



September 6, 2019

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

Regarding: CA570011-Wild Wings C.S.A. August 2019 Monthly Water System Report

Mr. Peterson,

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 August 2019 Monthly Water Monitoring Report.

Enclosed are the August 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;">August</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;">9/6/18</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: Aug-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	1431.8348	0.4738	1.35	1201.7497	0.3448	0.75	1.01	1.07	0.8186
2	1432.3086	0.3789	1.63	1202.0945	0.4046	0.8	1.66	1.61	0.7835
3	1432.6875	0.4312	1.41	1202.4991	0.3936	0.79	1.25	1.22	0.8248
4	1433.1187	0.4237	1.52	1202.8927	0.2022	0.75	*	*	0.6259
5	1433.5424	0.3487	1.45	1203.0949	0.3485	0.65	1.27	1.42	0.6972
6	1433.8911	0.3319	1.32	1203.4434	0.5289	0.57	1.33	1.41	0.8608
7	1434.223	0.3769	1.42	1203.9723	0.0000	0.55	1.39	1.42	0.3769
8	1434.5999	0.3902	1.34	1203.9723	0.5111	0.6	1.4	1.33	0.9013
9	1434.9901	0.371	1.4	1204.4834	0.1876	0.65	1.35	1.31	0.5586
10	1435.3611	0.4078	1.35	1204.671	0.4287	0.65	1.36	1.24	0.8365
11	1435.7689	0.4246	1.35	1205.0997	0.1961	0.68	1.7	1.66	0.6207
12	1436.1935	0.3613	1.29	1205.2958	0.3262	0.58	1.25	1.39	0.6875
13	1436.5548	0.4125	1.35	1205.622	0.3979	0.55	1.1	1.15	0.8104
14	1436.9673	0.4127	1.23	1206.0199	0.5050	0.5	1	1.11	0.9177
15	1437.38	0.4267	1.55	1206.5249	0.3163	0.75	1.75	1.39	0.7430
16	1437.8067	0.3526	1.7	1206.8412	0.4750	0.77	1.74	1.49	0.8276
17	1438.1593	0.3965	1.66	1207.3162	0.0000	0.66	1.66	*	0.3965
18	1438.5558	0.3022	1.46	1207.3162	0.4940	*	*	1.37	0.7962
19	1438.858	0.3689	1.53	1207.8102	0.4216	0.99	1.53	1.5	0.7905
20	1439.2269	0.4109	0.66	1208.2318	0.1950	0.85	1.05	0.9	0.6059
21	1439.6378	0.383	0.57	1208.4268	0.0576	0.56	*	*	0.4406
22	1440.0208	0.3881	0.85	1208.4844	0.7380	0.57	0.94	0.00	1.1261
23	1440.4089	0.398	1.17	1209.2224	0.4160	0.57	1.22	1.04	0.8140
24	1440.8069	0.4166	1.33	1209.6384	0.3846	0.53	1.34	1.42	0.8012
25	1441.2235	0.4473	1.47	1210.023	0.4886	0.46	1.42	1.50	0.9359
26	1441.6708	0.283	*	1210.5116	0.4336	0.51	1.64	1.41	0.7166
27	1441.9538	0.4326	1.35	1210.9452	0.1928	0.51	1.47	1.49	0.6254
28	1442.3864	0.4	1.42	1211.138	0.3358	0.57	1.38	1.36	0.7358
29	1442.7864	0.4146	1.27	1211.4738	0.1747	0.61	1.37	1.36	0.5893
30	1443.201	0.7717	1.37	1211.6485	0.3314	0.41	1.25	1.55	1.1031
31	1443.5577	0.415	1.25	1211.9799	0.0000	*	1.25	*	0.4150
1	1443.9727			1211.9799					

Max	0.7717
Min	0.2830
Avg	0.4046
Total	12.1379

Max	0.7380
Min	0.0000
Avg	0.3410
Total	10.2302

Max	1.1261
Min	0.3769
Avg	0.7456
Total	22.3681

* 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 #: 19H0662 COC #: 201702
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Microbiological Parameters by APHA Standard Methods

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
Mandarin #1 (19H0662-01) Water Sampled: 08/10/19 07:36 Received: 08/10/19 12:00									
Residual Chlorine	1.24	0.10	mg/L	1	1906650	08/10/19 07:36	08/10/19	SM 4500-CL-G	FT-C
Total Coliforms	Absent	0.0	N/A	"	"	08/10/19 12:05	08/11/19	SM 9223	
E. Coli	Absent	0.0	"	"	"	"	"	"	



California Rural Water Association 1234 N. Market Blvd. Sacramento, CA 95834	Project: Wild Wings Project Number: [none] Project Manager: Dan Demoss	CLS Work Order #: 19H1061 COC #: 200728
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Microbiological Parameters by APHA Standard Methods

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
Mallard #2 (19H1061-01) Water Sampled: 08/16/19 07:35 Received: 08/16/19 11:50									
Residual Chlorine	1.74	0.10	mg/L	1	1906844	08/16/19 07:35	08/16/19	SM 4500-CL-G	FT-C
Total Coliforms	Absent	0.0	N/A	"	"	08/16/19 12:05	08/17/19	SM 9223	
E. Coli	Absent	0.0	"	"	"	"	"	"	