



June 3, 2020

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: Wild Wings C.S.A. May 2020 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 May 2020 Monthly Water Monitoring Report.

Enclosed are the May 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". The signature is written in a cursive, flowing style.

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;">571011</p>
Sampling Period <p style="text-align: center; font-size: 1.2em; color: blue;">May</p>	Year <p style="text-align: center; font-size: 1.2em;">2020</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;">06/03/2020</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.

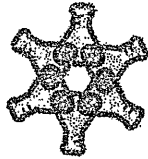
Date	PINTAIL WELL SITE			CANVAS WELL SITE			MONTH: May-20		
	Meter Read	Flow MGD	Reservoir CL ₂ Residual	Meter Read	Flow MGD	Reservoir CL ₂ Residual	Mallard CL ₂ Residual	Mandarian CL ₂ Residual	Total Volume MGD
1	1492.0769	0.3004	1.3	1231.2825	0.4228	0.8	1.27	1.11	0.7232
2	1492.3773	0.3345	1	1231.7053	0.2695	0.78	1.33	1.25	0.6040
3	1492.7118	0.3316	0.88	1231.9748	0.2643	0.7	1.37	1.54	0.5959
4	1493.0434	0.3207	1.49	1232.2391	0.4808	0.95	1.56	1.61	0.8015
5	1493.3641	0.3327	1.43	1232.7199	0.3117	1.16	1.41	1.56	0.6444
6	1493.6968	0.3333	1.33	1233.0316	0.3950	1.17	1.46	1.54	0.7283
7	1494.0301	0.3481	1.37	1233.4266	0.3564	1.09	1.36	1.40	0.7045
8	1494.3782	0.3492	1.26	1233.783	0.5044	1.22	1.42	1.46	0.8536
9	1494.7274	0.3491	1.32	1234.2874	0.2335	0.77	1.39	1.46	0.5826
10	1495.0765	0.6795	1.32	1234.5209	0.2985	1	1.5	1.40	0.9780
11	1495.756	0.009	1.07	1234.8194	0.4830	0.96	1.1	1.15	0.4920
12	1495.765	0.3229	1.29	1235.3024	0.2861	1.23	1.39	1.44	0.6090
13	1496.0879	0.2686	1.36	1235.5885	0.3472	1.07	1.44	1.37	0.6158
14	1496.3565	0.3228	1.33	1235.9357	0.0000	1.02	1.4	1.46	0.3228
15	1496.6793	0.2555	1.43	1235.9357	0.0000	1	1.13	1.31	0.2555
16	1496.9348	0.3292	1.07	1235.9357	0.3392	1.01	1.39	1.22	0.6684
17	1497.264	0.3119	1.37	1236.2749	0.2004	0.99	*	*	0.5123
18	1497.5759	0.2221	1.39	1236.4753	0.2140	0.96	1.3	1.31	0.4361
19	1497.798	0.2575	1.39	1236.6893	0.0000	0.93	1.63	1.00	0.2575
20	1498.0555	0.3026	1.34	1236.6893	0.1690	0.92	1.33	0.97	0.4716
21	1498.3581	0.2797	1.38	1236.8583	0.1475	1.09	1.22	1.09	0.4272
22	1498.6378	0.3421	1.31	1237.0058	0.2770	1.01	1.34	1.27	0.6191
23	1498.9799	0.4226	1.22	1237.2828	0.2744	0.99	1.26	1.30	0.6970
24	1499.4025	0.37	1.22	1237.5572	0.2250	0.89	1.25	1.24	0.5950
25	1499.7725	0.8391	1.08	1237.7822	0.2767	0.9	1.21	1.17	1.1158
26	1500.6116	0.3566	0.8	1238.0589	0.2812	0.97	1.34	1.25	0.6378
27	1500.9682	0	1.1	1238.3401	0.2225	1.06	1.33	1.28	0.2225
28	1500.9682	0.4515	0.85	1238.5626	0.4315	1.02	1.48	1.45	0.8830
29	1501.4197	0.3246	1.36	1238.9941	0.3275	0.93	1.48	1.47	0.6521
30	1501.7443	0.7254	1.3	1239.3216	0.3223	0.92	1.39	1.44	1.0477
31	1502.1033	0.3664	1.38	1239.6439	0.2652	0.9	1.40	1.30	0.6316
1	1502.4697			1239.9091					

Max	0.8391
Min	0.0000
Avg	0.3471
Total	10.3928

Max	0.5044
Min	0.0000
Avg	0.2783
Total	8.3614

Max	1.1158
Min	0.2225
Avg	0.6253
Total	18.7542

* No chlorine residuals taken.



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

06/01/20 14:40

CLS Work Order #: 20E1079
 COC #: 206155

Microbiological Parameters by APHA Standard Methods

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
MALLARD#2.(20E1079-01).DW .Sampled:.05/22/20.07:40 .Received:.05/22/20.12:15									
E. Coli	Absent	0.0	N/A	1	2004068	05/23/20	05/24/20	SM 9223	
Residual Chlorine	1.34	0.10	mg/L	"	"	05/22/20	05/22/20	SM 4500-CL-G	FT-C
Total Coliforms	Absent	0.0	N/A	"	"	05/23/20	05/24/20	SM 9223	