



December 2, 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. November 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 November 2020 Monthly Water Monitoring Report.

Enclosed are the September 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-weight: bold;">Wild Wings</p>	System Number <p style="text-align: center;">571011</p>
Sampling Period <p style="text-align: center; font-weight: bold;">November</p>	Year <p style="text-align: center;">2020</p>

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/ E.coli Positives
1. Routine Samples (see note 1)	2	2	0	0
2. Repeat Samples Following Samples Which are Total Coliform Positive and Fecal/E.coli <i>Negative</i> (see notes 5 and 6)		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)	0	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]	0			
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;">Water Operator</p>	Date <p style="text-align: center;">12/2/2020</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: Nov-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	1561.3263	0.245	1.73	1273.3028	0.0000	0.81	1.84	1.76	0.2450
2	1561.5713	0.2416	1.81	1273.3028	0.0000	0.82	1.68	1.61	0.2416
3	1561.8129	0.3114	1.6	1273.3028	0.0000	0.83	1.22	1.41	0.3114
4	1562.1243	0.2365	1.76	1273.3028	0.0000	0.85	1.39	1.51	0.2365
5	1562.3608	0.2931	1.51	1273.3028	0.6577	0.84	1.54	1.38	0.9508
6	1562.6539	0.2676	1.37	1273.9605	0.1396	1.23	1.57	1.64	0.4072
7	1562.9215	0.2279	*	1274.1001	0.0632	*	*	*	0.2911
8	1563.1494	0.2359	1.31	1274.1633	0.1691	1.19	1.6	1.64	0.4050
9	1563.3853	0	1.5	1274.3324	0.0537	1.72	1.6	1.57	0.0537
10	1563.3853	0.2131	1.64	1274.3861	0.0000	1.03	1.36	1.25	0.2131
11	1563.5984	0.2079	1.96	1274.3861	0.0000	1.3	1.64	1.54	0.2079
12	1563.8063	0.1842	1.66	1274.3861	0.0000	1.2	1.8	1.62	0.1842
13	1563.9905	0.2412	1.8	1274.3861	0.0000	1.6	1.88	1.77	0.2412
14	1564.2317	0.1974	1.55	1274.3861	0.0000	1.55	1.6	1.79	0.1974
15	1564.4291	0.1839	1.33	1274.3861	0.0000	1.32	1.4	1.39	0.1839
16	1564.613	0.1752	1.65	1274.3861	0.0000	1.29	1.51	1.39	0.1752
17	1564.7882	0.1711	1.6	1274.3861	0.0000	1.28	1.3	1.4	0.1711
18	1564.9593	0.1178	2.03	1274.3861	0.0000	1.52	2.16	2.11	0.1178
19	1565.0771	0.1716	1.61	1274.3861	0.0000	*	1.71	1.77	0.1716
20	1565.2487	0.112	1.7	1274.3861	0.0000	1.3	1.2	1.4	0.1120
21	1565.3607	0.1748	1.4	1274.3861	0.0000	1.4	1.6	1.8	0.1748
22	1565.5355	0.1772	1.8	1274.3861	0.0000	1.3	1.60	2.00	0.1772
23	1565.7127	0.1726	1.7	1274.3861	0.0000	1.3	1.70	1.70	0.1726
24	1565.8853	0.1754	1.7	1274.3861	0.0000	1.27	1.70	1.70	0.1754
25	1566.0607	0.1741	1.7	1274.3861	0.0000	1.25	1.60	1.70	0.1741
26	1566.2348	0.1791	1.7	1274.3861	0.0000	1.18	1.64	1.7	0.1791
27	1566.4139	0.1701	1.67	1274.3861	0.0000	1.18	1.59	1.44	0.1701
28	1566.584	0.1779	1.49	1274.3861	0.0000	*	1.69	1.67	0.1779
29	1566.7619	0.2311	1.67	1274.3861	0.0000	1.1	1.61	1.6	0.2311
30	1566.993	0.1695	1.75	1274.3861	0.0000	*	1.70	1.62	0.1695
1	1567.1625			1274.3861					

Max	0.3114
Min	0.0000
Avg	0.1945
Total	5.8362

Max	0.6577
Min	0.0000
Avg	0.0361
Total	1.0833

Max	0.9508
Min	0.0537
Avg	0.2306
Total	6.9195

* 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

CLS Work Order #: 20K0389
COC #: 211159

Microbiological Parameters by APHA Standard Methods

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
Mandarin # 1 (20K0389-01) Water Sampled: 11/06/20 08:15 Received: 11/06/20 12:50									
E. Coli	Absent	0.0	N/A	1	2009119	11/06/20	11/07/20	SM 9223	
Residual Chlorine	1.34	0.10	mg/L	"	"	11/06/20	11/06/20	SM 4500-CL-G	FT-C
Total Coliforms	Absent	0.0	N/A	"	"	11/06/20	11/07/20	SM 9223	



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

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

CLS Work Order #: 20K0917
COC #: 211171

Microbiological Parameters by APHA Standard Methods

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
Mallard # 2 (20K0917-01) Water Sampled: 11/17/20 07:55 Received: 11/17/20 13:05									
E. Coli	Absent	0.0	N/A	1	2009417	11/17/20	11/18/20	SM 9223	
Residual Chlorine	1.30	0.10	mg/L	"	"	11/17/20	11/17/20	SM 4500-CL-G	FT-C
Total Coliforms	Absent	0.0	N/A	"	"	11/17/20	11/18/20	SM 9223	