

April 17, 2018

State Water Resources Control Board Division of Drinking Water Salvador Turrubiartes, P.E., Associate Sanitary Engineer 1001 I St, 13th Floor Sacramento, CA 95834

Regarding: CA5710011-Wild Wings-2018-3-TCR

Mr. Turrubiartes

Specialized Utilities Services Program, Inc., on behalf of the Wild Wings C.S.A. has prepared and is submitting to the Division of Drinking Water, the March 2018 Monthly Total Coliform Report.

Enclosed are the March Summary of Distribution System Coliform Monitoring Report, the laboratory analytical results for bacteriological testing.

Please contact me if you have any questions.

Sincerely yours,

Dan DeMoss. Operator

Phone: (916) 616-7761

Email: ddemoss@calruralwater.org

MONTHLY SUMMARY OF DISTRIBUTION SYSTEM **COLIFORM MONITORING**

System Name	System Number						
Wild Wings	571011						
Sampling Period							
Month March		Year		2018			
	Number Required		Number Collected	Number Total Coliform Positives	Number Fecal/ E.coli Positives		
1. Routine Samples (see note 1)	2		0	0	0		
 Repeat Samples Following Samples Which are Total Coliforn Positive and Fecal/E.coli Negative (see notes 5 and 6) 	1	_	0	0	0		
3. Repeat Samples Following Routine Samples Which 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		0	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)	√ Yes		□ No				
with monthly MCL? (see note 4)	✓ Yes		□ No				
5. Invalidated Samples (Note what samples, if any, were invalidated; who authorized were collected. Attach additional sheets, if necessary.)	the invalidation; a	ınd wh	en replace	ment samples			
6. Summary Completed By:							
Signature Kel More	Title		Wat	er Operator	Date 4/11/18		
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 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 turbidaties 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 motification 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 worksheet on the other side.
- 6. For systems collecting more than one routine sample per mouth, 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. CDPH 8477 (10/2007)

COLIFORM MONITORING WORKSHEET (MUST BE COMPLETED FOR POS. ROUTINE SAMPLES AND ALL REPEAT SAMPLES) PAGE 1 of 1 REPORT MONTH March YR 2018

ROUTINE SAMPLES			REPEAT SAMPLES						
COLIFORM TEST RESULTS ⁴				Repeat		COLIFORM TEST RESULTS ⁴			
Sample Date	Sample Site ID	TC+ BUT FC/EC-	TC+AND FC/EC+	Repeat For Sample Date	Sample Collection Date	Repeat Sample Site IDs ⁵	TC-	TC+BUT FC/EC-	TC+AND FC/EC+
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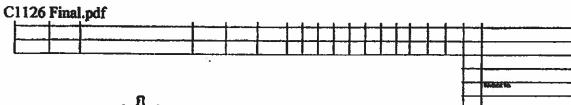
Notes and Instructions:

- 1. Enter data for positive samples occuring in previous month that have repeats in report month.
- 2. Abbreviations: TC = Total Coliform, FC = Fecal Coliform, EC = E. coli
- 3. Any Fecal/E. coli positive sample following a total coliform positive sample or any total coliform positive repeat sample following a Fecal/E. coli positive sample constitutes an MCL failure (22 CCR Section 64426.1).

Footnote:

- 4. Check column that applies.
- 5. List positive original site first.

J. K. W.





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Microbiological Parameters by APHA Standard Methods

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E Cal	- Alleria	00	N A	1	1902-60	33 25 18	252338	zeen	
Resident Chlorino	C 0.78	9 10	mg L			25 23-18	4372 M	EN HONCL-G	
Total Californs	Aboms		A.K	•	•	23 II t#	21.72.38	234 9529	
1851S Makers (19C 1824-02) Water	Sempled: 03:12:19 07:55	Boudest: 03	23-TB LE:	:53					
E Colo	About _	40	X-A	1	1523400	323	13 23 16	\$44923	
Residual Chlorian	0.95	6.10	agi.			1372 16	88-77 15	EM 4000 CL-G	
Total Californi	Alexand	6.0	Xa			73-22-18	021H	3/49223	



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Notes and Definition

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