

**MONTHLY SUMMARY OF DISTRIBUTION SYSTEM
COLIFORM MONITORING**

| | |
|---|---------------------------------|
| System Name ODD FELLOWS SIERRA RECREATION ASSOCIATION | System Number 5510016 |
| Sampling Period | Year 2007 |
| Month DECEMBER | Year |

| | Number Required | Number Collected | Number Total Coliform Positives | Number Fecal/ E. coli Positives |
|---|------------------------------------|---|------------------------------------|------------------------------------|
| 1. Routine Samples (see note 1) | <u>3</u> | <u>2</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>2</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 Robert Cloak | Title D-1 OPERATOR 28978 | Date 1-10-08 | | |

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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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: **12.27.07**

Sampler: **ADB**

| 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) <i>E. coli</i> |

| 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 | | # |

| | | | | | | | | | | | | | | | | | |
|-----------------|------|-----------------------|-----|---|---|---|------|---|---|--|--|--|--|---|------|--|--|
| 1074 | | | | | | | | | | | | | | | | | |
| C 744 | 1333 | OT @ 25259 REBECCA | 405 | 3 | A | C | 20.0 | φ | φ | | | | | φ | <1.1 | | |
| D K:5 | 1354 | OT@ 25430 WHEELER | 405 | 3 | A | C | 20.0 | φ | φ | | | | | φ | <1.1 | | |
| | | FROZEN/OFF | | | | | | | | | | | | | | | |
| | | OT@ 25149 ABRAHAM | | 3 | A | C | 20 | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

Notification/Comments: Set-Up: Date/Time/By: **12.27.07 1600 NGJ**
Completed: Date/By: **12.29.07 CAB**

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