

MONTHLY SUMMARY OF WATER SYSTEM COLIFORM MONITORING

System Name <p style="text-align: center; font-size: 1.2em;">WildWings</p>	System Number <p style="text-align: center; font-size: 1.2em;">5710011</p>
Sampling Period <p style="text-align: center; font-size: 1.2em; color: blue;">November</p>	Year <p style="text-align: center; font-size: 1.2em;">2017</p>

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/ E.coli Positives
1. Routine Samples (see note 1)	2	2	0	0
2. Repeat Samples following Samples that are Total Coliform Positive and Fecal/E.coli <i>Negative</i> (see notes 5 and 6)		0	0	0
3. Repeat Samples following Routine Samples that are Total Coliform <i>Positive</i> and Fecal/E.coli Positive (see notes 5 and 6)		0	0	0
4. MCL Computation for Total Coliform Positive Samples				
a. Totals (sum of columns)	2	2	0	
b. If 40 or more samples collected in month, determine percent of samples that are total coliform positive [(total number positive/total number collected) x 100]			%	
c. Is system in compliance...with fecal/E. coli MCL? (see notes 2 and 3)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
...with monthly MCL? (see note 4)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
5. Triggered Source Samples following Routine Samples that are Total Coliform Positive (This applies only to systems subject to the Groundwater Rule - see notes 8 and 9)				
6. Invalidated Samples (Note what samples, if any, were invalidated; who authorized the invalidation; and when replacement samples were collected. Attach additional sheets, if necessary.)				
7. Summary Completed By:				

Signature <p style="text-align: center; font-size: 1.5em; color: blue;"><i>Paul Bishop</i></p>	Title <p style="text-align: center; font-size: 1.2em;">Project Manager</p>	Date <p style="text-align: center; font-size: 1.2em; color: blue;">12/7/17</p>
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NOTES AND INSTRUCTIONS:

1. Routine samples include:
 - a. Samples required pursuant to 22 CCR Section 64423 and any additional samples required by an approved routine sample siting plan established pursuant to 22 CCR Section 64422.
 - b. Extra samples are required for systems collecting less than five routine samples per month that had one or more total coliform positives in previous month;
 - c. Extra samples for systems with high source water turbidities that are using surface water or groundwater under direct influence of surface water and do not practice filtration in compliance with regulations;
2. Note: For a repeat sample following a total coliform positive sample, any fecal/E.coli positive repeat (boxed entry) **constitutes an MCL violation and requires immediate notification to the Department** (22, CCR, Section 64426.1).
3. Note: For repeat sample following a fecal/E.coli positive sample, any total coliform positive repeat (boxed entry) **constitutes an MCL violation and requires immediate notification to the Department** (22, CCR, Section 64426.1).
4. Total coliform MCL (**Notify Department within 24 hours of MCL violation**):
 - a. For systems collecting less than 40 samples, if two or more samples are total coliform positive, then the MCL is violated.
 - b. For systems collecting 40 or more samples, if more than 5.0 percent of samples collected are total coliform positive, then the MCL is violated.
5. Positive results and their associated repeat samples must be tracked on the Coliform Monitoring Worksheet.
6. For systems collecting more than one routine sample per month, three repeat samples must be collected for each total coliform positive sample. Repeat samples must be collected within 24 hours of being notified of the positive results.
7. For systems collecting one or less routine samples per month, four repeat samples must be collected for each total coliform positive sample.
8. For systems subject to the Groundwater Rule: Positive results and the associated triggered source samples must be tracked on the Coliform Monitoring Worksheet.
9. For triggered sample(s) following a total coliform routine positive sample, an E.coli (or other GW Rule accepted fecal indicator) positive triggered sample (boxed entry) **requires immediate notification to the Department, Tier 1 public notification, and corrective action.**

CALIFORNIA LABORATORY SERVICES

3249 Fitzgerald Road Rancho Cordova, CA 95742

December 05, 2017

CLS Work Order #: 17K1295
COC #: 185306

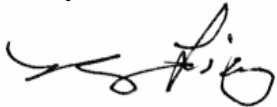
Paul Bishop
National O&M, Inc
P.O. Box 21187
Roanoke, VA 24018

Project Name: Wild Wings Recycling Facility

Enclosed are the results of analyses for samples received by the laboratory on 11/28/17 12:05. Samples were analyzed pursuant to client request utilizing EPA or other ELAP approved methodologies. I certify that the results are in compliance both technically and for completeness.

Analytical results are attached to this letter. Please call if we can provide additional assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'James Liang', written in a cursive style.

James Liang, Ph.D.
Laboratory Director

CLS - Labs

CHAIN OF CUSTODY

CLS ID No.: 17K1295

LOG No 185306

REPORT TO:		CLIENT JOB NUMBER		ANALYSIS REQUESTED				GEOTRACKER:																					
NAME AND ADDRESS <u>National O&M</u> <u>PO Box 21157</u> <u>Roanoke, Va. 24018</u>		DESTINATION LABORATORY <input checked="" type="checkbox"/> CLS (916) 638-7301 3249 FITZGERALD RD RANCHO CORDOVA, CA 95742		PRESERVATIVES <u>2/A</u>				EDF REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO																					
PROJECT MANAGER <u>Paul Bishop</u>		PHONE #						GLOBAL ID: _____																					
PROJECT NAME <u>Wildwings Rec. Fac.</u>		<input type="checkbox"/> OTHER		COMPOSITE:				FIELD CONDITIONS:																					
SAMPLED BY <u>John Honca</u>				TURN AROUND TIME				SPECIAL INSTRUCTIONS																					
JOB DESCRIPTION <u>OP</u>				<table border="1" style="width:100%; text-align: center;"> <tr> <th>1 DAY</th> <th>2 DAY</th> <th>3 DAY</th> <th>5 DAY</th> <th colspan="2">OR</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <th>ALT.</th> <th>ID:</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				1 DAY	2 DAY	3 DAY	5 DAY	OR						ALT.	ID:										
1 DAY	2 DAY	3 DAY	5 DAY					OR																					
				ALT.	ID:																								
SITE LOCATION																													
DATE	TIME	SAMPLE IDENTIFICATION	MATRIX	CONTAINER NO.	TYPE																								
<u>11/25/17</u>	<u>0900</u>	<u>Mallard</u>	<u>H2O</u>	<u>1</u>	<u>RA</u>	<u>6</u>	<u>X</u>																						
		<u>Mandarin</u>	<u>H2O</u>	<u>1</u>	<u>RA</u>	<u>6</u>	<u>X</u>																						
SUSPECTED CONSTITUENTS				PRESERVATIVES: (1) HCL (2) HNO ₃ (3) = COLD (4) = NaOH (5) = H ₂ SO ₄ (6) = Na ₂ S ₂ O ₅ (7) =				INVOICE TO:																					
RELINQUISHED BY (SIGN)		PRINT NAME / COMPANY		DATE / TIME		RECEIVED BY (SIGN)		PRINT NAME / COMPANY																					
<u>[Signature]</u>		<u>John Honca / NOM</u>		<u>11/25/17/0900</u>		<u>[Signature]</u>		<u>[Signature]</u>																					
REC'D AT LAB BY		DATE / TIME		CONDITIONS / COMMENTS																									
<u>[Signature]</u>		<u>11/20/17 1205</u>		<u>CLS</u>																									
SHIPPED BY:		<input type="checkbox"/> FED X		<input type="checkbox"/> UPS		<input checked="" type="checkbox"/> OTHER <u>CLS</u>		AIR BILL #																					

White-Lab/Terms and conditions Yellow-Lab file copy/Terms and Conditions Pink- Origin/Terms and Conditions Gold-Project Mgr./Field Samples/Terms and conditions

CLS LABS
SAMPLE RECEIVING EXCEPTION REPORTS

CLS Labs Job # 17K1295

Problem discovered by: GE

Date: 11 28, 17

Nature of problem

NO SAMPLING DATE OR TIME
FOR "MANDARIN"

Client contacted? Yes No Spoke With: _____

By whom: _____ Date: ___ / ___ / ___ Time: _____ HRS

Client instructions:

Resolution of problem:

LOGGED IN PER SAMPLE LABEL

CALIFORNIA LABORATORY SERVICES

National O&M, Inc P.O. Box 21187 Roanoke, VA 24018	Project: Wild Wings Recycling Facility Project Number: [none] Project Manager: Paul Bishop	CLS Work Order #: 17K1295 COC #: 185306
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Microbiological Parameters by APHA Standard Methods

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
Mallard (17K1295-01) Water Sampled: 11/28/17 08:00 Received: 11/28/17 12:05									
E. Coli	Absent	0.0	N/A	1	1709098	11/28/17	11/29/17	SM 9223	
Residual Chlorine	N/A	0.10	mg/L	"	"	11/28/17	11/28/17	SM 4500-CL-G	
Total Coliforms	Absent	0.0	N/A	"	"	11/28/17	11/29/17	SM 9223	
Mandarin (17K1295-02) Water Sampled: 11/28/17 08:30 Received: 11/28/17 12:05									
E. Coli	Absent	0.0	N/A	1	1709098	11/28/17	11/29/17	SM 9223	
Residual Chlorine	N/A	0.10	mg/L	"	"	11/28/17	11/28/17	SM 4500-CL-G	
Total Coliforms	Absent	0.0	N/A	"	"	11/28/17	11/29/17	SM 9223	

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12/05/17 15:18

National O&M, Inc
P.O. Box 21187
Roanoke, VA 24018

Project: Wild Wings Recycling Facility
Project Number: [none]
Project Manager: Paul Bishop

CLS Work Order #: 17K1295
COC #: 185306

Notes and Definitions

N.A.	N/A
BT-2	Absent
DET	Analyte DETECTED
ND	Analyte NOT DETECTED at or above the reporting limit (or method detection limit when specified)
NR	Not Reported
dry	Sample results reported on a dry weight basis
RPD	Relative Percent Difference