

Lake Francis MWC  
PO Box 422  
Dobbins, CA 95935

**Work Order:** GEK0069

**Received:** 11/02/22 13:22

**Reported:** 11/03/22 14:19

Bacteria-Monthly Operator Services

System Number: 5800805

**Sample Site:** 13882 Shirley Dr  
**Sample Number** GEK0069-01

**Date Collected:** 11/02/2022 10:55

**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	AB	11/02/22 17:31	11/03/22
E.coli	<1.0	MPN/100 mL	1.0	SM 9223 B - Colilert 18	AB	11/02/22 17:31	11/03/22
Chlorine Residual	ND	mg/L	0.04	Approved Methods	GL		11/02/22

## 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. LAND  
Date: 11-2-22  
Sign In/Out Times: \_\_\_\_\_

MONTH/YEAR: 11/22

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?	X2
<b>Wellhead</b>					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are the following OK? a) Casing & seal condition b) Casing vent in place & screened c) Cement slab	X2
<b>Pump and Components</b>					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		a) Is the pump at the well 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?	X2
<b>Pressure Tank/Bladder Tank</b>					
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Check that the following are OK: a) No leaks, rusting, damage b) Water logged or air logged c) Air release valve/ air volume control operating	X2

**MONTHLY OPERATOR  
DRINKING WATER SYSTEM CHECKLIST**

System Name: LAKE FRANCIS HWC  
 Operator: G. LARO  
 Date: 11-2-22  
 Sign In/Out Times: \_\_\_\_\_

MONTH/YEAR: 11/22

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	#4-8139600  #5-7517400
<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"/>		a) All sample sites	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		b) No leaks	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		c) Backflow prevention devices	

**MONTHLY OPERATOR  
DRINKING WATER SYSTEM CHECKLIST**

System Name: LAKE TRAVIS MUR  
 Operator: G. LAM  
 Date: 11-2-22  
 Sign In/Out Times: \_\_\_\_\_

MONTH/YEAR: 11/22

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?	<u>Sample Location flushed</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Sampling conducted in accordance with sampling plans?	