



Cranmer Engineering, Inc.
Integrated Engineering Services

Sample Results

Lake Francis MWC
PO Box 422
Dobbins, CA 95935

Work Order: GGD0361

Received: 04/05/24 14:25

Reported: 04/08/24 13:32

Bacteria-Monthly Operator Services

System Number: 5800805

Sample Site: 13882 Shirley Dr
Sample Number GGD0361-01

Date Collected: 04/05/2024 12:28
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	SU	04/05/24 14:55	04/06/24
E.coli	<1.0	MPN/100 mL	1.0	SM 9223 B - Colilert 24	SU	04/05/24 14:55	04/06/24
Chlorine Residual	ND	mg/L	0.05	Approved Methods	William	04/05/24 12:28	04/05/24

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

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



GGD0361

System Name: Lake Francis MWC
 Operator: WES
 Date: 4-5-24
 Sign In/Out Times: _____

**MONTHLY OPERATOR
 DRINKING WATER SYSTEM CHECKLIST**

MONTH/YEAR: April/2024

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 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: River Highlands
Operator: WES
Date: 4-5-24
Sign In/Out Times: _____

MONTH/YEAR: April 2024

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 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
Storage Tank					
<input checked="" type="checkbox"/>	<input type="checkbox"/>			Check that the following are OK: a) No leaks, rusting, damage	
<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: _____	
Booster Pump					
<input checked="" type="checkbox"/>	<input type="checkbox"/>			a) Is the pump operating normally?:	
<input checked="" type="checkbox"/>	<input type="checkbox"/>			b) Are the electrical control and junction boxes sealed?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>			c) Is the electrical conduit in good condition?	
<input type="checkbox"/>	<input type="checkbox"/>			d) Is the sample tap in good condition?	
Distribution System					
<input checked="" type="checkbox"/>	<input type="checkbox"/>			Check that the following are OK:	
<input checked="" type="checkbox"/>	<input type="checkbox"/>			a) All sample sites	
<input checked="" type="checkbox"/>	<input type="checkbox"/>			b) No leaks	
<input checked="" type="checkbox"/>	<input type="checkbox"/>			c) Backflow prevention devices	