



April 2, 2019

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: Wild Wings C.S.A. March 2019 Monthly Water System Report

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 2019 Monthly Water Monitoring Report.

Enclosed are the March Monthly Water System Flow Report, 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 black 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

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;">5710011</p>
Sampling Period <p style="text-align: center; font-size: 1.2em; color: blue;">March</p>	Year <p style="text-align: center; font-size: 1.2em;">2019</p>

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/ E.coli Positives
1. Routine Samples (see note 1)	<u>2</u>	<u>2</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>0</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]	<u>0</u>			
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; font-size: 1.2em;">4/2/2019</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 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.

Date	PINTAIL WELL SITE			CANVAS WELL SITE			MONTH: Mar-19		
	Meter Read	Flow MGD	Reservoir CL ₂ Residual	Meter Read	Flow MGD	Reservoir CL ₂ Residual	Mallard CL ₂ Residual	Mandarian CL ₂ Residual	Total Volume MGD
1	1394.3798	0.0377		1161.623	0.0000	N/A	1.11	1.07	0.0377
2	1394.4175	0.0679	0.87	1161.623	0.0000	N/A	*	*	0.0679
3	1394.4854	0.0692	1.01	1161.623	0.0284	N/A	*	*	0.0976
4	1394.5546	0.0674	0.98	1161.6514	0.1249	N/A	1.08	1.16	0.1923
5	1394.622	0	1.12	1161.7763	0.0000	N/A	1.08	1.07	0.0000
6	1394.622	0.1198	1.04	1161.7763	0.0000	N/A	1.11	1.05	0.1198
7	1394.7418	0.0689	0.97	1161.7763	0.0000	N/A	*	*	0.0689
8	1394.8107	0.1376	94	1161.7763	0.0000	N/A	*	*	0.1376
9	1394.9483	0.0673	1.05	1161.7763	0.0000	N/A	*	*	0.0673
10	1395.0156	0.0706	1.07	1161.7763	0.0000	N/A	*	*	0.0706
11	1395.0862	0.0686	1.02	1161.7763	0.3492	N/A	*	*	0.4178
12	1395.1548	0.095	0.92	1162.1255	0.0000	N/A	1.03	1.04	0.0950
13	1395.2498	0.0694	0.99	1162.1255	0.0000	N/A	*	*	0.0694
14	1395.3192	0	1.24	1162.1255	0.1750	N/A	1.11	1.07	0.1750
15	1395.3192	0.1362	0.89	1162.3005	0.0096	N/A	0.89	0.54	0.1458
16	1395.4554	0.1403	0.94	1162.3101	0.0000	N/A	0.9	0.91	0.1403
17	1395.5957	0.073	0.95	1162.3101	0.0146	N/A	1.1	1.01	0.0876
18	1395.6687	0.0743	1.04	1162.3247	0.3561	N/A	1	1	0.4304
19	1395.743	0.131	1	1162.6808	0.0241	N/A	0.97	0.94	0.1551
20	1395.874	0.0738	1.01	1162.7049	0.1985	N/A	1	1.1	0.2723
21	1395.9478	0.07	0.99	1162.9034	0.0000	N/A	0.91	0.94	0.0700
22	1396.0178	0.0678	0.99	1162.9034	0.0000	N/A	0.90	0.92	0.0678
23	1396.0856	0.0622	1.23	1162.9034	0.0000	N/A	*	*	0.0622
24	1396.1478	0.1231	1.19	1162.9034	0.0000	N/A	*	*	0.1231
25	1396.2709	0.3911	1.23	1162.9034	0.0000	N/A	1.11	1.01	0.3911
26	1396.662	0.0683	1.23	1162.9034	0.0000	N/A	1.2	2.08	0.0683
27	1396.7303	0.0679	1.2	1162.9034	0.0270	N/A	1.19	1.21	0.0949
28	1396.7982	0.2974	1.26	1162.9304	0.0000	N/A	1.26	1.17	0.2974
29	1397.0956	0.3227	1.18	1162.9304	0.0000	N/A	1.15	1.1	0.3227
30	1397.4183	0.0384	1.21	1162.9304	0.0000	N/A	1.00	1.01	0.0384
31	1397.4567	0.169	1.06	1162.9304	0.0000	N/A	0.95	0.91	0.1690
1	1397.6257			1162.9304					

Max	0.3911
Min	0.0000
Avg	0.1026
Total	3.2459

Max	0.3561
Min	0.0000
Avg	0.0436
Total	1.3074

Max	0.4304
Min	0.0000
Avg	0.1461
Total	4.5533

* No chlorine residuals taken.



California Rural Water Association
1234 N. Market Blvd.
Sacramento, CA 95834

Project: Wild Wings
Project Number: [none]
Project Manager: Dan Demoss

CLS Work Order #: 19C1082
COC #: 196410

Microbiological Parameters by APHA Standard Methods

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
Mallard 'D' Sample Site (19C1082-01) Water Sampled: 03/20/19 07:45 Received: 03/20/19 11:45									
Residual Chlorine	1.00	0.10	mg/L	1	1902275	03/20/19 07:45	03/20/19	SM 4500-CL-G	
Total Coliforms	Absent	0.0	N/A	"	"	03/20/19 12:15	03/21/19	SM 9223	
E. Coli	Absent	0.0	"	"	"	"	"	"	



CALIFORNIA LABORATORY SERVICES
Committed. Responsive. Flexible.

California Rural Water Association 1234 N. Market Blvd. Sacramento, CA 95834	Project: Wild Wings Project Number: [none] Project Manager: Dan Demoss	CLS Work Order #: 19C0855 COC #: 195528
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Microbiological Parameters by APHA Standard Methods

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
Mandarin 'D' Sample Site (19C0855-01) Water Sampled: 03/15/19 07:45 Received: 03/15/19 11:50									
E. Coli	Absent	0.0	N/A	1	1902138	03/15/19	03/16/19	SM 9223	
Residual Chlorine	0.56	0.10	mg/L	"	"	03/15/19	03/15/19	SM 4500-CL-G	
Total Coliforms	Absent	0.0	N/A	"	"	03/15/19	03/16/19	SM 9223	