Public Health Department

Environmental Health
202 Mira Loma Drive
Oroville, California 95965

Cathy A. Raevsky, Director
Andy Miller, M.D., Health Officer

T: 530.538.7281
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buttecounty.net/publichealth

July 6, 2018

Big Bend Mobile Home Park
Attn: Robert Glander
4320 Big Bend Rd.
Oroville, CA 95965

CITATION # 01_34_18C_001_0400028_01

RE: BIG BEND MHP, PWS #0400028
EXCEEDANCE OF THE BACTERIOLOGICAL MAXIMUM CONTAMINANT LEVEL

Enclosed is a citation issued to the Big Bend MHP (Water System). The citation is being issued because the Water System failed to achieve the drinking water standard for total coliform bacteria during the month of June 2018. Please read this citation carefully and complete all directives. Public notification is required to inform consumers that the standard was not achieved during this time period.

Because your water system had two or more total coliform-positive samples in a month, the U.S. EPA's Revised Total Coliform Rule requires your water system to conduct a Level 1 Assessment. The State has not yet adopted this new rule. We are advising you to comply with the new rule and conduct the assessment as specified in the directives of this citation.

Any person who is aggrieved by an order or decision issued by the Division, may file a petition with the State Water Board for reconsideration of the order or decision. Petitions must be received by the State Board within 30 days of the issuance of the order or decision. The date of issuance is the date when the Division mails a copy of the order or decision. If the 30th day falls on a Saturday, Sunday, or state holiday, the petition is due the following business day. Petitions must be received by 5:00 p.m. See attached Applicable Authorities for relevant statutory provisions for filing a petition.

For more Information regarding filing petitions, visit the following website:
http://www.waterboards.ca.gov/drinking_water/programs/petitions/index.shtml

If you have any questions regarding this matter, please call me at 530.538.5329

Sincerely,

K

Jenifer Kovacs, EHS, Associate

Certified Mail No. 7014 2870 0000 8349 2850
Enclosures

BUTTE COUNTY PUBLIC HEATH

ENVIRONMENTAL HEALTH DIVISION

Public Water System: Big Bend MHP

Water System No.: 0400028

To: Big Bend MHP
Attn: Robert Glander
4320 Big Bend Rd.
Oroville, CA 95965

Issued: July 6, 2018

CITATION FOR NONCOMPLIANCE

Citation No. 01_34_18C_001_040028_01

With Title 22 California Code of Regulations

Section 64426.1(b)

Section 116650 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 (CHSC, Division 104, Part 12, Chapter 4, commencing with Section 116270), or any regulation, standard, permit, or order issued thereunder.

The Butte County Environmental Health (hereinafter "BCEH"), acting by and through its Delegation Agreement with State Water Resource Control Board, Division of Drinking Water (hereinafter "Division") and the Deputy Director for the Division, hereby issues a citation to Big Bend MHP for failure to comply with Section 64426.1(b), Title 22, of the California Code of Regulations (CCR).

APPLICABLE AUTHORITIES

See **Attachment 'A'** for a list of the applicable authorities.

STATEMENT OF FACTS

The Big Bend MHP, domestic water system (System) is classified as a community water system serving approximately 70 people monthly. In accordance with Section 64423 of Title 22, the System is required to collect one routine bacteriological sample per month. On June 27, 2018, one routine sample was collected from the distribution system and was positive for total coliform bacteria. On June 29, 2018, 4 repeat samples were taken due to the positive routine sample collected and 3 of those samples were positive for total coliform. No samples discussed herein were positive for E. coli.

DETERMINATIONS

The Division has determined that the System violated Section 64426.1(b)(2), Title 22, of the CCR, in that more than one sample in a month contained total coliform bacteria. The System also triggered a Level 1 Assessment for July 2018 per the revised Total Coliform Rule (rTCR), codified in Title 40 of the Code of Federal Regulations (CFR), Section 141.859.

DIRECTIVES

The System is hereby directed to take the following actions:

1. Comply with Total Coliform Rule codified in Section 64426.1, Title 22, of the CCR in all future monitoring periods.

2. **Within 30 days** of the issuance of this Citation, provide public notification in accordance with **Attachment B**, to all persons served by the System of the MCL violation as required by Section 64463.4(c) and Section 64465, Title 22, of the CCR. Notification shall be completed in accordance Section 64463.4(c)(2) specified in the attached Applicable Authorities.

3. Changes and/or modifications to **Attachment B** shall not be made unless approved by the Division.

4. Complete and return **Attachment C**, "Certification of Completion of Public Notification" form **within 10 days** of giving public notice. A copy of the notice used to provide public notification shall be attached to the form.

5. As a result of the June 2018 total coliform results, **within 30 days of the issuance of this Citation**, the System must submit to the Division a completed and signed rTCR Level 1 Assessment form (**Attachment D**). Furthermore, all necessary corrective action specified on the Assessment must be addressed and verified (via fax, email, mail, or phone) to the Division within **30 days of completed Assessment**.

6. Collect and report five (5) routine bacteriological samples in the distribution system in the month of **July 2018.**

All documents required by this Citation to be submitted to the Division shall be submitted to the following address:

Butte County Environmental Health
Attn: Amanda Aguiar
202 Mira Loma Dr.
Oroville, CA 95965
(530) 538-5327 (phone) (530) 538-5339 (fax)

Nothing in this Citation relieves the System of its obligation to meet the requirements of Health and Safety Code, Division 104, Part 12, Chapter 4 (California Safe Drinking Water Act), or any regulation, permit, standard or order issued or adopted thereunder.

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.

FURTHER ENFORCEMENT ACTION

The California SDWA authorizes the BCEH 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 BCEH 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 BCEH; 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 BCEH. The BCEH does not waive any further enforcement action by issuance of this citation.

PARTIES BOUND

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

SEVERABILITY

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

EM

July 6, 2018

Elaine McSpadden, Director
Butte County Environmental Health

Date

Attachments:

Attachment 'A' - Applicable Authorities
Attachment 'B' - Public Notification Template
Attachment 'C' - Certification of Completion
Attachment 'D' - rTCR Level 1 Assessment Form

CC: Sandy Warner onsite manager; Culligan, Certified Operator;
Reese Crenshaw, Valley District Engineer- SWRCB Division of Drinking Water
Certified Mail No. 7014 2870 0000 8349 2850

ATTACHMENT A

APPLICABLE AUTHORITIES

Section 116650 of the CHSC states in relevant part:

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

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

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

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

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

ATTACHMENT A

Section 116701 of the CHSC states in relevant part:

<u>Petitions to Orders and Decisions</u>

(a) Within 30 days of issuance of an order or decision issued by the deputy director under Article 8 (commencing with Section 116625) or Article 9 (commencing with Section 116650), an aggrieved person may petition the state board for reconsideration. Where the order or decision of the deputy director is issued after a hearing under Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, this section shall apply instead of Section 11521 of the Government Code.

(b) The petition shall include the name and address of the petitioner, a copy of the order or decision for which the petitioner seeks reconsideration, identification of the reason the petitioner alleges the issuance of the order was inappropriate or improper, the specific action the petitioner requests, and other information as the state board may prescribe. The petition shall be accompanied by a statement of points and authorities of the legal issues raised by the petition.

(c) The evidence before the state board shall consist of the record before the deputy director and any other relevant evidence that, in the judgment of the state board, should be considered to implement the policies of this chapter. The state board may, in its discretion, hold a hearing for receipt of additional evidence.

(d) The state board may refuse to reconsider the order or decision if the petition fails to raise substantial issues that are appropriate for review, may deny the petition upon a determination that the issuance of the order or decision was appropriate and proper, may set aside or modify the order or decision, or take other appropriate action. The state board's action pursuant to this subdivision shall constitute the state board's completion of its reconsideration.

(e) The state board, upon notice and hearing, if a hearing is held, may stay in whole or in part the effect of the order or decision of the deputy director.

(f) If an order of the deputy director is subject to reconsideration under this section, the filing of a petition for reconsideration is an administrative remedy that must be exhausted before filing a petition for writ of mandate under Section 116625 or 116700.

Section 64423(a)(2), Title 22, of the CCR states in relevant part:

(2) The minimum number of samples for nontransient-noncommunity water systems shall be based on the known population served as shown in Table 64423-A during those months when the system is operating. A nontransient-noncommunity water system using groundwater which serves 25-1000 persons may request from the State Board a reduction in monitoring frequency if it has not violated the requirements in this article during the past twelve months. The minimum reduced frequency shall not be less than one sample per quarter.

Table 64423-A
Minimum Number of Routine Total Coliform Samples

Monthly Population Served	*Service Connections*	*Minimum Number of Samples*
25 to 1000	15 to 400	1 per month
1,001 to 2,500	401 to 890	2 per month
2,501 to 3,300	891 to 1,180	3 per month
3,301 to 4,100	1,181 to 1,460	4 per month
4,101 to 4,900	1,461 to 1,750	5 per month
4,901 to 5,800	1,751 to 2,100	6 per month
5,801 to 6,700	2,101 to 2,400	7 per month
6,701 to 7,600	2,401 to 2,700	2 per week
7,601 to 12,900	2,701 to 4,600	3 per week
12,901 to 17,200	4,601 to 6,100	4 per week
17,201 to 21,500	6,101 to 7,700	5 per week

ATTACHMENT A

Table 64423-A

Minimum Number of Routine Total Coliform Samples

Monthly Population Served	*Service Connections*	*Minimum Number of Samples*
21,501 to 25,000	7,701 to 8,900	6 per week
25,001 to 33,000	8,901 to 11,800	8 per week
33,001 to 41,000	11,801 to 14,600	10 per week
41,001 to 50,000	14,601 to 17,900	12 per week
50,001 to 59,000	17,901 to 21,100	15 per week
59,001 to 70,000	21,101 to 25,000	18 per week
70,001 to 83,000	25,001 to 29,600	20 per week
83,001 to 96,000	29,601 to 34,300	23 per week
96,001 to 130,000	34,301 to 46,400	25 per week
130,001 to 220,000	46,401 to 78,600	30 per week
220,001 to 320,000	78,601 to 114,300	38 per week
320,001 to 450,000	114,301 to 160,700	50 per week
450,001 to 600,000	160,701 to 214,300	55 per week
600,001 to 780,000	214,301 to 278,600	60 per week
780,001 to 970,000	278,601 to 346,400	70 per week
970,001 to 1,230,000	346,401 to 439,300	75 per week
1,230,001 to 1,520,000	439,301 to 542,900	85 per week
1,520,001 to 1,850,000	542,901 to 660,700	90 per week
1,850,001 to 2,270,000	660,701 to 810,700	98 per week
2,270,001 to 3,020,000	810,701 to 1,078,600	105 per week
3,020,001 to 3,960,000	1,078,601 to 1,414,300	110 per week
3,960,001 or more	1,414,301 or more	120 per week

Section 64426.1(b), Title 22, of the CCR states in relevant part:

(b) A public water system is in violation of the total coliform maximum contaminant level (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.

Section 64463.4(c)(2), Title 22, of the CCR states in relevant part:

Unless otherwise directed by the Division in writing based on its assessment of the violation or occurrence and the potential for adverse effects on public health and welfare, noncommunity water systems shall give the public notice by:

(A) Posting in conspicuous locations throughout the areas served by the water system; and

(B) Using one or more of the following methods to reach persons not likely to be reached by a public posting:

1. *Publication in a local newspaper or newsletter distributed to customers:*
2. *E-mail message to employees or students:*
3. *Posting on the Internet or intranet: or*
4. *Direct delivery to each customer.*

Section 141.859(a)(1), Title 40 of the CFR, states in relevant part:

(a) Treatment technique triggers. Systems must conduct assessments in accordance with paragraph (b) of this section after exceeding treatment technique triggers in paragraphs (a)(1) and (a)(2) of this section.

(1) Level 1 treatment technique triggers.

i. For systems taking 40 or more samples per month, the system exceeds 5.0% total coliform-positive samples for the month.

ii. For systems taking fewer than 40 samples per month, the system has two or more total coliform-positive samples in the same month.

iii. The system fails to take every required repeat sample after any single total coliform-positive sample.

(b) Requirements for assessments.

(3) Level 1 assessments. A system must conduct a Level 1 assessment consistent with State requirements if the system exceeds one of the treatment technique triggers in paragraph (a)(1) of this section.

i. The system must complete a Level 1 assessment as soon as practical after any trigger in paragraph (a)(1) of this section. In the completed assessment form, the system must describe sanitary defects detected, corrective actions completed, and a proposed timetable for any corrective actions not already completed. The assessment form may also note that no sanitary defects were identified. The system must submit the

completed Level 1 assessment form to the State within 30 days after the system learns that it has exceeded a trigger.

ii. *If the State reviews the completed Level 1 assessment and determines that the assessment is not sufficient (including any proposed timetable for any corrective actions not already completed), the State must consult with the system. If the State requires revisions after consultation, the system must submit a revised assessment form to the State on an agreed-upon schedule not to exceed 30 days from the date of the consultation.*

iii. *Upon completion and submission of the assessment form by the system, the State must determine if the system has identified a likely cause for the Level 1 trigger and, if so, establish that the system has corrected the problem, or has included a schedule acceptable to the State for correcting the problem.*

ATTACHMENT B

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.

Big Bend MHP did not meet Bacteriological Drinking Water Standards in June 2018

Our water system violated the bacteriological drinking water standard for June 2018. As our consumers, you have a right to know what you should do, what happened, and what we are doing to correct this situation.

We routinely monitor for the presence of drinking water contaminants. Three out of Four water samples collected in June 2018, indicated the presence of total coliform bacteria. The standard is that no more than one (1) sample per month may have the presence of total coliform.

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.
- Usually, coliforms are a sign that there could be a problem with the well or distribution system (pipes). Whenever we test for total coliform bacteria in any sample, we also test to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find E. Coli bacteria in our 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 U.S. 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?

Though we are not sure of the cause of the positive coliform detections, we have disinfected the distribution system and will be increasing the number of routine samples in the month of July 2018.

For more information, please contact Sandy Warner @ 530- 533-3345

State Water System ID#: 0400028

ATTACHMENT C

CERTIFICATION OF COMPLETION OF PUBLIC NOTIFICATION

This form, when completed and returned to Butte County Environmental Health (202 Mira Loma Dr. Oroville, CA 95965 or fax to 530-538-5339), serves as certification that public notification to water users was completed as required by the California Water Quality and Monitoring Regulations. Completing public notification and providing the Department with certification is important. Failure to do so will result in additional hourly time charges to your water utility and will result in a formal enforcement action with monetary penalties.

Public Water System Name Big Bend MHP

Public Water System No. 04-00028

Public notification for total coliform level exceedance sample for the month of **June 2018** was performed by the following method(s):

___ The notice was mailed to customers. List the date(s) the notice was distributed:

___ The notice was posted in conspicuous places to reach non bill paying consumers. List the locations the notice was posted:

___ The notice was hand delivered to consumers/customers.

I hereby certify that the above information is factual.

Printed Name

Signature

Date

STATE OF CALIFORNIA
WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER

ATTACHMENT D

RTCR Level 1 Assessment Report Form for Positive Total Coliform Investigation

See the RTCR Level 1 Assessment Guidance and Tips document for additional infomation.

This assessment is intended to review general water system infrastructure, system operation and sampling protocols for potential sources of contamination. This form should be completed by a knowledgeable representative of the water system. **To avoid a violation, an assessment report must completed and returned to your local regulatory agency no later than 30 days after the trigger date.**

SYSTEM NAME:	**Trigger Date:**
SYSTEM #:	**Investigation Date:**

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

	Springs and/or Horizontal Wells:		☐		
	The collection site is overgrown with vegetation.	Y☐ N☐		☐	
	Flowing/standing water around the collection site	Y☐ N☐		☐	
	Evidence of animal activity around the collection site (grazing/burrowing)	Y☐ N☐		☐	
	Rodents, insects or roots in the spring box	Y☐ N☐	☐	☐	
4	**Surface water or GWUDI treatment issues**		☐		
	CT not met at all times	Y☐ N☐		☐	
	Spikes in raw or filtered water turbidity	Y☐ N☐		☐	
	Alarms and auto shutdowns are not properly set or functioning.	Y☐ N☐		☐	
5	**Tank(s) storage, clearwell, backwash return:**		☐		Proceed to section 6 if there are no tanks.
	Openings in tank roof that rain water can enter	Y☐ N☐		☐	
	Rodents, birds, insects or other unexpected materials inside tank	Y☐ N☐		☐	
	Tank air vents are not properly screened to prevent insects from entering.	Y☐ N☐		☐	
	Hatches or access ladders left unlocked	Y☐ N☐		☐	
	For redwood tanks, signs of birds/animals burrowing or nesting into the tank	Y☐ N☐	☐	☐	
	root intrusion, for underground tanks	Y☐ N☐	☐	☐	
6	**Distribution system**				
	Low pressure transmission lines	Y☐ N☐		☐	
	Dead end lines	Y☐ N☐		☐	
	Interties with non-potable water systems or sources (even if valved off)	Y☐ N☐		☐	
	Any certified backflow prevention devices not tested in the previous calendar year.	Y☐ N☐	☐	☐	
7	**Sample site and sampling procedures**				
	Sample sites are not the ones identified in the approved bacteriological sample siting plan.	Y☐ N☐		☐	
	Sample taps are wet, leaking or dirty	Y☐ N☐		☐	
	The sample collector was not properly trained	Y☐ N☐		☐	
	Is there a seasonal pattern in positive samples when reviewing historical monitoring?	Y☐ N☐		☐	
8	**Other**	Y☐ N☐		☐	

SUMMARY: **Based on the results of your investigation and any other available information, what do you believe to be the cause(s) of the positive total coliform samples from your water system? Also, include any items that could potentially lead to contamination.** (REQUIRED)

CORRECTIVE ACTIONS: **What actions have you taken to correct the above mentioned issue(s)? If additional time is needed to correct a deficiency, indicate a correction date or contact your local regulating agency for a reasonable timeline for correction.** (REQUIRED)

CERTIFICATION: **I certify that the information submitted in response to the questions above is accurate to the best of my knowledge.**

Name:_____ **Title:**_____ **Signature:**_____ **Date:**_____