

Lake Francis MWC
PO Box 422
Dobbins, CA 95935

Bacteria-Monthly Operator Services

Work Order: GEB0100

Received: 02/02/22 16:43

Reported: 02/03/22 13:42

System Number: 5800805

Sample Site: 13882 Shirley Dr
Sample Number GEB0100-01

Date Collected: 02/02/2022 11:10

Collected by: GL

Title 22 Designation: Routine

Chlorine: Could not determine

	Result	Units	Reporting Limit	Method	Analyst Initials	Bacti Setup Time	Analysis Date
Total Coliform	<1.0	MPN/100 mL	1.0	SM 9230 B - 2004 Colilert 18	SE	02/02/22 18:13	02/03/22
E.coli	<1.0	MPN/100 mL	1.0	SM 9230 B - 2004 Colilert 18	SE	02/02/22 18:13	02/03/22

Term and Qualifier Definitions

Item	Definition
ND	None detected at or above the reporting limit



Justin Smith

Laboratory Manager

Integrating people, land and water.

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MONTHLY OPERATOR
DRINKING WATER SYSTEM CHECKLIST

System Name: LAKE FRANKS MUC

Operator: GLAND

Date: 2-2-22

Sign In/Out Times: _____

MONTH/YEAR: 2/22

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 type="checkbox"/>		Check that the following are OK:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		a) No leaks, rusting, damage	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		b) Water logged or air logged	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		c) Air release valve/ air volume control operating	

MONTHLY OPERATOR DRINKING WATER SYSTEM CHECKLIST

System Name: LAKE FRANCIS MWD

Operator: GLAND

Date: 2-2-22

Sign In/Out Times: _____

MONTH/YEAR: 2/22

Yes	No	NA	Due Date if Not Complete	Item	Problems/ Comments
Storage Tank					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Check that the following are OK:	WELL 4- 7213300 5- 6636800
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) <input type="checkbox"/> No leaks, rusting, damage	b) <input type="checkbox"/> All valves open	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) <input type="checkbox"/> Tank support sound	d) <input type="checkbox"/> Access port secured	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e) <input type="checkbox"/> Vent screened		
			Water level _____ ft	Totalizer meter reading: _____	
Booster Pump					
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		a) <input checked="" type="checkbox"/> Is the pump operating normally?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		b) <input checked="" type="checkbox"/> Are the electrical control and junction boxes sealed?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		c) <input checked="" type="checkbox"/> Is the electrical conduit in good condition?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		d) <input checked="" type="checkbox"/> Is the sample tap in good condition?	
Distribution System					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Check that the following are OK:	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		a) <input type="checkbox"/> All sample sites	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		b) <input type="checkbox"/> No leaks	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		c) <input type="checkbox"/> Backflow prevention devices	

**MONTHLY OPERATOR
DRINKING WATER SYSTEM CHECKLIST**

MONTH/YEAR: 2/22

System Name: LAKE FRANCIS MWE
 Operator: G. LAUD
 Date: 2-22-22
 Sign In/Out Times: _____

Yes	No	NA	Due Date if Not Complete	Item	Problems/ Comments
Chlorine Injection System					
<input type="checkbox"/>	<input type="checkbox"/>	<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	
<input type="checkbox"/>	<input type="checkbox"/>	<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?	<u>SAMPLE LOCATIONS FLUSHED</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Sampling conducted in accordance with sampling plans?	