

# Amended Report

## Sample Results

Lake Francis MWC  
PO Box 422  
Dobbins, CA 95935

Bacteria-Monthly Operator Services

**Work Order:** GEJ0313

**Received:** 10/07/22 14:51

**Reported:** 10/24/22 11:57

System Number: 5800805

**Sample Site:** 13882 Shirley Dr  
**Sample Number** GEJ0313-01

**Date Collected:** 10/07/2022 11:55  
**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	JW	10/07/22 17:18	10/08/22
E.coli	<1.0	MPN/100 mL	1.0	SM 9223 B - Colilert 18	JW	10/07/22 17:18	10/08/22
Chlorine Residual	ND	mg/L	0.04	Approved Methods	GL		10/07/22

### Work Order Case Narrative

This report was amended to correct a login error and corrected checklist.

### 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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GEJ0313

MONTHLY OPERATOR  
DRINKING WATER SYSTEM CHECKLIST

System Name: LAKE FRANCIS MWC  
Operator: B. LAAD  
Date: 10-7-22  
Sign In/Out Times: \_\_\_\_\_

MONTH/YEAR: 10/22

Yes	No	NA	Due Date if Not Complete	Item	Problems/ Comments
<b>Visual Inspection</b>					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Any evidence of leaks, vandalism, weeds, security concerns?	XZ
<b>Wellhead</b>					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are the following OK?	XZ
<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	
<b>Pump and Components</b>					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		a) Is the pump at the well operating normally?	XZ
<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?	
<b>Pressure Tank/Bladder Tank</b>					
<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 WUX  
 Operator: GLAND  
 Date: 10-7-22  
 Sign In/Out Times: \_\_\_\_\_

MONTH/YEAR: 10/22

Yes	No	NA	Due Date if Not Complete	Item	Problems/ Comments
<b>Storage Tank</b>					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		a) No leaks, rusting, damage	#4 - 8137900 #5 - 7349200
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		b) All valves open	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		c) Tank support sound	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		d) Access port secured	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		e) Vent screened	
				Water level _____ ft	
				Totalizer meter reading: _____	
<b>Booster Pump</b>					
<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?	
<b>Distribution System</b>					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Check that the following are OK:	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		a) All sample sites	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		b) No leaks	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		c) Backflow prevention devices	

**MONTHLY OPERATOR  
DRINKING WATER SYSTEM CHECKLIST**

System Name: LAKE FRANCIS MUK  
 Operator: GLAD  
 Date: 10-7-22  
 Sign In/Out Times: \_\_\_\_\_

MONTH/YEAR: 10/22

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