

Lake Francis MWC
PO Box 422
Dobbins, CA 95935

Bacteria-Monthly Operator Services

Work Order: GEH0161

Received: 08/03/22 15:00

Reported: 08/04/22 12:03

System Number: 5800805

Sample Site: 13882 Shirley Dr
Sample Number GEH0161-01

Date Collected: 08/03/2022 11:41
Collected by: GL
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 9223 B - Colilert 18	AB	08/03/22 16:14	08/04/22
E.coli	<1.0	MPN/100 mL	1.0	SM 9223 B - Colilert 18	AB	08/03/22 16:14	08/04/22
Chlorine Residual	ND	mg/L	0.05	Approved Methods	GL		08/03/22

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 FRANCIS MUC
Operator: G. LARA
Date: 8-3-22
Sign In/Out Times: _____

MONTH/YEAR: 8/22

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?	<u>X2</u>
Wellhead					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are the following OK?	<u>X2</u>
<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?	<u>X2</u>
<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: LAKE FRANCIS MUC
 Operator: GLAND
 Date: 8-3-22
 Sign In/Out Times: _____

MONTH/YEAR: 8/22

Yes	No	NA	Due Date if Not Complete	Item	Problems/ Comments
Storage Tank					
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Check that the following are OK:	#4-7834600 #5-7023700
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	a) <input checked="" type="checkbox"/>	a) No leaks, rusting, damage	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b) <input checked="" type="checkbox"/>	b) All valves open	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	c) <input checked="" type="checkbox"/>	c) Tank support sound	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	d) <input checked="" type="checkbox"/>	d) Access port secured	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e) <input type="checkbox"/>	e) Vent screened	
				Water level _____ ft	
				Totalizer meter reading: _____	
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) <input checked="" type="checkbox"/>	b) Are the electrical control and junction boxes sealed?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	c) <input checked="" type="checkbox"/>	c) Is the electrical conduit in good condition?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	d) <input checked="" type="checkbox"/>	d) 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) <input type="checkbox"/>	a) All sample sites	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	b) <input checked="" type="checkbox"/>	b) No leaks	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	c) <input checked="" type="checkbox"/>	c) Backflow prevention devices	

**MONTHLY OPERATOR
DRINKING WATER SYSTEM CHECKLIST**

System Name: LAKE FRANCIS MWC
 Operator: G. LAND
 Date: 8-3-22
 Sign In/Out Times: _____

MONTH/YEAR: 8/22

Yes	No	NA	Due Date if Not Complete	Item	Problems/ Comments
Chlorine Injection System					
<input type="checkbox"/> a)	<input type="checkbox"/> a)	<input checked="" type="checkbox"/> 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	
<input type="checkbox"/> a)	<input type="checkbox"/> a)	<input checked="" type="checkbox"/> 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	
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?	