

**MONTHLY SUMMARY OF DISTRIBUTION SYSTEM  
COLIFORM MONITORING**

System Name <b>ODD FELLOWS SIERRA RECREATION ASSOCIATION</b>	System Number <b>5510016</b>
Sampling Period  Month <b>JANUARY</b>	Year <b>2008</b>

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/ E. coli Positives
1. Routine Samples (see note 1)	<u>3</u>	<u>3</u>	<u>0</u>	<u>0</u>
2. Repeat Samples Following Samples Which are Total Coliform Positive and Fecal/E.coli <i>Negative</i> (see notes 5 and 6)		_____	_____	□
3. Repeat Samples Following Routine Samples Which are Total Coliform Positive and Fecal/E. coli <i>Positive</i> (see notes 5 and 6)		_____	□	□
4. MCL Computation For Total Coliform Positive Samples				
a. Totals (sum of columns)	<u>3</u>	<u>3</u>		
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)		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
...with monthly MCL? .. (see note 4)		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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 <b>Robert Cloak</b>	Title <b>D-1 OPERATOR 28978</b>	Date <b>2-7-08</b>
----------------------------------	------------------------------------	-----------------------

**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  
 P.O. Box 356  
 Twain Harte CA 95383

State Certification # 1359  
 (209) 586-3400  
 Fax: (209) 586-1492

**BACTERIOLOGICAL EXAMINATION OF WATER**

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

5510016 DOHS  
 # 1 BOB CLOAK 586-1459  
 # 2 MIKE RAINWATER 586-2792  
 # 3 MIKE CARAPRESSO

OFC 586-3098  
 DORIS - 6664

Date: 1-31-08

Sampler: JBD

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

Collection Data							Five Portions						Presence/Absence			CFU mL 35 C @ 48HR						
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes						Coliform								
								Prsmp		Confirmed				P/A or MPN								
								24	48	24	24	48	48	#	Total		Fecal	E.coll				
H 66#	09:51	SINK TAP * OT @ 25259 REBECCA	✓		3 A C		20.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
I 0#	09:46	SINK TAP OT @ 25430 WHEELER	✓		3 A C		20.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
J 44#	10:18	LAUNDRY SINK TAP OT @ 25149 ABRAHAM	✓		3 A C		20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Notification/Comments:

Set-Up: Date/Time/By: 1-31<sup>o</sup> 1500 ABC  
 Completed: Date/By: 2-2-08 CAP

These Tests  Do Meet State Standards  
 Do Not