

TTSA Board Meeting Summary
12/16/2020 & 01/20/2021 BOD Meetings

1. December meeting was virtual via GoToMeeting. January meeting was virtual via Zoom.

2. Public comment (provided during Public Comment or agenda items)

- 12/16/2020 Meeting:

Mr. Pippin Mader, Mrs. Jane Davis, Mr. Frank Smith, Ms. Autumn Garrido, Mrs. Robin Redmond, Mr. Patrick Baird, Tracy (No last name given), Lauren (No last name given), Seamus (No last name given), Karen (No last name given) and Mr. Aaron Carlsson provided public comment regarding Agency operations, Board of Directors, staff, and General Manager.

- 01/20/2021 Meeting:

Mr. Pippin Mader, Mrs. Jane Davis, Mr. Carl Davis provided public comment regarding Agency operations, Board of Directors, staff, and General Manager.

Mr. Carl Davis provided public comment regarding the redaction of documentation of his public comment letter.

Mr. David Galson, Mrs. Stephanie Blume, Mr. Craig Strom, Mr. Steve Smith, and Mr. Pippin Mader provided public comment of the Wilderness Forestry, Inc. proposal.

3. No Sanitary Sewer Overflows

4. Status Report

a) Compliance Report:

- All plant waste discharge requirements were met for November and December.
- Staff attended the Lahontan Regional Water Quality Control Board (LRWQCB) meeting via teleconference.
 - January 13: There was a 3rd quarter violation report which mentioned TTSA, and there were no comments or questions from the LRWQCB Board of Directors.
 - January 14: Mr. Pippin Mader and Ms. Penny Denenberg addressed the LRWQCB Board of Directors.

b) Operations Report:

- Overall, the plant performed well through the month.
- Well #31 is averaging a 6.5-6.6 pH units. Staff continues to add caustic to the final effluent.
- Operators continue to train with laboratory Chemists for weekend laboratory testing.

c) Laboratory Report:

- Staff performed necessary laboratory testing per WDR requirements and operational needs for the month.
- Staff continue to train operators for MPN and weekend testing.
- Recruitment for the Laboratory Director has commenced and closes 01/24/21.
- Laboratory staff and operational management worked together and have responded to the Notice of Violation and Order to Correct as submitted by ELAP on 01/13/2021.
 - Notice of Violation and Order to Correct (attached) summary:
 - **Violations:**
 1. Failure to include the conditions for notification to ELAP of Laboratory Director changes into the laboratory's quality assurance manual.
 2. Failure to document a training program into the laboratory's quality assurance program.

3. Failure to maintain Demonstration of Capability records of implementation into the laboratory's quality assurance program.
4. Failure to review standard operating procedures (SOPs) for Standard Method 9221 and US EPA Method 300.0 into the laboratory's quality assurance program.

▪ **Method Deviation Violations:**

1. Failure to implement the quality control criteria in the US EPA Method 300.0.
2. Failure to implement the quality assurance criteria in Standard Method 9221.

▪ **Corrective Action Response:**

1. The Agency provided the required corrective action report on January 13, 2021.
2. Discussion with the ELAP representative confirmed the provision to create "*A policy to ensure that laboratory management and all personnel who work in the laboratory are free from any undue internal and external commercial, financial and other pressures and influences that may adversely affect the quality of their work. This policy must be included in the laboratory's QAM.*" is not a violation or an implication of inappropriate management performance. It is a requirement for QAMs in accordance with the 2016 TNI regulations.
3. Lab staff continue to review and update all Standard Operating Procedures, perform the required Demonstration of Capabilities and other required tasks to maintain ELAP compliance.

d) **Capital Projects Report**

- Completed 2020 Admin. Bldg. Remodel project.
- Continued 2020 Digital Scanning of Sewer Lines project.
- Agency approved solicitation for bids for the 2021 Plant Painting Project.
- Agency approved solicitation for bids for the 2021 Chiller Replacement Project.

e) **Other Items Report**

- Staff provided a review and recommendation of the recommendations submitted by Carollo Engineering, Inc. from their Organizational Assessment (OA).
- Agency will recruit for a Laboratory Director to assist in the determination of laboratory FTEs.
- Agency approved new and amended classification (job) descriptions per the Organizational Assessment.
 1. New: CMMS/GIS Technician and Executive Assistant/Board Clerk.
 2. Amended: Finance and Administrative Department Manager, Customer Service Specialist I/II, Electric and Instrumentation Supervisor, Electrical and Instrumentation Technician I/II/III, Human Resources Administrator, Inventory Control Specialist, Purchasing Agent I/II, and Senior Engineer.
 3. Deleted: Customer Service Supervisor.
- Agency approved the updated Annual Performance Evaluation template based on new and amended classifications.
- Agency approved an updated Salary Schedule and Organizational Chart to reflect the updates to classification descriptions and Organizational Assessment.
- Agency approved updated FMLA/CFRA, PDL, PFL, California Parental Leave and Medical Leave of Absence policies.
- Agency approved a General Engineering Services Agreement with Carollo Engineers, Inc.
- CSDA provided a presentation to the Board of Directors on the CSDA "Take Action Brief".
- Wilderness Forestry, Inc. provided a presentation to the Board of Directors proposing a Green Waste Facility on Agency property. Agency opted to review and discuss overall land use prior to committing to single use requests.
- Agency approved an updated Emergency Paid Sick Leave (EPSL) Policy which extended the benefit period from January 1, 2021 through June 30, 2021.
- Agency approved Resolution No. 1-2021 which amended the vision reimbursement program to be administered on a calendar year basis.

- Agency approved Engagement Letter Addendum from Damore, Hamric & Schneider, Inc. for additional work required to complete the 2019-2020 Financial Audit.

f) Closed session item(s):

- 12/16/2020 Meeting: GM performance evaluation.

g) Additional general information may be referenced from the Agency website:

- *Board meetings.*
 - <https://www.ttsa.net/board-meeting-videos>
- *Laboratory testing.*
 - <https://www.ttsa.net/wwtp-operator-laboratory-testing>
- *Classification and Compensation Study.*
 - <https://www.ttsa.net/classification-compensation-study>
- *Staff Salary Benefit (Resolution No. 12-2019).*
 - <https://www.ttsa.net/salary-and-benefit-resolution>
- *PERB Decision: Case No. SA-CE-1017-M.*
 - <https://www.ttsa.net/perb-decision-case-no-sa-ce-1017-m>
- *Updated Organizational Chart*
 - <https://www.ttsa.net/organizational-chart>

State Water Resources Control Board

NOTICE OF VIOLATION AND ORDER TO CORRECT

December 14, 2020

Mr. Bill Pindar
13720 Butterfield Drive
Truckee, CA 96161

Certificate No. 1144

Dear Mr. Pindar,

The State Water Resources Control Board's (State Water Board) Environmental Laboratory Accreditation Program (ELAP) conducted an on-site investigation of Tahoe Truckee Sanitation Agency Laboratory (TTSA) on September 30, 2020 and determined the following violations occurred.

Violations:

1. TTSA's organization chart approved and adopted by the Board of Directors on December 11, 2019 lists the laboratory director position as "vacant", however, the subsequent organization chart approved and adopted by the Board of Directors on June 17, 2020 identifies the position is filled, but does not list the person occupying the position. These organizational charts conflict with the timeframe of the previous laboratory director's absence from April 2020 to June 2020, and subsequent departure in June of 2020.
 - a. ELAP received notice of the previous laboratory director departures in April and June of 2020 in accordance with the California Code of Regulations (CCR), title 22, § 64817(e), however, the conditions for notification to ELAP are not specified in the laboratory's quality assurance manual (QAM). The organization charts conflict with notice provided to ELAP, as ELAP did not receive notice that the laboratory director position was vacant in 2019.
 - b. Notification to ELAP on July 1, 2020 indicated that Mr. Mike Peak, the Operations Manager, appointed Ms. Davis the "Temporary Laboratory Director." While onsite, verbal statements from the laboratory staff and operations management indicated that Ms. Davis had been designated the permanent laboratory director; however, laboratory staff and operational management provided differing opinions of whether this designation

E. JOAQUIN ESQUIVEL, CHAIR | EILEEN SOBECK, EXECUTIVE DIRECTOR

included supervisory authority. The laboratory director ensures that the laboratory's quality assurance program is upheld by all staff who work in the laboratory, and the ambiguity of TTSA's defined role must be corrected. See the Required Corrective Action 1 specified in this Order.

2. The laboratory does not have a documented training program. Wastewater operators are receiving training to run test methods on wastewater samples, however, have not yet completed initial demonstrations of capability (DOC). The laboratory documents what days training occurs, however, does not identify specifics and only one record for one wastewater operator exists demonstrating that the operator read and understood the Standard Operating Procedures (SOP). Adequate documentation of the training program and initial and ongoing DOCs are method requirements and must be a documented part of the laboratory's quality assurance program. Failure to document the laboratory's quality assurance program is a violation of CCR § 64815(d).
3. Laboratory staff DOCs are not documented or reviewed annually. The full time laboratory staff complete procedures that verify the accuracy and precision of the methods they test, such as routine completion of proficiency testing samples, however, the laboratory does not document the assessment of the initial or ongoing DOC requirements of the methods the laboratory performs. The wastewater operators in training to work in the laboratory do not have documented records of completion of an initial DOC prior to analysis of samples. Failure to maintain records of implementation of the quality assurance program is a violation of CCR § 64815(d).
4. The laboratory SOPs for SM 9221 and EPA 300.0 have not been reviewed or updated since 2017. SOPs are part of the laboratory's quality assurance program and must be reviewed annually. Failure to review the quality assurance program is a violation of CCR § 64815(c).

Method Deviations

1. For US EPA Method 300.0, the laboratory filters all samples prior to analysis, however, does not filter the laboratory reagent blank. The laboratory reagent blank analyzed with each batch of samples must go through the entire process the samples do. See sections 3.7 and 9.3.1 in EPA 300.0. Failure to implement the quality control criteria in the methods is a violation of CCR § 64815(b).
2. For SM 9221, the laboratory's SOP does not reference or contain the most probable number chart or formula specified in the reference method, nor does it specify which version of Standard Methods of Water and Wastewater is used. Failure to implement the quality assurance criteria in the methods is a violation of CCR § 64815(b).

Required Corrective Actions:

TTSA is hereby ordered, pursuant to ELAA section 100875, to correct the above violations and complete the required corrective actions listed in this Order. By **January 18, 2021**, TTSA must provide evidence of correction of the violations and required corrective actions below. Demonstration should be submitted electronically to Christopher Hand at christopher.hand@waterboards.ca.gov.

1. TTSA's laboratory director and operations management must identify that the appointed laboratory director maintains the authority to implement and be responsible for all items listed in CCR § 64817(d). Documentation must include, at a minimum:
 - a. A timeline of any laboratory director absence from January 1, 2019 to present, affirmed to be true and correct by operations management.
 - b. An attestation from operational management that the laboratory director has the authority to uphold all items listed in CCR § 64817(d), including:
 - (1) all analytical and operational activities of the laboratory, including those of any auxiliary or mobile laboratory facilities; and
 - (2) supervision of all personnel employed by the laboratory, including those assigned to work in any auxiliary or mobile laboratory facilities, and those persons designated as Principle Analysts; and
 - (3) the accuracy and quality of all data reported by the laboratory, including any auxiliary or mobile laboratory facilities.
 - c. A policy to ensure that laboratory management and all personnel who work in the laboratory are free from any undue internal and external commercial, financial and other pressures and influences that may adversely affect the quality of their work. This policy must be included in the laboratory's QAM.
 - d. Signatures with dates affirming that the materials provided in response to this required corrective action are true and correct, from the laboratory director and operational management.
2. TTSA must submit a corrective action report which contains, at a minimum, the following:
 - a. An update to the Quality Assurance Manual and applicable Standard Operating Procedures containing corrections necessitated by this Order.
 - b. Records demonstrating the staff who work in the laboratory have reviewed and been trained to the updated QAM and any SOPs.
 - c. Documentation specified in item 1, above.

Failure to comply with the requirements of this Order may result in further enforcement action including civil penalties, suspension, or revocation of your ELAP accreditation.

Pursuant to ELAA section 100875, should you disagree with any action required in this Order, you may petition for reconsideration under the California Health and Safety Code section 116701 within 30 days of receipt of this Order.

Should you have any questions or require further assistance, please contact Christopher Hand at christopher.hand@waterboards.ca.gov.

Sincerely,



Christine Sotelo, Chief
Environmental Laboratory Accreditation Program

cc: Nickolaus Knight nickolaus.knight@waterboards.ca.gov
Attorney IV, Office of Enforcement

Scott Ferguson scott.ferguson@waterboards.ca.gov
Supervising Water Resources Control
Engineer, Lahontan Regional Water
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Elizabeth Berg berg.elizabeth@epa.gov
Assistant Director, Enforcement and
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US EPA

Tahoe-Truckee Sanitation Agency
Monitoring and Reporting Program No. 2002-0030
WDID Number 6A290011000
Flow Monitoring Within Collection System: Flow Measurement
Olympic Valley Public Service District

| DATE | <i>December 2020</i> OVPSD Daily Flow MG | OVPSD 7 day Avg Flow MGD | OVPSD Peak Flow MGD |
|------------|---|--------------------------|---------------------|
| 12/01/2020 | 0.121 | 0.195 | 0.255 |
| 12/02/2020 | 0.128 | 0.184 | 0.296 |
| 12/03/2020 | 0.128 | 0.169 | 0.296 |
| 12/04/2020 | 0.145 | 0.154 | 0.255 |
| 12/05/2020 | 0.164 | 0.143 | 0.315 |
| 12/06/2020 | 0.151 | 0.138 | 0.315 |
| 12/07/2020 | 0.121 | 0.136 | 0.250 |
| 12/08/2020 | 0.113 | 0.135 | 0.222 |
| 12/09/2020 | 0.109 | 0.133 | 0.185 |
| 12/10/2020 | 0.120 | 0.132 | 0.329 |
| 12/11/2020 | 0.133 | 0.130 | 0.310 |
| 12/12/2020 | 0.152 | 0.128 | 0.268 |
| 12/13/2020 | 0.146 | 0.128 | 0.268 |
| 12/14/2020 | 0.131 | 0.129 | 0.342 |
| 12/15/2020 | 0.111 | 0.129 | 0.231 |
| 12/16/2020 | 0.110 | 0.129 | 0.211 |
| 12/17/2020 | 0.129 | 0.130 | 0.255 |
| 12/18/2020 | 0.143 | 0.132 | 0.271 |
| 12/19/2020 | 0.168 | 0.134 | 0.315 |
| 12/20/2020 | 0.178 | 0.138 | 0.339 |
| 12/21/2020 | 0.173 | 0.144 | 0.374 |
| 12/22/2020 | 0.160 | 0.152 | 0.305 |
| 12/23/2020 | 0.158 | 0.158 | 0.285 |
| 12/24/2020 | 0.164 | 0.163 | 0.416 |
| 12/25/2020 | 0.159 | 0.166 | 0.296 |
| 12/26/2020 | 0.176 | 0.167 | 0.333 |
| 12/27/2020 | 0.204 | 0.170 | 0.375 |
| 12/28/2020 | 0.212 | 0.176 | 0.384 |
| 12/29/2020 | 0.223 | 0.185 | 0.555 |
| 12/30/2020 | 0.219 | 0.194 | 0.465 |
| 12/31/2020 | 0.225 | 0.202 | 0.509 |
| SUMMARY | | | |
| AVG | 0.154 | 0.152 | 0.317 |
| MAX | 0.225 | 0.202 | 0.555 |
| MIN | 0.109 | 0.128 | 0.185 |