

### 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>AUGUST</b>	Year <b>2007</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)				<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
3. Repeat Samples Following Routine Samples Which are Total Coliform Positive and Fecal/E. coli <i>Positive</i> (see notes 5 and 6)			<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
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 Chod</b>	Title <b>D-1 OPERATOR 28978</b>	Date <b>9-10-07</b>
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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
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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
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OFC 586-3098 DORIS - 6664	Date: <b>8.29.07</b>	Sampler: <b>RDB</b>
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Source			Reason			Type					
1) Surface/ Spring	4) Reservoir	A) Routine	C) Total Coliform	2) Well Head	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	#	Total	Fecal	E.coli			
M 6#C	1401	OT @ 25259 REBECCA	505	3	A	C	20.0	0	0	0	0	0	0	0	0	0	0	0	0	0
N B-7	1421	OT@ 25430 WHEELER	505	3	A	C	20.0	0	0	0	0	0	0	0	0	0	0	0	0	0
O 7#b	1415	OT@ 25149 ABRAHAM	505	3	A	C	20	0	0	0	0	0	0	0	0	0	0	0	0	0

Notification/Comments:	Set-Up: Date/Time/By: <b>8.29<sup>c</sup> 1615 WJ</b>
	Completed: Date/By: <b>8.31.07 Lty</b>

These Tests  Do Meet State Standards  
 ( ) Do Not