



**Cranmer Engineering, Inc.**  
*Integrated Engineering Services*

# Sample Results

Lake Francis MWC  
PO Box 422  
Dobbins, CA 95935

**Work Order:** GHD0195

**Received:** 04/03/25 14:10

**Reported:** 04/04/25 13:40

Bacteria-Monthly Operator Services

System Number: 5800805

**Sample Site:** 13882 Shirley Dr  
**Sample Number** GHD0195-01

**Date Collected:** 04/03/2025 11:50  
**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	04/03/25 15:34	04/04/25
E.coli	<1.0	MPN/100 mL	1.0	SM 9223 B - Colilert 18	RN	04/03/25 15:34	04/04/25
Chlorine Residual	ND	mg/L	0.05	Approved Methods	William	04/03/25 11:50	04/03/25

## 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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Phone: (530) 273-7284 | Fax: (530) 273-9507 | [www.cranmerengineeringinc.com](http://www.cranmerengineeringinc.com) | E.L.A.P. Certification No. 1936  
Sampling • Analytical Testing • Courier Service • System Operators • Engineering • Surveying • Technical Reporting • Planning • Construction Mgmt.



MONTHLY OPERATOR  
DRINKING WATER SYSTEM CHECKLIST

MONTH/YEAR: April/2025

System Name: Lake Francis MWC

Operator: WEB

Date: 4-3-25

Sign In/Out Times: \_\_\_\_\_

Yes	No	NA	Due Date if Not Complete	Item	Problems/ Comments
<b>Visual Inspection</b>					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Any evidence of leaks, vandalism, weeds, security concerns?	
<b>Wellhead</b>					
a) <input checked="" type="checkbox"/>	a) <input type="checkbox"/>	a) <input type="checkbox"/>		Are the following OK?	
b) <input checked="" type="checkbox"/>	b) <input type="checkbox"/>	b) <input type="checkbox"/>		a) Casing & seal condition	
c) <input checked="" type="checkbox"/>	c) <input type="checkbox"/>	c) <input type="checkbox"/>		b) Casing vent in place & screened	
				c) Cement slab	
<b>Pump and Components</b>					
a) <input checked="" type="checkbox"/>	a) <input type="checkbox"/>	a) <input type="checkbox"/>		a) Is the pump at the well operating normally?:	
b) <input checked="" type="checkbox"/>	b) <input type="checkbox"/>	b) <input type="checkbox"/>		b) Are the electrical control and junction boxes sealed?	
c) <input checked="" type="checkbox"/>	c) <input type="checkbox"/>	c) <input type="checkbox"/>		c) Is the electrical conduit in good condition?	
d) <input checked="" type="checkbox"/>	d) <input type="checkbox"/>	d) <input type="checkbox"/>		d) Is the sample tap in good condition?	
<b>Pressure Tank/Bladder Tank</b>					
a) <input type="checkbox"/>	a) <input type="checkbox"/>	a) <input checked="" type="checkbox"/>		Check that the following are OK:	
b) <input type="checkbox"/>	b) <input type="checkbox"/>	b) <input checked="" type="checkbox"/>		a) No leaks, rusting, damage	
c) <input type="checkbox"/>	c) <input type="checkbox"/>	c) <input checked="" type="checkbox"/>		b) Water logged or air logged	
				c) Air release valve/ air volume control operating	

**MONTHLY OPERATOR  
DRINKING WATER SYSTEM CHECKLIST**

MONTH/YEAR: \_\_\_\_\_

System Name: \_\_\_\_\_

Operator: \_\_\_\_\_

Date: \_\_\_\_\_

Sign In/Out Times: \_\_\_\_\_

Yes	No	NA	Due Date if Not Complete	Item	Problems/ Comments
<b>Storage Tank</b>					
a) <input checked="" type="checkbox"/>	a) <input type="checkbox"/>	a) <input type="checkbox"/>		Check that the following are OK:	Well 4 - 10902600 Well 5 - 9325700
b) <input checked="" type="checkbox"/>	b) <input type="checkbox"/>	b) <input type="checkbox"/>		a) No leaks, rusting, damage	
c) <input checked="" type="checkbox"/>	c) <input type="checkbox"/>	c) <input type="checkbox"/>		b) All valves open	
d) <input checked="" type="checkbox"/>	d) <input type="checkbox"/>	d) <input type="checkbox"/>		c) Tank support sound	
e) <input checked="" type="checkbox"/>	e) <input type="checkbox"/>	e) <input type="checkbox"/>		d) Access port secured	
				e) Vent screened	
				Water level <u>Full</u> ft	
				Totalizer meter reading: _____	
<b>Booster Pump</b>					
a) <input type="checkbox"/>	a) <input type="checkbox"/>	a) <input checked="" type="checkbox"/>		a) Is the pump operating normally?:	
b) <input type="checkbox"/>	b) <input type="checkbox"/>	b) <input checked="" type="checkbox"/>		b) Are the electrical control and junction boxes sealed?	
c) <input type="checkbox"/>	c) <input type="checkbox"/>	c) <input checked="" type="checkbox"/>		c) Is the electrical conduit in good condition?	
d) <input type="checkbox"/>	d) <input type="checkbox"/>	d) <input checked="" type="checkbox"/>		d) Is the sample tap in good condition?	
<b>Distribution System</b>					
a) <input checked="" type="checkbox"/>	a) <input type="checkbox"/>	a) <input type="checkbox"/>		Check that the following are OK:	
b) <input checked="" type="checkbox"/>	b) <input type="checkbox"/>	b) <input type="checkbox"/>		a) All sample sites	
c) <input type="checkbox"/>	c) <input type="checkbox"/>	c) <input checked="" type="checkbox"/>		b) No leaks	
				c) Backflow prevention devices	

**MONTHLY OPERATOR  
DRINKING WATER SYSTEM CHECKLIST**

MONTH/YEAR: \_\_\_\_\_

System Name: \_\_\_\_\_

Operator: \_\_\_\_\_

Date: \_\_\_\_\_

Sign In/Out Times: \_\_\_\_\_

Yes	No	NA	Due Date if Not Complete	Item	Problems/ Comments
<b>Chlorine Injection System</b>					
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	
b) <input type="checkbox"/>	b) <input type="checkbox"/>	b) <input checked="" type="checkbox"/>			
c) <input type="checkbox"/>	c) <input type="checkbox"/>	c) <input checked="" type="checkbox"/>			
d) <input type="checkbox"/>	d) <input type="checkbox"/>	d) <input checked="" type="checkbox"/>			
<b>Sampling</b>					
<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?	