

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

IN RE: **BAKER COMMODITIES**
Water System No. 1000602

TO: Mr. Steve Dessauer
Baker Commodities, Inc.
P.O. Box 416
Kerman, CA 93630

CITATION FOR NONCOMPLIANCE
TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION

April and May 2013

Issued on June 26, 2013

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 hereunder.

VIOLATION

The Drinking Water Field Operations Branch of the California Department of Public Health (hereinafter 'Department') hereby issues a Citation to Baker Commodities (hereinafter 'Water System'), for failure to comply with Section 116555(a)(1) of the CHSC and Section 64426.1(b)(2) of Title 22, California Code of Regulations (CCR). Specifically, the Water System (mailing address: P.O. Box 416, Kerman, CA 93630) failed to comply with the

1 total coliform Maximum Contaminant Level (MCL) during the months of April and May
2 2013.

3
4 The Water System operates under a domestic water supply permit issued by the Department
5 in June 2013. Baker Commodities is a Nontransient Noncommunity water system serving a
6 population of approximately sixty (60) people through six (6) service connections in Fresno
7 County. The old wells, Well 01 and Well 02 have had water quality issues, including
8 elevated levels of radiological constituents at both wells, coliform issues at Well 01 and
9 sanding issues at Well 02. Citation No. 03-23-12C-035, issued on June 4, 2012, required the
10 Water System to install continuous chlorination at the discharge of Well 01. The Water
11 System drilled a new well, Well 03, destroyed Well 02 and proposed to classify Well 01 as
12 a standby source. The Water System completed construction of Well 03 in December 2012
13 and approval to activate it was granted on February 13, 2013. Well 03 was the only well
14 operating at the time of the coliform MCL violations.

15
16 Section 64426.1(b)(2) specifies that a public water system collecting fewer than 40 samples
17 per month is in violation of the total coliform MCL when more than one sample collected
18 during any month is total coliform-positive.

19
20 The Water System is required to collect a minimum of one (1) distribution system
21 bacteriological sample per month. The bacteriological water analysis results submitted by
22 the Water System reported the presence of total coliform bacteria in four (4) of ten (10)
23 samples collected by the Water System in April of 2013. Furthermore, the Water System
24 reported the presence of total coliform bacteria in two (2) of nine (9) samples collected
25 during May 2013. None of the positive samples showed the presence of fecal coliform or *E.*
26 *coli* bacteria.

27

The following table summarizes the bacteriological monitoring conducted during the months of April and May 2013.

Collection Date	Number of Samples	Sample Labeled	Number TC positive	Number E. Coli positive
4/19/13	1	Routine	1	0
4/24/13	4	Repeat including Well 3	3 (distribution only)	0
4/30/13	5	Repeat including Well 3	0	0
5/21/13	5	Routine	2	0
5/30/13	4	Repeat including Well 3	0	0

Due to the above-mentioned total coliform positive samples, the Water System failed the total coliform MCL for the months of April and May 2013. Results for water samples tested for coliform bacteria during 2013 are summarized in Attachments A and B. Water System staff has attributed the total coliform MCL failure during April 2013 to the inadequate disinfection of the new piping following the activation of Well 03. The Positive Total Coliform Investigation form completed by the system for April 2013's MCL violation is included here as Attachment C.

It is unknown whether the five routine distribution samples required the month following May 2013, which had two total coliform-positive samples, have been collected.

The Groundwater Rule adopted by the Department, effective August 18, 2011, requires the collection of a sample for bacteriological evaluation from wells serving the system in response to a coliform positive distribution sample. **This requirement was met with each round of repeat sampling collected during April and May 2013.**

1
2 The above violation is classified as a non-continuing violation.

3 **NOTIFICATION REQUIREMENTS**

4 Section 64426.1(c) requires a public water system to notify the Department and the
5 consumers of the water system, when a violation of Section 64426.1(b)(1) through (4) the
6 total coliform MCL occurs. Notification to the Department shall be by the end of the
7 business day on which the violation has been determined. If the Department is closed,
8 notification shall be within 24 hours of the determination. **The Department was not**
9 **notified in accordance with the above-referenced section for the violation in either the**
10 **month of April 2013 or the month of May 2013.**

11
12 A Tier 2 Public Notice for violation of paragraph 64426.1(b)(2) shall be given pursuant to
13 Section 64463.4 and 64465. The Tier 2 Public Notice shall include the mandatory health
14 effects language from Appendix 64465-A for a total coliform MCL failure.

15
16 Section 64463.4 allows non-transient non-community water systems to give public notice
17 by posting the notice in conspicuous locations throughout the area served by the water
18 system and by the use of one or more of the following methods in order to reach persons not
19 likely to be reached by a public posting: publication in a local newspaper or newsletter
20 distributed to customers, e-mailing the public notice to water system customers, posting the
21 public notice on the internet, or by delivery to each customer. Public Notification for April
22 2013's violation was conducted on April 22, 2013 using Attachment D. The Tier 2
23 notification template (Attachment E) is included here for the TCR MCL violation in May
24 2013. Public Notification for April 2013's violation was conducted on April 22, 2013.

25
26 Section 116450(g) requires that upon receipt of notification from a public water system,
27 schools must notify school employees, students, and parents (if the students are minors),

1 residential rental property owners or managers (including nursing homes and care facilities)
2 must notify their tenants and business property owners, managers or operators must notify
3 employees of businesses located on the property. These secondary notification
4 requirements are also included in the public notice.

5
6 Proof of notification is required for the month of May 2013. The Water System shall
7 complete Attachment F and return it to the Department by **July 31, 2013**.

8
9 **DIRECTIVES**

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

- 11
12 1. By **July 15, 2013**, the Baker Commodities water system shall provide public
13 notification of the total coliform Maximum Contaminant Level failure by posting
14 the notice in conspicuous locations throughout the area served by the water system.

15
16 By **July 31, 2013**, the Water System shall provide proof of public notification of the
17 total coliform MCL violation by completing Attachment E and returning it to:

18
19 Betsy S. Lichti, Senior Sanitary Engineer
20 Department of Public Health
21 Drinking Water Field Operations Branch
22 265 W. Bullard Avenue, Suite 101
23 Fresno, CA 93704

- 24 2. The Water System shall also require their contracting laboratory to submit copies of
25 all required bacteriological monitoring results directly to the Department pursuant to
26 Section 64423.1(c)(2).
27

3. The Water System shall notify the Department of any further violations of the total coliform MCL by the end of the business day on which the violation has been determined, or, if the Department is closed, within 24 hours of the determination.

CIVIL PENALTIES

Sections 116650(d) and 116650(e) of the CHSC allow for the assessment of a civil penalty for failure to comply with requirements of the California Safe Drinking Water Act. Failure to comply with any provision of this Citation may result in the Department imposing an administrative penalty of not less than \$100 (one hundred dollars) per day as of the date of violation of any provision of this Citation.

6/26/13
Date

Betsy Lichte
Betsy S. Lichte, P.E.
Senior Sanitary Engineer, Fresno District
DRINKING WATER FIELD OPERATIONS BRANCH



BSL/EL

Attachments:

- Attachment A: Bacteriological Distribution Monitoring Report for 2013
- Attachment B: Source Bacteriological Monitoring Report for 2013
- Attachment C: Completed Positive Total Coliform Investigation Form for April 2013
- Attachment D: Proof of Notification for April 2013
- Attachment E: Public Notice Template for May 2013
- Attachment F: Proof of Notification Form for May 2013

Bacteriological Distribution Monitoring Report

1000602 Baker Commodities
Distribution System Freq: 1/M

Sample Date	Time	Location	T Coli	E Coli	F Coli	Type	Cl2	Violation	Comment
1/1/2013		No Distribution Sample						MR1	4/8/13 Issued 03-23-13E-05t one from well 3, positive in v
2/27/2013	9:54	5-ROU	<1.0	<1.0		Routine			
3/31/2013		No Distribution Sample						MR1	5/22/13 Issued 03-23-13E-01
4/19/2013	8:45	5-ROU	P	A		Routine		MCL	
4/24/2013	11:45	5REP3-Well 3	<1.1		<1.1	Source Repeat			
4/24/2013	11:50	5REP2-Truck Garage/Maint	9.2	<1.1		Repeat			
4/24/2013	12:10	5REP1-Processing Plant	6.9	<1.1		Repeat			
4/24/2013	12:15	5ROU Office Plant Admin	3.6	<1.1		Repeat			
4/30/2013	11:38	5 ROU-Girls RR	<1.1	<1.1		Repeat			
4/30/2013	11:45	Men's RR	<1.1	<1.1		Repeat			
4/30/2013	12:00	5 ROU Breakroom 5 min	<1.1	<1.1		Repeat			
4/30/2013	12:04	Locker Room - 5 min	<1.1	<1.1		Repeat			
4/30/2013	12:19	5REP3 Well 3	<1.1		<1.1	Source Repeat			
5/21/2013	9:35	1 ROU Men's Restroom	2.2	<1.1		Routine			
5/21/2013	9:40	2 ROU Women's Restroom	<1.1	<1.1		Routine			
5/21/2013	9:50	3 ROU Kitchen Faucet	<1.1	<1.1		Routine			
5/21/2013	9:55	4 ROU Locker Room Restroom	<1.1	<1.1		Routine			
5/21/2013	10:00	5 ROU Locker Room Kitchen Sink	1.1	<1.1		Routine		MCL	
5/30/2013	11:10	Main Well #3	<1.1		<1.1	Source Repeat			
5/30/2013	11:15	1 REP2 Locker Room Restroom	<1.1	<1.1		Repeat	0.0		
5/30/2013	11:30	1 ROU Men's Restroom	<1.1	<1.1		Repeat	0.0		
5/30/2013	11:45	1 REP1 Women's Restroom	<1.1	<1.1		Repeat	0.0		

Violation Key

MCL	Exceeds the maximum contaminant level	MR5	Incorrect number of repeat samples as follow-up to a positive sample
MR1	No monthly sample for the report month	MR6	No source sample
MR2	No quarterly sample for the report month	MR7	No summary report submitted
MR3	Incorrect number of routine samples for the report month	MR8	Other comments and/or info
MR4	Did not collect 5 routine samples for previous month's positive sample	MR9	Cl2 not reported

Source Bacteriological Monitoring Report

1000602 Baker Commodities

<i>Sample Date</i>	<i>Time</i>	<i>Source</i>	<i>Sample Type</i>	<i>Test Method</i>	<i>T Coli</i>	<i>E Coli</i>	<i>F Coli</i>	<i>HPC</i>	<i>Violation</i>	<i>Comments</i>
1/31/2013	10:40	Well 3	Well	MPN	13.7	<1.0				
2/7/2013	10:20	Well 3	Well	MPN	3.1		<1.0			
2/18/2013	11:30	Well 3	Well	MPN	6.4	<1.0				
2/28/2013	8:00	Well 3	Well	MPN	<1.1					
3/7/2013	9:35	Well 003-1	Well	MPN	<1.0		<1.0			well 3-1
3/7/2013	10:10	Well 003-2	Well	MPN	1.0		<1.0			
3/15/2013	11:00	Well 003	Well	MPN	<1.0		<1.0			

POSITIVE TOTAL COLIFORM INVESTIGATION
Simple Well with Pressure Tank Systems

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:	Baker Commodities	PWS ID NUMBER:	1000602
	Name	Address	Telephone #
Operator in Responsible Charge (ORC)	Tito Balling	P.O. Box 343, Coalinga, CA	559-935-2300
Person that collected TC samples if different than ORC	Matt Gomes	P.O. Box 343, Coalinga, CA	559-935-2300
Owner	Baker Commodities	16801 W. Jensen Ave., Kerman, CA	559-846-9395
Certified Laboratory for Microbiological Analyses	BSK	Fresno, CA	
Date Investigation Completed:	April 29, 2013		
Month(s) of Total Coliform MCL Failure:	April 2013		

INVESTIGATION DETAILS

SOURCE	WELL	WELL	WELL	WELL	COMMENTS
	(name)	(name)	(name)	(name)	
1. Inspect each well head for physical defects and report	Well 03				
a. Is raw water sample tap upstream from point of disinfection?	yes				
b. Is wellhead vent pipe screened?	n/a				
c. Is wellhead seal watertight?	yes				
d. Is well head located in pit or is any piping from the wellhead submerged?	no				
e. Does the ground surface slope towards well head?	no				
f. Is there evidence of standing water near the wellhead?	no				
g. Is there a check valve on the well discharge line? Is the check valve seating properly?	yes				
h. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)	no				
i. Is the wellhead secured to prevent unauthorized access?	yes				
j. To what treatment plant (name) does this well pump?	n/a				
k. How often do you take a raw water total coliform (TC) test?	monthly				
l. Provide the date and result of the last TC test at this location	4/23/13				Negative for coliform

POSITIVE TOTAL COLIFORM INVESTIGATION

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DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	40 psi to 60 psi
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the TCR positive finding.	no
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.	no
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	no
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	no
6. If there was a mainline leak, when was it repaired?	n/a
7. On what date was the distribution system last flushed?	4/27/13
8. Is there a written flushing procedure you can provide for our review?	yes
9 Do you have an active cross connection control program?	Not yet
10. What is name and phone number of your Cross-Connection Control Program Coordinator?	Matt Gomes and Tito Balling with California Water Services (559) 935-2300
11. Is the review and testing of backflow prevention devices current?	yes
12. On what date was the last physical survey of the system done to identify cross-connections?	Scheduled for May 2013

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)	24	24	24	
2. Is the sample tap located in an exterior location or is it protected by an enclosure?	yes	yes	yes	
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?	yes	yes	yes	
4. Is the sample tap in good condition, free of leaks around the stem or packing?	yes	yes	yes	
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?	yes	yes	yes	
6. Is the sample tap and area around the sample tap clean and dry (free of animal droppings, other contaminants or spray irrigation systems)	yes	yes	yes	
7 Is the area around the sample tap free of excessive vegetation or other impediments to sample collection	yes	yes	yes	
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)	Flamed	Flamed	Flamed	
9. Is this sample tap designated on the sampling plan submitted with this information request?	Yes	Yes	yes	
10. What were weather conditions at the time of positive sample (rainy, windy, sunny)?	Sunny	Sunny	sunny	

POSITIVE TOTAL COLIFORM INVESTIGATION

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Attachment C

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?	no
2. Where there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located.	no
3. Does the system have backup power or elevated storage?	yes
4. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	no
5. What were the symptoms of illness if you received complaints about customers being sick?	n/a

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?

The new well was put online within the last 30 days and it appears that the new piping was not properly chlorinated prior to putting the new well online. The new well came back negative for total coliform so it appears that the source is not coming from the well and appears to be coming from the new piping. The system has been rechlorinated and resampled to determine if coliform is still present in the system.

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

NAME: Steve Dessauer

TITLE: Assistant General Manager

DATE: 5/2/13

PROOF OF NOTIFICATION
(Return with copy of the Notice)

As required by Section 116450 of the California Health and Safety Code, I notified all users of water supplied by the **Baker Commodities-Kerman Division** of the failure to meet the **total coliform bacteria MCL** for the month of **April 2013** as directed by the Department. At least one primary distribution method is required: mail, hand-delivery or posting in conspicuous locations. A second method is also required in order to reach persons not likely to be reached by a mailing, direct delivery or posting:

Notification was first made on April 22, 2013
(date)

To summarize report delivery used and good-faith efforts taken, please check all items below that apply and fill-in where appropriate:

- The notice was distributed by mail delivery to each customer served by the water system.
- The notice was distributed by direct delivery to each customer served by the water system. Specify direct delivery method(s) used: _____
- Publication of the notice in a local newspaper or newsletter of general circulation (attach a copy of the published notice, including name of newspaper and date published).
- Posted the notice at the following conspicuous locations served by the water system (if needed, please attach a list of locations). At each point of use within the Plant and Office
- Email message to employees or students. _____
- Other method used to notify customers. _____

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.

Certified by Name and Title: Steve Dessauer; Plant Manager

Date: April 22, 2013

Signature: 

Due: April 2013

Total Coliform MCL Failure:

System Number: 1000602

Citation No.:

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.

**Baker Commodities Had Levels of Coliform Bacteria
Above the Drinking Water Standard**

Our water system recently failed a drinking water standard. Although this incident was 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 nine samples to test for the presence of coliform bacteria in May 2013. Two of these 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 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 fecal coliform or *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing.**
- 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 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 is being done?

[Describe corrective action]. _____

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 Baker Commodities

Date distributed: _____



RON CHAPMAN, MD, MPH
Health Officer & Director

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

ATTACHMENT F

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 **Baker Commodities** of the failure to meet the **total coliform bacteria MCL** for the months of **May 2013** as directed by the Department.

Notification was made on _____ by _____
(date)

_____ **hand delivered** and/or **mailed** and/or **posted** _____ written notice.
(circle all that apply)

Signature of Water System Representative

Printed Name

Date

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Due: July 31, 2013
Total Coliform MCL Failure: May 2013
System Number: 1000602
Citation No.: 03-23-13C-029



Do your part to help California save energy. To learn more about saving energy, visit the following web site:
<http://www.fypower.org>

Southern California Drinking Water Field Operations Branch
265 W. Bullard Avenue, Suite 101, Fresno, CA 93704
(559) 447-3300; Fax (559) 447-3304
Internet Address: <http://www.dhs.ca.gov/ps/ddwem/>