



**Cranmer Engineering, Inc.**  
*Integrated Engineering Services*

# Sample Results

Lake Francis MWC  
PO Box 422  
Dobbins, CA 95935

**Work Order:** GGB0062

**Received:** 02/08/24 16:10

**Reported:** 02/09/24 12:26

Bacteria-Monthly Operator Services

System Number: 5800805

**Sample Site:** 13882 Shirley Dr  
**Sample Number** GGB0062-01

**Date Collected:** 02/08/2024 14:20  
**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	02/08/24 17:57	02/09/24
E.coli	<1.0	MPN/100 mL	1.0	SM 9223 B - Colilert 18	DPS	02/08/24 17:57	02/09/24
Chlorine Residual	ND	mg/L	0.05	Approved Methods	William	02/08/24 14:20	02/08/24

## 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](http://www.cranmerengineeringinc.com) | E.L.A.P. Certification No. 1936

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



GGB0062

MONTHLY OPERATOR  
DRINKING WATER SYSTEM CHECKLISTSystem Name: Lake Francis, MWCOperator: WE3Date: 2-22-24 2-8-24

Sign In/Out Times: \_\_\_\_\_

MONTH/YEAR: Feb/2024

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?	
<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	
<b>Pump and Components</b>					
<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?	
<b>Pressure Tank/Bladder Tank</b>					
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Check that the following are OK:	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		a) No leaks, rusting, damage	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		b) Water logged or air logged	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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
<b>Storage Tank</b>					
<input checked="" type="checkbox"/>	<input type="checkbox"/>			Check that the following are OK: a) No leaks, rusting, damage	Well 5 - 8584400 Well 4 - 9488200
<input checked="" type="checkbox"/>	<input type="checkbox"/>			b) All valves open	
<input checked="" type="checkbox"/>	<input type="checkbox"/>			c) Tank support sound	
<input checked="" type="checkbox"/>	<input type="checkbox"/>			d) Access port secured	
<input checked="" 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"/>		Check that the following are OK:	
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		c) Backflow prevention devices	

Well 5 - 8584400

**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? 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"/>	a) <input type="checkbox"/>	a) <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	
<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?	