



April 17, 2018

State Water Resources Control Board  
Division of Drinking Water  
Salvador Turrubiartes, P.E., Associate Sanitary Engineer  
1001 I St, 13<sup>th</sup> 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,

A handwritten signature in blue ink, appearing to read "Dan DeMoss", is written over a light blue horizontal line.

Dan DeMoss.  
Operator  
Phone: (916) 616-7761  
Email: [ddemoss@calruralwater.org](mailto:ddemoss@calruralwater.org)

### MONTHLY SUMMARY OF DISTRIBUTION SYSTEM COLIFORM MONITORING

System Name <p style="text-align: center; font-size: 1.2em;">Wild Wings</p>	System Number <p style="text-align: center; font-size: 1.2em;">571011</p>
Sampling Period <p style="text-align: center; font-size: 1.2em;">March</p>	Year <p style="text-align: center; font-size: 1.2em;">2018</p>

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/ E.coli Positives
1. Routine Samples (see note 1)	<u>2</u>	<u>0</u>	<u>0</u>	<u>0</u>
2. Repeat Samples Following Samples Which are Total Coliform Positive and Fecal/E.coli <i>Negative</i> (see notes 5 and 6)		<u>0</u>	<u>0</u>	<u>0</u>
3. Repeat Samples Following Routine Samples Which are Total Coliform <i>Positive</i> and Fecal/E.coli Positive (see notes 5 and 6)		<u>0</u>	<u>0</u>	<u>0</u>
4. MCL Computation For Total Coliform Positive Samples				
a. Totals (sum of columns)	<u>2</u>	<u>0</u>	<u>0</u>	
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. Invalidated Samples (Note what samples, if any, were invalidated; who authorized the invalidation; and when replacement samples were collected. Attach additional sheets, if necessary.)				
6. Summary Completed By:				

Signature 	Title <p style="text-align: center; font-size: 1.2em;">Water Operator</p>	Date <p style="text-align: center;">4/11/18</p>
---------------	--	--

**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 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 worksheet on the other side.
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.

# 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					
Sample Date	Sample Site ID	COLIFORM TEST RESULTS <sup>4</sup>		Repeat For Sample Date	Repeat Sample Collection Date	Repeat Sample Site IDs <sup>5</sup>	COLIFORM TEST RESULTS <sup>4</sup>		
		TC+ BUT FC/EC-	TC+AND FC/EC+				TC-	TC+BUT FC/EC-	TC+AND FC/EC+

Comments:

**Notes and Instructions:**

1. Enter data for positive samples occurring 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.

