

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH

IN RE: **CENTRAL CALIFORNIA ALMOND GROWERS**  
Water System No. 1000560

TO: Mr. Jim Sears  
Central CA Almond Growers Association  
P.O. Box 338  
Kerman, CA 93630

**CITATION FOR NONCOMPLIANCE**  
**TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION**

**MAY 2013**

**Issued on August 20, 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 Central California Almond Growers Association (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 338, Kerman, CA 93630) failed

1 to comply with the total coliform Maximum Contaminant Level (MCL) for the month of  
2 May 2013.

3  
4 The Water System operates under a domestic water supply permit issued by the Department  
5 in October of 2009. Central California Almond Growers Association is a transient non-  
6 community water system serving a population of approximately forty (40) transient persons.  
7 The Department's records show that the operating season for the Water System is year  
8 round.

9  
10 Section 64426.1(b)(2) specifies that a public water system collecting fewer than 40 samples  
11 per month is in violation of the total coliform MCL when more than one sample collected  
12 during any month is total coliform-positive.

13  
14 The Water System is required to collect a minimum of one (1) distribution system  
15 bacteriological sample per quarter. The bacteriological water analysis results submitted by  
16 the Water System reported the presence of total coliform bacteria in four (4) of five (5)  
17 samples collected by the Water System in May 2013. None of the positive samples showed  
18 the presence of fecal coliform or *E. coli* bacteria.

19  
20 Upon being informed of the presence of total coliform bacteria in one routine sample  
21 collected on May 15, 2013, Water System staff collected a total of four (4) repeat samples  
22 on May 23, 2013. Three (3), including the well, of the four (4) repeat samples showed the  
23 presence of total coliform bacteria. Due to the above-mentioned total coliform positive  
24 samples, the Water System failed the total coliform MCL for the month of May 2013. All  
25 water samples for coliform bacteria collected since 2009 are summarized in Attachment A.  
26  
27

1 The sample from the well, collected on May 23, 2013, showed the presence of total  
2 coliform bacteria. In email correspondence, Water System staff report that there have been  
3 “numerous problems” with the well and that on August 7, 2013, a section of the casing was  
4 replaced. Additionally, a new pump was installed. The “Positive Total Coliform  
5 Investigation” form (Attachment B) received on August 14, 2013, however did not indicate  
6 the type of problems associated with the well that would have resulted in the presence of  
7 coliform bacteria during May 2013.

8  
9 The five routine samples required the month following a month with one or more total  
10 coliform-positive samples were not collected in June 2013.

11  
12 The above violation is classified as a non-continuing violation.

13  
14 The Groundwater Rule adopted by the Department, effective August 18, 2011, requires the  
15 collection of a sample for bacteriological evaluation from wells serving the system in  
16 response to a coliform positive distribution sample. This requirement was met with the  
17 round of repeat sampling conducted by the Water System on May 23, 2013.

18  
19 Section 64424(d) specifies that if a public water system for which fewer than five routine  
20 samples per month are collected has one or more total coliform-positive samples, the water  
21 supplier shall collect at least five routine samples the following month. No samples were  
22 collected during June 2013.

23  
24  
25 **NOTIFICATION REQUIREMENTS**

26 Section 64426.1(c) requires a public water system to notify the Department and the  
27 consumers of the water system, when a violation of Section 64426.1(b)(1) through (4)

1 occurs. Notification to the Department shall be by the end of the business day on which the  
2 violation has been determined. If the Department is closed, notification shall be within 24  
3 hours of the determination. **The Department was not notified in accordance with the**  
4 **above-referenced section.**

5

6 A Tier 2 Public Notice for violation of paragraph 64426.1(b)(2) shall be given pursuant to  
7 Section 64463.4 and 64465. The Tier 2 Public Notice shall include the mandatory health  
8 effects language from Appendix 64465-A for a total coliform MCL failure. The appropriate  
9 template is provided here as Attachment C.

10

11 The Water System shall post the public notice in conspicuous locations within the water  
12 system. Section 116450(g) requires that upon receipt of notification from a public water  
13 system, schools must notify school employees, students, and parents (if the students are  
14 minors), residential rental property owners or managers (including nursing homes and care  
15 facilities) must notify their tenants and business property owners, managers or operators  
16 must notify employees of businesses located on the property. These secondary notification  
17 requirements are included in the public notice.

18

19 Water System staff report that notification of the public was conducted on May 23, 2013,  
20 advising each consumer of the failure of the total coliform MCL during the month of May  
21 2013. The appropriate notice that should have been provided is included here as Attachment  
22 C. Proof of Notification was reported in Attachment D.

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1 **DIRECTIVES**

2  
3 The Water System is hereby directed to take the following actions:

- 4 1. Whenever the Water System has one or more total coliform-positive samples in a  
5 given month, at least five (5) routine samples shall be collected the following month  
6 as required by Section 64424(d) and as discussed in this Citation.  
7
- 8 2. By **September 15, 2013**, the Water System shall submit an amended Bacteriological  
9 Sample Siting Plan (BSSP). Guidance for developing a BSSP is included here as  
10 Attachment G.  
11
- 12 3. The Water System shall notify the Department of any further violations of the total  
13 coliform MCL by the end of the business day on which the violation has been  
14 determined, or, if the Department is closed, within 24 hours of the determination.  
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1 **CIVIL PENALTIES**

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

7  
8  
9  
10 8/20/13  
11 Date

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



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19 BSL/EL

20 Attachments:

- 21 Attachment A: Summary of Bacteriological Samples collected since 2009
- 22 Attachment B: Completed Positive Total Coliform Investigation
- 23 Attachment C: TCR MCL Public Notice Template for May 2013
- 24 Attachment D: Proof of Notification for May 2013

# Bacteriological Distribution Monitoring Report

**1000560**      **CENTRAL CA ALMOND GROWER**      *Distribution System Freq: 1/Q*

Sample Date	Time	Location	T Coli	E Coli	F Coli	Type	Cl2	Violation	Comment
2/24/2009	11:50	K2-A	A	A		Routine			
5/21/2009	10:00	K2A	P	A		Routine			
6/12/2009	14:45	K3	A	A		Repeat			
6/12/2009	14:55	Bin Storage 3	P	A		Repeat			
6/12/2009	15:05	K2-A	P	A		Repeat		MCL	& MR5 8/24/09 Issued Cit 03-23-10C-056
6/12/2009	15:10	K1-A	P	A		Repeat			
8/20/2009	16:20	K2-A	A	A		Routine			
11/19/2009	15:35	Ag Well Tank OHB	P	A		Routine			
11/30/2009	10:15	Ag Well Tank OHB	P	A		Repeat		MCL	2/18/10 Issued Cit 03-23-10C-09C-056
11/30/2009	10:25	K2-A	P	A		Repeat			
11/30/2009	10:35	Bin Storage 3	P	A		Repeat			
11/30/2009	10:45	K1-A	P	A		Repeat			
12/15/2009	14:32	K1-A	A	A		Repeat			
12/15/2009	14:44	K2-A	A	A		Repeat			
12/15/2009	14:55	Storage Bin #3	A	A		Repeat			
12/15/2009	15:07	K3	A	A		Repeat			
12/31/2009		No Routine Samples						MR4	2/18/10 Issued Cit 03-23-10C-09C-056
2/18/2010	10:20	K2-A	A	A		Routine			
3/16/2010	9:45	Well First run	<1.1		<1.1	well cycle test			
3/16/2010	9:46	Well @ 1 min	<1.1		<1.1	well cycle test			
3/16/2010	9:50	Well @ 5 min	<1.1		<1.1	well cycle test			
3/16/2010	10:00	Well @ 15 min	<1.1		<1.1	well cycle test			
3/16/2010	10:15	Well @ 30 min	<1.1		<1.1	well cycle test			
5/20/2010	12:04	Ag Well	A	A		Source Routine			
8/19/2010	9:50	K1-A	A	A		Routine			
8/19/2010	9:57	K2-A	A	A		Routine			
8/19/2010	10:05	Bin Storage	P	A		Routine			
8/19/2010	10:12	K3	A	A		Routine			
8/23/2010	14:05	K1-A	A	A		Repeat			
8/23/2010	14:12	K2-A	A	A		Repeat			
8/23/2010	14:19	K3	A	A		Repeat			
8/23/2010	14:27	Blue Diamond	A	A		Repeat			
8/23/2010	14:37	Bin Storage 3	A	A		Repeat			
9/30/2010		No Sample						MR4	Issued EL 03-23-10E-183
11/18/2010	12:00	Pressure Tank	A	A		Routine			
1/18/2011	9:22	Well	A	A		Routine		MR2	Routine sample taken at well instead of Distribution System
5/19/2011	9:09	K-1	A	A		Routine			
8/18/2011	12:10	K2-A	A	A		Routine			
11/17/2011	11:38	K2-A	A	A		Routine			
2/16/2012	12:10	K2-A	A	A		Routine			
5/17/2012	11:04	K2-A	A	A		Routine			
8/16/2012	12:14	K2-A	A	A		Routine			
11/15/2012	12:34	K2-A	A	A		Routine			
2/19/2013	11:54	K-2A	A	A		Routine			
5/15/2013	12:49	K-2A	P	A		Routine			
5/23/2013	15:17	Well	P	A		Source Repeat			

<i>Sample Date</i>	<i>Time</i>	<i>Location</i>	<i>T Coli</i>	<i>E Coli</i>	<i>F Coli</i>	<i>Type</i>	<i>CI2</i>	<i>Violation</i>	<i>Comment</i>
5/23/2013	15:26	K3	A	A		Repeat			
5/23/2013	15:34	K1-A	P	A		Repeat			
5/23/2013	15:42	K-2A	P	A		Repeat		MCL	
6/30/2013		No Sample						MR4	

***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	CI2 not reported

**POSITIVE TOTAL COLIFORM INVESTIGATION**  
**Simple Well with Pressure Tank Systems**  
 Attachment D

ADMINISTRATIVE INFORMATION

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.

<b>PWS Name:</b>		<b>PWS ID NUMBER:</b>	
<b>Operator in Responsible Charge (ORC)</b>	<b>Name</b>	<b>Address</b>	<b>Telephone #</b>
Person that collected TC samples if different than ORC	Jim Sears		
Owner	BSK		
Certified Laboratory for Microbiological Analyses	Central Calif Almond Growers Assoc		
Date Investigation Completed:	BSK		
Month(s) of Total Coliform MCL Failure:			

**INVESTIGATION DETAILS**

<b>SOURCE</b>	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?	NO				
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?	NO				
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?	Quarterly				
l. Provide the date and result of the last TC test at this location					



# POSITIVE TOTAL COLIFORM INVESTIGATION

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Attachment D

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?	N/A			
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?				
7. On what date was the distribution system last flushed?	5-22-13			
8. Is there a written flushing procedure you can provide for our review?	NO			
9. Do you have an active cross connection control program?	NO			
10. What is name and phone number of your Cross-Connection Control Program Coordinator?	N/A			
11. Is the review and testing of backflow prevention devices current?	N/A			
12. On what date was the last physical survey of the system done to identify cross-connections?	N/A			

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)	36"	36"	36"	
2. Is the sample tap located in an exterior location or is it protected by an enclosure?	ext	ext	ext	ext
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?	NO	NO	NO	NO
4. Is the sample tap in good condition, free of leaks around the stem or packing?	YES	YES	YES	YES
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?	NO	NO	NO	NO
6. Is the sample tap and area around the sample tap clean and dry (free of animal droppings, other contaminants or spray irrigation systems)	NO	NO	NO	NO
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection	YES	YES	YES	YES
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)	all	sampling done by BSK		
9. Is this sample tap designated on the sampling plan submitted with this information request?	"	"	"	"
10. What were weather conditions at the time of positive sample (rainy, windy, sunny)?	Sunny	Sunny	Sunny	Sunny

# POSITIVE TOTAL COLIFORM INVESTIGATION

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Attachment D

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?	ND
2. Where there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located.	ND
3. Does the system have backup power or elevated storage?	ND
4. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	ND
5. What were the symptoms of illness if you received complaints about customers being sick?	

## 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 well not give (Bad Sample) - other areas are from hose spickets used nearby  
2 times a year*

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

NAME: Jim Sears TITLE: COO DATE: 8-10-13

**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.

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**Central California Almond Growers Association Has Levels of Coliform Bacteria  
Above the Drinking Water Standard**

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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 five samples to test for the presence of coliform bacteria in May 2013. Four 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.

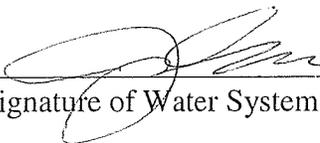
This notice is being sent to you by Central California Almond Growers      Date distributed: \_\_\_\_\_.

**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 **Central California Almond Growers Association** of the failure to meet the **total coliform bacteria MCL** for the month of **May 2013** as directed by the Department.

Notification was made on 5.23.13 by \_\_\_\_\_ (date)

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

  
\_\_\_\_\_  
Signature of Water System Representative

8.10.13  
\_\_\_\_\_  
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: August 31, 2013  
Total Coliform MCL Failure: May 2013  
System Number: 1000560  
Citation No.: \_\_\_\_\_



**Southern California Drinking Water Field Operations Branch**  
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