



Cranmer Engineering, Inc.
Integrated Engineering Services

Sample Results

Lake Francis MWC
 PO Box 422
 Dobbins, CA 95935

Work Order: GHB0122

Received: 02/05/25 14:25

Reported: 02/06/25 13:26

Bacteria-Monthly Operator Services

System Number: 5800805

Sample Site: 13882 Shirley Dr
Sample Number: GHB0122-01

Date Collected: 02/05/2025 11:26
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 | 02/05/25 17:02 | 02/06/25 |
| E.coli | <1.0 | MPN/100 mL | 1.0 | SM 9223 B - Colilert 18 | RN | 02/05/25 17:02 | 02/06/25 |
| Chlorine Residual | ND | mg/L | 0.05 | Approved Methods | William | 02/05/25 11:26 | 02/05/25 |

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.



GHBO122

MONTHLY OPERATOR
DRINKING WATER SYSTEM CHECKLIST

System Name: Lake Francis MWC
Operator: WES
Date: 2-5-25
Sign In/Out Times: _____

MONTH/YEAR: Feb/2025

| 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 | Well 4 = 10813500 Well 5 = 9280000 |
| <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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | a) Is the pump operating normally?: | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | b) Are the electrical control and junction boxes sealed? | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | c) Is the electrical conduit in good condition? | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | d) Is the sample tap in good condition? | |
| Distribution System | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Check that the following are OK: | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | a) All sample sites | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | b) No leaks | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | c) Backflow prevention devices | |

**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? | |