MONTHLY SUMMARY OF DISTRIBUTION SYSTEM
COLIFORM MONITORING

System Name **ODD FELLOWS SIERRA RECREATION ASSOCIATION**

System Number **5510016**

Sampling Period

Month **JANUARY**   Year **2007**

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/ E. coli Positives
1. Routine Samples (see note 1)	3	3	θ	θ
2. Repeat Samples Following Samples Which are Total Coliform Positive and Fecal/E.coli *Negative* (see notes 5 and 6)	___	___		☐
3. Repeat Samples Following Routine Samples Which are Total Coliform Positive and Fecal/E. coli *Positive* (see notes 5 and 6)		___	☐	☐

4. MCL Computation For Total Coliform Positive Samples

a. Totals (sum of columns)	3	3		

b. If 40 or more samples collected in month, determine percent of samples that are total coliform positive.
[(total number positive/total number collected) x 100]   _____

c. Is system in compliance...   ...with fecal/E. coli MCL?
(see notes 2 and 3)   ☑ Yes   ☐ No

...with monthly MCL?
(see note 4)   ☑ Yes   ☐ No

5. Invalidated Samples
(Note what samples, if any, were invalidated; why they were invalidated; who authorized the invalidation; and when replacement samples were collected. Attach additional sheets, if necessary.)

6. Summary Completed By:

Signature	Title	Date
Robert Clark	D-1 OPERATOR 28978	2-8-07

NOTES AND INSTRUCTIONS:

1. Routine samples include:
   a. Samples required per 22, CCR, Section 64423;
   b. Extra samples required for systems collecting less than five routine samples per month that had one or more total coliform positives in previous month;
   c. Extra samples for systems with high source water turbidities that are using surface water or groundwater under the direct influence of surface water and do not practice filtration in compliance with regulations.
2. Note: For a repeat sample following a total coliform positive sample, any fecal/E. coli positive repeat (boxed entry) *constitutes an MCL violation and requires immediate notification to the Department* (22, CCR, Section 64426.1).
3. Note: For a repeat sample following a fecal/E. coli positive sample, any total coliform positive repeat (boxed entry) *constitutes an MCL violation and requires immediate notification to the Department* (22, CCR, Section 64426.1).
4. Total coliform MCL (*Notify Department within 24 hours of MCL violation*):
   a. For systems collecting less than 40 samples, if two or more samples are total coliform positive, then the MCL is violated.
   b. For systems collecting 40 or more samples, if more than 5.0 percent of samples collected are total coliform positive, then the MCL is violated.
5. Positive results and their associated repeat samples must be tracked on the worksheet on the other side.
6. For systems collecting more than one routine sample per month, three repeat samples must be collected for each total coliform positive sample. Repeat samples must be collected within 24 hours of being notified of the positive result.

AquaLab Water Analysis
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Twain Harte CA 95383

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(209) 586-3400
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BACTERIOLOGICAL EXAMINATION OF WATER

ODDFELLOWS SIERRA REC
P O BOX 626
MI WUK VILLAGE CA 95346

5510016 DOHS
2 BOB CLOAK 586-1459
3 MIKE RAINWATER 586-2792 358-0694

OFC 586-3098

Date: 1-10-07

Sampler: RDB

Source		Reason	Type
1) Surface/ Spring	4) Reservoir	A) Routine	C) Total Coliform
2) Well Head	5) Distribution	B) Repeat	F) Fecal Coliform
3) Well Distribution	6) Treatment Plant	C) Special	H) Heterotrophic Plate Count
			E) E. coli

751-

Lab ID / Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes Prsmp 24	48	Confirmed 24	24	48	48	#	Coliform P/A or MPN Total	Fecal	E.coli	CFU mL 35 C @ 48HR
H / T9B	1311	OT @ FRT OT @ 25259 REBECCA	.05	3	A	C	20.0	Ø	Ø					Ø	<1.1			
I / +46	1319	OT @ RT OT @ 25430 WHEELER	.05	3	A	C	20.0	Ø	Ø					Ø	<1.1			
J / +82	1327	OT @ 25149 ABRAHAM	.05	3	A	C	20	Ø	Ø					Ø	<1.1			

Notification/Comments:

Set-Up: Date/Time/By: 1-10 C 1630 SST

Completed: Date/By: 1-12-07 LLJ

These Tests (✓) Do   Meet State Standards
( ) Do Not