CALIFOR A REGIONAL WATER QUALITY CONTRO OARD
COLORADO RIVER BASIN

WDID NO.: **7A1310570011**
ORDER NO.: **R7-2003-0054**
NPDES NO.: **CA0104841**
REPORTING FREQUENCY: **MONTHLY**

MONITORING AND REPORTING PROGRAM
FOR DATE GARDENS MOBILE HOME PARK
MONTH MAY
YEAR 2007

TYPE OF SAMPLE:	EFFLUENT						
CONSTITUENTS	Flow	Sus. Solids	20°C BOD_5	pH	E. Coli	Chlorine	TDS
FREQUENCY	Daily	Monthly	Monthly	Monthly	5 Samples/Mo.	Daily	Monthly
DESCRIPTION		24-Hr. Comp.	24-Hr. Comp.	Grab	Grab	Grab	Grab
UNITS	mgd	mg/L	mg/L	pH UNITS	MPN/100mL	mg/L	mg/L
REQUIREMENTS							
30-DAY MEAN	**0.021**	**30**	**30**	**6.0-9.0**	**126**	**0.01**	**2000**
7-DAY MEAN		**45**	**45**	**6.0-9.0**			**2500**
MAXIMUM					**400**	**0.02**	
DATE OF SAMPLE							
1	0.0077	2.2	7.2	6.9	2	0	804
2	0.0075						
3	0.0078				130		808
4	0.0079						
5	0.0090						
6	0.0079						
7	0.0078						
8	0.0079						
9	0.0076						
10	0.0077						
11	0.0080						
12	0.0083						
13	0.0086						
14	0.0080						
15	0.0086						
16	0.0087						
17	0.0086						
18	0.0087						
19	0.0089						
20	0.0087						
21	0.0089						
22	0.0089						
23	0.0086						
24	0.0088						
25	0.0083						
26	0.0079						
27	0.0077						
28	0.0079						
29	0.0089				2		
30	0.0087				140		
31	0.0089				240		
30-DAY MEAN	**0.0083**	**2.2**	**7.2**	**6.9**	**28**	**0**	**804.0**
7-DAY MEAN							
MAXIMUM	**0.0090**	**2.2**	**7.2**	**6.9**	**240**	**0**	**804.0**

I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure qualified personnel properly gather and evaluate the information submitted based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

Signature: Rocky Nardinger

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REGION 7

MONTHLY REPORT

Imperial Valley Environmental Laboratory
501 E. Third Street
Calexico CA, 92231
(Tel) 760-357-8764
(Fax) 760-357-8765
ELAP Certification # 2524

Client: Date Gardens RV. WWTP

Contact : Rocky V.

Log Number: 1453
Sample ID: Effluent (1453)

Date Reported: 05-07-07
Date Sampled: 05-01-07
Date Received: 05-01-07
Sample Type: Water

Analytical Results

Analysis	Effluent	Units	Method	DLR	Analysis Date
BOD	7.2	mg/L	SM 5210B	1	05-07-07
Tot. Suspended Solids	2.2	mg/L	SM 2540D	1	05-05-07
Total Dissolved Solids	808.0	mg/L	SM 2540C	1	05-05-07
pH	6.92	units	SM 4500HB	1	05-01-07

Miguel E. Ortega, Laboratory Director

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Client: Date Gardens RV.

Contact: Rocky V.

Log Number: M1644
Sample ID: M1644R
Sample Site: Effluent
Collected by: Hector O
Date Sampled and Time: 05-01-07, 11:30am
Temperature: 5° Celcius

Received by: Patty Hardin
Date Received: 05-01-07
Time Received: 2:15pm
Test Start Time: 3:00pm
Chlorine Residual: 0
Date Test Ended: 05-04-07
Test End Time: 2:33pm

Analytical Results

Date	Final Result	Test Name	Count	Volume Tested
05-04-07	Total Coliform –	MPN by MTF	<2	MPN- 100mL. Water
05-04-07	Fecal Coliform –	MPN by MTF	<2	MPN- 100mL. Water
05-04-07	E. Coli –	MPN by MTF	<2	MPN- 100mL. Water

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Client: Date Gardens RV.

Contact: Rocky V.

Log Number: M1664
Sample ID: M1664R
Sample Site: Effluent
Collected by: Hector O
Date Sampled and Time: 05-09-07, 10:30am
Temperature: 5° Celcius

Received by: Patty Hardin
Date Received: 05-09-07
Time Received: 12:05pm
Test Start Time: 12:55pm
Chlorine Residual: 0
Date Test Ended: 05-12-07
Test End Time: 12:30pm

Analytical Results

Date	Final Result	Test Name	Count	Volume Tested
05-12-07	Total Coliform –	MPN by MTF	300	MPN- 100mL. Water
05-12-07	Fecal Coliform –	MPN by MTF	130	MPN- 100mL. Water
05-12-07	E. Coli –	MPN by MTF	130	MPN- 100mL. Water

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Client: Date Gardens RV.

Contact: Rocky V.

Log Number: M1693
Sample ID: M1693R
Sample Site: Effluent
Collected by: Hector O
Date Sampled and Time: 05-29-07, 1:30pm
Temperature: 29° Celcius

Received by: Patty Hardin
Date Received: 05-29-07
Time Received: 2:00pm
Test Start Time: 2:10pm
Chlorine Residual: 0
Date Test Ended: 05-31-07
Test End Time: 1:45pm

Analytical Results

Date	Final Result	Test Name	Count	Volume Tested
05-31-07	Total Coliform --	MPN by MTF	<2	MPN- 100mL. Water
05-31-07	Fecal Coliform –	MPN by MTF	<2	MPN- 100mL. Water
05-31-07	E. Coli –	MPN by MTF	<2	MPN- 100mL. Water

Miguel E. Ortega, Laboratory Director

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Client: Date Gardens RV.

Contact: Rocky V.

Log Number: M1700
Sample ID: M1700R
Sample Site: Effluent
Collected by: Hector O
Date Sampled and Time: 05-30-07, 10:30am
Temperature: 5° Celcius

Received by: Patty Hardin
Date Received: 05-30-07
Time Received: 11:20am
Test Start Time: 12:05pm
Chlorine Residual: 0
Date Test Ended: 06-02-07
Test End Time: 11:30am

Analytical Results

Date	Final Result	Test Name	Count	Volume Tested
06-02-07	Total Coliform --	MPN by MTF	900	MPN- 100mL. Water
06-02-07	Fecal Coliform –	MPN by MTF	140	MPN- 100mL. Water
06-02-07	E. Coli –	MPN by MTF	140	MPN- 100mL. Water

Miguel E. Ortega, Laboratory Director

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(Fax) 760-357-8765
ELAP Certification # 2524

Client: Date Gardens RV.

Contact: Rocky V.

Log Number: M1704
Sample ID: M1704R
Sample Site: Effluent
Collected by: Hector O
Date Sampled and Time: 05-31-07, 1:38pm
Temperature: 5° Celcius

Received by: Patty Hardin
Date Received: 05-31-07
Time Received: 2:55pm
Test Start Time: 3:33pm
Chlorine Residual: 0
Date Test Ended: 06-02-07
Test End Time: 2:00pm

Analytical Results

Date	Final Result	Test Name	Count	Volume Tested
06-02-07	Total Coliform --	MPN by MTF	240	MPN- 100mL. Water
06-02-07	Fecal Coliform –	MPN by MTF	240	MPN- 100mL. Water
06-02-07	E. Coli –	MPN by MTF	240	MPN- 100mL. Water

Miguel E. Ortega, Laboratory Director

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COLORADO RIVER BASIN

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MONTH MAY
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