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

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System Name Odd Fellows Sierra Recreation Association	System Num	System Number 5510016								
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	Number Required		Numb Collect		Number Total oliform Positives	Number Fe E.coli Positi				
1. Routine Samples (see note 1)						and de se de la				
 Repeat Samples following Samples that are Total Coliform Positive and Fecal/E.coli Negative (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)		• .		atomana an	(I/Readerstational Anti-Anti-Anti-Anti-Anti-Anti-Anti-Anti-					
 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 compliancewith fecal/E. coli MCL? (see notes 2 and 3)	🗌 Yes			No						
with monthly MCL? (see note 4)	Yes			No						
5. Source Samples Triggered by Routine Samples that are Total Colifo (This applies only to systems subject to the Groundwater Rule - see				www.com	anti-regularity of the second se					
 6. Invalidated Samples (Note what samples, if any, were invalidated; who authorized the inwere collected. Attach additional sheets, if necessary.) 7. Summary Completed By: 	rvalidation; and	when rep	lacemen	t sam	ples					
	fTifle	*****	1120020-1120-120-120-120-120-120-120-120			Date				
Signature	A DANG.					EXERC Sequences and a sequence of the second se				
 NOTES AND INSTRUCTIONS: I. Koutine samples include: a. Samples required pursuant to 22 CCR Section 64423 and any additional samples required by b. Extra samples are required for systems collecting less than five routine samples per month th c. Extra samples for systems with high source water turbidities that are using surface water or g do not practice filtration in compliance with regulations; 2. Note: For a repeat sample following a total coliform positive sample, any fecal/<i>E.coli</i> positive requires immediate notification to the Department (22, CCR, Section 64426.1). 3. Note: For repeat sample following a fecal/<i>E.coli</i> positive sample, any total coliform positive 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 40 or more samples, if two or more samples are total coliform Monite 6. Repeat samples must be collected within 24 hours of being notified of the positive results. I must be collected for each total coliform positive sample. For systems collecting one or fev positive sample. 7. For systems subject to the Groundwater Rule: Positive results and the associated triggered s 8. For triggered sample(s) required as a result of a total coliform routine positive sample, and the positive sample. 	at had one or more total roundwater under direct live repeat (boxed entry e repeat (boxed entry e, then the MCL is viol total coliform positive, oring Worksheet. For systems collecting ver routine samples per ource samples are to b <i>coli</i> , enterococci, or o	l coliform po t influence o ry) constitute) constitute lated. , then the MC g more than er month, for be tracked o	sitives in pro f. surface wa les au MCI s an MCL L is violated one routine ar repeat sam	evious i ter and violation sample nples r rm Mo	nonth; tion and an and e per month, three repe nust be collected for ea nitoring Worksheet.	at samples ach total coliform				

AquaLab Water Analysis P.O. Box 356										State Certification # 1359 (209) 586-3400 Fax: (209) 586-1492											
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ODDFELL	ows s	SIERRA REC	EVINANTA GANAGARAN			ele esta esta esta esta esta esta esta est	an a	****	55	1001	0016 DOHS										
P O BOX 116 LONG BARN CA 95335										FAX-586-3999											
LONG DAKN CA 30330										-vr - 560-5999											
GARY-S=888-3676 RON 586 4528 Date: Sampler:														Barradana sa ang ang ang ang ang ang ang ang ang an							
© RSHAWKE@GMAIL.COM Source											Reason Type										
Source 1) Surface/ Spring 4) Reservoir										10000000000000000000000000000000000000	A) Routine C) Total Coliform										
2) Well He		-		Dis																	
3) Well Di	stributic	'n	6)	l re	atn	nen	t Plar	11				C) S	peci	a l	H) Hete E) E. co	rotrophic I Ii	Plate Cou	unt			
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BACTERIOLOGICAL EXAMINATION OF WATER

ODDFELLOWS SIERRA REC P O BOX 116 LONG BARN CA 95335 TUOLUMNE

LAKE SEASONAL MJJAS

									CALIFORNIA											
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Source 1) Surface/ Spring 4) Reservoir 2) Well Head 5) Distribution 3) Well Distribution 6) Treatment						n	nt				A) R B) R C) S	epea	ne at	Type C) Total Coliform F) Fecal Coliform H) Heterotrophic Plate Count E) <i>E. coli</i>						
1879 Collection Data								Five Portions Presence/Absence												
	1	S S		0	L C		Vol mL		#	Pos	itive	Tub	es			CFU mL				
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