Cranmer Engineering, Inc.
*Integrated Engineering Services*

# Sample Results

Lake Francis MWC
PO Box 422
Dobbins, CA 95935

**Work Order:** GIA0011
**Received:** 01/02/26 14:15
**Reported:** 01/05/26 12:04

Bacteria-Monthly Operator Services

System Number: 5800805

**Sample Site:** 13882 Shirley Dr
**Sample Number** GIA0011-01

**Date Collected:** 01/02/2026 11:52
**Collected by:** William Stotts
Title 22 Designation: Routine

| | Result | Units | Reporting Limit | Method | Analyst Initials | Analysis Setup Time | Analysis Date |
|---|---|---|---|---|---|---|---|
| Total Coliform | <1.0 | MPN/100 mL | 1.0 | SM 9223 B - Colilert 18 | LS | 01/02/26 16:52 | 01/03/26 |
| E.coli | <1.0 | MPN/100 mL | 1.0 | SM 9223 B - Colilert 18 | LS | 01/02/26 16:52 | 01/03/26 |
| Chlorine Residual | ND | mg/L | 0.05 | Approved Methods | William | 01/02/26 11:52 | 01/02/26 |

## Term and Qualifier Definitions

| Item | Definition |
|---|---|
| ND | None detected at or above the reporting limit |

Justin Smith

Laboratory Manager

GIA0011

# MONTHLY OPERATOR
# DRINKING WATER SYSTEM CHECKLIST

System Name: Lake Francis MWC
Operator: WEB
Date: 1-2-26
Sign In/Out Times: _____

MONTH/YEAR: Jan/2026

| Yes | No | NA | Due Date if Not Complete | Item | Problems/ Comments |
|---|---|---|---|---|---|
| **Visual Inspection** | | | | | |
| ☐ | ☑ | ☐ | | Any evidence of leaks, vandalism, weeds, security concerns? | |
| **Wellhead** | | | | | |
| | | | | Are the following OK? | |
| a)☑ | a)☐ | a)☐ | | a) Casing & seal condition | |
| b)☑ | b)☐ | b)☐ | | b) Casing vent in place & screened | |
| c)☑ | c)☐ | c)☐ | | c) Cement slab | |
| **Pump and Components** | | | | | |
| a)☑ | a)☐ | a)☐ | | a) Is the pump at the well operating normally?: | |
| b)☑ | b)☐ | b)☐ | | b) Are the electrical control and junction boxes sealed? | |
| c)☑ | c)☐ | c)☐ | | c) Is the electrical conduit in good condition? | |
| d)☑ | d)☐ | d)☐ | | d) Is the sample tap in good condition? | |
| **Pressure Tank/Bladder Tank** | | | | | |
| | | | | Check that the following are OK: | |
| a)☐ | a)☐ | a)☒ | | a) No leaks, rusting, damage | |
| b)☐ | b)☐ | b)☒ | | b) Water logged or air logged | |
| c)☐ | c)☐ | c)☑ | | c) Air release valve/ air volume control operating | |

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**MONTHLY OPERATOR**
**DRINKING WATER SYSTEM CHECKLIST**

**System Name:** _____
**Operator:** _____
**Date:** _____
**Sign In/Out Times:** _____

**MONTH/YEAR:** _____

| Yes | No | NA | Due Date if Not Complete | Item | Problems/ Comments |
|---|---|---|---|---|---|
| **Storage Tank** | | | | | |
| | | | | Check that the following are OK: | Well 4 - 12159100<br>Well 5 - 9942600 |
| a)☑ | a)☐ | a)☐ | | a) No leaks, rusting, damage | |
| b)☑ | b)☐ | b)☐ | | b) All valves open | |
| c)☑ | c)☐ | c)☐ | | c) Tank support sound | |
| d)☑ | d)☐ | d)☐ | | d) Access port secured | |
| e)☑ | e)☐ | e)☐ | | e) Vent screened | |
| | | | | Water level Full ft | |
| | | | | Totalizer meter reading: _____ | |
| **Booster Pump** | | | | | |
| a)☐ | a)☐ | a)☑ | | a) Is the pump operating normally?: | |
| b)☐ | b)☐ | b)☑ | | b) Are the electrical control and junction boxes sealed? | |
| c)☐ | c)☐ | c)☑ | | c) Is the electrical conduit in good condition? | |
| d)☐ | d)☐ | d)☑ | | d) Is the sample tap in good condition? | |
| **Distribution System** | | | | | |
| | | | | Check that the following are OK: | |
| a)☑ | a)☐ | a)☐ | | a) All sample sites | |
| b)☑ | b)☐ | b)☐ | | b) No leaks | |
| c)☐ | c)☐ | c)☑ | | c) Backflow prevention devices | |

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**MONTHLY OPERATOR**
**DRINKING WATER SYSTEM CHECKLIST**

**System Name:** _____
**Operator:** _____
**Date:** _____
**Sign In/Out Times:** _____

**MONTH/YEAR:** _____

| Yes | No | NA | Due Date if Not Complete | Item | Problems/ Comments |
|---|---|---|---|---|---|
| **Chlorine Injection System** | | | | | |
| a)☐ | a)☐ | a)☑ | | a) Any chlorine residual issues based on your review of the log?<br>Raw chlorine specifications _____<br>Chlorine pump setting _____ strokes<br>Tank level on arrival _____ gallons<br>Chlorine residual in system _____ ppm<br>Ratio of water to chlorine _____ gal water to _____ gal CL2<br>Amount of raw chlorine added _____ gallons | |
| a)☐<br>b)☐<br>c)☐<br>d)☐ | a)☐<br>b)☐<br>c)☐<br>d)☐ | a)☑<br>b)☐<br>c)☑<br>d)☑ | | Check that the following are OK:<br>a) Chlorine system secure<br>b) Condition of tubes, hoses and pipes (no leaks)<br>c) Discharge hose condition<br>d) Condition of storage tank | |
| **Sampling** | | | | | |
| ☑ | ☐ | ☐ | | Dead ends and sampling locations flushed? | |
| ☑ | ☐ | ☐ | | Sampling conducted in accordance with sampling plans? | |

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