

Lake Francis MWC
PO Box 422
Dobbins, CA 95935

Bacteria-Monthly Operator Services

Work Order: GIG0182

Received: 07/06/26 15:15

Reported: 07/07/26 16:10

System Number: 5800805

Sample Site: 13882 Shirley Dr
Sample Number GIG0182-01

Date Collected: 07/06/2026 13:15
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	07/06/26 17:39	07/07/26
E.coli	<1.0	MPN/100 mL	1.0	SM 9223 B - Colilert 18	LS	07/06/26 17:39	07/07/26
Chlorine Residual	ND	mg/L	0.05	Approved Methods	William	07/06/26 13:15	07/06/26

Term and Qualifier Definitions

Item	Definition
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ND	None detected at or above the reporting limit
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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

Integrating people, land and water.

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**MONTHLY OPERATOR
DRINKING WATER SYSTEM CHECKLIST**

MONTH/YEAR: July 2026

System Name: Lake Francis MWC

Operator: WEB

Date: 7-6-26

Sign In/Out Times: _____

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) Casing & seal condition	
☒	☐	☐		b) Casing vent in place & screened	
☒	☐	☐		c) Cement slab	
Pump and Components					
☒	☐	☐		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					
☐	☐	☒		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	

**MONTHLY OPERATOR
DRINKING WATER SYSTEM CHECKLIST**

MONTH/YEAR: _____

System Name: _____

Operator: _____

Date: _____

Sign In/Out Times: _____

Yes	No	NA	Due Date if Not Complete	Item	Problems/ Comments
Storage Tank					
a) ☒	a) ☐	a) ☐		Check that the following are OK:	Well # 4 - 12883800 Well # 5 - 10292700
b) ☒	b) ☐	b) ☐		a) No leaks, rusting, damage	
c) ☒	c) ☐	c) ☐		b) All valves open	
d) ☒	d) ☐	d) ☐		c) Tank support sound	
e) ☒	e) ☐	e) ☐		d) Access port secured	
				e) Vent screened	
				Water level _____ 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					
a) ☒	a) ☐	a) ☐		Check that the following are OK:	
b) ☒	b) ☐	b) ☐		a) All sample sites	
c) ☐	c) ☐	c) ☒		b) No leaks	
				c) Backflow prevention devices	

**MONTHLY OPERATOR
DRINKING WATER SYSTEM CHECKLIST**

MONTH/YEAR: _____

System Name: _____

Operator: _____

Date: _____

Sign In/Out Times: _____

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) ☐	a) ☐	a) ☒		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	
b) ☐	b) ☐	b) ☒			
c) ☐	c) ☐	c) ☒			
d) ☐	d) ☐	d) ☒			
Sampling					
☒	☐	☐		Dead ends and sampling locations flushed?	
☒	☐	☐		Sampling conducted in accordance with sampling plans?	