Cranmer Engineering, Inc.
Integrated Engineering Services

Sample Results

Lake Francis MWC
PO Box 422
Dobbins, CA 95935

Work Order: GIE0009
Received: 05/01/26 14:20
Reported: 05/04/26 9:57

Bacteria-Monthly Operator Services

System Number: 5800805

Sample Site: 13882 Shirley Dr
Sample Number GIE0009-01

Date Collected: 05/01/2026 11:08
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	05/01/26 15:29	05/02/26
E.coli	<1.0	MPN/100 mL	1.0	SM 9223 B - Colilert 18	LS	05/01/26 15:29	05/02/26
Chlorine Residual	ND	mg/L	0.05	Approved Methods	William	05/01/26 11:08	05/01/26

Term and Qualifier Definitions

Item	Definition
ND	None detected at or above the reporting limit

Field testing falls outside the scope of laboratory accreditation, and no certification is available for such activities. Accordingly, CEI cannot validate or endorse any field testing results conducted by non-CEI personnel.

Justin Smith

Laboratory Manager

GIE0009

MONTHLY OPERATOR
DRINKING WATER SYSTEM CHECKLIST

System Name: Lake Francis MWC
Operator: WES
Date: 5-1-26
Sign In/Out Times: _____

MONTH/YEAR: May/2026

Yes	No	NA	Due Date if Not Complete	Item	Problems/ Comments
Visual Inspection					
☐	☑	☐		Any evidence of leaks, vandalism, weeds, security concerns?	
Wellhead					
a)☑ b)☑ c)☑	a)☐ b)☐ c)☐	a)☐ b)☐ c)☐		Are the following OK? a) Casing & seal condition b) Casing vent in place & screened c) Cement slab	
Pump and Components					
a)☑ b)☑ c)☑ d)☑	a)☐ b)☐ c)☐ d)☐	a)☐ b)☐ c)☐ d)☐		a) Is the pump at the well operating normally?: b) Are the electrical control and junction boxes sealed? c) Is the electrical conduit in good condition? d) Is the sample tap in good condition?	
Pressure Tank/Bladder Tank					
a)☐ b)☐ c)☐	a)☐ b)☐ c)☐	a)☑ b)☑ c)☑		Check that the following are OK: a) No leaks, rusting, damage b) Water logged or air logged 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 - 12520500 Well 5 - 10114900
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? Raw chlorine specifications _____ Chlorine pump setting _____ strokes Tank level on arrival _____ gallons Chlorine residual in system _____ ppm Ratio of water to chlorine _____ gal water to _____ gal CL2 Amount of raw chlorine added _____ gallons	
a)☐ b)☐ c)☐ d)☐	a)☐ b)☐ c)☐ d)☐	a)☒ b)☒ c)☒ d)☒		Check that the following are OK: a) Chlorine system secure b) Condition of tubes, hoses and pipes (no leaks) c) Discharge hose condition d) Condition of storage tank	
Sampling					
☒	☐	☐		Dead ends and sampling locations flushed?	
☒	☐	☐		Sampling conducted in accordance with sampling plans?	

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