

Lake Francis MWC
PO Box 422
Dobbins, CA 95935

Work Order: GFF0242

Received: 06/07/23 15:30

Reported: 06/08/23 14:08

Bacteria-Monthly Operator Services

System Number: 5800805

Sample Site: 13882 Shirley Dr
Sample Number GFF0242-01

Date Collected: 06/07/2023 12:25
Collected by: JW
Title 22 Designation: Routine

	Result	Units	Reporting Limit	Method	Analyst Initials	Analysis Setup Time	Analysis Date
Total Coliform	<1.0	MPN/100 mL	1.0	SM 9223 B - Colilert 18	JW	06/07/23 16:51	06/08/23
E.coli	<1.0	MPN/100 mL	1.0	SM 9223 B - Colilert 18	JW	06/07/23 16:51	06/08/23
Chlorine Residual	ND	mg/L	0.04	Approved Methods	JW	06/07/23 12:25	06/07/23

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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GFF0242

MONTHLY OPERATOR
DRINKING WATER SYSTEM CHECKLISTSystem Name: Lake Francis MWCOperator: WEBDate: 6-7-23

Sign In/Out Times: _____

MONTH/YEAR: June/2023

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Check that the following are OK:	
<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) Water logged or air logged	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		c) Air release valve/ air volume control operating	

**MONTHLY OPERATOR
DRINKING WATER SYSTEM CHECKLIST**

System Name: _____
 Operator: _____
 Date: _____
 Sign In/Out Times: _____

MONTH/YEAR: _____

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: a) No leaks, rusting, damage b) All valves open c) Tank support sound d) Access port secured e) Vent screened Water level <u> </u> ft Totalizer meter reading: _____	Well #5 = 7924800 Well #4 = 8805600
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	a) <input checked="" type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b) <input checked="" type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	c) <input checked="" type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	d) <input checked="" type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	e) <input checked="" type="checkbox"/>		
Booster Pump					
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		a) Is the pump 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?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	a) <input checked="" type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b) <input checked="" type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	c) <input checked="" type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	d) <input checked="" type="checkbox"/>		
Distribution System					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Check that the following are OK: a) All sample sites b) No leaks c) Backflow prevention devices	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) <input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) <input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) <input type="checkbox"/>		

**MONTHLY OPERATOR
DRINKING WATER SYSTEM CHECKLIST**

System Name: _____
 Operator: _____
 Date: _____
 Sign In/Out Times: _____

MONTH/YEAR: _____

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