Cranmer Engineering, Inc.
Integrated Engineering Services

Sample Results

Lake Francis MWC
PO Box 422
Dobbins, CA 95935

Work Order: GGC0016
Received: 03/01/24 13:30
Reported: 03/04/24 9:19

Bacteria-Monthly Operator Services

System Number: 5800805

Sample Site: 13882 Shirley Dr
Sample Number GGC0016-01

Date Collected: 03/01/2024 11:12
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 24	DPS	03/01/24 14:03	03/02/24
E.coli	<1.0	MPN/100 mL	1.0	SM 9223 B - Colilert 24	DPS	03/01/24 14:03	03/02/24
Chlorine Residual	ND	mg/L	0.05	Approved Methods	William	03/01/24 11:12	03/01/24

Term and Qualifier Definitions

Item	Definition
ND	None detected at or above the reporting limit

Justin Smith

Laboratory Manager

GGC0016

MONTHLY OPERATOR
DRINKING WATER SYSTEM CHECKLIST

System Name: Lake Francis MWC
Operator: WES
Date: 3-1-24
Sign In/Out Times:

MONTH/YEAR: March/2024

Yes	No	NA	Due Date if Not Complete	Item	Problems/ Comments
Visual Inspection					
☐	☑	☐		Any evidence of leaks, vandalism, weeds, security concerns?	
Wellhead					
				Are the following OK?	
a)☑	a)☐	a)☐		a) Casing & seal condition	
b)☑	b)☐	b)☐		b) Casing vent in place & screened	
c)☒	c)☐	c)☐		c) Cement slab	
Pump and Components					
a)☑	a)☐	a)☐		a) Is the pump at the well operating normally?:	
b)☒	b)☐	b)☐		b) Are the electrical control and junction boxes sealed?	
c)☑	c)☐	c)☐		c) Is the electrical conduit in good condition?	
d)☒	d)☐	d)☐		d) Is the sample tap in good condition?	
Pressure Tank/Bladder Tank					
WES 3-1-24				Check that the following are OK:	
a)☒	a)☐	a)☒		a) No leaks, rusting, damage	
b)☐	b)☐	b)☐		b) Water logged or air logged	
c)☐	c)☐	c)☒		c) Air release valve/ air volume control operating	

Page 2 of 4

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					
				Check that the following are OK:	
a)☑	a)☐	a)☐		a) No leaks, rusting, damage	Well 5 - 8599400
b)☑	b)☐	b)☐		b) All valves open	
c)☑	c)☐	c)☐		c) Tank support sound	Well 4 - 9515400
d)☑	d)☐	d)☐		d) Access port secured	
e)☑	e)☐	e)☐		e) Vent screened	
				Water level Full ft	
				Totalizer meter reading: _____	
Booster Pump					
a)☐	a)☐	a)☑		a) Is the pump operating normally?:	
b)☐	b)☐	b)☑		b) Are the electrical control and junction boxes sealed?	
c)☐	c)☐	c)☑		c) Is the electrical conduit in good condition?	
d)☐	d)☐	d)☑		d) Is the sample tap in good condition?	
Distribution System					
				Check that the following are OK:	
a)☑	a)☐	a)☐		a) All sample sites	
b)☑	b)☐	b)☐		b) No leaks	
c)☑	c)☐	c)☐		c) Backflow prevention devices	

Page 3 of 4

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)☐	a)☐	a)☒		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)☐ b)☐ c)☐ d)☐	a)☐ b)☐ c)☐ d)☐	a)☒ b)☒ c)☒ d)☒		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					
☒	☐	☐		Dead ends and sampling locations flushed?	
☒	☐	☐		Sampling conducted in accordance with sampling plans?	

Page 4 of 4