

Lake Francis MWC
PO Box 422
Dobbins, CA 95935

Bacteria-Monthly Operator Services

Work Order: GFG0510

Received: 07/12/23 16:00

Reported: 07/13/23 13:44

System Number: 5800805

Sample Site: 13882 Shirley Dr
Sample Number GFG0510-01

Date Collected: 07/12/2023 13:35
Collected by: William Stotts
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	AB	07/12/23 17:32	07/13/23
E.coli	<1.0	MPN/100 mL	1.0	SM 9223 B - Colilert 18	AB	07/12/23 17:32	07/13/23
Chlorine Residual	ND	mg/L	0.04	Approved Methods	William	07/12/23 13:35	07/12/23

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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GFG0510

MONTHLY OPERATOR
DRINKING WATER SYSTEM CHECKLIST

System Name: Lake Francis NW
Operator: WES
Date: 7-12-23
Sign In/Out Times: _____

MONTH/YEAR: July/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					
Are the following OK?					
a) <input checked="" type="checkbox"/>	a) <input type="checkbox"/>	a) <input type="checkbox"/>		a) Casing & seal condition	
b) <input checked="" type="checkbox"/>	b) <input type="checkbox"/>	b) <input type="checkbox"/>		b) Casing vent in place & screened	
c) <input checked="" type="checkbox"/>	c) <input type="checkbox"/>	c) <input type="checkbox"/>		c) Cement slab	
Pump and Components					
a) <input checked="" type="checkbox"/>	a) <input type="checkbox"/>	a) <input type="checkbox"/>		a) Is the pump at the well operating normally?:	
b) <input checked="" type="checkbox"/>	b) <input type="checkbox"/>	b) <input type="checkbox"/>		b) Are the electrical control and junction boxes sealed?	
c) <input checked="" type="checkbox"/>	c) <input type="checkbox"/>	c) <input type="checkbox"/>		c) Is the electrical conduit in good condition?	
d) <input checked="" type="checkbox"/>	d) <input type="checkbox"/>	d) <input type="checkbox"/>		d) Is the sample tap in good condition?	
Pressure Tank/Bladder Tank					
Check that the following are OK:					
a) <input type="checkbox"/>	a) <input type="checkbox"/>	a) <input checked="" type="checkbox"/>		a) No leaks, rusting, damage	
b) <input type="checkbox"/>	b) <input type="checkbox"/>	b) <input checked="" type="checkbox"/>		b) Water logged or air logged	
c) <input type="checkbox"/>	c) <input type="checkbox"/>	c) <input checked="" type="checkbox"/>		c) Air release valve/ air volume control operating	

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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		a) No leaks, rusting, damage	Well #5 = 8080500 Well #4 = 8928000
<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 <u>Full</u> 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"/>		a) All sample sites	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		b) No leaks	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		c) Backflow prevention devices	

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					
a) <input type="checkbox"/>	a) <input checked="" type="checkbox"/>	a) <input 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	
a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/>	a) <input checked="" type="checkbox"/> b) <input checked="" type="checkbox"/> c) <input checked="" type="checkbox"/> d) <input checked="" type="checkbox"/>	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input 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?	