January 11, 2019

Tim Bakman, President
Bakman Water Company – 1010001
P. O. Box 8271
Fresno, CA 93747

Citation No. 03_12_19C_003
Total Coliform Maximum Contaminant Level Violation
For November 2018

Dear Mr. Bakman:

Enclosed is Citation No. 03_12_19C_003 (hereinafter "Citation") issued to the Bakman Water Company (hereinafter "Water System") public water system. **Please note that there are legally enforceable deadlines associated with this Citation beginning on page 3.**

The Water System will be billed at the State Water Resources Control Board's (hereinafter "State Water Board") hourly rate for the time spent on issuing this Citation. California Health and Safety Code (hereinafter "CHSC") Section 116577 provides that a public water system must reimburse the State Water Board for actual costs incurred by the State Water Board for specified enforcement actions, including preparing, issuing and monitoring compliance with a citation. At this time, the State Water Board has spent approximately one and one-half hours on enforcement activities associated with this violation.

The Water System will receive a bill sent from the State Water Board in August of the next fiscal year. This bill will contain fees for any enforcement time spent on the Water System for the current fiscal year.

Any person who is aggrieved by a citation, order or decision issued <u>under authority delegated to an officer or employee of the State Water Board</u> under Article 8 (commencing with CHSC, Section 116625) or Article 9 (commencing with CHSC, Section 116650), of the Safe Drinking Water Act (CHSC, Division 104, Part 12, Chapter 4), may file a petition with the State Water Board for reconsideration of the citation, order or decision.

Petitions must be received by the State Water Board within 30 days of the issuance of the citation, order or decision by the officer or employee of the State Water Board. The date of issuance is the date when the Division of Drinking Water mails a copy of the citation, order or decision. If the 30th day falls on a Saturday, Sunday, or state holiday, the petition is due the following business day by 5:00 p.m.

Information regarding filing petitions may be found at:

http://www.waterboards.ca.gov/drinking_water/programs/petitions/index.shtml

If you have any questions regarding this matter, please contact Adam Forbes of my staff at (559) 447-3137.

Sincerely,

Tricia A. Wathen

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

District webpage: http://www.waterboards.ca.gov/drinking_water/programs/districts/visalia_district.shtml

TAW/LR
Enclosures
Certified Mail No. 7016 3010 0000 0446 0846
cc: Fresno County Environmental Health

Citation No. 03_12_19C_003

STATE OF CALIFORNIA

STATE WATER RESOURCES CONTROL BOARD

DIVISION OF DRINKING WATER

Name of Public Water System: Bakman Water Company

Water System No: 1010001

Attention: Tim Bakman, President

P. O. Box 8271

Fresno, CA 93747

Issued: January 11, 2019

CITATION FOR NONCOMPLIANCE

CALIFORNIA HEALTH AND SAFETY CODE, SECTION 116555 AND

CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 64426.1

TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION

November 2018

The California Health and Safety Code (hereinafter "CHSC"), Section 116650 authorizes the State Water Resources Control Board (hereinafter "State Water Board"), to issue a citation to a public water system when the State Water Board determines that the public water system has violated or is violating the California Safe Drinking Water Act (hereinafter "California SDWA"), (CHSC, Division 104, Part 12, Chapter 4,

commencing with Section 116270), or any regulation, standard, permit, or order issued or adopted thereunder.

The State Water Board, acting by and through its Division of Drinking Water (hereinafter "Division") and the Deputy Director for the Division, hereby issues Citation No. 03_12_19C_003 (hereinafter "Citation"), pursuant to Section 116650 of the CHSC to the Bakman Water Company (hereinafter "Water System"), for violation of CHSC, Section 116555(a)(1) and California Code of Regulations (hereinafter "CCR"), Title 22, Section 64426.1.

STATEMENT OF FACTS

The Water System is classified as a community public water system with a population of approximately 16,756 persons, served through 2,505 service connections. The Water System is using groundwater sources, Well Nos. 4A, 7, 8, 10, 11, 12, 15 and 16 to supply potable water to the distribution system.

CHSC, Section 116555 requires all public water systems to comply with primary drinking water standards as defined in CHSC, Section 116275(c). Primary drinking water standards include maximum levels of contaminants, specific treatment standards, and monitoring and reporting requirements as specified in regulations adopted by the State Water Board.

CCR, Title 22, Section 64426.1, Total Coliform Maximum Contaminant Level (hereinafter "MCL"), states that a public water system is in violation of the total coliform MCL if it collects fewer than 40 bacteriological samples per month and if more than one sample collected during any month is total coliform-positive.

The Water System is required to collect a minimum of four (4) distribution system bacteriological samples per week. The State Water Board received laboratory results for thirty-two (32) bacteriological samples collected during November 2018 from the Water System. All samples were analyzed for the presence of total coliform bacteria. Eight (8) of the 32 samples analyzed were positive for total coliform bacteria. None of the total coliform positive samples showed the presence of *Escherichia coli (E. coli)* bacteria. All water samples for coliform bacteria are summarized in Appendix 1 and 2.

DETERMINATION

The Water System took fewer than 40 bacteriological samples during November 2018. The results of eight (8) routine samples were total coliform positive. Therefore, the State Water Board has determined that the Water System has failed to comply with drinking water standards pursuant to CHSC, Section 116555 and CCR, Title 22, Section 64426.1 during November 2018.

DIRECTIVES

The Water System is hereby directed to take the following actions:

1. By **January 31, 2019,** notify all persons served by the Water System of the violation of CCR, Title 22, Section 64426.1, in conformance with Sections 64463.4 and 64465. Appendix 4: Public Notification Template must be used to fulfill this directive, unless otherwise approved by the State Water Board. The notification must be completed in accordance with the following:
   - By mail or direct delivery of the Public Notification to each customer served by the water system and;
   - By one of the following secondary methods to reach persons not likely to be reached by mail or direct delivery;

- By publication in a local newspaper, by delivery to community organizations or by posting in conspicuous public places served by the water system or on the internet. If the water system opts to issue the notice via internet website, the public notice must remain posted for a minimum of seven (7) consecutive days.

2. Complete Appendix 5: Compliance Certification Form. Submit it together with a copy of the public notification to the State Water Board by **February 8, 2019.**

3. Complete and submit the information required (Investigative report) by CCR, Title 22, Section 64426(b)(2) by **February 8, 2019**. Appendix 3: Positive Total Coliform Investigation may be used to fulfill this directive.

4. The Water System must include this violation in the 2018 Consumer Confidence Report in accordance with CCR, Title 22, Section 64481.

All submittals required by this Citation, unless otherwise specified in the directives above, must be electronically submitted to the State Water Board at the following address. The subject line for all electronic submittals corresponding to this Citation must include the following information: Water System name and number, citation number and title of the document being submitted.

Tricia A. Wathen, P.E., Senior Sanitary Engineer
State Water Resources Control Board
Division of Drinking Water, Visalia District
265 W. Bullard Ave, Suite 101
Fresno, CA 93704

Dwpdist12@waterboards.ca.gov

The State Water Board reserves the right to make modifications to this Citation it may deem necessary to protect public health and safety. Such modifications may be issued as amendments to this Citation and shall be effective upon issuance.

Nothing in this Citation relieves the Water System of its obligation to meet the requirements of the California SDWA (CHSC, Division 104, Part 12, Chapter 4, commencing with Section 116270), or any regulation, standard, permit or order issued or adopted thereunder.

PARTIES BOUND

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

SEVERABILITY

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

FURTHER ENFORCEMENT ACTION

The California SDWA authorizes the State Water Board to: issue a citation or order with assessment of administrative penalties to a public water system for violation or continued violation of the requirements of the California SDWA or any regulation, permit, standard, citation, 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 State Water Board to take action to suspend or revoke a permit that has been issued to a public water system if the public water system has violated applicable law or regulations or has failed to comply with an order of the State Water Board, 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 State Water Board. The State Water Board does not waive any further enforcement action by issuance of this Citation.

Tricia Wathen

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

January 11, 2019
Date

Appendices:
1. Summary of Distribution Bacteriological Samples
2. Summary of Source Bacteriological Samples
3. Positive Total Coliform Investigation Report Form
4. Notification Template
5. Compliance Certification Form

Certified Mail No. 7016 3010 0000 0446 0846

Bacteriological Distribution Monitoring Report

1010001 Bakman Water Company — *Distribution System Freq: 4/WK*

Sample Date	Location	T Coli	E Coli	F Coli	HPC	Type	Cl2	Cl2 Avg	Viol. Type	GWR Satisfied?	Comments
11/30/2018	5081 E. Clay	3.1	<1.0			Repeat				Yes	
11/30/2018	5081 E. Clay	<1	<1			Repeat				Yes	
11/30/2018	Station #10	2	<1			Repeat				Yes	
11/30/2018	Station #10	1.0	<1.0			Repeat				Yes	
11/30/2018	1028 N Helm	1.0	<1.0			Repeat				Yes	
11/30/2018	1028 N. Helm	3.1	<1			Repeat				Yes	
11/26/2018	Station #10	<1	<1			Repeat	0.4			Yes	
11/26/2018	5081 E. Clay	<1	<1			Repeat	0.4			Yes	
11/26/2018	1028 N. Helm	<1	<1			Repeat	0.4			Yes	
11/20/2018	Station #10	A	A			Repeat				Yes	
11/20/2018	1028 N Helm	P	A			Repeat				Yes	
11/20/2018	5081 E. Clay	P	A			Repeat			MCL	Yes	
11/19/2018	Station #10	P	A			Routine					
11/1/2018	19 Samples	A	A			Routine					

Violation Key

MCL	Exceeds Maximum Contaminant Level (L1 RTCR)
MR1	No monthly sample for the report month
MR2	No quarterly sample for the report quarter
MR3	Incorrect number of routine samples for the report month
MR4	Did not collect 5 routine samples for previous month's positive sample
MR5	Incorrect number of repeat samples as follow-up to a positive sample
MR6	No source sample
MR7	No summary report submitted
MR8	Other comments and/or info

GWR	Tier 1 or Tier 2 notification req'd
GR1	GWR M&R violation
L1	Level 1 Trigger RTCR (TCRMCL)
L2a	Level 2-EC+ Routine w/TC+Repeat
L2b	Level 2-TC+ Routine w/EC+ Repeat
L2c	Level 2-EC+ Routine w/No Repeats
L2d	Level 2-Repeat at GWR source monitoring is EC+
L2e	Level 2-Two (2) Level 1 Triggers in a 12-month period

Source Bacteriological Monitoring Report

1010001 Bakman Water Company

Sample Date	*Time*	*Source*	*Sample Type*	*Test Method*	*T Coli*	*E Coli*	*F Coli*	*HPC*	*Violation*	*Comments*
11/20/2018	14:43	Well 16	GWR Well	P/A	A	A				
11/20/2018	15:10	Well 4A	Well	P/A	A	A				

APPENDIX 3

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT
Simple Systems with a Well and Storage/Pressure Tank and No Treatment

This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [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: PWSID NUMBER: System Type:	Name	System Address & Email	Telephone Number
Operator in Responsible Charge (ORC)			
Person that collected TC samples if different than ORC			
System Owner			
Certified Laboratory for Microbiological Analyses			
Date Investigation Completed:			
Month(s) of Coliform Treatment Technique Trigger:			

INVESTIGATION DETAILS

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS (attach additional pages if needed)
1. Inspect each well head for physical defects and report					
a. Is raw water sample tap upstream from point of disinfection?					
b. Is wellhead vent pipe screened?					
c. Is wellhead seal watertight?					
d. Is well head located in pit or is any piping from the wellhead submerged?					
e. Does the ground surface slope towards well head?					
f. Is there evidence of standing water near the wellhead?					
g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)					
h. Is the wellhead secured to prevent unauthorized access?					
i. How often do you take a raw water total coliform (TC) test?					
j. Provide the date and result of the last TC test at this location					

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.?					

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM
Simple Systems with a Well and Pressure Tank and No Treatment

STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
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 broken and the tank water logged?					
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 experiencing the total coliform 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.	

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM
Simple Systems with a Well and Pressure Tank and No Treatment

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
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. Have all backflow prevention devices in the distribution system been tested annually and repaired/replaced if they did not pass and retested afterwards?	
12. On what date was the last physical survey of the system done to identify cross-connections?	

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	4th Repeat Sample (specify)
1. What is the height of the sample tap above grade? (inches)				
2. Is the sample tap located in an exterior location or is it protected by an enclosure?				
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 bacteriological sample siting plan (BSSP) as a routine or repeat site?				
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, sunny)?				

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM
Simple Systems with a Well and Pressure Tank and No Treatment

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?	
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.		

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.

APPENDIX 4. NOTIFICATION TEMPLATE

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este aviso contiene información muy importante sobre su agua potable, por favor lea el aviso en español si va aquí incluido. Si el aviso en español no va incluido aquí, contacte al sistema de agua para pedir una copia

Bakman Water Company Had Levels of Coliform Bacteria Above the Drinking Water Standard

Our water system recently violated a drinking water standard. Although this is 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 32 samples to test for the presence of coliform bacteria during November 2018. Eight (8) of those samples showed the presence of total coliform bacteria. The standard is that no more than one (1) sample per month may test positive for 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 system's 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 *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing, and further testing shows that this problem has been resolved.**
- If you have health issues concerning the consumption of this water, you may wish to consult your doctor.

What was done?

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

For more information, please contact _____[name of contact] at _____[phone number] or _____[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 Bakman Water Company, 1010001.
Date distributed: _____

APPENDIX 5. COMPLIANCE CERTIFICATION

Citation Number: 03_12_19C_003

Name of Water System: Bakman Water Company

System Number: 1010001

Certification

I certify that the users of the water supplied by this water system were notified of the bacteriological monitoring violation of California Code of Regulations, Title 22, Section 64426.1 for the compliance period of November 2018 and the required actions listed below were completed.

Required Action	Date Completed
*(Citation Directive 1) Public Notification Method(s) Used:*_____	
(Citation Directive 3) Complete and Submit Positive Total Coliform Investigation	

_____

Signature of Water System Representative Date

Attach a copy of the public notice distributed to the water system's customers with a copy of the laboratory results from the 5 routine bacteriological samples.

THIS FORM MUST BE COMPLETED AND RETURNED TO THE STATE WATER BOARD, DIVISION OF DRINKING WATER, NO LATER THAN February 8, 2019

Disclosure: Be advised that the California Health and Safety Code, Sections 116725 and 116730 state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the Safe Drinking Water Act may be liable for, respectively, a civil penalty not to exceed five thousand dollars ($5,000) for each separate violation or, for continuing violations, for each day that violation continues, or be punished by a fine of not more than $25,000 for each day of violation, or by imprisonment in the county jail not to exceed one year, or by both the fine and imprisonment.