



Cranmer Engineering, Inc.
Integrated Engineering Services

Sample Results

Lake Francis MWC
 PO Box 422
 Dobbins, CA 95935

Work Order: GGI0198

Received: 09/05/24 15:30

Reported: 09/06/24 11:43

Bacteria-Monthly Operator Services

System Number: 5800805

Sample Site: 13882 Shirley Dr
Sample Number GGI0198-01

Date Collected: 09/05/2024 11:27
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	RN	09/05/24 15:50	09/06/24
E.coli	<1.0	MPN/100 mL	1.0	SM 9223 B - Colilert 18	RN	09/05/24 15:50	09/06/24
Chlorine Residual	ND	mg/L	0.05	Approved Methods	William	09/05/24 11:27	09/05/24

Term and Qualifier Definitions

Item	Definition
ND	None detected at or above the reporting limit

Justin Smith

Laboratory Manager

Integrating people, land and water.

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



MONTHLY OPERATOR
DRINKING WATER SYSTEM CHECKLIST

System Name: Lake Francis MWC
Operator: WEB
Date: 9-5-24
Sign In/Out Times: _____

MONTH/YEAR: Sept/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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Check that the following are OK:	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		a) No leaks, rusting, damage	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		b) Water logged or air logged	
<input checked="" 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"/> a)	<input type="checkbox"/> a)	<input checked="" type="checkbox"/> a)	12-5-11 Name	Check that the following are OK: a) No leaks, rusting, damage b) All valves open c) Tank support sound d) Access port secured e) Vent screened Water level <u>10.5</u> ft Totalizer meter reading: _____	Well 4 - 10344100 Well 5 - 9037300
<input checked="" type="checkbox"/> b)	<input type="checkbox"/> b)	<input checked="" type="checkbox"/> b)			
<input checked="" type="checkbox"/> c)	<input type="checkbox"/> c)	<input checked="" type="checkbox"/> c)			
<input checked="" type="checkbox"/> d)	<input type="checkbox"/> d)	<input checked="" type="checkbox"/> d)			
<input checked="" type="checkbox"/> e)	<input type="checkbox"/> e)	<input checked="" type="checkbox"/> e)			
Booster Pump					
<input type="checkbox"/> a)	<input type="checkbox"/> a)	<input checked="" type="checkbox"/> a)		a) Is the pump operating normally?: b) Are the electrical control and junction boxes sealed? c) Is the electrical conduit in good condition? d) Is the sample tap in good condition?	
<input type="checkbox"/> b)	<input type="checkbox"/> b)	<input checked="" type="checkbox"/> b)			
<input type="checkbox"/> c)	<input type="checkbox"/> c)	<input checked="" type="checkbox"/> c)			
<input type="checkbox"/> d)	<input type="checkbox"/> d)	<input checked="" type="checkbox"/> d)			
Distribution System					
<input checked="" type="checkbox"/> a)	<input type="checkbox"/> a)	<input type="checkbox"/> a)		Check that the following are OK: a) All sample sites b) No leaks c) Backflow prevention devices	
<input checked="" type="checkbox"/> b)	<input type="checkbox"/> b)	<input type="checkbox"/> b)			
<input type="checkbox"/> c)	<input type="checkbox"/> c)	<input checked="" type="checkbox"/> c)			

**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) <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	
Sampling					
<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?	