

Lake Francis MWC
PO Box 422
Dobbins, CA 95935

Bacteria-Monthly Operator Services

Work Order: GDG0056

Received: 07/02/21 15:15

Reported: 07/06/21 10:17

System Number: 5800805

Sample Site: 13882 Shirley Dr
Sample Number GDG0056-01

Date Collected: 07/02/2021 13:20
Collected by: HAS
Title 22 Designation: Routine

	Result	Units	Reporting Limit	Method	Analyst Initials	Bacti Setup Time	Analysis Date
Total Coliform	<1.0	MPN/100 mL	1.0	SM 9223B	ABC	07/02/21 16:08	07/03/21
E.coli	<1.0	MPN/100 mL	1.0	SM 9223B	ABC	07/02/21 16:08	07/03/21
Chlorine Residual	ND	mg/L	0.05	Approved Methods	HAS		07/02/21

Term and Qualifier Definitions

Item	Definition
ND	None detected at or above the reporting limit



David Allameh For Justin Smith

Laboratory Manager

Integrating people, land and water.

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System Name: Lake Francis

Operator: JAS

Date: 7/2/21

Sign In/Out Times: _____

MONTHLY OPERATOR
DRINKING WATER SYSTEM CHECKLIST

MONTH/YEAR: 7/21

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

**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					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Check that the following are OK: a) No leaks, rusting, damage b) All valves open c) Tank support sound d) Access port secured e) Vent screened Water level <u>Full</u> ft Totalizer meter reading: _____	Well #4 - 6445100 Well #5 - 6172900
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Booster Pump					
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		a) Is the pump operating normally?:	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		b) Are the electrical control and junction boxes sealed?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		c) Is the electrical conduit in good condition?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		d) Is the sample tap in good condition?	
Distribution System					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		a) All sample sites	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		b) No leaks	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		c) Backflow prevention devices	

**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) <input type="checkbox"/>	a) <input type="checkbox"/>	a) <input checked="" type="checkbox"/>		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) <input type="checkbox"/>	a) <input type="checkbox"/>	a) <input checked="" type="checkbox"/>		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					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Dead ends and sampling locations flushed?	Sample location flushed
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Sampling conducted in accordance with sampling plans?	