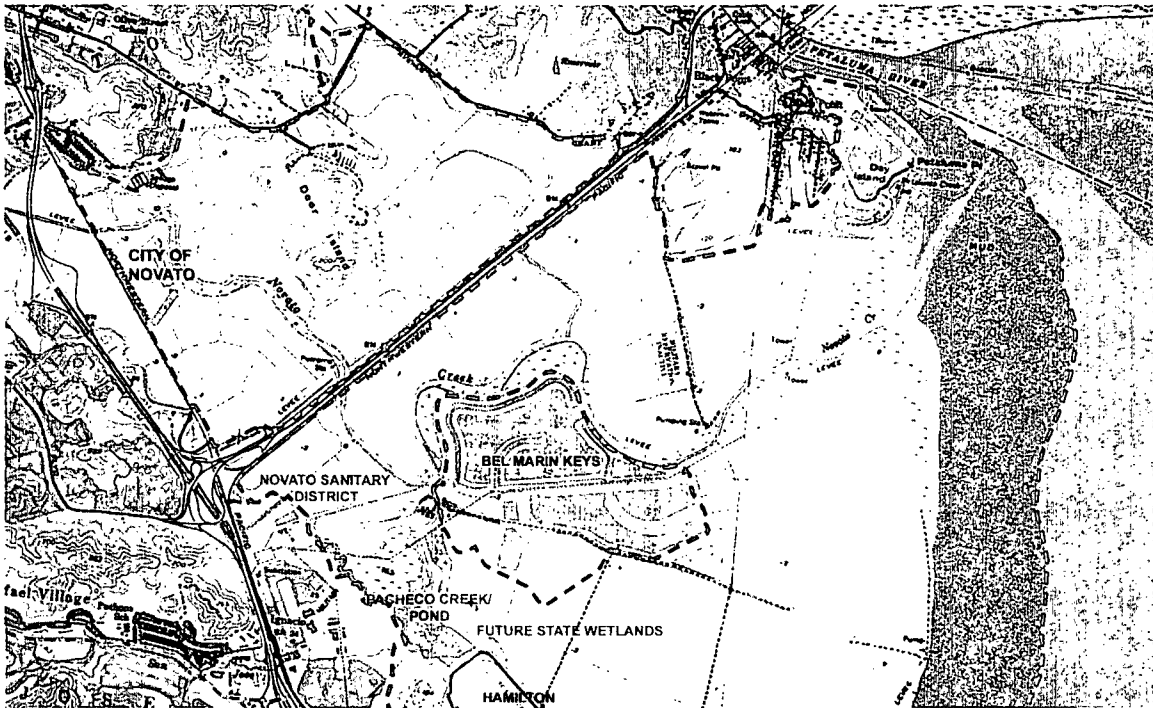
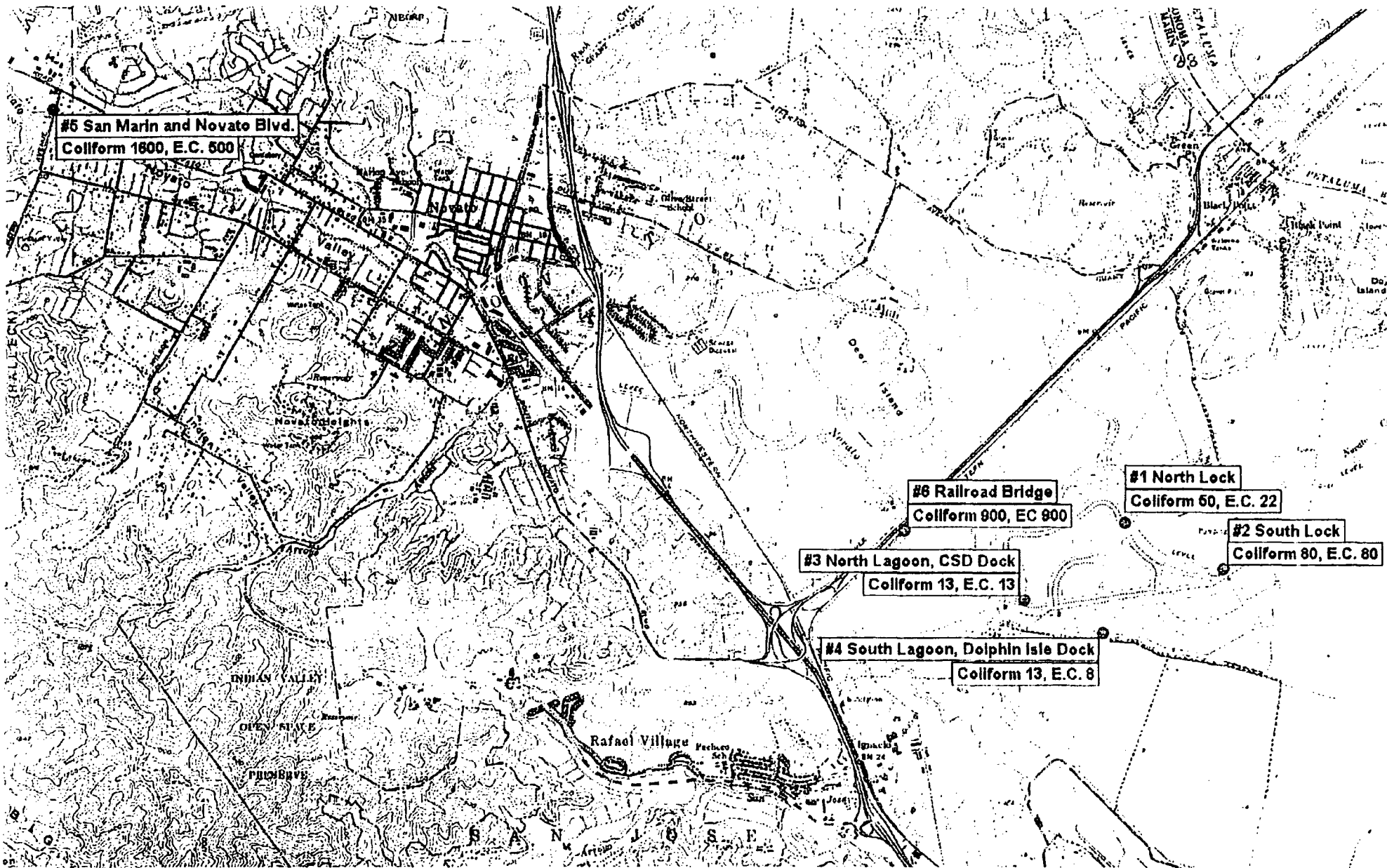


NOVATO CREEK



BEL MARIN KEYS COMMUNITY SERVICES DISTRICT
WATER QUALITY TESTING RESULTS 1997-1998; 2000-2001
NOVATO CREEK AND BEL MARIN KEYS LAGOON, NOVATO, CA

Map from Water Test File



Water Testing Results

Date	Test	Standard	Tide	Novato Creek	Novato Creek	Novato Creek	Novato Creek	North Lagoon	South Lagoon	South Lagoon
				O'Hair Park	Railroad Bridge	North Lock	South Lock	CSD Dock	Dolphin Dock	Bahama Dock
05/30/2000	Total Coliform	240 MPN	incoming	n/a	>1,600	>1,600	1,600	4	13	4
06/14/2000	Total Coliform	240 MPN	outgoing	1600	900	50	80	13	13	n/a
07/17/2000	Total Coliform	240 MPN	incoming	n/a	>1,600	50	>1,600	13	22	8
08/14/2000	Total Coliform	240 MPN	incoming	n/a	240	130	50	17	2	4
09/26/2000	Total Coliform	240 MPN	incoming	n/a	130	130	50	140	11	4
10/17/2000	Total Coliform	240 MPN	slack	n/a	46	130	170	11	11	23
11/04/2000	Total Coliform	240 MPN	incoming	n/a	>1600	300	300	23	11	11
12/12/2000	Total Coliform	240 MPN	incoming	n/a	>1600	70	140	50	130	17
1/09/2001	Total Coliform	240 MPN	incoming	n/a	71600	71600	71600	4	50	280
2/27/2001	Total Coliform	240 MPN	outgoing	n/a	3000	2400	800	7	13	130
05/30/2000	Fecal Coliform	200 MPN	incoming	n/a	900	900	300	2	2	4
06/14/2000	Fecal Coliform	200 MPN	outgoing	500	900	22	80	13	8	n/a
07/17/2000	Fecal Coliform	200 MPN	incoming	n/a	1,600	30	900	13	17	8
08/14/2000	Fecal Coliform	200 MPN	incoming	n/a	80	27	50	11	2	2
09/26/2000	Fecal Coliform	200 MPN	incoming	n/a	80	130	23	17	11	4
10/17/2000	Fecal Coliform	200 MPN	slack	n/a	36	80	140	4	11	13
11/14/2000	Fecal Coliform	200 MPN	incoming	n/a	500	70	30	<2	8	4
12/12/2000	Fecal Coliform	200 MPN	incoming	n/a	350	23	11	13	13	2
05/30/2000	Salinity	20 PPT	incoming		8	7	9	15	20	19
07/17/2000	Salinity	20 PPT	outgoing		12	25	15	22	21	21
07/25/2000	Salinity	20 PPT	incoming		9	11	21	21	18	18
08/14/2000	Salinity	20 PPT	incoming		17	24	23	24	22	21
09/26/2000	Salinity	20 PPT	incoming		25	26	25	22	24	24
10/17/2000	Salinity	20 PPT	slack		22	25	24	28	25	24
11/14/2000	Salinity	20 PPT	incoming		8	23	23	27	25	25
12/12/2000	Salinity	20 PPT	incoming		16	23	23	27	25	25

Page 17 3/21/2001 Total Coliform 240 MPN outgoing n/a 3000 300 700

3/2001

County of Marin, HHS Public Health Lab
 920 Grand Avenue San Rafael, CA 94901
 Katherine Flink, M.S. Laboratory Director
 Phone: 415-499-6849
 Fax: 415-499-6855
 CLIA 05D06432862
 CHPHL #0786
 ELAP 1896
Water Analysis

Lab # 01-69

Send Report To: Client # 17

Bel Marin Keys
4 Montego Key
Novato CA 94949

/

Sampled From: Client # 17

Bel Marin Keys
4 Montego Key
Novato CA 94949

59°

5' surface

Novato Creek
North Rock

Atten: Sue Lattanzio

Chain of Custody:

Received:	03/27/2001 / 10:30	Received by:	Margie
Sample Site:		Type of Sample:	Stream
Collected:	03/27/2001 / 08:50	Collected by:	D Perkins
Set-up:	03/27/2001 / 13:30	Set-up by:	D Perkins & Dwayne
Chlorine Residue			

RESULTS:

Date	Final Result	Test Name	Count	Volume Tested
04/04/2001	Total coliform PRESENT	MPN by MTF	300	MPN/100ml water
04/04/2001	Fecal Coliform PRESENT	MPN by MTF	40	MPN/100ml water

Printed by: Nancy

Signed by: Nancy Barnard

4/4/01 Fecal Streptococcus PRESENT MPN 9 MPN/100 ml water

County of Marin, HHS Public Health Lab

920 Grand Avenue San Rafael, CA 94901

Katherine Flink, M.S. Laboratory Director

Phone: 415-499-6849

Fax: 415-499-6855

CLIA 05D06432862

CHPHL #0786

ELAP 1896

Water Analysis

Lab # 01-70

Send Report To: Client # 17

Bel Marin Keys
4 Montego Key
Novato CA 94949

2

Sampled From: Client # 17

Bel Marin Keys
4 Montego Key
Novato CA 94949

59° 4 sal.

Novato Creek
South Lock

Atten: Sue Lattanzio

Chain of Custody:

Received:	03/27/2001 / 10:30	Received by:	Margie
Sample Site:		Type of Sample:	Stream
Collected:	03/27/2001 / 09:30	Collected by:	D Perkins
Set-up:	03/27/2001 / 13:30	Set-up by:	D Perkins C. Browne
Chlorine Residue			

RESULTS:

Date	Final Result	Test Name	Count	Volume Tested
04/04/2001	Total coliform PRESENT	MPN by MTF	700	MPN/100ml water
04/04/2001	Fecal Coliform PRESENT	MPN by MTF	80	MPN/100ml water

Printed by: Nancy

Signed by: Nancy Barnard

4/4/01: Fecal Streptococcus

< 2

MPN/100ml water

County of Marin, HHS Public Health Lab
 920 Grand Avenue San Rafael, CA 94901
 Katherine Flink, M.S. Laboratory Director
 Phone: 415-499-6849
 Fax: 415-499-6855
 CLIA 05D06432862
 CHPHL #0786
 ELAP 1896
Water Analysis

Lab # 01-74

Send Report To: Client # 17

Bel Marin Keys
 4 Montego Key
 Novato CA 94949

*outgoing
tide*

*#6 -
 Railroad Bridge,
 Highway 37
 61st 0-1 sal.
 Novato Creek*

Sampled From: Client # 17

Bel Marin Keys
 4 Montego Key
 Novato CA 94949

Atten: Sue Lattanzio

Chain of Custody:

Received:	03/27/2001 / 10:30	Received by:	Margie
Sample Site:		Type of Sample:	Stream
Collected:	03/27/2001 / 10:05	Collected by:	D Perkins
Set-up:	03/27/2001 / 3:30	Set-up by:	D Perkins C. Browne
Chlorine Residue			

RESULTS:

Date	Final Result	Test Name	Count	Volume Tested
04/04/2001	Total coliform PRESENT	MPN by MTF	3,000	MPN/100ml water
04/04/2001	Fecal Coliform PRESENT	MPN by MTF	800	MPN/100ml water

Printed by: Nancy
 Signed by: Nancy Barnard

11 MPN / 100 ml water

4/4/01 Fecal Streptococcus PRESENT

taxed to Sue 2-4-01

Incoming Tide

Temp So

44°

MARIN COUNTY HEALTH LABORATORY 920 GRAND AVE. - SAN RAFAEL CA 94901 499-6849		WATER EXAMINATION		LAB REPORT	
PURVEYOR AND ADDRESS BMK CSD		BOTTLE NUMBER 1		CI Ph	
SAMPLING POINT Nov Crk N Lock		COLLECTED BY Dennis Perkins		DATE AND HOUR COLLECTED 1-09-01 0850	
TYPE OF SAMPLE		SET-UP TIME 1-9-01 2pm CB		E.C. (M P N) 21600	
<input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY		ELAPSED TIME		COLIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT	
<input type="checkbox"/> SEWAGE <input type="checkbox"/> LAGOON				FECAL COLIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT	
<input checked="" type="checkbox"/> STREAM <input type="checkbox"/> POOL				P.S. (M P N)	
<input type="checkbox"/> OTHER					
LABORATORY REMARKS <input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input checked="" type="checkbox"/> ACCEPTABLE SAMPLE		DATE REC. JAN 10 10 51 AM '01	DATE REPORTED JAN 10 10 51 AM '01	ANALYST CB	PLATE COUNT PSEUDOMONAS

MARIN COUNTY HEALTH LABORATORY 920 GRAND AVE. - SAN RAFAEL CA 94901 499-6849		WATER EXAMINATION		LAB REPORT	
PURVEYOR AND ADDRESS BMK CSD		BOTTLE NUMBER 2		CI Ph	
SAMPLING POINT Nov Crk S Lock		COLLECTED BY Dennis Perkins		DATE AND HOUR COLLECTED 01-09-01 0920	
TYPE OF SAMPLE		SET-UP TIME 1-9-01 2pm CB		E.C. (M P N) 21600	
<input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY		ELAPSED TIME		COLIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT	
<input type="checkbox"/> SEWAGE <input type="checkbox"/> LAGOON				FECAL COLIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT	
<input checked="" type="checkbox"/> STREAM <input type="checkbox"/> POOL				P.S. (M P N)	
<input type="checkbox"/> OTHER					
LABORATORY REMARKS <input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input checked="" type="checkbox"/> ACCEPTABLE SAMPLE		DATE REC. JAN 10 10 51 AM '01	DATE REPORTED JAN 10 10 51 AM '01	ANALYST CB	PLATE COUNT PSEUDOMONAS

42.5° E

MARIN COUNTY HEALTH LABORATORY 920 GRAND AVE. - SAN RAFAEL CA 94901 499-6849		WATER EXAMINATION		LAB REPORT	
PURVEYOR AND ADDRESS BMK CSD		BOTTLE NUMBER 3		CI Ph	
SAMPLING POINT N Lagoon CSD		COLLECTED BY Dennis Perkins		DATE AND HOUR COLLECTED 01-09-01 0840	
TYPE OF SAMPLE		SET-UP TIME 1-9-01 2pm CB		E.C. (M P N) 2	
<input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY		ELAPSED TIME		COLIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT	
<input type="checkbox"/> SEWAGE <input checked="" type="checkbox"/> LAGOON				FECAL COLIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT	
<input type="checkbox"/> STREAM <input type="checkbox"/> POOL				P.S. (M P N)	
<input type="checkbox"/> OTHER					
LABORATORY REMARKS <input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input checked="" type="checkbox"/> ACCEPTABLE SAMPLE		DATE REC. JAN 10 10 51 AM '01	DATE REPORTED JAN 10 10 51 AM '01	ANALYST CB	PLATE COUNT PSEUDOMONAS

48° 2:

MARIN COUNTY HEALTH LABORATORY
920 GRAND AVE. - SAN RAFAEL CA 94901
499-6849

WATER EXAMINATION

LAB REPORT

PURVEYOR AND ADDRESS: **BMK CSD**

BOTTLE NUMBER: **4**

CI: PH:

SAMPLING POINT: **S Lagoon on Delphin Dennis Perkins**

COLLECTED BY: **Dennis Perkins**

DATE AND HOUR COLLECTED: **0705 1-09-01**

COLIFORM (M P N): **50**

SET-UP TIME: **1-9-01 2pm CP**

E.C. (M P N): **4**

TYPE OF SAMPLE: DRINKING WATER BAY SEWAGE LAGOON STREAM POOL OTHER

ELAPSED TIME: _____

LABORATORY REMARKS: LEAKED IN TRANSIT INSUFFICIENT SAMPLE ACCEPTABLE SAMPLE

DATE REC. _____ DATE REPORTED _____ ANALYST: **CB**

PLATE COUNT _____ PSEUDOMONAS _____

47° 2

MARIN COUNTY HEALTH LABORATORY
920 GRAND AVE. - SAN RAFAEL CA 94901
499-6849

WATER EXAMINATION

LAB REPORT

PURVEYOR AND ADDRESS: **BMK CSD**

BOTTLE NUMBER: **5**

CI: PH:

SAMPLING POINT: **S Lagoon Bahama Dennis Perkins**

COLLECTED BY: **Dennis Perkins**

DATE AND HOUR COLLECTED: **0912 1-09-01**

COLIFORM (M P N): **280**

SET-UP TIME: **1-9-01 2pm CP**

E.C. (M P N): **27**

TYPE OF SAMPLE: DRINKING WATER BAY SEWAGE LAGOON STREAM POOL OTHER

ELAPSED TIME: _____

LABORATORY REMARKS: LEAKED IN TRANSIT INSUFFICIENT SAMPLE ACCEPTABLE SAMPLE

DATE REC. _____ DATE REPORTED _____ ANALYST: **CB**

PLATE COUNT _____ PSEUDOMONAS _____

46° 24

MARIN COUNTY HEALTH LABORATORY
920 GRAND AVE. - SAN RAFAEL CA 94901
499-6849

WATER EXAMINATION

LAB REPORT

PURVEYOR AND ADDRESS: **BMK CSD**

BOTTLE NUMBER: **6**

CI: PH:

SAMPLING POINT: **Railroad Edge Dennis Perkins**

COLLECTED BY: **Dennis Perkins**

DATE AND HOUR COLLECTED: **0750 1-09-01**

COLIFORM (M P N): **21000**

SET-UP TIME: **1-9-01 2pm CP**

E.C. (M P N): **21600**

TYPE OF SAMPLE: DRINKING WATER BAY SEWAGE LAGOON STREAM POOL OTHER

ELAPSED TIME: _____

LABORATORY REMARKS: LEAKED IN TRANSIT INSUFFICIENT SAMPLE ACCEPTABLE SAMPLE

DATE REC. _____ DATE REPORTED _____ ANALYST: **CB**

PLATE COUNT _____ PSEUDOMONAS _____

44° 15

2/2001

MARIN COUNTY HEALTH LABORATORY
920 GRAND AVE. - SAN RAFAEL, CA 94901
409-6889

WATER
EXAMINATION

DATE: 2-27-01
STATE: CA

LAB REPORT

PURVEYOR AND ADDRESS BMK		BOTTLE NUMBER 4	LAB REPORT	
SAMPLING POINT 4 S Lagoon		DATE AND TIME COLLECTED 2-27-01	COLIFORM (M.P.N.) 13	
COLLECTED BY Dennis Perkins		SETUP TIME 2:27 01	E.C. (M.P.N.) 2	
TYPE OF SAMPLE <input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY <input type="checkbox"/> SEWAGE <input checked="" type="checkbox"/> LAGOON <input type="checkbox"/> STREAM <input type="checkbox"/> POOL <input type="checkbox"/> OTHER		CLAMPED TIME	COLIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT	
LABORATORY REMARKS <input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input checked="" type="checkbox"/> ACCEPTABLE SAMPLE		DATE REC. 3-27-01	DATE REPORTED 3-5-01	ANALYST CP
				PLATE COUNT PSEUDOMONAS

50° 21

MARIN COUNTY HEALTH LABORATORY
920 GRAND AVE. - SAN RAFAEL, CA 94901
409-6889

WATER
EXAMINATION

DATE: 2-27-01
STATE: CA

LAB REPORT

PURVEYOR AND ADDRESS BMK		BOTTLE NUMBER 5	LAB REPORT	
SAMPLING POINT S Lagoon		DATE AND TIME COLLECTED 2-27-01	COLIFORM (M.P.N.) 130	
COLLECTED BY Dennis Perkins		SETUP TIME 2-27 01	E.C. (M.P.N.) 13	
TYPE OF SAMPLE <input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY <input type="checkbox"/> SEWAGE <input checked="" type="checkbox"/> LAGOON <input type="checkbox"/> STREAM <input type="checkbox"/> POOL <input type="checkbox"/> OTHER		CLAMPED TIME	COLIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT	
LABORATORY REMARKS <input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input checked="" type="checkbox"/> ACCEPTABLE SAMPLE		DATE REC. 3-27-01	DATE REPORTED 3-5-01	ANALYST CP
				PLATE COUNT PSEUDOMONAS

50° 21

MARIN COUNTY HEALTH LABORATORY
920 GRAND AVE. - SAN RAFAEL, CA 94901
409-6889

WATER
EXAMINATION

DATE: 2-27-01
STATE: CA

LAB REPORT

PURVEYOR AND ADDRESS BMK		BOTTLE NUMBER 6	LAB REPORT	
SAMPLING POINT Railroad Bdy		DATE AND TIME COLLECTED 2-27-01	COLIFORM (M.P.N.) 3000	
COLLECTED BY Dennis Perkins		SETUP TIME 2:27 01	E.C. (M.P.N.) 500	
TYPE OF SAMPLE <input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY <input type="checkbox"/> SEWAGE <input checked="" type="checkbox"/> LAGOON <input checked="" type="checkbox"/> STREAM <input type="checkbox"/> POOL <input type="checkbox"/> OTHER		CLAMPED TIME 10:00	COLIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT	
LABORATORY REMARKS <input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input checked="" type="checkbox"/> ACCEPTABLE SAMPLE		DATE REC. 3-27-01	DATE REPORTED 3-5-01	ANALYST CP
				PLATE COUNT PSEUDOMONAS

50° 21

2/2001

outgoing tide
2-27-01

Temp Salinity

50° 02

MARIEN COUNTY HEALTH LABORATORY 920 GRAND AVE. - SAN RAFAEL, CA 94901 499-6849		WATER EXAMINATION		LAB REPORT	
SURVEYOR AND ADDRESS		BOTTLE NUMBER	DATE AND TIME COLLECTED	COLIFORM (M.P.N.)	
BMR		1	2/27/01	2400	
SAMPLING POINT: N Lock		COLLECTED BY: Dennis Perkins	2-27-01	2400	
TYPE OF SAMPLE		SETUP TIME	ELAPSED TIME	FECAL COLIFORM	
<input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY <input type="checkbox"/> SEWAGE <input type="checkbox"/> LAGOON <input checked="" type="checkbox"/> STREAM <input type="checkbox"/> POOL <input type="checkbox"/> OTHER: set up at		2 1/2 hrs	1.0	<input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT	
LABORATORY REMARKS		DATE REC.	DATE REPORTED	ANALYST	PLATE COUNT
<input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input checked="" type="checkbox"/> ACCEPTABLE SAMPLE			2-27-01	CP	

50° 02

MARIEN COUNTY HEALTH LABORATORY 920 GRAND AVE. - SAN RAFAEL, CA 94901 499-6849		WATER EXAMINATION		LAB REPORT	
SURVEYOR AND ADDRESS		BOTTLE NUMBER	DATE AND TIME COLLECTED	COLIFORM (M.P.N.)	
BMR		2	2/27/01	800	
SAMPLING POINT: S Lock		COLLECTED BY: Dennis Perkins	2-27-01	800	
TYPE OF SAMPLE		SETUP TIME	ELAPSED TIME	FECAL COLIFORM	
<input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY <input type="checkbox"/> SEWAGE <input type="checkbox"/> LAGOON <input checked="" type="checkbox"/> STREAM <input type="checkbox"/> POOL <input type="checkbox"/> OTHER		2 1/2 hrs	1.0	<input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT	
LABORATORY REMARKS		DATE REC.	DATE REPORTED	ANALYST	PLATE COUNT
<input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input checked="" type="checkbox"/> ACCEPTABLE SAMPLE		FEB 27 01 AM 10:04	2-27-01	CP	

51° 19

MARIEN COUNTY HEALTH LABORATORY 920 GRAND AVE. - SAN RAFAEL, CA 94901 499-6849		WATER EXAMINATION		LAB REPORT	
SURVEYOR AND ADDRESS		BOTTLE NUMBER	DATE AND TIME COLLECTED	COLIFORM (M.P.N.)	
BMR		3	2/27/01	7	
SAMPLING POINT: N Lagoon		COLLECTED BY: CSD Dennis Perkins	2-27-01	7	
TYPE OF SAMPLE		SETUP TIME	ELAPSED TIME	FECAL COLIFORM	
<input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY <input type="checkbox"/> SEWAGE <input checked="" type="checkbox"/> LAGOON <input type="checkbox"/> STREAM <input type="checkbox"/> POOL <input type="checkbox"/> OTHER		2 27 01	1.0	<input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT	
LABORATORY REMARKS		DATE REC.	DATE REPORTED	ANALYST	PLATE COUNT
<input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input checked="" type="checkbox"/> ACCEPTABLE SAMPLE		FEB 27 01 AM 10:04	2-27-01	CP	

MARIN COUNTY HEALTH LABORATORY
920 GRAND AVE. - SAN RAFAEL, CA 94901
499-6849

WATER EXAMINATION

LEAVE BLANK
B
W7571

PURVEYOR AND ADDRESS <i>Bel Marin Keyes</i>		BOTTLE NUMBER <i>5</i>	CI	PH
SAMPLING POINT <i>S Lagoon - Bahama</i>		COLLECTED BY <i>Dennis Perkins</i>	DATE AND HOUR COLLECTED <i>12-12-00</i>	COLIFORM (M P N) <i>17</i>
TYPE OF SAMPLE <input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY <input type="checkbox"/> SEWAGE <input type="checkbox"/> STREAM <input type="checkbox"/> POOL <input type="checkbox"/> OTHER	<input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY		SET-UP TIME <i>12/12 2pm</i>	E.C. (M P N) <i>2</i>
	<input type="checkbox"/> SEWAGE <input checked="" type="checkbox"/> LAGOON		ELAPSED TIME	COLIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT
	<input type="checkbox"/> STREAM <input type="checkbox"/> POOL			FECAL COLIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT
<input type="checkbox"/> OTHER				F.S. (M P N)
LABORATORY REMARKS <input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input checked="" type="checkbox"/> ACCEPTABLE SAMPLE	DATE REC. <i>DEC 12 2000 10:28</i>	DATE REPORTED <i>DEC 13 2000 08:20</i>	ANALYST <i>CB</i>	PLATE COUNT PSEUDOMONAS

MARIN COUNTY HEALTH LABORATORY
920 GRAND AVE. - SAN RAFAEL, CA 94901
499-6849

WATER EXAMINATION

LEAVE BLANK
B
W7572

PURVEYOR AND ADDRESS <i>Bel Marin Keyes</i>		BOTTLE NUMBER <i>6</i>	CI	PH
SAMPLING POINT <i>Railroad Edge</i>		COLLECTED BY <i>Dennis Perkins</i>	DATE AND HOUR COLLECTED <i>12-12-00</i>	COLIFORM (M P N) <i>21600</i>
TYPE OF SAMPLE <input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY <input checked="" type="checkbox"/> SEWAGE <input checked="" type="checkbox"/> STREAM <input type="checkbox"/> POOL <input type="checkbox"/> OTHER	<input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY		SET-UP TIME <i>12/12 2pm CB</i>	E.C. (M P N) <i>350</i>
	<input type="checkbox"/> SEWAGE <input type="checkbox"/> LAGOON		ELAPSED TIME	COLIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT
	<input checked="" type="checkbox"/> STREAM <input type="checkbox"/> POOL			FECAL COLIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT
<input type="checkbox"/> OTHER				F.S. (M P N)
LABORATORY REMARKS <input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input checked="" type="checkbox"/> ACCEPTABLE SAMPLE	DATE REC. <i>DEC 12 2000 10:28</i>	DATE REPORTED <i>DEC 13 2000 08:20</i>	ANALYST <i>CB</i>	PLATE COUNT PSEUDOMONAS

499-6849 EXAMINATION LEAVE BLANK LAB REPORT

PURVEYOR AND ADDRESS: *Bel Marin Keys*

BOTTLE NUMBER: *4945*

CI: Ph:

SAMPLING POINT: *S Lagoon - Dolphin* COLLECTED BY: *Dennis Perkins* DATE AND TIME COLLECTED: *12-12-00* COLIFORM (M P N): *130*

TYPE OF SAMPLE: DRINKING WATER BAY SEWAGE LAGOON STREAM POOL OTHER

SET-UP TIME: *12/12 2^{PM} CA* E.C. (M P N): *13*

ELAPSED TIME: _____ COLIFORM: ABSENT PRESENT

FECAL COLIFORM: ABSENT PRESENT

F.S. (M P N): _____

LABORATORY REMARKS: LEAKED IN TRANSIT INSUFFICIENT SAMPLE ACCEPTABLE SAMPLE

DATE REC.: _____ DATE REPORTED: _____ ANALYST: _____ PLATE COUNT: _____

PSEUDOMONAS: _____

DEC 18 10 00 AM '00

50° 25

MARIN COUNTY HEALTH LABORATORY 920 GRAND AVE. - SAN RAFAEL CA 94901 499-6849 WATER EXAMINATION LEAVE BLANK LAB REPORT

PURVEYOR AND ADDRESS: *Bel Marin Keys*

BOTTLE NUMBER: *5*

CI: Ph:

SAMPLING POINT: *S Lagoon - Bahama* COLLECTED BY: *Dennis Perkins* DATE AND TIME COLLECTED: *12-12-00* COLIFORM (M P N): *17*

TYPE OF SAMPLE: DRINKING WATER BAY SEWAGE LAGOON STREAM POOL OTHER

SET-UP TIME: *12/12 2^{PM} CA* E.C. (M P N): *2*

ELAPSED TIME: _____ COLIFORM: ABSENT PRESENT

FECAL COLIFORM: ABSENT PRESENT

F.S. (M P N): _____

LABORATORY REMARKS: LEAKED IN TRANSIT INSUFFICIENT SAMPLE ACCEPTABLE SAMPLE

DATE REC.: _____ DATE REPORTED: _____ ANALYST: _____ PLATE COUNT: _____

PSEUDOMONAS: _____

DEC 18 10 00 AM '00

50° 25

MARIN COUNTY HEALTH LABORATORY 920 GRAND AVE. - SAN RAFAEL CA 94901 499-6849 WATER EXAMINATION LEAVE BLANK LAB REPORT

PURVEYOR AND ADDRESS: *Bel Marin Keys*

BOTTLE NUMBER: *6*

CI: Ph:

SAMPLING POINT: *Railroad Edge* COLLECTED BY: *Dennis Perkins* DATE AND TIME COLLECTED: *12-12-00* COLIFORM (M P N): *21600*

TYPE OF SAMPLE: DRINKING WATER BAY SEWAGE LAGOON STREAM POOL OTHER

SET-UP TIME: *12/12 2^{PM} CA* E.C. (M P N): *350*

ELAPSED TIME: _____ COLIFORM: ABSENT PRESENT

FECAL COLIFORM: ABSENT PRESENT

F.S. (M P N): _____

LABORATORY REMARKS: LEAKED IN TRANSIT INSUFFICIENT SAMPLE ACCEPTABLE SAMPLE

DATE REC.: _____ DATE REPORTED: _____ ANALYST: _____ PLATE COUNT: _____

PSEUDOMONAS: _____

DEC 18 10 00 AM '00

49° 15.5

MARIN COUNTY HEALTH LABORATORY 920 GRAND AVE. - SAN RAFAEL, CA 94901 499-6849		WATER EXAMINATION		LEAVE	BLANK	LAB REPORT	
PURVEYOR AND ADDRESS BMK		BOTTLE NUMBER 4		CI	PH		
SAMPLING POINT S Lagoon		COLLECTED BY Dennis Perkins		DATE AND HOUR COLLECTED Nov 17 0853		COLIFORM (M.P.N.) 11	
TYPE OF SAMPLE		SET-UP TIME 12:30 pm		E.C. (M.P.N.) 8			
<input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY <input type="checkbox"/> SEWAGE <input checked="" type="checkbox"/> LAGOON <input type="checkbox"/> STREAM <input type="checkbox"/> POOL <input type="checkbox"/> OTHER _____		ELAPSED TIME		COLIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT			
LABORATORY REMARKS		DATE REC.		DATE REPORTED		ANALYST	
<input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input checked="" type="checkbox"/> ACCEPTABLE SAMPLE						PLATE COUNT 11	
						PSEUDOMONAS	

51.5 24.5

MARIN COUNTY HEALTH LABORATORY 920 GRAND AVE. - SAN RAFAEL, CA 94901 499-6849		WATER EXAMINATION		LEAVE	BLANK	LAB REPORT	
PURVEYOR AND ADDRESS BMK		BOTTLE NUMBER 5		CI	PH		
SAMPLING POINT S Lagoon, Bahama		COLLECTED BY Dennis Perkins		DATE AND HOUR COLLECTED Nov 17 0907		COLIFORM (M.P.N.) 11	
TYPE OF SAMPLE		SET-UP TIME 12:30 pm		E.C. (M.P.N.) 4			
<input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY <input type="checkbox"/> SEWAGE <input checked="" type="checkbox"/> LAGOON <input type="checkbox"/> STREAM <input type="checkbox"/> POOL <input type="checkbox"/> OTHER _____		ELAPSED TIME		COLIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT			
LABORATORY REMARKS		DATE REC.		DATE REPORTED		ANALYST	
<input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input checked="" type="checkbox"/> ACCEPTABLE SAMPLE						PLATE COUNT 11	
						PSEUDOMONAS	

51 24.5

MARIN COUNTY HEALTH LABORATORY 920 GRAND AVE. - SAN RAFAEL, CA 94901 499-6849		WATER EXAMINATION		LEAVE	BLANK	LAB REPORT	
PURVEYOR AND ADDRESS BMK		BOTTLE NUMBER 6		CI	PH		
SAMPLING POINT Railroad Bidge		COLLECTED BY Dennis Perkins		DATE AND HOUR COLLECTED Nov 17 0955		COLIFORM (M.P.N.) ≥ 1600	
TYPE OF SAMPLE		SET-UP TIME 12:30 pm		E.C. (M.P.N.) 500			
<input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY <input type="checkbox"/> SEWAGE <input type="checkbox"/> LAGOON <input checked="" type="checkbox"/> STREAM <input type="checkbox"/> POOL <input type="checkbox"/> OTHER _____		ELAPSED TIME		COLIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT			
LABORATORY REMARKS		DATE REC.		DATE REPORTED		ANALYST	
<input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input checked="" type="checkbox"/> ACCEPTABLE SAMPLE						PLATE COUNT 11	
						PSEUDOMONAS	

43 8

MARIN COUNTY HEALTH LABORATORY
920 GRAND AVE. - SAN RAFAEL CA 94901
499-6849

WATER EXAMINATION

LEAVE BLANK

7415 395

LAB REPORT

SURVEYOR AND ADDRESS BMK		BOTTLE NUMBER 5	Cl	Ph
SAMPLING POINT S Lagoon Reef w Deck		COLLECTED BY DLP	DATE AND HOUR COLLECTED 8-14-00 09:55	COLIFORM (M P N) 4
TYPE OF SAMPLE <i>Entero cocci</i>	<input type="checkbox"/> DRINKING WATER	<input type="checkbox"/> BAY	SET-UP TIME 14:30 ml	EC (M P N) 2
	<input type="checkbox"/> SEWAGE	<input checked="" type="checkbox"/> LAGOON	ELAPSED TIME	COLIFORM <input type="checkbox"/> ABSENT <input type="checkbox"/> PRESENT
	<input type="checkbox"/> STREAM	<input type="checkbox"/> POOL		FECAL COLIFORM <input type="checkbox"/> ABSENT <input type="checkbox"/> PRESENT
	<input type="checkbox"/> OTHER			F.S. (M P N) < 2
LABORATORY REMARKS <input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input type="checkbox"/> ACCEPTABLE SAMPLE	DATE REC. 14 AUG 00 11:3	DATE REPORTED	ANALYST MB	PLATE COUNT PSEUDOMONAS

MARIN COUNTY HEALTH LABORATORY
920 GRAND AVE. - SAN RAFAEL CA 94901
499-6849

WATER EXAMINATION

LEAVE BLANK

7415 396

LAB REPORT

SURVEYOR AND ADDRESS BMK		BOTTLE NUMBER 6	Cl	Ph
SAMPLING POINT Railroad Bridge		COLLECTED BY DLP	DATE AND HOUR COLLECTED 8-14-00 10:27	COLIFORM (M P N) 240
TYPE OF SAMPLE <i>Entero cocci</i>	<input type="checkbox"/> DRINKING WATER	<input type="checkbox"/> BAY	SET-UP TIME 14:30 ml	EC (M P N) 80
	<input type="checkbox"/> SEWAGE	<input type="checkbox"/> LAGOON	ELAPSED TIME	COLIFORM <input type="checkbox"/> ABSENT <input type="checkbox"/> PRESENT
	<input checked="" type="checkbox"/> STREAM	<input type="checkbox"/> POOL		FECAL COLIFORM <input type="checkbox"/> ABSENT <input type="checkbox"/> PRESENT
	<input type="checkbox"/> OTHER			F.S. (M P N) 22
LABORATORY REMARKS <input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input type="checkbox"/> ACCEPTABLE SAMPLE	DATE REC. 14 AUG 00 11:3	DATE REPORTED	ANALYST MB	PLATE COUNT PSEUDOMONAS

MARIN COUNTY HEALTH LABORATORY
920 GRAND AVE. - SAN RAFAEL CA 94901
499-6849

WATER EXAMINATION

LEAVE BLANK

7415 384

LAB REPORT

SURVEYOR AND ADDRESS Bel Marin Kefes		BOTTLE NUMBER 7	Cl	Ph
SAMPLING POINT Nov. GK N. Lock		COLLECTED BY Dennis Perkins	DATE AND HOUR COLLECTED 1604 9-26-00	COLIFORM (M P N) 130
TYPE OF SAMPLE	<input type="checkbox"/> DRINKING WATER	<input type="checkbox"/> BAY	SET-UP TIME 1:45	EC (M P N) 130
	<input type="checkbox"/> SEWAGE	<input type="checkbox"/> LAGOON	ELAPSED TIME	COLIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT
	<input checked="" type="checkbox"/> STREAM	<input type="checkbox"/> POOL		FECAL COLIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT
	<input type="checkbox"/> OTHER			F.S. (M P N)
LABORATORY REMARKS <input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input type="checkbox"/> ACCEPTABLE SAMPLE	DATE REC. 9:00 PM 12:05	DATE REPORTED 1:00 PM 2:06	ANALYST	PLATE COUNT

499-0849 WATER EXAMINATION

SUPERVISOR AND ADDRESS Bel Marin Keyes		LEAVE	BLANK	LAB REPORT	
SAMPLING POINT Nov Crk - Railroad Bridge		COLLECTED BY D Perkins	BOTTLE NUMBER 6	C	PH
TYPE OF SAMPLE <input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY <input type="checkbox"/> SEWAGE <input type="checkbox"/> LAGOON <input checked="" type="checkbox"/> STREAM <input type="checkbox"/> POOL <input type="checkbox"/> OTHER		DATE AND TIME COLLECTED 7-17-00	COIFORM (M.P.N.) 21600		
		SET-UP TIME	E.C. (M.P.N.) 1600		
		ELAPSED TIME	COIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT		
			FECAL COIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT		
			E.S. (M.P.N.)		
LABORATORY REMARKS <input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input type="checkbox"/> ACCEPTABLE SAMPLE	DATE REC. 17 JUL 00	DATE REPORTED 21 JUL	ANALYST CB	PLATE COUNT PSUDOMONAS	

MARIN COUNTY HEALTH LABORATORY 920 GRAND AVE. - SAN RAFAEL, CA 94901 499-0849 WATER EXAMINATION

.325

SUPERVISOR AND ADDRESS Bel Marin Keyes CSD		LEAVE	BLANK	LAB REPORT	
SAMPLING POINT Shogon - Bahama Reef		COLLECTED BY D Perkins	BOTTLE NUMBER 5	C	PH
TYPE OF SAMPLE <input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY <input type="checkbox"/> SEWAGE <input checked="" type="checkbox"/> LAGOON <input type="checkbox"/> STREAM <input type="checkbox"/> POOL <input type="checkbox"/> OTHER		DATE AND TIME COLLECTED 7-17-00	COIFORM (M.P.N.) 8		
		SET-UP TIME	E.C. (M.P.N.) 8		
		ELAPSED TIME	COIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT		
			FECAL COIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT		
			E.S. (M.P.N.)		
LABORATORY REMARKS <input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input type="checkbox"/> ACCEPTABLE SAMPLE	DATE REC. 17 JUL 00	DATE REPORTED 21 JUL	ANALYST CB	PLATE COUNT PSUDOMONAS	

MARIN COUNTY HEALTH LABORATORY 920 GRAND AVE. - SAN RAFAEL, CA 94901 499-0849 WATER EXAMINATION

.325

SUPERVISOR AND ADDRESS Bel Marin Keyes CSD		LEAVE	BLANK	LAB REPORT	
SAMPLING POINT Shogon Dolphin		COLLECTED BY D Perkins	BOTTLE NUMBER 4	C	PH
TYPE OF SAMPLE <input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY <input type="checkbox"/> SEWAGE <input checked="" type="checkbox"/> LAGOON <input type="checkbox"/> STREAM <input type="checkbox"/> POOL <input type="checkbox"/> OTHER		DATE AND TIME COLLECTED 7-17-00	COIFORM (M.P.N.) 22		
		SET-UP TIME	E.C. (M.P.N.) 17		
		ELAPSED TIME	COIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT		
			FECAL COIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT		
			E.S. (M.P.N.)		
LABORATORY REMARKS <input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input type="checkbox"/> ACCEPTABLE SAMPLE	DATE REC. 17 JUL 00	DATE REPORTED 21 JUL	ANALYST CB	PLATE COUNT PSUDOMONAS	

PURVEYOR AND ADDRESS <i>Bel Marin Keyes CSD</i>		BOTTLE NUMBER <i>3</i>	C1	PH
SAMPLING POINT <i>3 Lagoon CSD</i>		COLLECTED BY <i>D Perkins</i>	DATE AND HOUR COLLECTED <i>0900 7-17-00</i>	
TYPE OF SAMPLE <input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY <input type="checkbox"/> SEWAGE <input checked="" type="checkbox"/> LAGOON <input type="checkbox"/> STREAM <input type="checkbox"/> POOL <input type="checkbox"/> OTHER		SETUP TIME	COLOURFORM (M.P.N.) <i>13</i>	
		ELASSED TIME	COLOURFORM - ABSENT <input checked="" type="checkbox"/> PRESENT	
			FECAL COLOURFORM - ABSENT <input checked="" type="checkbox"/> PRESENT	
			P.S. (M.P.N.)	

LABORATORY REMARKS <input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input type="checkbox"/> ACCEPTABLE SAMPLE	DATE REC. <i>17 JUL 00 12:00</i>	DATE RECEIVED <i>21 JUL 00</i>	ANALYST <i>CB</i>	PLATE COUNT <i>PSEUDOMONAS</i>
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PURVEYOR AND ADDRESS <i>Bel Marin Keyes</i>		BOTTLE NUMBER <i>2</i>	C1	PH
SAMPLING POINT <i>Nov. Crk Slack</i>		COLLECTED BY <i>D Perkins</i>	DATE AND HOUR COLLECTED <i>7-17-00</i>	
TYPE OF SAMPLE <input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY <input type="checkbox"/> SEWAGE <input type="checkbox"/> LAGOON <input checked="" type="checkbox"/> STREAM <input type="checkbox"/> POOL <input type="checkbox"/> OTHER		SETUP TIME	COLOURFORM (M.P.N.) <i>21600</i>	
		ELASSED TIME	COLOURFORM - ABSENT <input checked="" type="checkbox"/> PRESENT	
			FECAL COLOURFORM - ABSENT <input checked="" type="checkbox"/> PRESENT	
			P.S. (M.P.N.)	

LABORATORY REMARKS <input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input type="checkbox"/> ACCEPTABLE SAMPLE	DATE REC. <i>17 JUL 00 12:00</i>	DATE RECEIVED <i>21 JUL 00</i>	ANALYST <i>CB</i>	PLATE COUNT <i>PSEUDOMONAS</i>
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PURVEYOR AND ADDRESS <i>Bel Marin Keyes CSP 1</i>		BOTTLE NUMBER <i>1</i>	C1	PH
SAMPLING POINT <i>Nov. Crk, N Lock</i>		COLLECTED BY <i>D Perkins</i>	DATE AND HOUR COLLECTED <i>1002 7-17-00</i>	
TYPE OF SAMPLE <input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY <input type="checkbox"/> SEWAGE <input type="checkbox"/> LAGOON <input checked="" type="checkbox"/> STREAM <input type="checkbox"/> POOL <input type="checkbox"/> OTHER		SETUP TIME	COLOURFORM (M.P.N.) <i>50</i>	
		ELASSED TIME	COLOURFORM - ABSENT <input checked="" type="checkbox"/> PRESENT	
			FECAL COLOURFORM - ABSENT <input checked="" type="checkbox"/> PRESENT	
			P.S. (M.P.N.)	

LABORATORY REMARKS <input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input type="checkbox"/> ACCEPTABLE SAMPLE	DATE REC. <i>17 JUL 00 12:00</i>	DATE RECEIVED <i>21 JUL 00</i>	ANALYST <i>CB</i>	PLATE COUNT <i>PSEUDOMONAS</i>
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499-6849 WATER EXAMINATION LEAVE: BLANK LAB REPORT

PURVEYOR AND ADDRESS Bel Marin Keyes		BOTTLE NUMBER 6	CI	Ph
SAMPLING POINT Nou Crk - Railroad Bridge		COLLECTED BY D Perkins	DATE AND HOUR COLLECTED 7-17-00	COLIFORM (M P N) 21600
TYPE OF SAMPLE <input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY <input type="checkbox"/> SEWAGE <input type="checkbox"/> LAGOON <input checked="" type="checkbox"/> STREAM <input type="checkbox"/> POOL <input type="checkbox"/> OTHER _____		SET-UP TIME	ELAPSED TIME	F.C. (M P N) 1600
LABORATORY REMARKS <input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input type="checkbox"/> ACCEPTABLE SAMPLE		DATE REC. 17 JUL 00 11:00	DATE REPORTED 17 JUL 00 11:00	ANALYST CB
				PLATE COUNT PSEUDOMONAS

MARIN COUNTY HEALTH LABORATORY WATER EXAMINATION LEAVE: BLANK LAB REPORT
920 GRAND AVE. - SAN RAFAEL, CA 94901 499-6849

PURVEYOR AND ADDRESS BMK		BOTTLE NUMBER 1	CI	Ph
SAMPLING POINT Novato Crk, N Lake		COLLECTED BY DLP	DATE AND HOUR COLLECTED 8-14-00 0930	COLIFORM (M P N) 130
TYPE OF SAMPLE <input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY <input type="checkbox"/> SEWAGE <input type="checkbox"/> LAGOON <input checked="" type="checkbox"/> STREAM <input type="checkbox"/> POOL <input type="checkbox"/> OTHER _____		SET-UP TIME 14:30 ML	ELAPSED TIME	F.C. (M P N) 27
LABORATORY REMARKS <input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input type="checkbox"/> ACCEPTABLE SAMPLE		DATE REC. 14 AUG 00 11:00	DATE REPORTED 14 AUG 00 11:00	ANALYST VB
				PLATE COUNT PSEUDOMONAS

Enterococcus

Fecal Strip (Enterococcus) → **17**

MARIN COUNTY HEALTH LABORATORY WATER EXAMINATION LEAVE: BLANK LAB REPORT
920 GRAND AVE. - SAN RAFAEL, CA 94901 499-6849

PURVEYOR AND ADDRESS BMK		BOTTLE NUMBER 2	CI	Ph
SAMPLING POINT Novato Crk, Shook		COLLECTED BY DLP	DATE AND HOUR COLLECTED 8-14-00 1005	COLIFORM (M P N) 50
TYPE OF SAMPLE <input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY <input type="checkbox"/> SEWAGE <input type="checkbox"/> LAGOON <input checked="" type="checkbox"/> STREAM <input type="checkbox"/> POOL <input type="checkbox"/> OTHER _____		SET-UP TIME 14:30 ML	ELAPSED TIME	F.C. (M P N) 50
LABORATORY REMARKS <input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input type="checkbox"/> ACCEPTABLE SAMPLE		DATE REC. 14 AUG 00 11:00	DATE REPORTED 14 AUG 00 11:00	ANALYST VB
				PLATE COUNT PSEUDOMONAS

Enterococcus

499-6849 WATER EXAMINATION LEAVE BLANK LAB REPORT

PURVEYOR AND ADDRESS: **Bell Marin Keys CSD**

SAMPLING POINT: **Dolphin S Lagoon** COLLECTED BY: **Dennis Perkins**

DATE AND HOUR COLLECTED: **6-14-00 10:30 AM**

COLIFORM (M.P.N): **13**

SET-UP TIME: **6/15**

E.C. (M.P.N): **8**

ELAPSED TIME: **19 hrs**

TYPE OF SAMPLE: DRINKING WATER BAY
 SEWAGE LAGOON
 STREAM POOL
 OTHER

LABORATORY REMARKS: LEAKED IN TRANSIT
 INSUFFICIENT SAMPLE
 ACCEPTABLE SAMPLE

DATE REC.: **15 JUN 00 9:51**

DATE REPORTED: **15 JUN 00**

ANALYST: **MC**

PLATE COUNT: **PSEUDOMONAS**

MARIN COUNTY HEALTH LABORATORY WATER EXAMINATION LEAVE BLANK LAB REPORT

920 GRAND AVE. - SAN RAFAEL CA 94901 499-6849 7272

PURVEYOR AND ADDRESS: **Bell Marin Keys CSD**

SAMPLING POINT: **S Lagoon** COLLECTED BY: **Dennis Perkins**

DATE AND HOUR COLLECTED: **6-14-00 6:15 AM**

COLIFORM (M.P.N): **1600**

SET-UP TIME: **6/15 AM**

E.C. (M.P.N): **500**

ELAPSED TIME: **19 hrs**

TYPE OF SAMPLE: DRINKING WATER BAY
 SEWAGE STREAM
 OTHER

LABORATORY REMARKS: LEAKED IN TRANSIT
 INSUFFICIENT SAMPLE
 ACCEPTABLE SAMPLE

DATE REC.: **15 JUN 00 9:5**

DATE REPORTED: **15 JUN 00**

ANALYST: **MC**

PLATE COUNT: **PSEUDOMONAS**

San Marin + Nov. Blvd (Nov. Cr)

MARIN COUNTY HEALTH LABORATORY WATER EXAMINATION LEAVE BLANK LAB REPORT

920 GRAND AVE. - SAN RAFAEL CA 94901 499-6849 7273

PURVEYOR AND ADDRESS: **Bell Marin Keys CSD**

SAMPLING POINT: **Railroad Br.** COLLECTED BY: **Dennis Perkins**

DATE AND HOUR COLLECTED: **6-14-00 10:30 AM**

COLIFORM (M.P.N): **900**

SET-UP TIME: **6/15**

E.C. (M.P.N): **900**

ELAPSED TIME: **19 hrs**

TYPE OF SAMPLE: DRINKING WATER BAY
 SEWAGE LAGOON
 STREAM POOL
 OTHER

LABORATORY REMARKS: LEAKED IN TRANSIT
 INSUFFICIENT SAMPLE
 ACCEPTABLE SAMPLE

DATE REC.: **15 JUN 00 9:51**

DATE REPORTED: **15 JUN 00**

ANALYST: **MC**

PLATE COUNT: **PSEUDOMONAS**

MARIN COUNTY HEALTH LABORATORY
920 GRAND AVE. - SAN RAFAEL, CA 94901
499-6849

WATER EXAMINATION

1372

PURVEYOR AND ADDRESS <i>Bell Marin Keys CSD</i>		LEAVE	BLANK	LAB REPORT	
SAMPLING POINT San Marin + Novi Blvd <i>Perkins Reg. West Dock</i>		COLLECTED BY <i>Dennis Perkins</i>	BOTTLE NUMBER <i>5</i>	CI	Ph
TYPE OF SAMPLE <input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY <input type="checkbox"/> SEWAGE <input checked="" type="checkbox"/> STREAM <input type="checkbox"/> POOL <input type="checkbox"/> OTHER		DATE AND HOUR COLLECTED <i>6-14-00</i>	DATE REPORTED	COLIFORM (M P N) <i>1600</i>	
		SET-UP TIME <i>6:15 AM</i>	ANALYST <i>ML</i>	E.C. (M P N) <i>500</i>	
		ELAPSED TIME <i>19 m3</i>		COLIFORM <input checked="" type="checkbox"/> PRESENT	
LABORATORY REMARKS <input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input type="checkbox"/> ACCEPTABLE SAMPLE		DATE REC. <i>15 JUN 00 0:5</i>		FECAL COLIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT	
				F.S. (M P N)	

MARIN COUNTY HEALTH LABORATORY
920 GRAND AVE. - SAN RAFAEL, CA 94901
499-6849

WATER EXAMINATION

1373

PURVEYOR AND ADDRESS <i>Bell Marin Keys CSD</i>		LEAVE	BLANK	LAB REPORT	
SAMPLING POINT <i>Railroad Br.</i>		COLLECTED BY <i>Dennis Perkins</i>	BOTTLE NUMBER <i>6</i>	CI	Ph
TYPE OF SAMPLE <input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY <input type="checkbox"/> SEWAGE <input checked="" type="checkbox"/> STREAM <input type="checkbox"/> POOL <input type="checkbox"/> OTHER		DATE AND HOUR COLLECTED <i>6-14-00</i>	DATE REPORTED	COLIFORM (M P N) <i>900</i>	
		SET-UP TIME <i>6/15 10:30 AM</i>	ANALYST <i>ML</i>	E.C. (M P N) <i>900</i>	
		ELAPSED TIME <i>19 m3</i>		COLIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT	
LABORATORY REMARKS <input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input type="checkbox"/> ACCEPTABLE SAMPLE		DATE REC. <i>15 JUN 00 0:51</i>		FECAL COLIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT	
				F.S. (M P N)	

MARIN COUNTY HEALTH LABORATORY
920 GRAND AVE. - SAN RAFAEL, CA 94901
499-6849

WATER EXAMINATION

1322

PURVEYOR AND ADDRESS <i>Bell Marin Keys CSP</i>		LEAVE	BLANK	LAB REPORT	
SAMPLING POINT <i>Nov. Crk, N Lock</i>		COLLECTED BY <i>D Perkins</i>	BOTTLE NUMBER <i>1</i>	CI	Ph
TYPE OF SAMPLE <input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY <input type="checkbox"/> SEWAGE <input checked="" type="checkbox"/> STREAM <input type="checkbox"/> POOL <input type="checkbox"/> OTHER		DATE AND HOUR COLLECTED <i>7-17-00</i>	DATE REPORTED	COLIFORM (M P N) <i>50</i>	
		SET-UP TIME	ANALYST	E.C. (M P N) <i>30</i>	
		ELAPSED TIME		COLIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT	
LABORATORY REMARKS		DATE REC.		FECAL COLIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT	
				F.S. (M P N)	

MARIN COUNTY HEALTH LABORATORY
920 GRAND AVE. - SAN RAFAEL, CA 94901
699-0849

WATER EXAMINATION

SURVEYOR AND ADDRESS: *Bel Marin Keyes CSD*

LEAVE: BLANK

BOTTLE NUMBER: *1*

LAB REPORT

SAMPLING POINT: *Novato Creek N. Lagoon Dock*

COLLECTED BY: *Dennis Perkins*

DATE AND HOUR COLLECTED: *5-30-00 0840*

COLIFORM (M.P.N): *21600*

TYPE OF SAMPLE: DRINKING WATER BAY SEWAGE LAGOON STREAM POOL OTHER

SET-UP TIME: *5/30/00 1 PM CB*

E.C. (M.P.N): *900*

ELAPSED TIME

COIFORM: ABSENT PRESENT

FECAL COLIFORM: ABSENT PRESENT

F.S. (M.P.N)

LABORATORY REMARKS: LEAKED IN TRANSIT INSUFFICIENT SAMPLE ACCEPTABLE SAMPLE

DATE REC.: *30 MAY 00 11:13*

DATE REPORTED: *JUN 5 00*

ANALYST: *CB*

PLATE COUNT

PSEUDOMONAS

MARIN COUNTY HEALTH LABORATORY
920 GRAND AVE. - SAN RAFAEL, CA 94901
699-0849

WATER EXAMINATION

SURVEYOR AND ADDRESS: *Bel Marin Keyes CSD*

LEAVE: BLANK

BOTTLE NUMBER: *2*

LAB REPORT

SAMPLING POINT: *Novato Creek S. Lagoon Dock*

COLLECTED BY: *Dennis Perkins*

DATE AND HOUR COLLECTED: *5-30-00 0918*

COLIFORM (M.P.N): *1600*

TYPE OF SAMPLE: DRINKING WATER BAY SEWAGE LAGOON STREAM POOL OTHER

SET-UP TIME

E.C. (M.P.N): *300*

ELAPSED TIME

COIFORM: ABSENT PRESENT

FECAL COLIFORM: ABSENT PRESENT

F.S. (M.P.N)

LABORATORY REMARKS: LEAKED IN TRANSIT INSUFFICIENT SAMPLE ACCEPTABLE SAMPLE

DATE REC.: *30 MAY 00 11:13*

DATE REPORTED: *JUN 5 00*

ANALYST: *CB*

PLATE COUNT

PSEUDOMONAS

MARIN COUNTY HEALTH LABORATORY
920 GRAND AVE. - SAN RAFAEL, CA 94901
699-0849

WATER EXAMINATION

SURVEYOR AND ADDRESS: *Bel Marin Keyes CSD*

LEAVE: BLANK

BOTTLE NUMBER: *3*

LAB REPORT

SAMPLING POINT: *North Lagoon CSD Dock*

COLLECTED BY: *Dennis Perkins*

DATE AND HOUR COLLECTED: *5-30-00 0823*

COLIFORM (M.P.N): *4*

TYPE OF SAMPLE: DRINKING WATER BAY SEWAGE LAGOON STREAM POOL OTHER

SET-UP TIME

E.C. (M.P.N): *2*

ELAPSED TIME

COIFORM: ABSENT PRESENT

FECAL COLIFORM: ABSENT PRESENT

F.S. (M.P.N)

LABORATORY REMARKS: LEAKED IN TRANSIT INSUFFICIENT SAMPLE ACCEPTABLE SAMPLE

DATE REC.: *30 MAY 00 11:13*

DATE REPORTED: *JUN 5 00*

ANALYST: *CB*

PLATE COUNT

PSEUDOMONAS

MARIN COUNTY HEALTH LABORATORY
920 GRAND AVE. - SAN RAFAEL, CA 94901
499-6849

WATER EXAMINATION

LAB REPORT

115-233

PURVEYOR AND ADDRESS
Bel Marin Keyes CSD

BOTTLE NUMBER
4

SAMPLING POINT
S Lagoon, Delphia Dock

COLLECTED BY
Dennis Perkins

DATE AND HOUR COLLECTED
5-30-00 0856

COLIFORM (M.P.N.)
13

SET-UP TIME
42

E.C. (M.P.N.)
42

ELAPSED TIME

COLOFORM
 ABSENT
 PRESENT

FECAL COLOFORM
 ABSENT
 PRESENT

PS. (M.P.N.)

LABORATORY REMARKS
 LEAKED IN TRANSIT
 INSUFFICIENT SAMPLE
 ACCEPTABLE SAMPLE

DATE REC.
30 MAY 00 11:2

DATE REPORTED
5 JUN 00

ANALYST
CB

PLATE COUNT
PSUDOMONAS

MARIN COUNTY HEALTH LABORATORY
920 GRAND AVE. - SAN RAFAEL, CA 94901
499-6849

WATER EXAMINATION

LAB REPORT

115-234

PURVEYOR AND ADDRESS
Bel Marin Keyes CSD

BOTTLE NUMBER
5

SAMPLING POINT
S Lagoon, Bahama West Dock

COLLECTED BY
Dennis Perkins

DATE AND HOUR COLLECTED
5-30-00 0907

COLIFORM (M.P.N.)
4

SET-UP TIME
4

E.C. (M.P.N.)
4

ELAPSED TIME

COLOFORM
 ABSENT
 PRESENT

FECAL COLOFORM
 ABSENT
 PRESENT

PS. (M.P.N.)

LABORATORY REMARKS
 LEAKED IN TRANSIT
 INSUFFICIENT SAMPLE
 ACCEPTABLE SAMPLE

DATE REC.
30 MAY 00 11:2

DATE REPORTED
5 JUN 00

ANALYST
CB

PLATE COUNT
PSUDOMONAS

MARIN COUNTY HEALTH LABORATORY
920 GRAND AVE. - SAN RAFAEL, CA 94901
499-6849

WATER EXAMINATION

LAB REPORT

115-235

PURVEYOR AND ADDRESS
Bel Marin Keyes CSD

BOTTLE NUMBER
6

SAMPLING POINT
Nov. Creek Railroad Bridge

COLLECTED BY
Dennis Perkins

DATE AND HOUR COLLECTED
5-30-00 1004

COLIFORM (M.P.N.)
21600

SET-UP TIME
900

E.C. (M.P.N.)
900

ELAPSED TIME

COLOFORM
 ABSENT
 PRESENT

FECAL COLOFORM
 ABSENT
 PRESENT

PS. (M.P.N.)

LABORATORY REMARKS
 LEAKED IN TRANSIT
 INSUFFICIENT SAMPLE
 ACCEPTABLE SAMPLE

DATE REC.
30 MAY 00 11:19

DATE REPORTED
5 JUN 00

ANALYST
CB

PLATE COUNT
PSUDOMONAS

Date	Coliform	e coli
04/20/1998	540	350
05/11/1998	2400	110
07/06/1998	2400	350
10/05/1998	920	170
05/10/1999	50	14
09/21/1999	50	17
10/26/1999	170	50

GRAND AVE. - SAN RAFAEL, CA 94901 EXAMINATION LEAVE BLANK 7995

INVEYOR AND ADDRESS: 3rd Marin Keys CSD

SAMPLING POINT: Calypso Ramp

COLLECTED BY: Howlett

DATE AND HOUR COLLECTED: 10/5/98

SETUP TIME: 11:25 AM

PLATE COUNT: 14

E.C. (M.P.N): 4

COLOURFORM: PRESENT

LABORATORY REMARKS: LEAKED IN TRANSIT, INSUFFICIENT SAMPLE, ACCEPTABLE SAMPLE

DATE REC.: 5 OCT 98 10:44

DATE REPORTED: 10/9/98

ANALYST: CB

MARIN COUNTY HEALTH LABORATORY WATER EXAMINATION LEAVE BLANK 7995

INVEYOR AND ADDRESS: 3rd Marin Keys CSD

SAMPLING POINT: 200 Mateo Key

COLLECTED BY: Howlett

DATE AND HOUR COLLECTED: 10/5/98

SETUP TIME: 11:20 AM

PLATE COUNT: 33

E.C. (M.P.N): 33

COLOURFORM: PRESENT

LABORATORY REMARKS: LEAKED IN TRANSIT, INSUFFICIENT SAMPLE, ACCEPTABLE SAMPLE

DATE REC.: 5 OCT 98 10:44

DATE REPORTED: 10/9/98

ANALYST: CB

MARIN COUNTY HEALTH LABORATORY WATER EXAMINATION LEAVE BLANK 7994

INVEYOR AND ADDRESS: 3rd Marin Keys CSD

SAMPLING POINT: Creek

COLLECTED BY: Howlett

DATE AND HOUR COLLECTED: 10/5/98

SETUP TIME: 11:15 AM

PLATE COUNT: 920

E.C. (M.P.N): 170

COLOURFORM: PRESENT

LABORATORY REMARKS: LEAKED IN TRANSIT, INSUFFICIENT SAMPLE, ACCEPTABLE SAMPLE

DATE REC.: 5 OCT 98 10:44

DATE REPORTED: 10/9/98

ANALYST: CB

MARIN COUNTY HEALTH LABORATORY
 GRAND AVE. SAN RAFAEL, CA 94901
 499-6849

WATER EXAMINATION

B 8000

NAME AND ADDRESS BMK CSD		BOTTLE NUMBER 5	LAB REPORT CI: <input type="checkbox"/> PH: <input type="checkbox"/>
SAMPLING POINT REEK	COLLECTED BY BUD	DATE AND HOUR COLLECTED 7-6-98 12:15	COLIFORM (M.P.N.) 72400
TYPE OF SAMPLE <input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY <input type="checkbox"/> SEWAGE <input type="checkbox"/> LAGOON <input checked="" type="checkbox"/> STREAM <input type="checkbox"/> POOL <input type="checkbox"/> OTHER _____	DATE REC. 6 JUL 98 11:03	DATE REPORTED JUL 10 1998	ANALYST CB
LABORATORY REMARKS <input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input checked="" type="checkbox"/> ACCEPTABLE SAMPLE			PLATE COUNT PSEUDOMONAS

MARIN COUNTY HEALTH LABORATORY
 20 GRAND AVE. SAN RAFAEL, CA 94901
 499-6849

WATER EXAMINATION

B 4383

NAME AND ADDRESS BMK CSD		BOTTLE NUMBER 4	LAB REPORT CI: <input type="checkbox"/> PH: <input type="checkbox"/>
SAMPLING POINT Camp-Sunset	COLLECTED BY BUD	DATE AND HOUR COLLECTED 7-6-98 12:15	COLIFORM (M.P.N.) 350
TYPE OF SAMPLE <input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY <input type="checkbox"/> SEWAGE <input checked="" type="checkbox"/> LAGOON <input type="checkbox"/> STREAM <input type="checkbox"/> POOL <input type="checkbox"/> OTHER _____	DATE REC. 6 JUL 98 11:03	DATE REPORTED JUL 10 1998	ANALYST CB
LABORATORY REMARKS <input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input checked="" type="checkbox"/> ACCEPTABLE SAMPLE			PLATE COUNT PSEUDOMONAS

MARIN COUNTY HEALTH LABORATORY
 20 GRAND AVE. SAN RAFAEL, CA 94901
 499-6849

WATER EXAMINATION

B 4381

NAME AND ADDRESS BMK CSD		BOTTLE NUMBER 3	LAB REPORT CI: <input type="checkbox"/> PH: <input type="checkbox"/>
SAMPLING POINT Camp-Sunrise	COLLECTED BY BUD	DATE AND HOUR COLLECTED 7/6/98 12:15	COLIFORM (M.P.N.) 17
TYPE OF SAMPLE <input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY <input type="checkbox"/> SEWAGE <input checked="" type="checkbox"/> LAGOON <input type="checkbox"/> STREAM <input type="checkbox"/> POOL <input type="checkbox"/> OTHER _____	DATE REC. 6 JUL 98 11:03	DATE REPORTED JUL 10 1998	ANALYST CB
LABORATORY REMARKS <input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input checked="" type="checkbox"/> ACCEPTABLE SAMPLE			PLATE COUNT PSEUDOMONAS

MARIN COUNTY HEALTH LABORATORY
 720 GRAND AVE. - SAN RAFAEL, CA 94901
 479-6849

WATER EXAMINATION

3

NAME FOR AND ADDRESS Del Marín Keys Montego Key		BOTTLE NUMBER 3	LAB REPORT CI: <input type="checkbox"/> PH: <input type="checkbox"/>	
SAMPLING POINT Novato Creek		COLLECTED BY Howlett	DATE AND HOUR COLLECTED 4/20/98 11a	COLIFORM (M.P.N.) 540
TYPE OF SAMPLE <input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY <input type="checkbox"/> SEWAGE <input type="checkbox"/> LAGOON <input checked="" type="checkbox"/> STREAM <input type="checkbox"/> POOL <input type="checkbox"/> OTHER		SETUP TIME 11:40 a.m.	ELAPSED TIME 350	COLIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT SPECIAL COLIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT (M.P.N.)
LABORATORY REMARKS <input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input type="checkbox"/> ACCEPTABLE SAMPLE	DATE REC. 20 APR 98	DATE REPORTED 24 APR 98	ANALYST LM	PLATE COUNT PSEUDOMONAS

MARIN COUNTY HEALTH LABORATORY
 720 GRAND AVE. - SAN RAFAEL, CA 94901
 479-6849

WATER EXAMINATION

3

NAME FOR AND ADDRESS Del Marín Keys Montego Key, Novato		BOTTLE NUMBER 2	LAB REPORT CI: <input type="checkbox"/> PH: <input type="checkbox"/>	
SAMPLING POINT Launch Ramp		COLLECTED BY Howlett	DATE AND HOUR COLLECTED 4/20/98 11a	COLIFORM (M.P.N.) 110
TYPE OF SAMPLE <input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY <input type="checkbox"/> SEWAGE <input checked="" type="checkbox"/> LAGOON <input type="checkbox"/> STREAM <input type="checkbox"/> POOL <input type="checkbox"/> OTHER		SETUP TIME 11:40 a.m.	ELAPSED TIME 6	COLIFORM <input checked="" type="checkbox"/> ABSENT <input type="checkbox"/> PRESENT SPECIAL COLIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT (M.P.N.)
LABORATORY REMARKS <input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input type="checkbox"/> ACCEPTABLE SAMPLE	DATE REC. 20 APR 98	DATE REPORTED 24 APR 98	ANALYST LM	PLATE COUNT PSEUDOMONAS

MARIN COUNTY HEALTH LABORATORY
 720 GRAND AVE. - SAN RAFAEL, CA 94901
 479-6849

WATER EXAMINATION

3

NAME FOR AND ADDRESS Del Marín Keys Montego Key, Novato		BOTTLE NUMBER 1	LAB REPORT CI: <input type="checkbox"/> PH: <input type="checkbox"/>	
SAMPLING POINT CSD Dock		COLLECTED BY Howlett	DATE AND HOUR COLLECTED 4/20/98 11a	COLIFORM (M.P.N.) 70
TYPE OF SAMPLE <input type="checkbox"/> DRINKING WATER <input type="checkbox"/> BAY <input type="checkbox"/> SEWAGE <input checked="" type="checkbox"/> LAGOON <input type="checkbox"/> STREAM <input type="checkbox"/> POOL <input type="checkbox"/> OTHER		SETUP TIME 11:40 a.m.	ELAPSED TIME 7	COLIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT SPECIAL COLIFORM <input type="checkbox"/> ABSENT <input checked="" type="checkbox"/> PRESENT (M.P.N.)
LABORATORY REMARKS <input type="checkbox"/> LEAKED IN TRANSIT <input type="checkbox"/> INSUFFICIENT SAMPLE <input type="checkbox"/> ACCEPTABLE SAMPLE	DATE REC. 20 APR 98	DATE REPORTED 23 APR 98	ANALYST LM	PLATE COUNT PSEUDOMONAS

GRAND AVE - SAN RAFAEL, CA 94901
499-8840

EXAMINATION

LAB REPORT

YOUR AND ADDRESS: **Bmk-CSD**
Montego Key, Novato

LEAVE BLANK
BOTTLE NUMBER: **2**
DATE AND HOUR COLLECTED: **5/11/98**

COLIFORM (M.P.N):
C: **240**

- DRINKING WATER
- SEWAGE
- STREAM
- OTHER
- BAY
- LAGOON
- POOL

SET UP TIME: **5/11 11am**
ELAPSED TIME

EC (M.P.N): **8**
COLIFORM: PRESENT
FECAL COLIFORM: PRESENT

- LABORATORY REMARKS:
- LEAKED IN TRANSIT
 - INSUFFICIENT SAMPLE
 - ACCEPTABLE SAMPLE

DATE REC: **11 MAY 98 10:30**

DATE REPORTED: **15 MAY 98**

ANALYST: **10**

PLATE COUNT: **10**
PSEUDOMONAS

JARRIN COUNTY HEALTH LABORATORY
GRAND AVE - SAN RAFAEL, CA 94901
499-8840

EXAMINATION

LAB REPORT

2489

YOUR AND ADDRESS: **Bmk-CSD**
Montego Key, Novato

LEAVE BLANK
BOTTLE NUMBER: **3**
DATE AND HOUR COLLECTED: **5/11/98**

COLIFORM (M.P.N):
C: **>2400**

- DRINKING WATER
- SEWAGE
- STREAM
- OTHER: **Creek**
- BAY
- LAGOON
- POOL

SET UP TIME: **5/11 11am**
ELAPSED TIME

EC (M.P.N): **110**
COLIFORM: PRESENT
FECAL COLIFORM: PRESENT

- LABORATORY REMARKS:
- LEAKED IN TRANSIT
 - INSUFFICIENT SAMPLE
 - ACCEPTABLE SAMPLE

DATE REC: **11 MAY 98 10:30**

DATE REPORTED: **15 MAY 98**

ANALYST: **10**

PLATE COUNT: **110**
PSEUDOMONAS

JARRIN COUNTY HEALTH LABORATORY
GRAND AVE - SAN RAFAEL, CA 94901
499-8840

EXAMINATION

LAB REPORT

2490

YOUR AND ADDRESS: **Bmk CSD**
Montego Key, Novato

LEAVE BLANK
BOTTLE NUMBER: **4**
DATE AND HOUR COLLECTED: **5/11/98**

COLIFORM (M.P.N):
C: **240**

- DRINKING WATER
- SEWAGE
- STREAM
- OTHER
- BAY
- LAGOON
- POOL

SET UP TIME: **5/11 11am**
ELAPSED TIME

EC (M.P.N): **130**
COLIFORM: PRESENT
FECAL COLIFORM: PRESENT

- LABORATORY REMARKS:
- LEAKED IN TRANSIT
 - INSUFFICIENT SAMPLE
 - ACCEPTABLE SAMPLE

DATE REC: **11 MAY 98 10:30**

DATE REPORTED: **15 MAY 98**

ANALYST: **10**

PLATE COUNT: **130**
PSEUDOMONAS

MARIN COUNTY HEALTH LABORATORY
920 GRAND AVE. - SAN RAFAEL, CA. 94901
479-1100 EXT. 2727

WATER EXAMINATION

B

6417

LAB REPORT

PURVEYOR AND ADDRESS: **BEL MARIN KEYS C.S.D.**
4 Montego Key
Novato, California 94949

BOTTLE NUMBER: 1

SAMPLING POINT: **NOVATO CR. @ Riva Road Bridge**

COLLECTED BY: **Hazellett**

DATE AND HOUR COLLECTED: **1/28/97 9:45 A**

COLIFORM (M.P.N): **72400**

E.C. (M.P.N): **72400**

COLIFORM (M.F.):

F.C. (M.F.):

F.S. (M.F.):

PLATE COUNT:

RESIDUALS:

TYPE OF SAMPLE:
 DRINKING WATER
 SEWAGE
 BAY
 LAGOON
 STREAM
 POOL
 OTHER (SPECIFY):

RESULTS (TO BE FILLED IN BY LABORATORY ONLY)

TUBE NUMBER OR PORTIONS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	DEAD BY
PORTIONS IN ML (LOGS)	10	10	10	10	10	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
PRESUMPTIVE TEST	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	CB
CONFIRMED TEST	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
E.C.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	

LABORATORY REMARKS:
 LEAKED IN TRANSIT
 INSUFFICIENT SAMPLE
 accept

DATE REC.: 1/28/97

DATE REPORTED: 2/1/97

ANALYST: JM

MARIN COUNTY HEALTH LABORATORY
920 GRAND AVE. - SAN RAFAEL, CA. 94901
479-1100 EXT. 2727

WATER EXAMINATION

B

6418

LAB REPORT

PURVEYOR AND ADDRESS: **BEL MARIN KEYS C.S.D.**
4 Montego Key
Novato, California 94949

BOTTLE NUMBER: 2

SAMPLING POINT: **NOVATO CR. @ PACHECO POND**

COLLECTED BY: **Hazellett**

DATE AND HOUR COLLECTED: **1/18/97 10 AM**

COLIFORM (M.P.N): **>2400**

E.C. (M.P.N): **540**

COLIFORM (M.F.):

F.C. (M.F.):

F.S. (M.F.):

PLATE COUNT:

RESIDUALS:

TYPE OF SAMPLE:
 DRINKING WATER
 SEWAGE
 BAY
 LAGOON
 STREAM
 POOL
 OTHER (SPECIFY):

RESULTS (TO BE FILLED IN BY LABORATORY ONLY)

TUBE NUMBER OR PORTIONS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	DEAD BY
PORTIONS IN ML (LOGS)	10	10	10	10	10	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
PRESUMPTIVE TEST	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	CB
CONFIRMED TEST	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
E.C.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	

LABORATORY REMARKS:
 LEAKED IN TRANSIT
 INSUFFICIENT SAMPLE
 accept

DATE REC.: 1/18/97

DATE REPORTED: 2/1/97

ANALYST: JM

E.C. 3/5 24 || + + + + + - + + + + - - - - - | CB

LABORATORY REMARKS
 LEAKED IN TRANSIT
 INSUFFICIENT SAMPLE
 accept.

DATE REC. 3 1 9 7
 DATE REPORTED
 ANALYST WT

MARIN COUNTY HEALTH LABORATORY
 920 GRAND AVE. - SAN RAFAEL, CA. 94901
 479-1100 EXT. 2727

WATER EXAMINATION
 D.C.P. N.C.
 LEAVE BLANK

7623
 LAB REPORT

PURVEYOR AND ADDRESS BEL MARIN KEYS C.S.D.
 4 Montego Key
 BOTTLE NUMBER 1 Same as 2

SAMPLING POINT Novato, California 94949
 NOVATO CR. @ R.R. BRIDGE
 COLLECTED BY HOWLETT
 DATE AND HOUR COLLECTED 3/3/97 10:05 A.M.
 COLIFORM (M.P.N) 1553.1

TYPE OF SAMPLE
 DRINKING WATER
 SEWAGE
 BAY
 LAGOON
 STREAM
 POOL
 OTHER (SPECIFY) quanti tray
 Setup 3.3.97 1:30p
 CB

RESULTS (TO BE FILLED IN BY LABORATORY ONLY)

TUBE NUMBER OR PORTIONS	PORTIONS IN ML. (LOGS)	1	1	1	1	1	1	1	1	1	2	2	2	2	2	3	3	3	3	3	4	4	4	4	4	READ BY
PRESUMPTIVE TEST	HOURS 24																									
	48																									
CONFIRMED TEST	24																									
	48																									
E.C.	24																									
	48																									

LABORATORY REMARKS
 LEAKED IN TRANSIT
 INSUFFICIENT SAMPLE
 accept.

DATE REC. 3 1 9 7
 DATE REPORTED 3-4-97
 ANALYST CB

Total coliform present
 E coli present

MARIN COUNTY HEALTH LABORATORY
 920 GRAND AVE. - SAN RAFAEL, CA. 94901
 479-1100 EXT. 2727

WATER EXAMINATION
 LEAVE BLANK

7623
 LAB REPORT

PURVEYOR AND ADDRESS BEL MARIN KEYS C.S.D.
 4 Montego Key
 BOTTLE NUMBER 2 Same as 1

SAMPLING POINT Novato, California 94949
 NOVATO CR. @ R.R. BRIDGE
 COLLECTED BY HOWLETT
 DATE AND HOUR COLLECTED 3/3/97 10:05 A.M.
 COLIFORM (M.P.N) 920

TYPE OF SAMPLE
 DRINKING WATER
 SEWAGE
 BAY
 LAGOON
 STREAM
 POOL
 OTHER (SPECIFY) Tubes
 3.3.97 2:00pm
 CB

RESULTS (TO BE FILLED IN BY LABORATORY ONLY)

TUBE NUMBER OR PORTIONS	PORTIONS IN ML. (LOGS)	10	10	10	10	10	1	1	1	1	1	1	1	1	2	2	2	2	2	3	3	3	3	3	4	4	4	4	READ BY
PRESUMPTIVE TEST	HOURS 24	+	+	+	+	+	+	+	+	+	+	+	+	+	-	-	-	-	-	-	-	-	-	-	-	-	-	CB	
	48																											CB	
CONFIRMED TEST	24	+	+	+	+	+	+	+	+	+	+	+	+	+	-	-	-	-	-	-	-	-	-	-	-	-	-	CB/W	
	48																											CB	
E.C.	24	+	+	+	+	+	+	+	+	+	+	+	+	+	-	-	-	-	-	-	-	-	-	-	-	-	-	CB/W	
	48																											CB/W	

LABORATORY REMARKS
 LEAKED IN TRANSIT
 INSUFFICIENT SAMPLE
 accept.

DATE REC. 3 1 9 7
 DATE REPORTED
 ANALYST WT

DEL MARIN KEYS Community Services District

Water Quality Criteria for the Classification Of

Water Contact Recreation Use

Testing Procedures

Sampling for Bacteria

Sample testing is performed under an agreement with the Marin County Health Laboratory. Two business days before samples are delivered to the lab you must call them at 499-6849. Notify them of the sample quantity (number of locations and bottles per location) you will be delivering and the type of testing to be done.

Strict adherence to protocol guidelines is critical in sampling for bacteria. Contamination from any outside source will skew the results and invalidate the data.

The sampler must take several precautions to ensure good samples: stay clear of algal blooms, surface debris, oil slicks, and congregations of waterfowl; avoid agitating the bottom sediments; and do not allow the boat propeller to stir up the water.

Sampling locations and times can be selected based on any number of factors including tide, temperature, rainfall, turbidity, salinity, discharge events and observations. In general sampling locations and times should be determined by the objectives of the water quality monitoring program. Recent sampling has been performed at the following locations: Novato Creek, North locks dock; Novato Creek, South locks dock; North Lagoon, Community Center dock; South Lagoon; Dolphin Isle dock; South Lagoon, Bahama Reef west dock.

Fill in the information on the label of a sterile 4oz plastic bottle. The Marin County Health Laboratory provides these sterile bottles. At this time also complete the following information on a lab Water Examination form also available from the Marin County Health Laboratory: Purveyor (Bel Marin Keys CSD), Bottle Number, Sampling Point, Collected By, Date and Hour Collected, Type of Sample.

Place the bottle into the sampling pole cup and remove the lid being sure not to touch the inside of the lid or the bottle. Hold the lid, do not set it down as it may become contaminated. Plunge the sampling pole cup and bottle into the water at least 18-24 inches. In a single motion, pull the sampling pole cup and bottle up through the surface of the water and out. Bacteria tend to concentrate at the surface and this method will capture some of the organisms residing there. Replace the lid, again making sure not to touch the water in the bottle, the inside of the lid or the bottle rim. Place the bottle in a cooler with blue ice for transport to the lab after all samples have been collected.

The test results are normally available from the lab in 5 days.

Salinity Testing

A hand held salinity refractometer is part of the water test kit kept in locker #1. Follow the instructions included with the instrument (also attached to this document) and test the water at the same locations as the bacteria sampling. The 0-100 PPT reading is used for your reporting. This reading generally will be in the 10 – 30 PPT range depending on seasonal factors such as rain. Be sure the instrument is cleaned with fresh water and dried after each use.

Dissolved Oxygen Testing

During the hot weather months of the year it may become necessary to test the oxygen level of the lagoon water. A sudden fish die off could indicate low oxygen levels in the water.

The test for dissolved oxygen requires the use of one or two sterile sample bottles that will hold a total of one quart. Added to each bottle prior to water sampling are two reagents to control the production of oxygen by organisms. The sample is taken out in the open water, near the area of a suspected problem. The sample should be taken from a depth of 5-6 feet and at least 2 feet above the bottom; this can be done by taping the bottle to a PVC pole. Do not disturb the bottom where the sample is to be taken. When the sample is taken, the bottle must be completely filled so that no air remains in the bottle when the stopper is inserted or the cap closed. The goal is to obtain a sample of only the water at the desired depth and not the water above it. The samples must then be placed in a cooler with blue ice until they are delivered to the lab. Exposure to sunlight or heat can skew the test results. The laboratory used for the dissolved oxygen test is Brelje and Race Laboratories in Santa Rosa. Test results are normally available from the lab in 10 days.

Other Inorganic Tests

At some point it may be necessary to test for other inorganic compounds such as oil and gas, mercury or pesticides. Each of these tests has special requirements that should be discussed with the laboratory prior to sampling. Sequoia Analytical in Petaluma has been used for these tests. Spare sampling containers supplied by Sequoia, with reagents already in them, are kept in inventory at the CSD office. These containers are marked with the EPA test number to identify their use. Some of the container reagents are strong acids. Do not open these containers or use them for any purpose other than collecting a water sample for the specific test designated on the container. After the samples are collected they should immediately be placed in a cooler with blue ice for transport to the lab. Before the samples are transported to the lab a chain of custody form must be completed. Several completed examples of this form can be found in the Sequoia file. The chain of custody form and the samples should be delivered to the lab within 24 hours of taking the sample or sooner if requested by the lab.

Inorganic testing is costly and becomes more expensive when short turn around times are required. Standard turn around time is ten days with most tests. A five-day turn around can usually be done when necessary.

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TABLE 3-1 WATER QUALITY OBJECTIVES FOR COLIFORM BACTERIA^a

BENEFICIAL USE	FECAL COLIFORM (MPN /100ML)	TOTAL COLIFORM (MPN/100ML)
Water Contact	log mean < 200	median < 240
Recreation:	90th percentile < 400	no sample > 10,000
Shellfish Harvesting ^b	median < 14 90th percentile < 43	median < 70 90th percentile < 230 ^c
Non-contact Water Recreation ^d	mean < 2000 90th percentile < 4000	
Municipal Supply:		
- Surface Water ^e	log mean < 20	log mean < 100
- Groundwater		< 1.1 ^f

- NOTES:
- a. Based on a minimum of five consecutive samples equally spaced over a 30-day period.
 - b. Source: National Shellfish Sanitation Program.
 - c. Based on a five-tube decimal dilution test or 300 MPN/100 ml when a three-tube decimal dilution test is used.
 - d. Source: Report of the Committee on Water Quality Criteria, National Technical Advisory Committee, 1968.
 - e. Source: DCHS recommendation.
 - f. Based on multiple tube fermentation technique; equivalent test results based on other analytical techniques, as specified in the National Primary Drinking Water Regulation, 40 CFR, Part 141.21(f), revised June 10, 1992, are acceptable.

TABLE 3-2 U.S. EPA BACTERIOLOGICAL CRITERIA FOR WATER CONTACT RECREATION¹ (IN COLOMIES PER 100 ML)

	FRESH WATER		SALT WATER
	ENTEROCOCCI	E. COLI	ENTEROCOCCI
Steady State (all areas)	33	126	35
Maximum at:			
- designated beach	61	235	104
- moderately used area	89	298	124
- lightly used area	108	406	276
- infrequently used area	151	576	600

- NOTES:
- 1. The criteria were published in the Federal Register, Vol. 51, No. 45 / Friday, March 7, 1986 / 8012 - 8016. The Criteria are based on: (a) Cabelli, V.J. 1983. Health Effects Criteria for Marine Recreational Waters. U.S. EPA, EPA 600/1-83-031, Cincinnati, Ohio; and (b) Dufour, A.P. 1984. Health Effects Criteria for Fresh Recreational Waters. U.S. EPA, EPA 600/1-84-004, Cincinnati, Ohio.
 - 2. The U.S. EPA criteria apply to water contact recreation only. The criteria provide for a level of protection based on the frequency of usage of a given water contact recreation area. The criteria may be employed in special studies within this region to differentiate between pollution sources or to supplement the current coliform objectives for water contact recreation.

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BEL MARIN KEYS Community Services District

Water Quality Criteria for the Classification Of

Water Contact Recreation Use

State of California Objectives

The State of California water quality objectives for water contact recreation focus on measuring the Total Coliform and the Fecal Coliform levels. The state criteria is based on a minimum of five consecutive samples equally spaced over a 30-day period. Each sample result is determined by the most probable number (MPN) method of averaging the sub-sample results. Table 3 contains the state objectives.

Table 3

Fecal Coliform (MNP/100ML)	Total Coliform (MPN/100L)
log mean < 200	median < 240
90 th percentile < 43	no sample > 10,000

New state objectives are being implemented as a result of Assembly Bill 411 the beach bill. These objectives will more closely follow the federal objectives and focus on Enterococci testing.

BEL MARIN KEYS Community Services District

Water Quality Criteria for the Classification Of Water Contact Recreation Use

By law there appear to be no requirements for the district to perform water quality testing. District records indicate a long history of water testing and suggest that early on the district management made commitment to monitor the quality of the water in the two lagoons and Novato creek.

Federal Objectives

The U.S. EPA Bacteriological criteria for water contact recreation is specifically based on determining the level of Enterococci and E. Coli bacteria of the fecal coliform family. Measuring these classes of bacteria focus the criteria more toward the level of bacteria from human feces, see Table 1. The federal criteria also differentiate between fresh water and salt water use as well as the frequency of usage of the area being tested. Table 2 shows the federal criteria. Note that the E. Coli group is not measured for salt water. This is because they do not survive very well in a salt water environment.

Table 1

<u>Coliform bacteria</u>
Total Coliform – The total of all beneficial and harmful coliform bacteria in a sample
Fecal Coliform – All groups of coliform originating from human and animal feces
E. Coli – A specific group of coliform bacteria from the gut of humans and animals
Enterococci – A specific group of coliform bacteria from the human gut

Table 2 (In Coliform per 100ML)

	Fresh Water		Salt Water
	Enterococci	E. Coli	Enterococci
Steady State (all areas)	33	126	35
Maximum at:			
- designated beach	61	235	104
- moderately used area	89	298	124
- lightly used area	108	406	276
- Infrequently used area	151	576	500