

# Amended Report

# Sample Results

Lake Francis MWC  
PO Box 422  
Dobbins, CA 95935

Bacteria-Monthly Operator Services

**Work Order:** GFI0225

**Received:** 09/07/23 11:00

**Reported:** 09/19/23 17:26

System Number: 5800805

**Sample Site:** 13882 Shirley Dr  
**Sample Number** GFI0225-01

**Date Collected:** 09/07/2023 9:05  
**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 | DPS              | 09/07/23 17:13      | 09/08/23      |
| E.coli            | <1.0   | MPN/100 mL | 1.0             | SM 9223 B - Colilert 18 | DPS              | 09/07/23 17:13      | 09/08/23      |
| Chlorine Residual | ND     | mg/L       | 0.04            | Approved Methods        | William          | 09/07/23 09:05      | 09/07/23      |

## Work Order Case Narrative

This report was amended to add nonconformance to the report. The sample was accepted with a data qualifier. On September 7, 2023 CEI had an incubator nonconformance. The incubator went out of the control criteria of 35.0 +/- 0.5°C by 0.2°C. The recorded temperature was at 35.7°C. Please contact the laboratory for further information.

## 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 Farib MWR  
Operator: WES  
Date: 9-7-23  
Sign In/Out Times: \_\_\_\_\_

MONTH/YEAR: Sept/2023

| 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?   |                    |
| <b>Wellhead</b>                     |                                     |                                     |                          |   |                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                          | Are the following OK?<br>a) Casing & seal condition<br>b) Casing vent in place & screened<br>c) Cement slab   |                    |
| <b>Pump and Components</b>          |                                     |                                     |                          |   |                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                          | a) Is the pump at the well operating normally?:<br>b) Are the electrical control and junction boxes sealed?<br>c) Is the electrical conduit in good condition?<br>d) Is the sample tap in good condition? |                    |
| <b>Pressure Tank/Bladder Tank</b>   |                                     |                                     |                          |   |                    |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          | Check that the following are OK:<br>a) No leaks, rusting, damage<br>b) Water logged or air logged<br>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                   |
|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--|--------------------------------------|
| <b>Storage Tank</b>                 |                          |                                     |                          |  |                                      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                          | a) No leaks, rusting, damage                             | Well 4 - 9131400<br>Well 5 - 8389000 |
| <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: _____                           |                                      |
| <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 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 |
|-------------------------------------|-----------------------------|--|--------------------------|---|--------------------|
| <b>Chlorine Injection System</b>    |                             |  |                          |   |                    |
| a) <input type="checkbox"/>         | a) <input type="checkbox"/> | a) <input checked="" type="checkbox"/> |                          | a) Any chlorine residual issues based on your review of the log?<br><br>Raw chlorine specifications _____<br>Chlorine pump setting _____ strokes<br>Tank level on arrival _____ gallons<br>Chlorine residual in system _____ ppm<br>Ratio of water to chlorine _____ gal water to _____ gal CL2<br>Amount of raw chlorine added _____ gallons |                    |
| a) <input type="checkbox"/>         | a) <input type="checkbox"/> | a) <input checked="" type="checkbox"/> |                          | Check that the following are OK:<br>a) Chlorine system secure<br>b) Condition of tubes, hoses and pipes (no leaks)<br>c) Discharge hose condition<br>d) Condition of storage tank   |                    |
| <b>Sampling</b>                     |                             |  |                          |   |                    |
| <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?   |                    |