

## MONTHLY SUMMARY OF DISTRIBUTION SYSTEM COLIFORM MONITORING (including triggered source monitoring for systems subject to the Groundwater Rule)

System Name <b>ODDFELLOWS SIERRA RECREATION ASSOCIATION</b>	System Number <b>5510016</b>
Sampling Period <b>JANUARY</b>	Year <b>2010</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 that are Total Coliform Positive and Fecal/E.coli <i>Negative</i> (see notes 5 and 6)		_____	_____	□
3. Repeat Samples following Routine Samples that are Total Coliform <i>Positive</i> and Fecal/E.coli Positive (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. Source Samples Triggered by Routine Samples that are Total Coliform Positive (This applies <b>only</b> to systems subject to the Groundwater Rule - see notes 7 and 8)		_____	_____	□
6. Invalidated Samples (Note what samples, if any, were invalidated; who authorized the invalidation; and when replacement samples were collected. Attach additional sheets, if necessary.)				
7. Summary Completed By:				

Signature <b>Robert Cloak</b>	Title <b>D-1 OPERATOR 28978</b>	Date <b>2-3-10</b>
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**NOTES AND INSTRUCTIONS:**

1. Routine samples include:
  - a. Samples required pursuant to 22 CCR Section 64423 and any additional samples required by an approved routine sample siting plan established pursuant to 22 CCR Section 64422.
  - b. Extra samples are 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 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 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 are to be tracked on the Coliform Monitoring Worksheet.
6. Repeat samples must be collected within 24 hours of being notified of the positive results. For systems collecting more than one routine sample per month, three repeat samples must be collected for each total coliform positive sample. For systems collecting one or fewer routine samples per month, four repeat samples must be collected for each total coliform positive sample.
7. For systems subject to the Groundwater Rule: Positive results and the associated triggered source samples are to be tracked on the Coliform Monitoring Worksheet.
8. For triggered sample(s) required as a result of a total coliform routine positive sample, an *E.coli*, enterococci, or coliphage positive triggered sample (boxed entry) **requires immediate notification to the Department, Tier 1 public notification, and corrective action.**

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Fax: (209) 586-1492

BACTERIOLOGICAL EXAMINATION OF WATER

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

5510016 DOHS  
  
#2 GORDIE 586-9325

BOB CLOAK 586-1469 - Call 1st FAX

Date: 1-27-10

Sampler: ABC

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

1710 A Collection Data								Five Portions							Presence/Absence			
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform			CFU mL 35 C @ 48HR
								Prsmp		Confirmed					P/A or MPN			
								24	48	24	24	48	48	#	Total	Fecal	E.coli	
A 67+	1055	OT @ 25259 REBECCA	1.05	3	A	C	20.0	0	0						0	<1.1		
B R2II	1105	OT@ 25430 WHEELER	1.05	3	A	C	20.0	0	0						0	<1.1		
C 510	1045	OT@ 25149 ABRAHAM	1.05	3	A	C	20	0	0						0	<1.1		

Notification/Comments:

Set-Up: Date/Time/By: 1-27 1530 LLJ

Completed: Date/By: 1-29-10 CAB

These Tests  Do Meet State Standards  
 Do Not