

**MONTHLY SUMMARY OF DISTRIBUTION SYSTEM  
COLIFORM MONITORING**

System Name <b>000 FELLOWS SIERRA RECREATION ASSOCIATION</b>	System Number <b>5510016</b>
Sampling Period <b>SEPTEMBER</b>	Year <b>2006</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 Negative (see notes 5 and 6)		_____	_____	□
3. Repeat Samples Following Routine Samples Which are Total Coliform Positive 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. 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 Clock</b>	Title <b>D-1 OPERATOR 28978</b>	Date <b>10-6-06</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

## BACTERIOLOGICAL EXAMINATION OF WATER

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

5510016 DOHS  
# 2 BOB CLOAK 586-1459  
# 3 MIKE RAINWATER 586-2792 358-0694

OFC 586-3098

Date: 9.14.06

Sampler: RDB

Source			Reason			Type		
1) Surface/ Spring	4) Reservoir	A) Routine	2) Well Head	5) Distribution	B) Repeat	C) Total Coliform	F) Fecal Coliform	H) Heterotrophic Plate Count
3) Well Distribution	6) Treatment Plant	C) Special				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		
<u>V</u> I9#	<u>1142</u>	<u>OT @ FRT</u> <u>OT @ 25259</u> <u>REBECCA</u>	<u>505</u>	<u>3</u>	<u>A</u>	<u>C</u>	<u>20.0</u>	<u>∅</u>	<u>∅</u>								<u>&lt;1.1</u>		
<u>W</u> <u>29#</u> <u>2#1</u>	<u>1111</u>	<u>OT @ LFT</u> <u>OT @ 25430</u> <u>WHEELER</u>	<u>505</u>	<u>3</u>	<u>A</u>	<u>C</u>	<u>20.0</u>	<u>∅</u>	<u>∅</u>								<u>&lt;1.1</u>		
<u>X</u> <u>2#L</u>	<u>1159</u>	<u>OT @ RT</u> <u>OT @ 25149</u> <u>ABRAHAM</u>	<u>505</u>	<u>3</u>	<u>A</u>	<u>C</u>	<u>20</u>	<u>∅</u>	<u>∅</u>								<u>&lt;1.1</u>		

Notification/Comments:

Set-Up: Date/Time/By: 9.14.06 1400 LLJ  
Completed: Date/By: 9.16.06 CAB

These Tests  Do Meet State Standards  
 Do Not

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**BACTERIOLOGICAL EXAMINATION OF WATER**

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

TUOLUMNE  
 # 2 BOB CLOAK 586-1459  
 # 3 MIKE RAINWATER 586-2792 358-0694  
 LAKE SEASONAL MJJAS

586-3098 OFFICE

Date: 9.14.06

Sampler: RDB

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		
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								Prsmpt		Confirmed				P/A or MPN					
								24	48	24	24	48	48	#	Total	Fecal		E.coli	
1041 U 04 09	1150	LAKE SWIM AREA	-	1	A	C	10.0 1.0 0.1	0	0	2	-	-	2	0	0	4	2		
						F													

Notification/Comments:

Set-Up: Date/Time/By: 9.14.06 1400 LLJ  
 Completed: Date/By: 9.17.06 CAB