

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD

IN RE: **INGOMAR PACKING**
 Water System No. 2400154

TO: Mr. John Palombi, Director of Quality
 Ingomar Packing
 P.O. Box 1448
 Los Banos, CA 93635

CC: Merced County Environmental Health Department (No attachments)
 Tom Galindo, Westside Water Conditioning 45 W. G Street Los Banos, CA
 93635

CITATION FOR NONCOMPLIANCE
SIGNIFICANT RISE IN BACTERIAL COUNT VIOLATION
July 2014
Issued on September 24, 2014

Section 116650, Chapter 4 of the California Health and Safety Code (CHSC), authorizes the issuance of a citation for failure to comply with a requirement of any section the California Safe Drinking Water Act, or any regulation, standard, permit, or order issued thereunder.

VIOLATION

The Drinking Water Field Operations Branch of the State Water Resource Control Board-Division of Drinking Water (hereinafter 'Division') hereby issues a citation to Ingomar Packing hereinafter ('Water System'), for incurring a significant rise in bacterial count as defined in Section 64426(a)(2) of Title 22, California Code of Regulations (CCR). Specifically, the Division determined that the Water System (mailing address: P.O. Box

1 1448 Los Banos, CA 93635) incurred a significant rise in bacterial count for the month of
2 July 2014.

3 Section 64426(a)(2) specifies that when a system has a sample that is positive for fecal
4 coliform or *E. coli* bacteria, it is considered a possible significant rise in bacterial count and
5 requires notification to the Division per Section 64426(b)(1). Notification to the Division
6 shall be by the end of the business day on which the system is notified of the test results. If
7 the Division office is closed, notification shall be within 24 hours. A repeat sample
8 collected on July 21, 2014, showed the presence of total coliform and *E. coli* bacteria. In
9 accordance with Section 64426(a)(2), this is considered a significant rise in bacterial count
10 and requires notification to the Division. The Division was notified on July 22, 2014.
11

12 Upon being informed of the *E. coli* positive bacteria sample, the Water System was issued a
13 "Do Not Drink" notice by the Division. The Water System provided bottled water to its
14 employees. On July 17, 2014, the Water System submitted bacteriological water quality
15 analysis results for two routine samples. The sample collected at Site 3 Plant 1 was positive
16 for total coliform bacteria but negative for *E. coli* bacteria. On July 21, 2014, the Water
17 System collected three (3) distribution system repeat samples and one source repeat sample.
18 The repeat sample collected at Site 2 Plant 1 was positive for both total coliform bacteria
19 and *E. coli* bacteria. The Water System also collected two (2) investigative samples on July
20 22, 2014, with results that were negative for total coliform and *E. coli* bacteria. On July 24,
21 2014, after emergency chlorination of the water system, the resample results of the repeat
22 locations including Well 1 were absent for both total coliform bacteria and *E. coli* bacteria.
23 Based on these results, the Division rescinded the "Do Not Drink" order on July 26, 2014.
24 The following month, the five routine samples including the sample from Well 1 collected
25 on August 21, 2014, were all absent for total coliform bacteria. A summary of the results
26 during July and August 2014 is included in Attachment A.
27

1 The Water System investigated the source of contamination at the well . The Water System
2 cleaned out the algae growth around the well head vent and repaired the cause of water leak
3 around the well that was causing the algae growth.

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

6
7 **NOTIFICATION REQUIREMENTS**

8 Section 64426.1(c) requires a public water system to notify the Division and the consumers
9 of the water system, when a violation of Section 64426.1(b) (1) through (4) occurs.
10 Notification to the Division shall be by the end of the business day on which the violation
11 has been determined. If the Division is closed, notification shall be within 24 hours of the
12 determination. The Division was notified on July 22, 2014, in accordance with the above-
13 referenced section.

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

18
19 Although the Water System provided bottled water, the employees were notified on July 22,
20 2014, by implementing their emergency notification plan and posting the Tier 1 Public
21 Notices (Attachment B) next to the time clocks through out the Ingomar Packing Plant. A
22 Copy of the notice that was distributed is included as Attachment B.

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DIRECTIVES

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

1. By **October 31, 2014**, the Water System shall provide proof of posting of the Tier 1 Public Notices throughout the Ingomar Packing Plant using Attachment C.
2. By **October 31, 2014**, the Water Sytem shall prepare and submit an incident report (Attachment D). The information contained in the report should detail the events leading to the total coliform and *E. coli* bacteria positive samples as well as corrective actions made since the first total coliform positive sample was collected.
3. The Water System shall reimburse the Division, in accordance with an invoice that shall be provided to the Water System, the costs for enforcement activities, and such reimbursement shall be made prior to September 1 of the fiscal year following the fiscal year in which such costs are incurred as described in CHSC Section 116577(a)(1-2) and 116577(b).
4. By **October 15, 2014**, the Water System shall submit a written response to the Division acknowledging that it has received this citation and will comply with all the directives listed herein.
5. All items requested by this Citation shall be submitted to:

Kassy D. Chauhan, P.E.
Senior Sanitary Engineer
State Water Resources Control Board
Division of Drinking Water – Merced District
265 W. Bullard Avenue, Suite 101
Fresno, CA 93704

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2 **FURTHER ENFORCEMENT ACTIONS**

3 Section 116270, Division 104, Part 12, Chapter 4 of the CHSC authorizes the Division to:
4 issue additional citations with assessment of penalties if the public water system continues
5 to fail to correct a violation identified in a citation; take action to suspend or revoke a
6 permit that has been issued to a public water system if the system has violated applicable
7 laws or regulations or has failed to comply with orders of the Division; and petition the
8 superior court to take various enforcement measures against a public water system that has
9 failed to comply with orders of the Division. The Division does not waive any further
10 enforcement action by issuance of this citation.

11
12 **PARTIES BOUND**

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

15
16 **SEVERABILITY**

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

19
20 **CIVIL PENALTY**

21 Section 116650, subsection (d) and (e) of the CHSC allow for the assessment of a civil
22 penalty for the failure to comply with the requirements of the Safe Drinking Water Act.
23 Failure to comply with any Directive of this Citation may result in the Division imposing an
24 administrative penalty of not less than \$200 (two hundred dollars) for each day that the
25 violation continues beyond the date set for correction in this Citation.

The Division does not waive any further enforcement action by issuance of this citation, and expressly reserves the right to issue a citation with penalties for the violations on which the Directives of this citation are based.

9/24/14

Date

Kassy D. Chauhan

Kassy D. Chauhan, P.E.
Senior Sanitary Engineer, Merced District
Division of Drinking Water
STATE WATER RESOURCES CONTROL BOARD

Attachments:

- Attachment A: Summary of Bacteriological Samples collected in July and August 2014
- Attachment B: Copy of Teir 1 Public Notice issued July 22, 2014
- Attachment C: Proof of Notification
- Attachment D: Positive Total Coliform Investigation form

KDC/mlm/2400218/Cit 03-11-14C-010-2400154-21.doc



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Bacteriological Distribution Monitoring Report

2400154 INGOMAR PACKING
Distribution System Freq: 1/M

<i>Sample Date</i>	<i>Location</i>	<i>T Coli</i>	<i>E Coli</i>	<i>F Coli</i>	<i>HPC</i>	<i>Type</i>	<i>Cl2</i>	<i>Violation</i>	<i>Comment</i>
7/17/2014	Receiving Shop Dispenser	<1.1	A			Routine			
7/17/2014	Site 3 Plant 1	2.2	<1.1			Routine			
7/21/2014	Site 2 Plant 1	>23.0	>23.0			Repeat		MCL	
7/21/2014	Site 3 Plant 1	<1.1	A			Repeat			
7/21/2014	Site 4 Plant 1	<1.1	A			Repeat			
7/21/2014	Well 1	<1.1	A			Source R			
7/22/2014	Site 2 Plant 1	<1.1	A			Other			
7/22/2014	Site 2 Plant 1	<1.1	A			Other			
7/24/2014	4 samples: Sites 2, 3, 4, 5	<1.1	A			Other			
7/24/2014	Well 1	<1.1	A			Other			
8/21/2014	5 samples	<1.1	A			Routine			Sites 1 to 5 - follow up samples
8/21/2014	Well 1	A	A			Other			Well 1

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.

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.

<p>Ingomar Packing water is contaminated with E. coli</p> <p>DO NOT DRINK THE WATER from drinking fountains or faucets. Drink only bottled water.</p> <p>NO TOME LA AGUA</p> <p>Deben utilizar agua de la llave hervida o agua de botella para beber y cocinar, como medida de precaución.</p>

E. coli bacteria were found in the water supply on 7-18-2014. These bacteria can make you sick, and are a particular concern for people with weakened immune systems.

What should I do?

- **DO NOT DRINK THE WATER WITHOUT BOILING IT FIRST.** Bring all water to a boil, let it boil for one minute, and let it cool before using, or use bottled water. Boiled or bottled water should be used for drinking, making ice, brushing teeth, washing dishes, and food preparation **until further notice**. Boiling kills bacteria and other organisms in the water.
- *Fecal coliforms and E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Microbes in these wastes can cause short-term effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a special health risk for infants, young children, some of the elderly, and people with severely compromised immune systems. The symptoms above are not caused only by organisms in drinking water. If you experience any of these symptoms and they persist, you may want to seek medical advice.*
- 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.

What happened? What is being done?

Bacterial contamination can occur when increased run-off enters the drinking water source (for example, following heavy rains). It can also happen due to a break in the distribution system (pipes) or a failure in the water treatment process.

We have taken a series of samples to confirm contamination and have fixed leaks we have found on system. The system has been chlorinated and is being flushed 7-23-2014. Confirmation samples will be pulled on 7-24-2014 and results will be in 7-25-2014. We will inform you when tests show no bacteria and you no longer need to boil your water. We anticipate resolving the problem by 7-24-2014.

For more information, please contact Tom Galindo Water Operator at 209-704-5007.

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 Ingomar Packing.

State Water System ID#:2400154. Date distributed: 7-23-2014.

PROOF OF NOTIFICATION

(Return with copy of notice)

As required by Section 116450 of the California Health and Safety Code, I notified all users of water supplied by the **Ingomar Packing** of the failure to meet the **Total Coliform Rule Maximum Contaminant Level (MCL)** requirement for **July 2014** as directed by the Department.

Notification was made on _____ by _____
(date)

hand delivering / mailing / posting / publishing _____ the _____ written notice.

(circle all that apply)

Signature of Water System Representative

Date

DISCLOSURE: Be advised that Section 116725 and 116730 of the California Health and Safety Code state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the attached order may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for separate violation for each day that violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in the county jail not to exceed one year, or by both the fine and imprisonment.

Due: October ³¹ 15, 2014
TCR MCL Violation
System Number: 2400154
Citation No.: 03-11-14C-010

POSITIVE TOTAL COLIFORM INVESTIGATION

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)		Address	
Person that collected TC samples if different than ORC		Telephone #	
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

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

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TREATMENT	PLANT (NAME)	COMMENTS				
2. Did the distribution system lose chlorine residual?						
3. If you do not provide routine chlorination, was emergency chlorination initiated? If Yes, when?						
4. Inspect each point where disinfectant is added and report a. For hypochlorinator systems						
1. Is the disinfectant feed pump feeding disinfectant?						
2. What is the feed rate of disinfectant in ml/minute						
3. What is the concentration of the disinfectant solution being fed? (percent, or mg/l of chlorine as HOCl)						
4. By what method was the concentration of solution determined? (ex: measured, manufacturer's literature)						
5. What is the age (days) of the disinfectant solution currently being used at this treatment location?						
6. What is the raw water flow rate at the point where disinfectant is added in gallons per minute?						
7. What is the total chlorine residual measured immediately downstream from the point of application?						
8. What is the free chlorine residual measured immediately downstream from the point of application?						
9. What is the contact time in minutes from the point of disinfectant application to the first customer?						

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						

POSITIVE TOTAL COLIFORM INVESTIGATION

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STORAGE	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

SYSTEM RESPONSES

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?

POSITIVE TOTAL COLIFORM INVESTIGATION

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 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 sampling plan submitted with this information request?				
10. What were the weather conditions at the time of the positive sample (rainy, windy, sunny).				

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

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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: _____

State Water Resources Control Board

Division of Drinking Water

PROTOCOL FOR REACTIVATION OF SEASONAL WATER SYSTEMS
DRINKING WATER FIELD OPERATIONS BRANCH
July 2014

1. Disinfection of the Well and Distribution System

The well shall be disinfected with enough chlorine to provide a chlorine residual of 5 mg/L in all parts of the distribution system. Swimming pool chlorine is not considered acceptable for disinfection purposes. Chlorine must be certified under NSF Standard 60 for use in drinking water systems. Use the following chart for determining how much chlorine to use to achieve a 5 mg/L residual:

Volume to be treated (gallons):	1,000	2,000	5,000	10,000	25,000	50,000	100,000	250,000
Amount of Chlorine Solution to Use Based on Solution Strength								
5% Chlorine solution	1 pint	1 quart	0.5 gal	1 gal	2.5 gal	5 gal	10 gal	25 gal
12.5% Chlorine solution	1 cup	1 pint	1 quart	0.5 gal	1 gal	2 gal	4 gal	10 gal

The chlorine shall be held in the distribution system for at least 24 hours. The system should then be flushed until no chlorine is detectable in the system.

2. Bacteriological Monitoring

Following the disinfection process and flushing of the distribution system, water samples shall be collected directly from each well discharge and from the distribution system at the five routine sample sites to be analyzed for total coliform bacteria. The samples should be labeled as "special" samples. The disinfection and sampling process shall be repeated until samples from both the well and distribution system are negative for total coliform bacteria. Any distribution sample shall be collected at locations identified as "routine" sample sites on the system's approved Bacteriological Sample Siting Plan.

3. Ongoing Bacteriological Monitoring

The first routine samples to be collected for compliance with the monitoring requirements of the Total Coliform Rule **shall be collected one week after the facility is open to the public.** This monitoring shall continue either monthly or quarterly as specified in the approved Bacteriological Sample Siting Plan. All results shall be reported to the Department at the following address by the 10th day of the month following sample collection:

Kassy D. Chauhan, P.E.
Supervising Sanitary Engineer
California Department of Public Health
265 W. Bullard Avenue, Suite 101
Fresno, CA 93704

If the water system has any questions regarding the procedure outlined above with regards to the activation of their seasonal water systems, they may contact the CDPH Drinking Water Field Operations Branch staff at (559) 447-3300.