

Sample Site: 13882 Shirley Dr

Sample Number GGL0191-01

Sample Results

Lake Francis MWC PO Box 422 Dobbins, CA 95935 Work Order: GGL0191

Received: 12/05/24 13:15

Reported: 12/06/24 12:26

System Number: 5800805

Bacteria-Monthly Operator Services

Date Collected: 12/05/2024 11:20 **Collected by:** William Stotts

Title 22 Designation: Routine

			Reporting	I	Analyst	Analysis Setup	Analysis
	Result	Units	Limit	Method	Initials	Time	Date
Total Coliform	<1.0	MPN/100 mL	1.0	SM 9223 B - Colilert 18	RN	12/05/24 14:22	12/06/24
E.coli	<1.0	MPN/100 mL	1.0	SM 9223 B - Colilert 18	RN	12/05/24 14:22	12/06/24
Chlorine Residual	ND	mg/L	0.05	Approved Methods	William	12/05/24 11:20	12/05/24

Term and Qualifier Definitions

Item	Definition

ND None detected at or above the reporting limit

Justin Smith

Laboratory Manager

Integrating people, land and water.

DRINKIN

MONTHLY OPERATOR	G WATER SYSTEM CHECKLIST

Any evidence of leaks Are the following OK? a) Casing & seal cond b) Casing vent in place c) Cement slab c) Are the electrical cond b) Are the electrical cond c) Is the sample tap it c) Is the sample tap it d) Is the sample tap it Check that the followin a) No leaks, rusting, d b) Water logged or air c) Air release valve/ ai	MONTHLY OPERATOR System Name: Lake Francis MWe Operator: WES Date: 12-5-24 Sign In/Out Times:	ltem		Any evidence of leaks, vandalism, weeds, security concerns?	Are the following OK?	a) Casing & seal condition	b) Casing vent in place & screened	c) Cement slab		a) Is the pump at the well 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?		Check that the following are OK:	a) No leaks, rusting, damage	b) Water logged or air logged	c) Air release valve/ air volume control operating
	pc.05/190	Due Date if							6					Tank				
2000 Somplete	AR: ⟨-}	¥	ou			a) 🗆			ponents	a)□	딚	밓		Bladder		a) <u>iK</u>	D)(q	
2000 Somplete	TH/YE	å	nspecti	g <u>E</u>		a) 🗆		c) [nd Com	a) 🗆				e Tank/		a) 🗆		-
	MON	Yes	Visual	☐ ☐ Wellhead				<u>)</u> (0	Pump a	a)[a	D(q	(c)	D O	Pressur		a) [a		

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Drinking Water System Operator Checklist MONTHLY

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MONTH/YEAR:

-	
Operator:	Date:
	Operator:

Sign In/Out Times:

>	Voc	NO NO	Due Date if	17-74	
-	3	_	Not Complete	Item	Problems/ Comments
Sto	Storage Tank	nk			
				Check that the following are OK:	s
a)[E] a		a) No leaks, rusting, damage	
P (q				b) All valves open	
C)				c) Tank support sound	Well 4 - 10712500
8	ਊ	-		d) Access port secured	Well 5- 9228400
		<u>_</u>		e) Vent screened	ě
	·	to the state of th		Water level Full ft	
equency states				Totalizer meter reading:	
Boo	Booster Pump	dω			
a) 🗆	a)	a)(e		a) Is the pump operating normally?:	
		D/G		b) Are the electrical control and junction boxes sealed?	
0		⊘		c) Is the electrical conduit in good condition?	
<u></u>	<u></u>	9		d) Is the sample tap in good condition?	
		r			
Dis	ribution	Distribution System		Check that the following are OK:	
710	[
6				a) All sample sites	
Q Q				b) No leaks	
	0	S		c) Backflow prevention devices	

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Drinking Water System Operator Checklist MONTHLY

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MONTHLY OPERATOR DRINKING WATER SYSTEM CHECKLIST

MONTH/YEAR:

System Name:		- 1
Operator:		
Date:	 	
Sign In/Out Times:	 _	

		1	********	ALCOHOLD MANAGEMENT			-	-	-	1				- Control of the last	-yawa-ca			Т
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4																		
Drohlome/ Commonte																		
Problem																		
			AP-NAV-KEN				- TECHNOL				******			-				_
)						gal CL2										,	
		the log?																
ltem		eview of	ľ				gal water to	gallons				€	•					g plans?
		ies based on your review of the log?		strokes	gallons	mdd.	galw	6				and pipes (no leaks)					hed?	h samplir
		based o			5			70		22		nd pipes					ions flus	ance with
		ral issues	cations	<u>D</u>		system _	orine	ne adde		ng are O	cure	hoses a	rdition	e tank			ing locat	n accord
		ne residu	e specific	mp settin	n arrival	idual in s	er to chic	aw chlori		e followir	stem se	of tubes,	hose cor	of storage			ld sampl	ducted in
		a) Any chlorine residual issu	Raw chlorine specifications	Chlorine pump setting	Tank level on arrival	Chlorine residual in system	Ratio of water to chlorine	Amount of raw chlorine added		Check that the following are OK:	a) Chlorine system secure	b) Condition of tubes, hoses	c) Discharge hose condition	d) Condition of storage tank			Dead ends and sampling locations flushed?	Sanbling conducted in accordance with sampling plans?
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Due Date if	Not Complete																	
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No.	anedin	a)□	,-,e,-,		v X * * * * * * * * * * * * * * * * * * *			*****	-	[] [: 3		<u> </u>	<u> </u>		ampling		
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