



EDMUND G. BROWN JR.
GOVERNOR

MATTHEW RODRIGUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board

Division of Drinking Water

June 28, 2016

Certified Mail

7012 3460 0003 1113 1298

Robert Marr, Owner
Tahoe Cedars Water Company
P.O. Box 264
Tahoma, CA 96142

TRANSMITTAL OF CITATION NO. 01-02-16C-014

Dear Mr. Marr:

The State Water Resources Control Board (Board) Division of Drinking Water has issued the Tahoe Cedars Water Company a citation, which is attached.

If you have any questions, please contact Michael Burgess at (530) 224-6506 or me at (530) 224-4800.

A handwritten signature in black ink that reads "Michael J. McNamara".

Michael J. McNamara, P.E.
Lassen District Engineer
DRINKING WATER FIELD
OPERATIONS BRANCH

Enclosures

cc: Richard L. Hinrichs, Chief, DDW-Northern California Section
Robert Johnson, Tahoe Cedars Water Company Operator
Placer County Department of Environmental Health

3110013/Enforcement
06202016 Cit Ltr/mtb

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STATE OF CALIFORNIA
WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER

TO: Tahoe Cedars Water Company
P.O. Box 264
Tahoma, CA 96142

Attn: Robert Marr, Owner

CITATION FOR VIOLATION OF
CALIFORNIA CODE OF REGULATIONS, TITLE 22,
SECTIONS 64426 and 64426.1

WATER SYSTEM NO. 3110013
CITATION NO. 01-02-16C-014

Issued on June 28, 2016

Section 116650 of the California Health and Safety Code authorizes the issuance of a citation to a public water system for violation of the California Safe Drinking Water Act (Health and Safety Code, Division 104, Part 12, Chapter 4, commencing with Section 116270) (hereinafter "California SDWA"), or any regulation, standard, permit or order issued or adopted thereunder.

The State Water Resources Control Board (hereinafter "Board"), acting by and through its Division of Drinking Water (hereinafter "Division") and the Deputy Director for the Division (hereinafter "Deputy Director"), hereby issues a citation to the Tahoe Cedars Water Company

1 (hereinafter, Company) (P.O. Box 264 Tahoma, CA 96142) for violation of Title 22, Sections
2 64426 and 64426.1 of the California Code of Regulations (CCR).

3
4 **APPLICABLE AUTHORITIES**

5 **Section 116650 of California Health and Safety Code provides:**

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

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

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

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

19 (e).

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

23

1 **Title 22, Section 64426 of the California Code of Regulations states:**

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

3 (1) A system collecting at least 40 samples per month has a total coliform-positive
4 routine sample followed by two total coliform-positive repeat samples in the repeat sample
5 set;

6 (2) A system has a sample which is positive for fecal coliform or *E. coli*; or

7 (3) A system fails the total coliform Maximum Contaminant Level (MCL) as defined in
8 Section 64426.1.

9 (b) When the coliform levels specified in subsection (a) are reached or exceeded, the
10 water supplier shall:

11 (1) Contact the State Board by the end of the day on which the system is notified of
12 the test result or the system determines that it has exceeded the MCL, unless the notification
13 or determination occurs after the State Board office is closed, in which case the supplier shall
14 notify the State Board within 24 hours; and

15 (2) Submit to the State Board information on the current status of physical works and
16 operating procedures which may have caused the elevated bacteriological findings, or any
17 information on community illness suspected of being waterborne. This shall include, but not
18 be limited to:

19 (A) Current operating procedures that are or could potentially be related to the
20 increase in bacterial count;

21 (B) Any interruptions in the treatment process;

22 (C) System pressure loss to less than 5 psi;

23 (D) Vandalism and/or unauthorized access to facilities;

24 (E) Physical evidence indicating bacteriological contamination of facilities;

25 (F) Analytical results of any additional samples collected, including source

26 samples;

1 (G) Community illness suspected of being waterborne; and

2 (H) Records of the investigation and any action taken.

3 (c) Upon receiving notification from the State Board of a significant rise in bacterial count,
4 the water supplier shall implement the emergency notification plan required by Section
5 116460, Health and Safety Code.

6

7 **Title 22, Section 64426.1 of the California Code of Regulations provides in relevant part:**

8 (b) A public water system is in violation of the total coliform MCL [maximum
9 . contaminant level] when any of the following occurs:

10 (1) For a public water system which collects at least 40 samples per month,
11 more than 5.0 percent of the samples collected during any month are total
12 coliform-positive; or

13 (2) For a public water system which collects fewer than 40 samples per month,
14 more than one sample collected during any month is total coliform-positive;
15 or

16 (3) Any repeat sample is fecal coliform-positive or E. coli-positive; or

17 (4) Any repeat sample following a fecal coliform-positive or E. coli-positive
18 routine sample is total coliform-positive.

19

20 **STATEMENT OF FACTS**

21

22 The Tahoe Cedars Water Company is classified as a community water system. The Company
23 serves 1,161 active service connections in the Tahoma area on the west shore of Lake Tahoe.
24 The water system is currently served by a single active well source, Well 01. The Company
25 does not provide any treatment of the water supplied to its customers.

1
2 On Monday, June 13, 2016, the Company collected three routine bacteriological samples from
3 the distribution system, which were then picked by a courier employed by WET Lab, the water
4 testing laboratory employed by the Company. On Tuesday, June 14, 2016, the Company
5 notified the Division that all three samples had tested positive for total coliform bacteria but
6 absent for E. coli. After some discussion, the Division directed the Company to collect a total of
7 10 repeat samples, one from each of the three routine sites, three from sites within five
8 connections upstream of the three routine sites, three from sites within five connections
9 downstream of the routine sites, and one sample from Well 01.

10
11 On Friday, June 17, 2016, WET Lab notified the Division that all 10 repeat samples collected
12 from the Tahoe Cedars water system, including the sample collected from Well 01, had tested
13 absent for total coliform bacteria and absent for E. coli bacteria. On June 17, 2016, the
14 Company was directed by email to conduct an assessment of the water system for potential
15 causes of the total coliform positive samples.

16 17 DETERMINATIONS

18
19 The Division has determined that the Company violated Title 22, Section 64426.1(b)(2) of the
20 California Code of Regulations during June 2016. Specifically, the Company exceeded the
21 total coliform maximum contaminant level during the month of June 2016.

22 23 DIRECTIVES

24
25 The Company is hereby directed to take the following actions:
26

- 1 1. Comply with Title 22, Section 64426.1 of the California Code of Regulations during all
2 future monthly monitoring periods.
3
- 4 2. In accordance with Title 22, Section 64426(b)(2) of the CCR, identify a possible cause to
5 the total coliform positive samples and describe corrective actions taken or needed. A
6 completed assessment must be submitted to the Division by **no later than July 18,**
7 **2016.** Completing and submitting Attachment 'C' (Site Assessment Form) fulfills the
8 requirements of this directive.
9
- 10 3. Within 30 days of the issuance of this Citation, but in no case later than **July 31, 2016,**
11 notify all persons served by the Company of the MCL violation as required by Title 22,
12 Sections 64463.4 and 64465 of the CCR. Notification shall be completed by posting the
13 notice contained in Attachment 'A' in conspicuous places within the service area and by
14 hand delivery or direct mail of the notice to all customers served by the Company. No
15 changes shall be made to Attachment 'A' unless approved by the Division.
16
- 17 3. Complete and return Attachment 'B' entitled "Certification of Completion of Public
18 Notification" by **August 10, 2016.** A copy of the notification that was provided to users
19 due to the total coliform MCL exceedance in June 2016 shall be included with the form.
20

21 Unless otherwise noted, all documents required under this Citation shall be submitted to the
22 Board at the following address:

23
24 Michael J. McNamara, P. E.
25 Lassen District Engineer
26 Division of Drinking Water
27 State Water Resources Control Board
28 364 Knollcrest Drive, Suite 101
29 Redding, CA 96002
30

1 As used in this Citation, the date of issuance shall be the date of this Citation; and the date of
2 service shall be the date of service of this Citation, personal or by certified mail, on the water
3 system.

4
5 Nothing in this Citation relieves the Company of its obligation to meet the requirements of the
6 California SDWA or any regulation, permit, standard or order issued or adopted thereunder.
7 The Division reserves the right to make such modifications to this Citation, as it may deem
8 necessary to protect public health and safety. Such modifications may be issued as
9 amendments to this Citation and shall be effective upon issuance.

10
11
12 **FURTHER ENFORCEMENT ACTION**

13
14 The California SDWA authorizes the Board to: issue a citation with assessment of administrative
15 penalties to a public water system for violation or continued violation of the requirements of the
16 California SDWA or any regulation, permit, standard, citation, or order issued or adopted
17 thereunder including, but not limited to, failure to correct a violation identified in a citation or
18 compliance order. The California SDWA also authorizes the Board to take action to suspend or
19 revoke a permit that has been issued to a public water system if the system has violated
20 applicable law or regulations or has failed to comply with an order of the Board; and to petition
21 the superior court to take various enforcement measures against a public water system that has
22 failed to comply with or violates an order of the Board. The Board does not waive any further
23 enforcement action by issuance of this citation.

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PARTIES BOUND

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

SEVERABILITY

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

6-27-2016

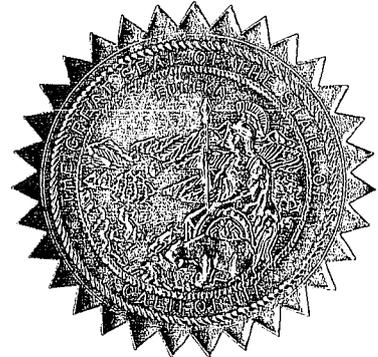
Date

Michael J. McNamara

Michael J. McNamara, P.E.
Lassen District Engineer
Division of Drinking Water
State Water Resources Control Board

Attachments:

- 'A' Public Notice
- 'B' Certification of Completion of Public Notification
- 'C' Site Assessment Form



CERTIFIED MAIL 7012 3460 0003 1113 1298

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.

Tahoe Cedars 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 13 samples to test for the presence of coliform bacteria during June 2016. Three of those samples showed the presence of total coliform bacteria. The standard is that no more than one 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 system's 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, and further testing shows that this problem has been resolved.**
- 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 was done?

Three routine samples were collected on June 13, 2016, and all three samples tested positive for total coliform bacteria. The lab notified the Company of these results June 14, 2016, following the completion of the tests, and the Company collected a total of 10 repeat samples including a sample from our well source. All 10 samples tested absent for total coliform bacteria, indicating that there was no longer any contamination in the distribution system or well.

For more information, please contact Robert Marr at 530-525-7555 or P.O. Box 264 Tahoma, CA 96142.

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)]:

- 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 Tahoe Cedars Water Company

State Water System ID#: 3110013 Date distributed: _____

Attachment B

CERTIFICATION OF COMPLETION OF PUBLIC NOTIFICATION

This form, when completed and returned to the Division of Drinking Water (364 Knollcrest Drive, Suite 101, Redding, CA 96002), 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 Division of Drinking Water with certification is important. Failure to do so will result in additional hourly time charges to your water utility and may result in a formal enforcement action with monetary penalties.

Public Water System Name Tahoe Cedars Water Comapny

Public Water System No. 3110013

Public notification for the June 2016 Total Coliform MCL exceedance was performed by the following method(s) (check and complete those that apply):

The notice was published in the local newspaper on _____. A copy of the newspaper notice is attached.

The notice was mailed to users on _____. A copy of the notice is attached.

The notice was hand delivered to water customers on _____. A copy of the notice is attached.

The attached notice was posted in the following conspicuous places:

For this method, provide the date (or dates) that the notice was posted _____.

I hereby certify that the above information is factual.

Printed Name

Signature

Date

POSITIVE TOTAL COLIFORM INVESTIGATION

This form is intended to assist public water systems in providing the information required by Title 22, California Code of Regulations, Section 64426(b); is not required; and may be modified.

ADMINISTRATIVE INFORMATION

Entity Name:	Name	System Address & Email	Telephone Number
PWSID NUMBER:	System Type:		
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 Total Coliform MCL Failure:			

INVESTIGATION DETAILS

SOURCE	WELL (name)	COMMENTS <small>(attach additional pages if needed)</small>
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		
2. Inspect and review records for surface water source (if applicable)		
a. Have there been any events in the watershed or near the intake that might have contributed to TC+ or EC+ results? (Describe)		

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)

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 exterior location or is it protected by an enclosure?			
3. Is the sample tap threaded, have a swing arm (kitchen sink) or an aerator (sinks)?			
4. Is the sample tap in good condition, free of leaks around the stem or packing?			
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?			
6. Is the sample tap and areas around the sample tap clean and dry (free of animal droppings other contaminants or spray irrigation systems)?			
7. Is the area around the sample tap free of excessive vegetation or other impediments			

POSITIVE TOTAL COLIFORM INVESTIGATION

Page 2 of 4

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	Sample 4 (specify)
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, and sunny)?				

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 lines?		
9. What is the measured chlorine residual (total/free) of the water exiting the storage tank today ?		
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?		

POSITIVE TOTAL COLIFORM INVESTIGATION

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	
2. Did pressure in the distribution system drop to less than 5 psi prior to positive bact?	
3. Has the distribution system been worked on within the last week? (taps, hydrant flushing, main breaks, mainline extensions, etc.) If yes, provide details.	
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	
6. If there was a mainline leak, when was it repaired?	
7. On what date was the distribution system last flushed?	
8. Is there a written flushing procedure you can provide for our review?	
9. Do you have an active cross-connection control program?	
10. What is name & phone number of your Cross-Connection Control Program Coordinator?	
11. 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	Response
1. Do you have a booster pump? How many?	
2. Do you have a standby booster pump if the main pump fails?	
3. Prior to bacteriological quality problems, did your booster pump fail?	
4. Do you notice standing water, leakage at the booster station?	

GENERAL OPERATIONS:	Response
1. 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 4 of 4

ADDITIONAL INFORMATION THAT MAY 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.
5. Updated source water assessment(s) (DWSAP) if there have been changes to well construction or potentially contaminating activities (PCA list) since last inspection.

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 THE PUBLIC WATER SYSTEM?

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CERTIFICATION: I CERTIFY UNDER PENALTY OF LAW, BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, THAT THE STATEMENTS AND INFORMATION CONTAINED IN THIS APPENDIX ARE TRUE, ACCURATE AND COMPLETE.

NAME: _____ **TITLE:** _____ **DATE:** _____