



Cranmer Engineering, Inc.
Integrated Engineering Services

Sample Results

Lake Francis MWC
 PO Box 422
 Dobbins, CA 95935

Work Order: GFA0103

Received: 01/04/23 16:52

Reported: 01/05/23 14:02

Bacteria-Monthly Operator Services

System Number: 5800805

Sample Site: 13882 Shirley Dr
Sample Number GFA0103-01

Date Collected: 01/04/2023 11:28
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	01/04/23 17:20	01/05/23
E.coli	<1.0	MPN/100 mL	1.0	SM 9223 B - Colilert 18	AB	01/04/23 17:20	01/05/23
Chlorine Residual	ND	mg/L	0.04	Approved Methods	GL		01/04/23

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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Sampling • Analytical Testing • Courier Service • System Operators • Engineering • Surveying • Technical Reporting • Planning • Construction Mgmt.



GFA0103

MONTHLY OPERATOR
DRINKING WATER SYSTEM CHECKLIST

System Name: LAKE FRANCES MWS
Operator: G. LANG
Date: 1-4-23
Sign In/Out Times:

MONTHLY YEAR: 1/23

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

**MONTHLY OPERATOR
DRINKING WATER SYSTEM CHECKLIST**

System Name: LAKE FRANCOIS HUC
 Operator: GLAD
 Date: 1-24-23
 Sign In/Out Times: _____

MONTH/YEAR: 1/23

Yes	No	NA	Due Date if Not Complete	Item	Problems/ Comments
Storage Tank					
<input type="checkbox"/>	<input checked="" type="checkbox"/>			Check that the following are OK:	#4 - 8321900 #5 - 7632400
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		a) No leaks, rusting, damage	
<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 checked="" type="checkbox"/>			a) Is the pump operating normally?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>			b) Are the electrical control and junction boxes sealed?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>			c) Is the electrical conduit in good condition?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>			d) Is the sample tap in good condition?	
Distribution System					
<input checked="" type="checkbox"/>	<input type="checkbox"/>			Check that the following are OK:	
<input type="checkbox"/>	<input checked="" type="checkbox"/>			a) All sample sites	
<input checked="" type="checkbox"/>	<input type="checkbox"/>			b) No leaks	
<input checked="" type="checkbox"/>	<input type="checkbox"/>			c) Backflow prevention devices	

**MONTHLY OPERATOR
DRINKING WATER SYSTEM CHECKLIST**

System Name: LAKE FRANCIS LUX
 Operator: G. LAND
 Date: 1-4-23
 Sign In/Out Times: _____

MONTH/YEAR: 1/23

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