

Lake Francis MWC
PO Box 422
Dobbins, CA 95935

Bacteria-Monthly Operator Services

Work Order: GDH0094

Received: 08/03/21 15:00

Reported: 08/04/21 11:51

System Number: 5800805

Sample Site: 13882 Shirley Dr
Sample Number GDH0094-01

Date Collected: 08/03/2021 12:20
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	AB	08/03/21 17:14	08/04/21
E.coli	<1.0	MPN/100 mL	1.0	SM 9223B	AB	08/03/21 17:14	08/04/21
Chlorine Residual	ND	mg/L	0.05	Approved Methods	HAS		08/03/21

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.

1188 East Main Street, Grass Valley, CA 95945

Phone: (530) 273-7284 | Fax: (530) 273-9507 | www.cranmerengineeringinc.com | E.L.A.P. Certification No. 1936

Sampling • Analytical Testing • Courier Service • System Operators • Engineering • Surveying • Technical Reporting • Planning • Construction Mgmt.



GDH0094

MONTHLY OPERATOR
DRINKING WATER SYSTEM CHECKLISTSystem Name: Lake Francis BlvdOperator: THJDate: 8/3/21

Sign In/Out Times: _____

MONTH/YEAR: 8/21

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: _____	<u>Well #5 - 6297160</u> <u>Well #4 - 6651800</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) <input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) <input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) <input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) <input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e) <input type="checkbox"/>		
Booster Pump					
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		a) Is the pump 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?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	a) <input checked="" type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b) <input checked="" type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	c) <input checked="" type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	d) <input checked="" type="checkbox"/>		
Distribution System					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Check that the following are OK: a) All sample sites b) No leaks c) Backflow prevention devices	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) <input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b) <input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	c) <input checked="" type="checkbox"/>		

**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?	<i>Sample location flushed</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Sampling conducted in accordance with sampling plans?	