Sample Results

Cranmer Engineering, Inc.
Integrated Engineering Services

Lake Francis MWC
PO Box 422
Dobbins, CA 95935

Work Order: GGE0162
Received: 05/03/24 14:57
Reported: 05/06/24 11:47

Bacteria-Monthly Operator Services

System Number: 5800805

Sample Site: 13882 Shirley Dr
Sample Number GGE0162-01

Date Collected: 05/03/2024 12:54
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	05/03/24 16:15	05/04/24
E.coli	<1.0	MPN/100 mL	1.0	SM 9223 B - Colilert 24	DPS	05/03/24 16:15	05/04/24
Chlorine Residual	ND	mg/L	0.05	Approved Methods	William	05/03/24 12:54	05/03/24

Term and Qualifier Definitions

Item	Definition
ND	None detected at or above the reporting limit

Justin Smith

Laboratory Manager

Integrating people, land and water.

MONTHLY OPERATOR
DRINKING WATER SYSTEM CHECKLIST

System Name: Lake Francis MWC
Operator: VE3
Date: 5-3-24
Sign In/Out Times: _____

MONTH/YEAR: May /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					
				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	

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:	Well 4 - 9630680
a) ☒	a) ☐	a) ☐		a) No leaks, rusting, damage	Well 5 - 8662500
b) ☒	b) ☐	b) ☐		b) All valves open	
c) ☒	c) ☐	c) ☐		c) Tank support sound	
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	

Drinking Water System Operator Checklist
MONTHLY

Version 1.2 6/24/2011

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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
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	
				Check that the following are OK:	
a) ☐	a) ☐	a) ☒		a) Chlorine system secure	
b) ☐	b) ☐	b) ☒		b) Condition of tubes, hoses and pipes (no leaks)	
c) ☐	c) ☐	c) ☒		c) Discharge hose condition	
d) ☐	d) ☐	d) ☒		d) Condition of storage tank	
Sampling					
☒	☐	☐		Dead ends and sampling locations flushed?	
☒	☐	☐		Sampling conducted in accordance with sampling plans?	

Drinking Water System Operator Checklist
MONTHLY

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