MONTHLY SUMMARY OF DISTRIBUTION SYSTEM COLIFORM MONITORING

System Name ODD FELLOWS	SIERRA	1	System Number								
RECREATION I		5	5510016								
Sampling Period	жо от оторго до до учение и подот от от техно и подот на пред на домно и под под под на под на под на под на п На под на под			rei er organistica i Sentino Carrie di una componenti da prime Chimica Componenti da messare	gyragangangan saga iligangan da amin'nya katalona menendina 1974-1980 haripitahan m						
Month TULY			Year	2009							
		Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/ E. coll Positives						
1. Routine Samples (see note 1)		3	3	0	0						
Repeat Samples Following Sa Positive and Fecal/E.coli Nega	•	1	**************************************								
 Repeat Samples Following Ro Total Coliform Positive and Fer (see notes 5 and 6) 	•		-01-17-17-18-18-18-18-18-18-18-18-18-18-18-18-18-								
4. MCL Computation For Total C	oliform Positive Samples										
a. Totals (sum of columns)		3	3								
 b. If 40 or more samples collegered of samples that are [(total number positive/total) 	total coliform positive.	and the control of th	-	•							
c. Is system in compliance	with fecal/E. coli MCL? (see notes 2 and 3)	Q Yes	□ No								
	with monthly MCL? (see note 4)	Yes	O No								
Invalidated Samples (Note what samples, if any, we were collected. Attach addition	ere invalidated; why they were nal sheets, if necessary.)	invalidated; who a	authorized the	invalidation; and who	en replacement sample						
6. Summary Completed By:											
Signature Robert Close	L	Tide		ERATOR 289	78 8-5-09						
NOTES AND INSTRUCTIONS: 1. Routine samples include:	NOON MANAGEMENT (CONTROLLED AND CONTROLLED AND CONT	encentrionimum concentrative section de la concentrative section de la concentrative se	gina rennegoja kalif kaŭ genede adreka ekza Chrigoliko Etrani ga travenoj	raum dicussicion di différente de la différence de la companya de la companya de la companya de la companya de							

- 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.
- 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.
- 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.

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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														
OFC 586-3098 DORIS - 6664									Date: 7.8.09 Sampler: ASC												
Source											Reason Type										
1) Surface	/ Spring	9	4)	Re	ser	voir	•				7	A) R	outir	1e	C) Total	Coliform					
2) Well He				Dis								B) R				l Coliform					
3) Well Distribution 6) Treatme						nen	it Plar	nt				C) S	peci	al ———	H) Heterotrophic Plate Count E) E. coli						
1533		Five Portions Presence/Absence . # Positive Tubes Coliform																			
2/0	5 95									Posi		Tub	real residence in the			CFU mL					
30 Polite II	Time	Location	CL2	Source	Reason	Type	Vol mL	Prs	mp	ip C		onfirmed				35 C @ 48HR					
7,00	pro-	9		Š	ğ		Š	24	48	24	24	48	48	#	Total	Fecal	E.coli	10/11			
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Notification/Comments: Set-Up: Date/Time/By: 7-8-154-5 ARC Completed: Date/By: 7110109 CAS																					
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BACTERIOLOGICAL EXAMINATION OF WATER

ODDFELLOWS SIERRA REC									TUOLUMNE											
P O BOX 626								# 2 BOB CLOAK 586-1459												
MI WUK VILLAGE CA 95346							# 3 MIKE RAINWATER 586-2792 358-0694													
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586-3098 OFFICE Dat									ite:	Sampler: AP										
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Source													easc		Type					
1) Surface/ Spring				4) Reservoir							,	A) R			C) Total Coliform					
2) Well He			5) Distribution									B) R			F) Fecal Coliform H) Heterotrophic Plate Count					
3) Well Dis	stributio	on	6) Treatment Plant								- 1	C) Special			, ,	JIII.				
															E) E. coli					
153=	7	Collection Data							Fi	ve P	ortic	ons			Presence/Absence					
		Ę	CL2	Source	Reason				#	Pos	tive	Tub	es		Coliform			CFU mL		
\$\@\Q	Time	atic				Type	E	Prs	mp		Со	onfirmed			P/A or MPN			35 C @ 48HR		
Jab Bottle	Ë	Location	O	Sol		F	Vol mL	24	48	24	24	48	48	#	Total	Fecal	E.coli	48HK		
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