Cranmer Engineering, Inc.
Integrated Engineering Services

Sample Results

Lake Francis MWC
PO Box 422
Dobbins, CA 95935

Work Order: GHG0225
Received: 07/03/25 14:45
Reported: 07/07/25 11:10

Bacteria-Monthly Operator Services

System Number: 5800805

Sample Site: 13882 Shirley Dr
Sample Number GHG0225-01

Date Collected: 07/03/2025 12:38
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	LS	07/03/25 16:51	07/04/25
E.coli	<1.0	MPN/100 mL	1.0	SM 9223 B - Colilert 18	LS	07/03/25 16:51	07/04/25
Chlorine Residual	ND	mg/L	0.05	Approved Methods	William	07/03/25 12:38	07/03/25

Term and Qualifier Definitions

Item	Definition
ND	None detected at or above the reporting limit

Michelle Harlin For Justin Smith

Laboratory Manager

Integrating people, land and water.

GHG0225

MONTHLY OPERATOR
DRINKING WATER SYSTEM CHECKLIST

System Name: Lake Francis MWe

Operator: WE3

Date: 7-3-25

Sign In/Out Times: _____

MONTH/YEAR: July/2025

Yes	No	NA	Due Date if Not Complete	Item	Problems/ Comments
Visual Inspection					
☐	☑	☐		Any evidence of leaks, vandalism, weeds, security concerns?	
Wellhead					
a)☑	a)☐	a)☐		Are the following OK?	
b)☑	b)☐	b)☐		a) Casing & seal condition	
c)☑	c)☐	c)☐		b) Casing vent in place & screened	
				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					
a)☐	a)☐	a)☑		Check that the following are OK:	
b)☐	b)☐	b)☑		a) No leaks, rusting, damage	
c)☐	c)☐	c)☑		b) Water logged or air logged	
				c) Air release valve/ air volume control operating	

Drinking Water System Operator Checklist
MONTHLY

1 of 3

Version 1.2 6/24/2011

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					
a)☑	a)☐	a)☐		Check that the following are OK: a) No leaks, rusting, damage	
b)☑	b)☐	b)☐		b) All valves open	Well 4- 11331700
c)☑	c)☐	c)☐		c) Tank support sound	Well 5- 9540400
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					
a)☑	a)☐	a)☐		Check that the following are OK: a) All sample sites	
b)☑	b)☐	b)☐		b) No leaks	
c)☐	c)☐	c)☑		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)☐	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	
a)☐ b)☐ c)☐ d)☐	a)☐ b)☐ c)☐ d)☐	a)☒ b)☒ c)☒ d)☒		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					
☒	☐	☐		Dead ends and sampling locations flushed?	
☒	☐	☐		Sampling conducted in accordance with sampling plans?	