

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

System Name <p align="center">Odd Fellows Sierra Recreation Association</p>	System Number <p align="center">5510016</p>
Sampling Period <i>Sept</i> Month	Year <i>2010</i>

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal E.coli Positives
1. Routine Samples (see note 1)				
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)				
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 type="checkbox"/> Yes			<input type="checkbox"/> No
...with monthly MCL? (see note 4)	<input type="checkbox"/> Yes			<input type="checkbox"/> No
5. Source Samples Triggered by Routine Samples that are Total Coliform Positive (This applies only 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	Title	Date
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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.**

Sept 6, 2010

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BACTERIOLOGICAL EXAMINATION OF WATER

DDFELLOWS SIERRA REC
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5510016 CDPH

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Date: 9-6-10

Sampler: KRAWCHUK

Source	Reason	Type
Surface/ Spring	4) Reservoir	A) Routine
Well Head	5) Distribution	B) Repeat
Well Distribution	6) Treatment Plant	C) Special
		C) Total Coliform
		F) Fecal Coliform
		H) Heterotrophic Plate Count
		E) E. coli

Collection Data							Five Portions							Presence/Absence			CFU mL 35 C @ 48HR		
Bottle ID	Time	Location	CL2	Source	Reason	Type	# Positive Tubes							Coliform					
							Prsmp		Confirmed			#	P/A or MPN						
							24	48	24	24	48		48	Total	Fecal	E.coli			
154	1100	25259 REBECCA	Ø	J	A	C	200	Ø	1	Ø	Ø	Ø	Ø	Ø	Ø	Ø	<1.1	<1.1	<1.1
155	1045	25418 JORDAN WAY-WEST	Ø	J	A	C	200	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	<1.1		
158	1100	25149 ABRAHAM	Ø	J	A	C	200	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	<1.1		

Verification/Comments: C12 RESID

Set-Up: Date/Time/By: 9-6 1500 CAB

Completed: Date/By: 9-10-10 CAB

These Tests Do Meet State Standards
 Do Not