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**STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER**

IN RE: FOSTER FARMS FERTILIZER PLANT
Water System No. 2400218

TO: Mr. James Marnatti, Director of Environmental Affairs
Foster Farms Fertilizer Plant
1333 Swan Street
Livingston, CA 95334

CC: Merced County Environmental Health Division
Westside Water Conditioning, Certified Operator (45 West G Street Los
Banos, CA 93635)

**CITATION FOR NONCOMPLIANCE
SIGNIFICANT RISE IN BACTERIAL COUNT VIOLATION
May 2014**

Issued on July 17, 2014

Section 116650, Chapter 4, Part 12, Division 104 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, or any regulation, standard, permit, or order issued thereunder.

VIOLATION

The Division of Drinking Water of the State Water Resources Control Board (hereinafter 'Division') hereby issues a citation to Foster Farms Fertilizer Plant hereinafter ('Fertilizer Plant'), for incurring a significant rise in bacterial count as defined in Section 64426(a)(2)

1 The Fertilizer Plant is in the process of investigating the source of contamination at the well
2 and at the supply line to the cattle troughs.

3
4 The above violation is classified as a non-continuing violation.

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6 **NOTIFICATION REQUIREMENTS**

7 Section 64426.1(c) requires a public water system to notify the Division and the consumers
8 of the water system, when a violation of Section 64426.1(b) (1) through (4) occurs.
9 Notification to the Division shall be by the end of the business day on which the violation
10 has been determined. If the Division is closed, notification shall be within 24 hours of the
11 determination. The Division was notified on May 8, 2014, in accordance with the above-
12 referenced section.

13
14 Unless otherwise directed by the Division, public notification for a significant rise in
15 bacterial count shall be in accordance with Sections 64426 (c) and 64467, including the
16 mandatory language.

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18 Although the Fertilizer Plant currently provides bottled water, the employees were notified
19 on May 8, 2014, by implementing their emergency notification plan and posting the boil
20 water notices next to the time clocks through out the Fertilizer Plant. Copies of the notices
21 that were distributed are appended as Appendix B. A copy of the boil water cancellation
22 notice forwarded to the Fertilizer Plant on July 15, 2014, is also appended as Appendix C.

23
24 **DIRECTIVES**

25 The Foster Farms Fertilizer Plant is hereby directed to take the following actions:
26
27



1 to fail to correct a violation identified in a citation; take action to suspend or revoke a
2 permit that has been issued to a public water system if the system has violated applicable
3 laws or regulations or has failed to comply with orders of the Division; and petition the
4 superior court to take various enforcement measures against a public water system that has
5 failed to comply with orders of the Division. The Division does not waive any further
6 enforcement action by issuance of this citation.

7

8 **PARTIES BOUND**

9 This citation shall apply to and be binding upon the Fertilizer Plant, its officers, directors,
10 agents, employees, contractors, successors, and assignees.

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12 **SEVERABILITY**

13 The directives of this citation are severable, and the Fertilizer Plant shall comply with each
14 and every provision thereof, notwithstanding the effectiveness of any other provision.

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Bacteriological Distribution Monitoring Report

2400218 FOSTER FARMS FERTILIZER PLANT *Distribution System Freq: 1/M*

Sample Date	Location	T Coli	E Coli	F Coli	HPC	Type	Cl2	Violation	Comment
5/7/2014	Site 2	23.0	12.0			Routine		MCL	Significant rise
5/12/2014	Site 2	1.1	<1.1			Repeat			
5/12/2014	Site 3	5.1	1.1			Repeat			
5/12/2014	Site 5	2.2	<1.1			Repeat			
5/12/2014	Well	5.1	<1.1			Source R			
5/19/2014	Site 2	2.2	2.2			Other			
5/19/2014	Site 3	3.6	1.1			Other			
5/19/2014	Site 5	2.2	2.2			Other			
5/19/2014	Well	<1.1	A			Other			
6/30/2014	Site 2	<1.1	A			Routine			
7/2/2014	Site 2	<1.1	A			Routine			
7/2/2014	Site 3	<1.1	A			Routine			
7/2/2014	Site 4	<1.1	A			Routine			
7/2/2014	Site 5	<1.1	A			Routine			
7/2/2014	Well	<1.1	A			Other			

Violation Key

MCL	Exceeds the maximum contaminant level	MR4	Did not collect 5 routine samples for previous month's positive sample
MR1	No monthly sample for the report month	MR5	Incorrect number of repeat samples as follow-up to a positive sample
MR2	No quarterly sample for the report month	MR6	No source sample
MR3	Incorrect number of routine samples for the report month	MR7	No summary report submitted
		MR8	Other comments and/or info.

We are currently running further tests to determine the point of contamination. We will continue to do this until we find the source. Once the source is found we will develop a plan to eradicate the E. coli. Make sure to use the bottled water provided as your source for water. We will inform you when tests show no bacteria and you no longer need to boil your water. We anticipate resolving the problem by May 16, 2014. If it will take longer than this time we will continue to keep you posted on our corrective actions.

For more information, please contact Denise Holmes at 209-394-5352, Denise.Holmes@fosterfarms.com or 1333 Swan Street Livingston, CA 95334.

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 Foster Farms Fertilizer Plant.

State Water System ID#: 2400166. Date distributed: May 8, 2014



Foster Farms Fertilizer Plant

7/15/2014

CANCELACIÓN DE LA ORDEN DE HERVIR EL AGUA

El 14 de Mayo de 2014, le notificaron que tenía que hervir o desinfectar toda el agua de la llave que utilizara para beber y cocinar.

El Sistema de Agua de Foster Farms Fertilizer Plant junto con el Departamento de Servicios de Salud de California, o la Jurisdicción Local de Salud Ambiental han determinado tras la supresión del riesgo de salud, seguido por un análisis completo del agua, que puede beber el agua de su llave sin peligro. **Ya no es necesario que hierva el agua de su llave ni que consuma agua de botella.**

Para más información llame a:

Contacto en el Servicio de Agua: Tom Galindo, Operator, Westside Water Conditioning (209) 826-5009

State Water Resources Control Board, Div. of Drinking Water: Merced District 559-447-3300

Merced County Environmental Health Division: (209) 381-1095

POSITIVE TOTAL COLIFORM INVESTIGATION

Attachment E

This form is intended to assist public water systems in completing the investigation required by the California Department of Public Health (Section 64426(b) of Title 22, California Code of Regulations) and may be modified to take into account conditions unique to the system.

ADMINISTRATIVE INFORMATION

PWS Name:		PWSID NUMBER:	
Operator in Responsible Charge (ORC)	Name	Address	Telephone #
Person that collected TC samples if different than ORC			
Owner			
Certified Laboratory for Microbiological Analyses			
Date Investigation Completed:			
Month(s) of Total Coliform MCL Failure:			

INVESTIGATION DETAILS

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS
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					

TREATMENT	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS
1. If you provide continuous chlorination treatment, was there any equipment failure? Did the distribution system maintain a chlorine residual?					
a. Was emergency chlorination initiated?					
b. If yes, for how long?					

POSITIVE TOTAL COLIFORM INVESTIGATION

STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
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?					

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 TCR 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.				
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. 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

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?

SYSTEM RESPONSES

POSITIVE TOTAL COLIFORM INVESTIGATION

Page 5 of 5

ADDITIONAL INFORMATION TO 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.

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 YOUR PUBLIC WATER SYSTEM?

CERTIFICATION: I CERTIFY THAT THE INFORMATION SUBMITTED IN RESPONSE TO THE QUESTIONS ABOVE IS ACCURATE TO THE BEST OF MY PROFESSIONAL KNOWLEDGE

NAME: _____

TITLE: _____

DATE: _____