

Lake Francis MWC
PO Box 422
Dobbins, CA 95935

Work Order: GEL0039

Received: 12/02/22 15:15

Reported: 12/05/22 11:40

Bacteria-Monthly Operator Services

System Number: 5800805

Sample Site: 13882 Shirley Dr
Sample Number GEL0039-01

Date Collected: 12/02/2022 11:18
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	SF	12/02/22 17:14	12/03/22
E.coli	<1.0	MPN/100 mL	1.0	SM 9223 B - Colilert 18	SF	12/02/22 17:14	12/03/22
Chlorine Residual	ND	mg/L	0.04	Approved Methods	GL		12/02/22

Term and Qualifier Definitions

Item	Definition
ND	None detected at or above the reporting limit



Justin Smith

Laboratory Manager

Integrating people, land and water.

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.



GEL0039

MONTHLY OPERATOR
DRINKING WATER SYSTEM CHECKLIST

System Name: LAKE FRANCIS AWC
Operator: G. CAMP
Date: 12-2-22
Sign In/Out Times: _____

MONTH/YEAR: 12/22

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?	X 2
Wellhead					
<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	
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 checked="" type="checkbox"/>	<input 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	

**MONTHLY OPERATOR
DRINKING WATER SYSTEM CHECKLIST**

System Name: LAKE FRANKLIN MUC
 Operator: G. GAND
 Date: 12-2-22
 Sign In/Out Times: _____

MONTH/YEAR: 12/22

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: a) No leaks, rusting, damage	#4 - 82224000 #5 - 7570800
<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: _____	
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) 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?	
Distribution System					
<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 checked="" 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 FRANKS MUR
 Operator: G. LARO
 Date: 12-2-22
 Sign In/Out Times: _____

MONTH/YEAR: 12/22

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 LOCATION FLUSHED</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Sampling conducted in accordance with sampling plans?	