. Paul Rowley  
District Manager

**CITATION**  
**WATER SYSTEM NO. 1910155**  
**CITATION NO. 04\_16\_15C\_001**  
**ISSUED JANUARY 14, 2015**

The Division of Drinking Water (hereinafter "Division") of the State Water Resources Control Board hereby issues a citation to Golden State Water Company - Southwest District (hereinafter "GSWC"), mailing address: 14401 Chadron Ave., Hawthorne, CA 90250, for the following violation:

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

**VIOLATION**

1. Section 64430, Article 3.5, Title 22, California Code of Regulations. Specifically, GSWC failed to collect a triggered source monitoring sample from all

1 representative groundwater sources per their Ground Water Rule Monitoring  
2 Plan during the month of November 2014.

3  
4 **BACKGROUND**

5  
6 GSWC supplies water for domestic purposes to an approximate population of 170,000  
7 persons through approximately 51,347 metered service connections, and is defined as  
8 a community water system. The System is currently operating under the authority of  
9 Water Permit No. 04-16-00P-001, issued by the Department on February 23, 2000.  
10 There have been numerous amendments to the permit.

11  
12 The GSWC service area and distribution system is located in an area comprised of  
13 several cities in Los Angeles County as well as some unincorporated areas. Portions  
14 of the cities of Lawndale, Inglewood, Gardena, and Hawthorne are within the GSWC  
15 service area. GSWC water supply consists of numerous wells and several  
16 Metropolitan Water District treated water supply connections.

17  
18 The Total Coliform Rule requires GSWC to collect 172 routine distribution samples  
19 every month from the system. The California Ground Water Rule requires triggered  
20 source sampling when a routine total coliform sample tests positive.

21  
22 On or about November 18, 2014, GSWC collected a routine total coliform sample at  
23 "15505 Budlong Pl," listed as Lab Sample ID: 440-93682-10 (see Attachment A) that  
24 indicated "present," for total coliform. GSWC collected repeat samples, but failed to  
25 collect and analyze a sample for one of their triggered source monitoring sample  
26 locations, "Belhaven Well #3," (see Attachment B) within 24 hours of notification of the  
27

1 total coliform-positive sample, as required per the California Ground Water Rule.  
 2 GSWC neither informed the Division of the missed triggered source monitoring  
 3 sample, nor requested additional time, per subsection 141.402(a)(2)(i), to try to take  
 4 the required triggered source monitoring sample at Belhaven Well #3. On or about  
 5 December 11, 2014, the Division discovered the violation in GSWC's November 2014  
 6 monthly report, signed December 9, 2014, and submitted by e-mail, dated December  
 7 10, 2014, 4:08 p.m. (see Attachment C). The report indicates the well was not in  
 8 service on the day required for triggered source sampling. The Division requested  
 9 timeline confirmation of the missed triggered source monitoring sample as stated in a  
 10 meeting with GSWC on January 7, 2014 (see Attachment D). The timeline indicates  
 11 GSWC could have conducted triggered source sampling on or about November 21,  
 12 2014.

13

**DETERMINATION**

14

15

The Division has determined that GSWC is in violation of Section 64430, Article 3.5,  
 16 Title 22, California Code of Regulations for not collecting a triggered source monitoring  
 17 sample at Belhaven Well #3 after there was a coliform positive at sample site, "15505  
 18 Budlong Pl."

19

**DIRECTIVES**

20

21  
22 GSWC is hereby directed to take the following actions:

23

- 24 1. GSWC shall immediately follow and strictly adhere to Section 64430, Article 3.5,  
 25 Title 22, California Code of Regulations.

26

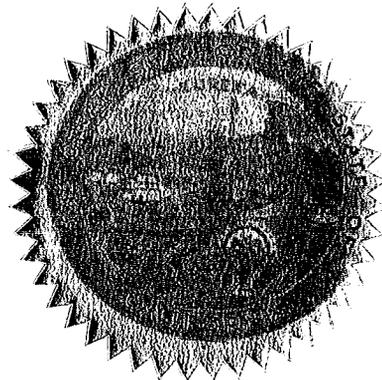
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- 1 2. For the protection of public health, GSWC shall review and evaluate all current
- 2 operations and procedures concerning triggered source monitoring, and make
- 3 corrections and adjustments to eliminate missing any triggered source monitoring
- 4 samples in the future. Within 90 days of the date of this citation, GSWC is to
- 5 submit their triggered source monitoring review and evaluation report to the
- 6 Division, and shall include any corrections and adjustments that will eliminate
- 7 future occurrences of missed triggered source monitoring.
- 8
- 9 3. Within one year, GSWC shall notify its customers of this specific violation.
- 10 GSWC's Consumer Confidence Report for 2014 shall note this violation.
- 11
- 12 4. Submit a signed copy of the public notice and proof of notification (Attachment E).
- 13
- 14 5. Any response, the report, and proof of public notification shall be submitted to:

Sutida Bergquist, P.E., District Engineer  
 Southern California Section  
 Central District  
 Drinking Water Field Operations Branch  
 500 North Central Ave., Suite 500  
 Glendale, CA 91203

19  
 20 January 14, 2015  
 21 Date

20 Sutida Bergquist  
 21 Sutida Bergquist, P.E.  
 22 District Engineer  
 23 Central District



**Attachment A**  
**“G. Sample Locations:”**

**G. Sample Locations:**

The following describes each routine sample location and the sources which may influence it. If the routine sample location is positive, the source(s) affecting it will be sampled within 24 hours. Only sources in use during the time of initial sampling will be required to be sampled (production log required). Please attach extra sheets if you have more than six routine sample locations.

Routine Sample Location:

1. #1 - 13131 Catalina Av

Combined Source Water Sampling?  YES  NO

Source Influencing Locations:

Ballona Well #4 - 1910155-043

Ballona Well #5 - 1910155-069

Belhaven Well #3 - 1910155-005

Belhaven Well #4 - 1910155-070

Routine Sample Location:

2. #2 - 1450 W. 146<sup>th</sup> St

Combined Source Water Sampling?  YES  NO

Source Influencing Locations:

Southern Well #5 - 1910155-039

Southern Well #6 - 1910155-045

Belhaven Well #3 - 1910155-005

Belhaven Well #4 - 1910155-070

Routine Sample Location:

3. #3 - 15505 Budlong Pl

Combined Source Water Sampling?  YES  NO

Source Influencing Locations:

Southern Well #5 - 1910155-039

Southern Well #6 - 1910155-045

Belhaven Well #3 - 1910155-005

Belhaven Well #4 - 1910155-070

Routine Sample Location:

4. #4 - 1520 W. 160<sup>th</sup> St

Combined Source Water Sampling?  YES  NO

Source Influencing Locations:

Southern Well #5 - 1910155-039

Southern Well #6 - 1910155-045

Belhaven Well #3 - 1910155-005

Belhaven Well #4 - 1910155-070

Routine Sample Location:

5. #5 - 1728 W. 169<sup>th</sup> Pl

Combined Source Water Sampling?  YES  NO

Source Influencing Locations:

Dalton Well #1 - 1910155-011

129<sup>th</sup> Street Well #2 - 1910155-064

Routine Sample Location:

6. #6 - 17812 Hobart Blvd

Combined Source Water Sampling?  YES  NO

Source Influencing Locations:

Dalton Well #1 - 1910155-011

Southern Well #5 - 1910155-039

Southern Well #6 - 1910155-045

**Attachment B**  
"Client Sample Results"

# Client Sample Results

Client: Golden State Water Company  
 Project/Site: Bacti Distribution (1910155)

TestAmerica Job ID: 440-93682-1

**Client Sample ID: 1728 W. 169th Pl. (SW5)**

**Lab Sample ID: 440-93682-8**

Date Collected: 11/18/14 10:50

Matrix: Drinking Water

Date Received: 11/18/14 18:00

Method: Colisure - Coliforms, Total									
Analyte	Result	Qualifier	RL	Unit	D	Prepared	Analyzed	Dil	Fac
Escherichia coli	absent			NONE			11/18/14 19:03	1	
Coliform, Total	absent			NONE			11/18/14 19:03	1	

5

Method: Field Sampling - Field Sampling									
Analyte	Result	Qualifier	RL	Unit	D	Prepared	Analyzed	Dil	Fac
Field pH	8.02			SU			11/18/14 10:50	1	
Chlorine, Total	1.88			mg/L			11/18/14 10:50	1	

**Client Sample ID: 1520 W. 160th St. (SW4)**

**Lab Sample ID: 440-93682-9**

Date Collected: 11/18/14 11:00

Matrix: Drinking Water

Date Received: 11/18/14 18:00

Method: Colisure - Coliforms, Total									
Analyte	Result	Qualifier	RL	Unit	D	Prepared	Analyzed	Dil	Fac
Escherichia coli	absent			NONE			11/18/14 19:03	1	
Coliform, Total	absent			NONE			11/18/14 19:03	1	

Method: Field Sampling - Field Sampling									
Analyte	Result	Qualifier	RL	Unit	D	Prepared	Analyzed	Dil	Fac
Field pH	7.97			SU			11/18/14 11:00	1	
Chlorine, Total	0.40			mg/L			11/18/14 11:00	1	

**Client Sample ID: 15505 Budlong Pl. (SW3)**

**Lab Sample ID: 440-93682-10**

Date Collected: 11/18/14 11:10

Matrix: Drinking Water

Date Received: 11/18/14 18:00

Method: Colisure - Coliforms, Total									
Analyte	Result	Qualifier	RL	Unit	D	Prepared	Analyzed	Dil	Fac
Escherichia coli	absent			NONE			11/18/14 19:03	1	
Coliform, Total	present			NONE			11/18/14 19:03	1	

Method: Field Sampling - Field Sampling									
Analyte	Result	Qualifier	RL	Unit	D	Prepared	Analyzed	Dil	Fac
Field pH	8.21			SU			11/18/14 11:10	1	
Chlorine, Total	2.20			mg/L			11/18/14 11:10	1	

**Client Sample ID: 1830 W. 154th St. (Gardena) (SW48)**

**Lab Sample ID: 440-93682-11**

Date Collected: 11/18/14 11:20

Matrix: Drinking Water

Date Received: 11/18/14 18:00

Method: 300.0 - Anions, Ion Chromatography									
Analyte	Result	Qualifier	RL	Unit	D	Prepared	Analyzed	Dil	Fac
Orthophosphate as PO4	ND		0.50	mg/L			11/19/14 16:46	1	

Method: 200.7 Rev 4.4 - Metals (ICP)									
Analyte	Result	Qualifier	RL	Unit	D	Prepared	Analyzed	Dil	Fac
Iron	ND		40	ug/L		11/25/14 17:47	11/25/14 21:12	1	

Method: 200.8 - Metals (ICP/MS)									
Analyte	Result	Qualifier	RL	Unit	D	Prepared	Analyzed	Dil	Fac
Manganese	9.0		1.0	ug/L		11/25/14 17:10	11/25/14 22:29	1	

TestAmerica Irvine

**Attachment C**  
GSWC November 2014, "Monthly Summary"

## MONTHLY SUMMARY OF DISTRIBUTION SYSTEM COLIFORM MONITORING

(including triggered source monitoring for systems subject to the Groundwater Rule)

System Name <p style="text-align: center; font-weight: bold;">Southwest (GSWC)</p>	System Number <p style="text-align: center; font-weight: bold;">1910155</p>
Sampling Period	Year
Month <p style="text-align: center; font-weight: bold;">November</p>	<p style="text-align: center; font-weight: bold;">2014</p>

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/ E.coli Positives
1. Routine Samples (see note 1)	<u>172</u>	<u>172</u>	<u>3</u>	<u>0</u>
2. Repeat Samples following Samples that are Total Coliform Positive and Fecal/E.coli <i>Negative</i> (see notes 5 and 6)		<u>9</u>	<u>0</u>	<span style="border: 1px solid black; padding: 2px;">0</span>
3. Repeat Samples following Routine Samples that are Total Coliform <i>Positive</i> and Fecal/E.coli Positive (see notes 5 and 6)		<u>0</u>	<span style="border: 1px solid black; padding: 2px;">0</span>	<span style="border: 1px solid black; padding: 2px;">0</span>
4. MCL Computation for Total Coliform Positive Samples				
a. Totals (sum of columns)		<u>181</u>	<u>3</u>	
b. IF 40 or more samples collected in month, determine percent of samples that are total coliform positive $[(\text{total number positive} / \text{total number collected}) \times 100] =$			<u>1.7%</u>	
c. Is system in compliance. ...with fecal/E. coli MCL? (see notes 2 and 3)	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
...with monthly MCL? (see note 4)	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
5. Source Samples Triggered by Routine Samples that are Total Coliform Positive (This applies only to systems subject to the Groundwater Rule - see notes 7 and 8)		<u>9</u>	<u>0</u>	<span style="border: 1px solid black; padding: 2px;">0</span>
6. Invalidated Samples (Note what samples, if any, were invalidated; who authorized the invalidation; and when replacement samples were collected. Attach additional sheets, if necessary.)				
7. Summary Completed By:				

Signature 	Title <p style="text-align: center; font-weight: bold;">Water Quality Engineer</p>	Date <p style="text-align: center;">12/9/14</p>
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**NOTES AND INSTRUCTIONS:**

1. Routine samples include:
  - a. Samples required pursuant to 22 CCR Section 64423 and any additional samples required by an approved routine sample siting plan established pursuant to 22 CCR Section 64422.
  - b. Extra samples are required for systems collecting less than five routine samples per month that had one or more total coliform positives in previous month;
  - c. Extra samples for systems with high source water turbidities that are using surface water or groundwater under direct influence of surface water and do not practice filtration in compliance with regulations;
2. Note: For a repeat sample following a total coliform positive sample, any fecal/E.coli positive repeat (boxed entry) constitutes an MCL violation and requires immediate notification to the Department (22, CCR, Section 64426.1).
3. Note: For repeat sample following a fecal/E.coli positive sample, any total coliform positive repeat (boxed entry) constitutes an MCL violation and requires immediate notification to the Department (22, CCR, Section 64426.1).
4. Total coliform MCL (Notify Department within 24 hours of MCL violation):
  - a. For systems collecting less than 40 samples, if two or more samples are total coliform positive, then the MCL is violated.
  - b. For systems collecting 40 or more samples, if more than 3.0 percent of samples collected are total coliform positive, then the MCL is violated.
5. Positive results and their associated repeat samples are to be tracked on the Coliform Monitoring Worksheet.
6. Repeat samples must be collected within 24 hours of being notified of the positive results. For systems collecting more than one routine sample per month, three repeat samples must be collected for each total coliform positive sample. For systems collecting one or fewer routine samples per month, four repeat samples must be collected for each total coliform positive sample.
7. For systems subject to the Groundwater Rule: Positive results and the associated triggered source samples are to be tracked on the Coliform Monitoring Worksheet.
8. For triggered samples required as a result of a total coliform routine positive sample, an *E.coli*, enterococci, or coliphage positive triggered sample (boxed entry) requires immediate notification to the Department, Tier 1 public notification, and corrective action.

# COLIFORM MONITORING WORKSHEET

(COMPLETED FOR POSITIVE ROUTINE SAMPLES, ALL REPEAT SAMPLES, AND ALL TRIGGERED SOURCE SAMPLES)

Report Month November Year 2014

Routine Samples <sup>3</sup>			Repeat Samples <sup>6</sup>				Triggered Source Samples <sup>8</sup>				
TG+ Sample Date	TC+ Sample Site ID	<sup>12</sup> EC/FC Results	Repeat Collection Date	Repeat Sample Site IDs <sup>10</sup>	Coliform Results (Check one box)			Source Sample Date	Groundwater Source(s) Sampled	<sup>12</sup> TC Results	<sup>11,12</sup> E. coli Results
					TC-	TC+ BUT FC/EC-	TC+ AND FC/EC+				
11/18/2014	SW3	(+) (6)	11/20/2014	1 15505 Budlong Pl (SW3)	✓			11/20/2014	Southern #5	(+) (6)	(+) (6)
			11/20/2014	2 1202 155th St (SW3U)	✓			11/20/2014	Southern #6	(+) (6)	(+) (6)
			11/20/2014	3 15500 Budlong Pl (SW3D)	✓			11/20/2014	Belhaven Well #4	(+) (6)	(+) (6)
				4					(see comment below)	(+ / -)	(+ / -)
11/18/2014	SW48	(+) (6)	11/20/2014	1 1830 W. 154th St (SW48)	✓			11/20/2014	Southern #5	(+) (6)	(+) (6)
			11/20/2014	2 1820 W. 154th St (SW48U)	✓			11/20/2014	Southern #6	(+) (6)	(+) (6)
			11/20/2014	3 1854 W 154th St (SW48D)	✓			11/20/2014	Belhaven Well #4	(+) (6)	(+) (6)
				4				11/20/2014	129th Street Well #2	(+) (6)	(+) (6)
				5				11/20/2014	Ballona Well #4	(+) (6)	(+) (6)
				6				11/20/2014	Doty Well #1	(+) (6)	(+) (6)
				7				11/20/2014	Doty Well #2	(+) (6)	(+) (6)
				8					(see comment below)	(+ / -)	(+ / -)
				9					(+ / -)	(+ / -)	
11/25/2014	SW 27	(+) (6)	11/27/2014	1 1305 W. 104th St (SW27)	✓				No groundwater sources	(+ / -)	(+ / -)
			11/27/2014	2 1251 W. 104th St (SW27A)	✓				No groundwater sources	(+ / -)	(+ / -)
			11/27/2014	3 1307 W. 104th St (SW27B)	✓				No groundwater sources	(+ / -)	(+ / -)
				4					(+ / -)	(+ / -)	
		(+) / -)		1					(+ / -)	(+ / -)	
				2					(+ / -)	(+ / -)	
				3					(+ / -)	(+ / -)	
				4					(+ / -)	(+ / -)	
		(+) / -)		1					(+ / -)	(+ / -)	
				2					(+ / -)	(+ / -)	
				3					(+ / -)	(+ / -)	
				4					(+ / -)	(+ / -)	
		(+) / -)		1					(+ / -)	(+ / -)	
				2					(+ / -)	(+ / -)	
				3					(+ / -)	(+ / -)	
				4					(+ / -)	(+ / -)	

Comments: Belhaven Well #3 is a triggered groundwater source for SW3 - 15505 Budlong Pl and SW48 - 1830 W. 154th St. Belhaven Well #3 was offline at the time of triggered source monitoring and could not be sampled; Belhaven Well #3 was recently sampled on 11/3/2014 and 12/1/2014 and both samples were absent for total coliforms and E. coli. Ballona Well #5 is a triggered groundwater source for SW48 - 1830 W. 154th St. Ballona Well #5 was offline at the time the routine sample was collected from SW48 - 1830 W. 154th St.

**NOTES AND INSTRUCTIONS:**

6. Repeat samples must be collected within 24 hours of being notified of the positive results. For systems collecting more than one routine sample per month, three repeat samples must be collected for each total coliform positive sample. For systems collecting one or fewer routine samples per month, four repeat samples must be collected for each total coliform positive sample.
8. For triggered sample(s) required as a result of a total coliform routine positive sample, an E. coli, enterococci, or coliphage positive triggered sample (boxed entry) requires immediate notification to the Department, Tier 1 public notification, and corrective action.
9. Also include any data for positive samples that occurred in the previous month that led to repeat monitoring occurring in the reporting month. Include location and indicate if the routine sample was either positive or negative for E. coli or Fecal Coliforms.
10. For systems serving ≤ 1000 persons that collect one or fewer routine samples per month, a triggered source water sample may be used as the fourth repeat, as noted in an approved plan, if E. coli was the indicator used. Show result in GW source column too.
11. The Department recommends using E. coli (see note 8). If enterococci or coliphage is used, note which in the comment box below.
12. Circle the appropriate result.

Abbreviations: TC = Total Coliform, FC = Fecal Coliform, EC = E. coli

**Attachment D**  
"Willis-Chakmak E-Mail"

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**From:** Chakmak, Alex [<mailto:Alex.Chakmak@gswater.com>]  
**Sent:** Friday, January 09, 2015 7:30 AM  
**To:** Willis, James@Waterboards  
**Subject:** RE: Timeline

Hi Jim,

The timeline is correct to the best of my knowledge with a couple minor changes I made to your email below.

Please let me know if you need any other information.

Alex.

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**From:** Willis, James@Waterboards [<mailto:James.Willis@waterboards.ca.gov>]  
**Sent:** Thursday, January 08, 2015 12:05 PM  
**To:** Chakmak, Alex  
**Subject:** Timeline

Hi Alex,

Sutida asked me to verify my notes for the timeline you told us yesterday at our meeting.

What I have is the following...

Nov 18 Bellhaven Well 3 on line  
Nov 19 Bellhaven Well 3 off line at approximately 3pm  
Nov 19 Notified of Positive coliform result(s) at 7pm.  
Nov 20 Collected triggered source monitoring samples  
Nov 21 Bellhaven returned to service.  
Dec 1 Routine monthly well bacteriological samples taken.

Let me know if accurate, and add any details as necessary.

Thanks,

Jim

**Attachment E**  
Proof of Notification

**PROOF OF NOTIFICATION**

Name of Water System: **Golden State water Company - Southwest**

System Number: 1910155

**Certification of Notification for  
Total Coliform Sample Monitoring Violation**

As required by *California Code of Regulations*, Title 22, Section 64463.7, I notified the users of the water supplied by Golden State water Company Southwest, of the violation of Section 64430, Article 3.5, Title 22, *California Code of Regulations*. I complied with the requirement to conduct public notification as indicated below:

<u>Required Action (indicate all that were used)</u>	<u>Date Completed</u>
Public Notification – Hand Delivery	<input type="text"/>
Public Notification - Mail Delivery	<input type="text"/>
Public Notification – Continuous Posting	<input type="text"/>
Public Notification - Consumer Confidence Report	<input type="text"/>
Public Notification - Other method	<input type="text"/>

Specify other method used:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Water System Representative

\_\_\_\_\_  
Date

**ATTACH A COPY OF THE NOTICE USED.**

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE DEPARTMENT**