



Cranmer Engineering, Inc.
Integrated Engineering Services

Sample Results

Merry Mountain Village
P.O. Box 132
Clipper Mills, CA 95930

Work Order: GHC0933

Received: 03/20/25 13:45

Reported: 03/21/25 11:47

Monthly Operator Bacteria-(Mar, June, Sep, I System Number: 0400013

Sample Site: 11375 Siesta Circle
Sample Number GHC0933-01

Date Collected: 03/20/2025 10:40
Collected by: William Stotts
Title 22 Designation: Routine

	Result	Units	Reporting Limit	Method	Analyst Initials	Analysis Setup Time	Analysis Date
Total Coliform	<1.0	MPN/100 mL	1.0	SM 9223 B - Colilert 18	RN	03/20/25 14:13	03/21/25
E.coli	<1.0	MPN/100 mL	1.0	SM 9223 B - Colilert 18	RN	03/20/25 14:13	03/21/25
Chlorine Residual	ND	mg/L	0.05	Approved Methods	William	03/20/25 10:40	03/20/25

Term and Qualifier Definitions

Item	Definition
ND	None detected at or above the reporting limit

Justin Smith

Laboratory Manager

Integrating people, land and water.

1188 East Main Street, Grass Valley, CA 95945

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Sampling • Analytical Testing • Courier Service • System Operators • Engineering • Surveying • Technical Reporting • Planning • Construction Mgmt.



MONTHLY OPERATOR
DRINKING WATER SYSTEM CHECKLIST

System Name: Merry Mountain Village
Operator: W63
Date: 3-20-25
Sign In/Out Times: _____

MONTH/YEAR: Mar/2025

Yes	No	NA	Due Date if Not Complete	Item	Problems/ Comments
Visual Inspection					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Any evidence of leaks, vandalism, weeds, security concerns?	
Wellhead					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are the following OK?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		a) Casing & seal condition	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		b) Casing vent in place & screened	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		c) Cement slab	
Pump and Components					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		a) Is the pump at the well operating normally?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		b) Are the electrical control and junction boxes sealed?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		c) Is the electrical conduit in good condition?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		d) Is the sample tap in good condition?	
Pressure Tank/Bladder Tank					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Check that the following are OK:	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		a) No leaks, rusting, damage	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		b) Water logged or air logged	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		c) Air release valve/ air volume control operating	

**MONTHLY OPERATOR
DRINKING WATER SYSTEM CHECKLIST**

System Name: _____
 Operator: _____
 Date: _____
 Sign In/Out Times: _____

MONTH/YEAR: _____

Yes	No	NA	Due Date if Not Complete	Item	Problems/ Comments
Storage Tank					
a) <input checked="" type="checkbox"/>	a) <input type="checkbox"/>			Check that the following are OK: a) No leaks, rusting, damage b) All valves open c) Tank support sound d) Access port secured e) Vent screened Water level <u>Full</u> ft Totalizer meter reading: _____	<u>Meters:</u> Well 1 - 21250300 Well 2 - 76483000 Well 3 - 6074400 Well 4 - 317526 CF <u>Tanks</u> All Full
b) <input checked="" type="checkbox"/>	b) <input type="checkbox"/>				
c) <input checked="" type="checkbox"/>	c) <input type="checkbox"/>				
d) <input checked="" type="checkbox"/>	d) <input type="checkbox"/>				
e) <input checked="" type="checkbox"/>	e) <input type="checkbox"/>				
Booster Pump					
a) <input checked="" type="checkbox"/>	a) <input type="checkbox"/>			a) Is the pump operating normally? b) Are the electrical control and junction boxes sealed? c) Is the electrical conduit in good condition? d) Is the sample tap in good condition?	
b) <input checked="" type="checkbox"/>	b) <input type="checkbox"/>				
c) <input checked="" type="checkbox"/>	c) <input type="checkbox"/>				
d) <input type="checkbox"/>	d) <input type="checkbox"/>				
Distribution System					
a) <input checked="" type="checkbox"/>	a) <input type="checkbox"/>			Check that the following are OK: a) All sample sites b) No leaks c) Backflow prevention devices	
b) <input checked="" type="checkbox"/>	b) <input type="checkbox"/>				
c) <input type="checkbox"/>	c) <input type="checkbox"/>				

**MONTHLY OPERATOR
DRINKING WATER SYSTEM CHECKLIST**

System Name: _____
 Operator: _____
 Date: _____
 Sign In/Out Times: _____

MONTH/YEAR: _____

Yes	No	NA	Due Date if Not Complete	Item	Problems/ Comments
Chlorine Injector System					
<input type="checkbox"/> a)	<input type="checkbox"/> a)	<input checked="" type="checkbox"/> a)		a) Any chlorine residual issues based on your review of the log? Raw chlorine specifications _____ Chlorine pump setting _____ strokes Tank level on arrival _____ gallons Chlorine residual in system _____ ppm Ratio of water to chlorine _____ gal water to _____ gal CL2 Amount of raw chlorine added _____ gallons	
<input type="checkbox"/> a)	<input type="checkbox"/> a)	<input checked="" type="checkbox"/> a)		Check that the following are OK: a) Chlorine system secure b) Condition of tubes, hoses and pipes (no leaks) c) Discharge hose condition d) Condition of storage tank	
Sampling					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Dead ends and sampling locations flushed?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Sampling conducted in accordance with sampling plans?	