

AquaLab Water Analysis
P.O. Box 356
Twain Harte CA 95383

State Certification # 1359
(209) 586-3400
Fax: (209) 586-1492

BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 398
TWIN HARTE CA 95383

LAB TURBIDITY

NTU=

1799-S = 1.1

1799-T = 1.2

Phone: 586 7440 JOHN BUCKLEY

Date: 5/24/10

Sampler:

L Myers J. Stephens

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

Collection Data							Five Portions							Presence/Absence			CFU mL 35 C @ 48HR	
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform			
								Prmp		Confirmed				P/A or MPN				
								24	48	24	24	48	48	#	Total	Fecal		E.coli
S S-4	14:19	LWM		1	C	E	10.0 1.0 0.1	4 0 0	1 0 0	4 - -	0 - -	1 - -	5 0 0	23	13	13		
T 987	14:19	SLWM		1	C	E	10.0 1.0 0.1	5 1 0	- 0 0	5 1 -			5 1 0	30	30	23		

Notification/Comments:

Set-Up: Date/Time/By:

5-24 16:15 MLHA

Completed: Date/By:

5-28-10 GAB

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P O BOX 396
TWIN HARTS CA 95383

LAB TURBIDITY
NTU=

Phone: 586 7440 JOHN BUCKLEY

Date: 5/28/10

Sampler: L. Myers J. Stephens

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

1804 •		Collection Data					Five Portions										Presence/Absence			NTU
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform					
								Pramp		Confirmed					P/A or MPN					
								24	48	24	24	48	48	#	Total	Fecal	E.coli			
W 246	10:26	CWM					10.0 1.0 0.1	0 0 0	5 5 3		0 0 0		5 3 1	5 3 1	110	<2	<2	0.20		
W 4-5	11:37	LWM					10.0 1.0 0.1	5 3 0	- 1 3	5 3 -	- 1 0	- - 0	5 4 0		130	80	80	4.68		

Notification/Comments:

Set-Up: Date/Time/By: 5-28 1330 WJ

Completed: Date/By: 6-1-10

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P O BOX 396
TWIN HARTS CA 95383

LAB TURBIDITY
NTU=

Phone: 586 7440 JOHN BUCKLEY

Date: 6/1/10

Sampler: B. Whited, L. Myers

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

Collection Data							Five Portions							Presence/Absence				
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform			NTU
								Prsmp		Confirmed				#	P/A or MPN			
								24	48	24	24	48	48		Total	Fecal	E.coli	
D 087	14:02	LWM		1	C	E	10.0 1.0 0.1	0 0 0	1 1 0	0 0 -		1 1 0	1 1 0	4	<2	<2	1.2	
E 07+	14:58	CM		1	C	E	10.0 1.0 0.1	2 0 0	2 4 0	2 - -	1 0 -	1 2 -	4 2 0	22	8	8	0.25	

NTU

Notification/Comments:

Set-Up: Date/Time/By: 6-1 1615 MJ

Completed: Date/By: 6-5-10 CAE

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ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HART CA 95383

LAB TURBIDITY
NTU=

Phone: 586 7440 JOHN BUCKLEY

Date: 6/2/10

Sampler: B. Whitfield, L. Myers

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

Collection Data							Five Portions										Presence/Absence		
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes								Coliform			NTU
								Prsmp		Confirmed				#	P/A or MPN				
								24	48	24	24	48	48		Total	Fecal	E.coli		
X O=8	14:10	CM		1	C	E	10.0 1.0 0.1	5 0 0	- 5 1	4 - 0	- 0 0	1 - 0	- 4 0	5 4 0	130	13	8	2.2	
Y E=4	12:29	LWM		1	C	E	10.0 1.0 0.1	2 0 0	3 2 1	2 - 0	0 0 0	3 2 0	5 2 0	50	4	4	1.1		

Notification/Comments:

Set-Up: Date/Time/By: 6-2 1530 MLAL

Completed: Date/By: 6-6-10 CAB

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P O BOX 396
TWIN HARTE CA 95383

LAB TURBIDITY
NTU=

Phone: 586 7440 JOHN BUCKLEY

Date: 6/8/10

Sampler: L. Myers, B. Whitford

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

1812		Collection Data						Five Portions								Presence/Absence			NTU
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol ml	# Positive Tubes							Coliform				
								Pramp		Confirmed					P/A or MPN				
								24	48	24	24	48	48	#	Total	Fecal	E.coli		
Q 963	11:44	LWM		1	C	E	10.0 1.0 0.1	5 1 0	- 0 1	5 1 0	- - 0	- - 0	5 1 0	30	30	30	0.53		
P 028	13:14	CW		1	C	E	10.0 1.0 0.1	5 0 0	- 5 3	1 - 0	- 2 0	4 - 1	- 3 1	5 5 1	300	2	2	0.28	
S 979	12:52	CP (NO NTU)		1	C	E	10.0 1.0 0.1	5 5 0	- - 0	5 5 0	- - -	- - -	5 5 0	240	240	240			

Notification/Comments:

Set-Up: Date/Time/By: 6-8 1545 MIM

Completed: Date/By: 6-12-10 CAP

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P O BOX 396
TWIN HARTE CA 95383

LAB TURBIDITY
NTU=

Phone: 586 7440 JOHN BUCKLEY

Date: 6/9/10

Sampler: L. Myers

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

1814 Collection Data							Five Portions							Presence/Absence			NTU	
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform			
								Pramp		Confirmed					P/A or MPN			
								24	48	24	24	48	48	#	Total	Fecal		E.coli
B p7#	10:49	CM					10.0 1.0 0.1	3 0 0	2 5 2	3 - -	0 0 0		2 5 1	5 5 1	300	8	8	0.29
C 943	12:02	LWM					10.0 1.0 0.1	3 1 0	2 1 1	3 1 -	0 0 0		2 0 0	5 1 0	30	11	11	0.52

Notification/Comments:

Set-Up: Date/Time/By: 6-9 1400 MIM

Completed: Date/By: 6-13-10 GAB

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LAB TURBIDITY
NTU=

Phone: 586 7440 JOHN BUCKLEY

Date: 6/96/10

Sampler: L. Myers R. Creneen

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

1823.		Collection Data					Five Portions								Presence/Absence			
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform			NTU
								Prsmp		Confirmed					P/A or MPN			
								24	48	24	24	48	48	#	Total	Fecal	E.coli	
H T65	13:36	JL					10.0 1.0 0.1	0 0 0	0 0 0					0 0 0	<2	<2	<2	0.16
I R-3	14:54	BM (NO NTU)					10.0 1.0 0.1	5 5 5	- - -	5 5 5				5 5 5	>1600	>1600	>1600	

Notification/Comments:

Set-Up: Date/Time/By: 6/16 1630 MJ

Completed: Date/By: 6-18-10 CJB

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LAB TURBIDITY

Phone: 536 7440 JOHN BUCKLEY

Date: 6/18/10

Sampler: L. Myers B. White

Source

Reason

Type

- 1) Surface/ Spring
- 2) Well Head
- 3) Well Distribution

- 4) Reservoir
- 5) Distribution
- 6) Treatment Plant

- A) Routine
- B) Repeat
- C) Special

- C) Total Coliform
- F) Fecal Coliform
- H) Heterotrophic Plate Count
- E) E. coli

Collection Data							Five Portions								Presence/Absence			
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform			NTU
								Prsmp		Confirmed				#	P/A or MPN			
								24	48	24	24	48	48		Total	Fecal	E.coli	
Q 0-8	9:50	SC					10.0 1.0 0.1	0 0 0	1 0 0		0 = -		0 = -	0 0 0	<2	<2	<2	0.09
R 4/11	10:39	Bm (NO NTU)					10.0 1.0 0.1	5 5 2	- - 1	5 5 2	- - 0		- - 1	5 5 3	400	500	500	
S 4/2+	11:39	LWM					10.0 1.0 0.1	1 0 0	0 1 0	1 = -	- 0 -		- 1 -	1 1 0	4	2	2	0.43

Notification/Comments:

Set-Up: Date/Time/By: 6-18 1500 BWH

Completed: Date/By: 6-22-10 GAB

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TWIN HART CA 95383

LAB TURBIDITY
NTU=

Phone: 586 7440 JOHN BUCKLEY

Date: 6/22/10

Sampler: L. Myers B. Whited
Type

- | Source | Reason | Type |
|----------------------|------------|------------------------------|
| 1) Surface/ Spring | A) Routine | C) Total Coliform |
| 2) Well Head | B) Repeat | F) Fecal Coliform |
| 3) Well Distribution | C) Special | H) Heterotrophic Plate Count |
| 4) Reservoir | | E) E. coli |
| 5) Distribution | | |
| 6) Treatment Plant | | |

Collection Data							Five Portions								Presence/Absence			NTU
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform			
								Pramp		Confirmed					P/A or MPN			
								24	48	24	24	48	48	#	Total	Fecal	E.coli	
V 105	10:54	CM					10.0	5	-	5	-		-	5				0.34
							1.0	0	3	-	0		3	3				
							0.1	0	1	-	0		0	0	80	23	23	
W 126	11:51	JC					10.0	0	3		0		3	3				0.13
							1.0	0	1		0		0	0				
							0.1	0	0		-		-	0	8	<2	<2	
X 116	12:52	BM					10.0	5	-	5			5				1.2	
							1.0	5	-	5			5					
							0.1	5	-	5			5	>1600	>1600	1600		

Notification/Comments:

Set-Up: Date/Time/By: 6-22 1530 BAH

Completed: Date/By: 6-26-10 CBE

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P O BOX 396
TWIN HARTE CA 95383

LAB TURBIDITY
NTU=

Phone: 586 7440 JOHN BUCKLEY

Date: 6/24/10

Sampler: L. Myers J. Stephen R-C

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

1886 L Collection Data							Five Portions								Presence/Absence			CFU mL 35 C @ 48HR
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform			
								Prsmp		Confirmed					P/A or MPN			
								24	48	24	24	48	48	#	Total	Fecal	E.coli	
L 1K4	13:50	JCB (No NTU)					10.0 1.0 0.1	0 0 0	0 0 0					0 0 0	<2 <2 <2			
M 152#	13:47	JL					10.0 1.0 0.1	0 0 0	0 0 0					0 0 0	<2 <2 <2		NTU 0.13	
N 136	14:38	Bm (No NTU)					10.0 1.0 0.1	5 5 3	- - 0	5 5 3				5 5 3	900 900 900			
O E#3	14:37	BMS (No NTU)					10.0 1.0 0.1	5 5 3	- - 0	5 5 3				5 5 3	900 900 900			
P 001	15:43	LWM					10.0 1.0 0.1	1 0 0	2 0 0	1 - -	0 - -		2 - -	3 0 0	8 2 2		NTU 0.43	

Notification/Comments:

Set-Up: Date/Time/By: 6-24 1700 BKT

Completed: Date/By: 6-28-10 CBT

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CENTRAL SIERRA
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P O BOX 396
TWIN HARTE CA 95383

LAB TURBIDITY
NTU=

Phone: 586 7440 JOHN BUCKLEY

Date: 6/29/10

Sampler: L Myers B. White

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

1835 U Collection Data							Five Portions										Presence/Absence			NTU
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform					
								Prsmp		Confirmed					P/A or MPN					
								24	48	24	24	48	48	#	Total	Fecal	E.coli			
U 256	10:45	JL					10.0 1.0 0.1	0 0 0	3 0 0		2 - -		1 - -	3 0 0	8	<2	<2	0.11		
V 493	11:33	Bm (No NTU)					10.0 1.0 0.1	5 5 4	- - 1	5 5 4	- - 1			5 5 5	>1600	1600	1600	X		
W 650		LWMT					10.0 1.0 0.1	5 0 0	- 0 0	3 - -		2 - -		5 0 0	23	8	4	0.43		
X W64		Bom					10.0 1.0 0.1	0 0 0	3 1 0		0 1 -		3 - -	3 1 0	11	2	2	0.21		

Notification/Comments:

Set-Up: Date/Time/By: 6-29 1700 BAH

Completed: Date/By: 7-3-10 CAS

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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
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P O BOX 396
TWIN HARTS CA 95383

LAB TURBIDITY
NTU=

Phone: 586 7440 JOHN BUCKLEY

Date: 7/8/10

Sampler: L. Myers B. White

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

1846-

Collection Data

Five Portions

Presence/Absence

Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform			NTU
								Prsmp		Confirmed					P/A or MPN			
								24	48	24	24	48	48	#	Total	Fecal	E.coli	
V 527	11:08	Bog 1					100 1.0 0.1	5 2 0	- 0 0	5 2 -				5 2 0	50	50	50	0.81
W X44	11:15	Bog 2					10.0 1.0 0.1	1 0 0	1 1 1	1 - -	1 1 1			2 1 1	9	2	<2	0.45
X 965	12:55	LWMT					10.0 1.0 0.1	5 5 0	- - 0	5 5 -				5 5 0	240	240	240	0.58

Notification/Comments:

Set-Up: Date/Time/By: 7-8 1645 LJS

Completed: Date/By: 7-11-10 CJS

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TWIN HARTE CA 95383

LAB TURBIDITY
NTU=

Phone: 586 7440 JOHN BUCKLEY

Date: 7/7/10

Sampler: L. Myers J. Stephens

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

1845.		Collection Data					Five Portions										Presence/Absence			NTU
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes								Coliform				
								Prsmp		Confirmed				#	P/A or MPN					
								24	48	24	24	48	48		Total	Fecal	E.coli			
P 720	10:46	CM					10.0 1.0 0.1	1 0 0	2 3 0	1 - -	1 1 -		1 2 0	14	2	2	0.55			
Q 954	11:18	JC					10.0 1.0 0.1	3 1 0	0 0 1	3 - 0	1 - 0		3 1 0	11	11	7	0.09			
R 277	12:15	Bm					10.0 1.0 0.1	5 5 4	- - 0	5 5 4			5 5 4	1600	1600	1600	1.3			
S 200	12:15	SBM (No NTU)					10.0 1.0 0.1	5 5 4	- - 0	5 5 4			5 5 4	1600	1600	900				
T 954	13:20	LWM					10.0 1.0 0.1	5 5 0	- - 0	5 5 -			5 5 0	240	240	240	0.53			

Notification/Comments:

Set-Up: Date/Time/By: 7-7 1645 BAN

Completed: Date/By: 7-11-10 CME

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LAB TURBIDITY
NTU=

Phone: 586 7440 JOHN BUCKLEY

Date: 7/7/10

Sampler: L. Myers J. Stephens

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

Collection Data										Five Portions							Presence/Absence			NTU
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform					
								Prsmp		Confirmed					#	P/A or MPN				
								24	48	24	24	48	48	Total		Fecal	E.coli			
U NST	14:42	Bom					10.0 1.0 0.1	3 0 0	0 0 0	3 - -				3 0 0	8	8	4	0.35		

Notification/Comments:

Set-Up: Date/Time/By: 7-7 1645 MLW

Completed: Date/By: 7-9-10 CAB

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NTU=

Phone: 586 7440 JOHN BUCKLEY

Date: 7/15/10

Sampler: L. Myers B. Whitehead

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

18554		Collection Data					Five Portions										Presence/Absence			NTU
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform					
								Prsmp		Confirmed					P/A or MPN					
								24	48	24	24	48	48	#	Total	Fecal	E.coli			
J 5-8	11/12	Bog 1	-	1	C	E	10.0 1.0 0.1	5 4 2	- 1 3	5 4 2	- 0 0	- 1 2	5 5 4	1600	220	140	0.37			
K D#9	11/16	Bog 2	-	1	C	E	10.0 1.0 0.1	4 1 0	1 2 3	4 1 -	1 2 0	- - 2	5 3 2	140	17	17	0.53			
L 974	12/32	Lwn Lwn (No NTU)	-	1	C	E	10.0 1.0 0.1	5 1 1	- 1 1	5 1 1	- 0 0	- 1 0	5 2 1	70	50	30	-			
M 450	12/23	Lwns	-	1	C	E	10.0 1.0 0.1	5 3 1	- 0 0	5 3 1	- 3 1	- 3 1	5 3 1	110	110	110	0.56			

Notification/Comments:

Set-Up: Date/Time/By: 7-15 1615 DAH

Completed: Date/By: 7-19-10 CAE

AquaLab Water Analysis
P.O. Box 358
Twain Harte CA 95383

State Certification # 1359
(209) 586-3400
Fax: (209) 586-1492

BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HARTS CA 95383

LAB TURBIDITY
NTU=

Phone: 586 7440 JOHN BUCKLEY

Date: 7/21/10

Sampler: L. Myers Rebecca Cremer

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

1859		Collection Data					Five Portions										Presence/Absence			NTU
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol ml	# Positive Tubes							Coliform					
								Pramp		Confirmed					P/A or MPN					
								24	48	24	24	48	48	#	Total	Fecal	E.coli			
G K48	11:04	Bog 1					10.0 1.0 0.1	5 2 1	- 0 0	5 2 1				5 2 1	70	70	70	0.33		
H 76F	11:08	Bog 2					10.0 1.0 0.1	2 1 0	3 1 1	2 1 -	3 0 1		- 1 -	5 2 1	70	4	4	0.33		
I 10#1	11:10	Bgfb (No NTU)					10.0 1.0 0.1	0 0 0	0 0 0					0 0 0	<2	<2	<2	-		
J K=3	11:32	JC					10.0 1.0 0.1	5 2 0	- 2 0	5 2 0	- 2 -			5 4 0	130	50	50	0.09		
K 130	12:17	Bm					10.0 1.0 0.1	5 5 2	- - 0	5 5 2				5 5 2	500	500	500	1.6		

Notification/Comments:

Set-Up: Date/Time/By: 7-21 1700 BAH

Completed: Date/By: 7-25-10 OAB

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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HARTE CA 95383

LAB TURBIDITY
NTU=

Phone: 586 7440 JOHN BUCKLEY

Date: 7/21/10

Sampler: C. Myers R. Cremer

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

Collection Data							Five Portions							Presence/Absence				
Lab ID Pottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform			
								Pramp		Confirmed				P/A or MPN				
								24	48	24	24	48	48	#	Total	Fecal	E.coli	
L 512	13:13	LWM					10.0 1.0 0.1	4 2 0	1 1 0	4 2 -	1 1 -			5 3 0	80	80	50	0.58
M 965	14:27	Bom					10.0 1.0 0.1	0 0 0	5 0 0		0 - -			5 - 0	23	<2	<2	0.37
N 015	14:28	BoS (No NTU)					10.0 1.0 0.1	0 0 0	5 0 0		0 - -			5 - 0	23	<2	<2	-

Notification/Comments:

Set-Up: Date/Time/By: 7/21 1700 MLM

Completed: Date/By: 7-25-10 CAB

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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HARTS CA 95383

LAB TURBIDITY
NTU=

Phone: 586 7440 JOHN BUCKLEY

Date: 7-28-10

Sampler: L. Myers B. White

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

1867 Collection Data							Five Portions								Presence/Absence			NTU
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform			
								Prsmp		Confirmed					P/A or MPN			
								24	48	24	24	48	48	#	Total	Fecal	E.coli	
C 367	12:08	JL					100 1.0 0.1	5 5 1	- - 1	5 5 1	- - 0			5 5 2	500	300	170	0.18
D 627	12:29	Bog1					100 1.0 0.1	5 5 2	- - 0	5 5 2				5 5 2	500	500	500	0.71
E 490	12:32	Bog2					100 1.0 0.1	2 0 0	0 2 0	2 - 0	- 2 -			2 2 0	9	4	4	0.51
F 991	15:32	Lwm					100 1.0 0.1	5 3 0	- 0 1	5 3 -	- - 0			5 3 1	110	80	80	0.67

Notification/Comments:

Set-Up: Date/Time/By: 7-28 1545 MIAA

Completed: Date/By: 8-1-10 CAB

AquaLab Water Analysis
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Twain Harte CA 95383

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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 398
TWIN HARTS CA 95383

LAB TURBIDITY
NTU=

Phone: 586 7440 JOHN BUCKLEY

Date: 8/4/10

Sampler: L. Myers R. Cremonesi

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

Collection Data							Five Portions							Presence/Absence			
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol ml	# Positive Tubes							Coliform		
								Prmp		Confirmed					P/A or MPN		
								24	48	24	24	48	48	#	Total	Fecal	E.coli
U X06	11:15	Bog 1					10.0	5	-	5				5			
							1.0	4	0	4				4			
				1	C	E	0.1	2	0	2				2	220	220	220 0.42
V 179	11:20	Bog 2					10.0	5	-	5	-			5			
							1.0	2	0	2	-			2			
				1	C	E	0.1	0	1	-	1			1	70	50	50 0.82
W D=0	11:44	JL					10.0	5	-	5				5			
							1.0	3	0	3				3			
				1	C	E	0.1	1	0	1				1	110	110	110 0.23
X 147	12:30	LWM					10.0	5	-	5				5			
							1.0	1	0	1				1			
				1	C	E	0.1	0	0	-				0	30	30	30 0.86
1876- A m4#	13:54	BFB (No NTU)					10.0	0	0					0			
							1.0	0	0					0			
				1	C	E	0.1	0	0					0	<2	<2	<2

Notification/Comments:

Set-Up: Date/Time/By: 8-4 1630 ASL

Completed: Date/By: 8-7-10 CAB

AquaLab Water Analysis
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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HARTS CA 95383

LAB TURBIDITY
NTU=

Phone: 536 7440 JOHN BUCKLEY

Date: 8/4/2010

Sampler: L Myers R Cremer

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

Collection Data							Five Portions							Presence/Absence			
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform		
								Pramp		Confirmed					P/A or MPN		
								24	48	24	24	48	48	#	Total	Fecal	E.coli
B D#1	13:55	Born					10.0	0	2		1		1	2			
							1.0	0	2		1		1	2			
				1	C	E	0.1	0	0		-		-	0	9	<2	<2
																	0.64

Notification/Comments:

Set-Up: Date/Time/By: 8-4 11:30 MLW

Completed: Date/By:

8-8-10 CAB

AquaLab Water Analysis
P.O. Box 356
Twain Harte CA 95383

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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HARTE CA 95383

LAB TURBIDITY
NTU=

Phone: 536 7440 JOHN BUCKLEY

Date: 8/5/10

Sampler: C. Myers B. White d.

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

Collection Data							Five Portions								Presence/Absence			NTU
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform			
								Prsmp		Confirmed				#	P/A or MPN			
								24	48	24	24	48	48		Total	Fecal	E.coli	
O 158	10:53	Bag 1					10.0 1.0 0.1	5 5 3	- - 0	5 5 3				5 5 3	900	900	900	0.62
P 133	10:57	Bag 2					10.0 1.0 0.1	4 1 0	1 3 3	4 1 -	0 1 0		1 1 1	5 3 1	110	17	17	1.2
Q 367	11:18	JC					10.0 1.0 0.1	5 5 5	- - -	5 5 5				5 5 5	>1600	>1600	>1600	0.26
R 58#	12:05	LWM					10.0 1.0 0.1	5 3 0	- 0 0	5 3 -				5 3 0	80	80	80	0.70

Notification/Comments:

Set-Up: Date/Time/By: 8-5 1345 PMS

Completed: Date/By: 8-9-10 CMB

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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HART CA 95383

LAB TURBIDITY
NTU=

Phone: 586 7440 JOHN BUCKLEY

Date: 8-10-2010

Sampler: C. Myers B. White

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

1880 Collection Data							Five Portions								Presence/Absence			NTU	
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol ml	# Positive Tubes							Coliform				
								Prsmpt		Confirmed					#	P/A or MPN			
								24	48	24	24	48	48	Total		Fecal	E.coli		
W 596	12:16	Bag 1					10.0	5	-					5				0.85	
							1.0	5	-					5					
				1	C	E	0.1	5	-					5	>1600	>1600	>1600		
X 444	12:27	spBg (No NTU)					10.0	5	-					5				-	
							1.0	5	-					5					
				1	C	E	0.1	5	-					5	>1600	>1600	>1600		
1881 A 010	12:33	Bag 2					10.0	5	-					5				0.45	
							1.0	5	-					5					
				1	C	E	0.1	5	-					5	>1600	300	<2		
B R=8	13:17	LJC					10.0	5	-	5	-			5				0.13	
							1.0	0	1	-	1			1					
				1	C	E	0.1	0	0	-	-			0	30	23	23		
C A-73	13:25	JC					10.0	5	-	5	-			5				0.17	
							1.0	4	1	4	1			5					
				1	C	E	0.1	0	0	-	-			0	240	240	240		

Notification/Comments:

Set-Up: Date/Time/By: 8-10 1645 NLM

Completed: Date/By: 8-13-10 CJP

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CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HARTE CA 95383

LAB TURBIDITY
NTU=

Phone: 536 7440 JOHN BUCKLEY

Date: 8-10-2010

Sampler:

Sampler.
L. Myers B. White d

Source

Reason

Type

- 1) Surface/ Spring
- 2) Well Head
- 3) Well Distribution

- 4) Reservoir
- 5) Distribution
- 6) Treatment Plant

- A) Routine
B) Repeat
C) Special

- C) Total Coliform
F) Fecal Coliform
H) Heterotrophic Plate Count
E) *E. coli*

1881

Collection Data

Five Portions

Presence/Absence

[illegible]

Notification/Comments:

Set-Up: Date/Time/By: 8-10 1645 mmm

Completed: Date/By:

8-12-10

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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HARTE CA 95383

LAB TURBIDITY
NTU=

Phone: 586 7440 JOHN BUCKLEY

Date: 8/18/2010

Sampler: L. Myers E. Bobryck

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

Collection Data							Five Portions								Presence/Absence			
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol ml	# Positive Tubes							Coliform			NTU
								Pramp		Confirmed				P/A or MPN				
								24	48	24	24	48	48	#	Total	Fecal	E.coli	
W 334	12:25	Bog 1				CE	10.0	5	-	5				5				0.51
							1.0	5	-	5				5				
							0.1	5	-	5				5	>1600	>1600	>1600	
X +90	12:33	Bog 2				CE	10.0	2	2	2	2		-	4				0.51
							1.0	0	1	-	0		1	1				
							0.1	0	0	-	-		-	0	17	2	<2	
A 1991 W19	12:34	Spbg (No NTU)				CE	10.0	1	2	1	2			3				-
							1.0	0	1	-	1		1	1				
							0.1	0	0	-	-		0	11	2	2		
B C6#	12:57	JC				CE	10.0	5	-	5				5				0.15
							1.0	5	-	5				5				
							0.1	0	0	-	-		0	240	240	240		
C 5#A	13:40	LWM				CE	10.0	5	-	5	-		-	5				0.76
							1.0	1	3	1	3		-	4				
							0.1	0	1	-	0		1	1	170	30	8	

Notification/Comments:

Set-Up: Date/Time/By: 8-18 1730 MJ

Completed: Date/By: 8-22-10 CAB

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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
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 P O BOX 396
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LAB TURBIDITY
 NTU=

Phone: 586 7440 JOHN BUCKLEY

Date: 8/18/2010

Sampler: L. Myers E. Bobrycki

Source	Reason	Type
1) Surface/ Spring 2) Well Head 3) Well Distribution	4) Reservoir 5) Distribution 6) Treatment Plant	A) Routine B) Repeat C) Special D) Total Coliform F) Fecal Coliform H) Heterotrophic Plate Count E) E. coli

Collection Data							Five Portions										Presence/Absence			NTU
Lab ID Bottle In	Time	Location	CL2	Source	Reason	Type	Vol ml	# Positive Tubes						Coliform						
								Pramp		Confirmed				P/A or MPN						
								24	48	24	24	48	48	#	Total	Fecal	E.coli			
1891- D 367	14:55	Bom					10.0	0	0						0					
							1.0	0	0						0					
							0.1	0	0						0	<2	<2	<2	0.52	

Notification/Comments:

Set-Up: Date/Time/By: 8-18 1730 hjt

Completed: Date/By: 8-20-10

CAF

AquaLab Water Analysis
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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 398
TWIN HART CA 95383

LAB TURBIDITY

Phone: 586 7440 JOHN BUCKLEY

Date: 8/23/2010

Sampler: L. Myers B. White

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

Collection Data							Five Portions								Presence/Absence			NTU
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol ml	# Positive Tubes							Coliform			
								Pramp		Confirmed				#	P/A or MPN			
								24	48	24	24	48	48		Total	Fecal	E.coli	
U N=1	10:25	Sm2					100 1.0 0.1	5 4 1	- 1 1	5 4 1	- 0 0	- 1 0	5 5 1	300	170	170	0.56	
V F8#	10:29	Sm3					100 1.0 0.1	5 4 0	- 1 0	5 4 -	- 0 -	- 1 -	5 5 0	240	130	17	0.49	
W 80#	14:08	Bag1					100 1.0 0.1	5 5 4	- - 0	5 5 4			5 5 4	1600	1600	1600	0.55	
X 718	14:13	Bag2					100 1.0 0.1	2 1 0	3 3 0	2 1 -	3 2 -	- 1 -	5 4 0	130	7	7	0.74	
A 453	14:30	JL					100 1.0 0.1	5 4 0	- 0 1	5 4 -	- 1 1		5 4 1	170	130	130	0.19	

Notification/Comments:

Set-Up: Date/Time/By: 8-23 1600 CAB

Completed: Date/By: 8-27-10 OAB

AquaLab Water Analysis
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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HARTS CA 95383

LAB TURBIDITY

*NTU= 1.40

Phone: 586 7440 JOHN BUCKLEY

Date: 5-4-10

Sampler: L. Myers R. Cremer

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

1783		Collection Data					Five Portions								Presence/Absence				
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol ml	# Positive Tubes							Coliform			CFU mL 35 C @ 48HR	
								Pramp		Confirmed					P/A or MPN				
								24	48	24	24	48	48	#	Total	Fecal	E.coli		
N 334	11:23	RL					10.0 1.0 0.1	2 0 0	3 4 2	2 - -	0 0 0		3 3 1	5 3 1		110	4	4	

Notification/Comments:

Set-Up: Date/Time/By: 5-4 1430 AGC

Completed: Date/By: 5-8-10 CAB

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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HARTE CA 95383

LAB TURBIDITY
NTU= **1.36**

Phone: 586 7440 JOHN BUCKLEY

Date: **5/5/10**

Sampler: **L. Myers R. Cremer**

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

Collection Data							Five Portions							Presence/Absence			CFU mL 35 C @ 48HR	
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform			
								Prsmp		Confirmed					P/A or MPN			
								24	48	24	24	48	48	#	Total	Fecal		E.coli
F 82	11:40	RL					10.0 1.0 0.1	0 0 0	3 4 0	0 0 -		3 2 -	3 2 0	14	<2	<2		

Notification/Comments:

Set-Up: Date/Time/By: **5-5 1330 MLW**

Completed: Date/By: **5-9-10 CAB**

AquaLab Water Analysis
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Twain Harte CA 95383

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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HARTS CA 95383

LAB TURBIDITY
NTU= 1.41

Phone: 586 7440 JOHN BUCKLEY

Date: 5/7/2010

Sampler: L. Myers J. Stephens

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

1787		Collection Data					Five Portions								Presence/Absence			
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform			CFU mL 35 C @ 48HR
								Prmp		Confirmed					P/A or MPN			
								24	48	24	24	48	48	#	Total	Fecal	E.coli	
I +90	14:03	RC					10.0 1.0 0.1	0 0 0	3 2 1		0 0 0		3 0 0	3 0 0				
				1	C	E									8	42	42	

Notification/Comments:

Set-Up: Date/Time/By: 5-7 1545 MLW

Completed: Date/By: 5-11-10 CAE

AquaLab Water Analysis
P.O. Box 356
Twain Harte CA 95383

State Certification # 1359
(209) 586-3400
Fax: (209) 586-1492

BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HART CA 95383

LAB TURBIDITY
NTU= 1.61

Phone: 586 7440 JOHN BUCKLEY

Date: 5/12/10

Sampler: *Mayers, Cremen*

Source	Reason	Type
1) Surface/ Spring 2) Well Head 3) Well Distribution	4) Reservoir 5) Distribution 6) Treatment Plant	A) Routine B) Repeat 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
Lab ID Bottle ID	Time	Location	Cl2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform			
								Prsmp		Confirmed					P/A or MPN			
								24	48	24	24	48	48	#	Total	Fecal	E.coli	
1789 0 821	11:10	RC		1	C	E	10.0 1.0 0.1	2 1 0	3 0 1	2 1 -	0 - 0	3 - 0	5 1 0	30	7	7		

CFU mL
35 C @
48HR

Notification/Comments:

Set-Up: Date/Time/By: 5-12 1415 MUM

Completed: Date/By: 5-16-10 GAB

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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HARTE CA 95383

LAB TURBIDITY
NTU= **2.40**

Phone: 586 7440 JOHN BUCKLEY

Date: **5/14/10**

Sampler: **B, Whitel, L. Myers**

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

Collection Data							Five Portions							Presence/Absence			CFU mL 35 C @ 48HR	
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform			
								Prmp		Confirmed					P/A or MPN			
								24	48	24	24	48	48	#	Total	Fecal		E.coli
Q 48+	14:17	RC					10.0 1.0 0.1	5 4 0	- 0 0	5 4 -				5 4 0	130	130	130	

Notification/Comments:

Set-Up: Date/Time/By: **5-14 1615 CMB**

Completed: Date/By: **5-16-10 CMB**

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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HARTS CA 95383

LAB TURBIDITY
NTU= 1.2

Phone: 586 7440 JOHN BUCKLEY

Date: 5/20/10

Sampler:
L. Myers B, White

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

Collection Data							Five Portions								Presence/Absence			
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol ml	# Positive Tubes							Coliform			CFU mL 35 C @ 48HR
								Pramp		Confirmed					P/A or MPN			
								24	48	24	24	48	48	#	Total	Fecal	E.coli	
15 01#	11:06	RL					10.0 1.0 0.1	5 4 0	- 0 0	5 4 -				5 4 0	130	130	130	

Notification/Comments:

Set-Up: Date/Time/By: 5-20 12:50 ASL

Completed: Date/By: 5-22-10 CAB

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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HARTS CA 95383

LAB TURBIDITY
NTU=

Phone: 586 7440 JOHN BUCKLEY

Date: 6/1/10

Sampler: L. Myers B. White

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

1807		Collection Data					Five Portions								Presence/Absence				
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol ml	# Positive Tubes							Coliform			NTU	
								Prsmp		Confirmed					P/A or MPN				
								24	48	24	24	48	48	#	Total	Fecal	E.coli		
U R=4	11:38	RC					10.0 1.0 0.1	5 3 0	- 1 1	5 3 -	- 0 0	5 3 1				110	80	50	1.23

Notification/Comments:

Set-Up: Date/Time/By: 6-1 1415 MLW

Completed: Date/By: 6-5-10 CJB

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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HARTE CA 95383

LAB TURBIDITY
NTU=

Phone: 586 7440 JOHN BUCKLEY

Date:

6/9/10

Sampler:

L. Myers R. Creneen

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

Collection Data							Five Portions								Presence/Absence			
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform			NTU
								Prsmp		Confirmed					P/A or MPN			
								24	48	24	24	48	48	#	Total	Fecal	E.coli	
P A0#	15:00	RC					10.0 1.0 0.1	5 2 0	- 1 0	5 2 0	- 1 -			5 3 0	80	50	50	0.84

Notification/Comments:

Set-Up: Date/Time/By: 6-9 1600 MIM

Completed: Date/By:

6-12-10 CAB

AquaLab Water Analysis
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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HART CA 95383

LAB TURBIDITY
NTU=

Phone: 586 7440 JOHN BUCKLEY

Date: 6/16/10

Sampler: L. Myers R. Cremer

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

Collection Data										Five Portions								Presence/Absence			NTU
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform						
								Prsmp		Confirmed					#	Total	Fecal	E.coli			
								24	48	24	24	48	48								
W 114	11:11	RC					10.0 1.0 0.1	4 2 0	0 0 0	4 2 -				4 2 0	22	22	22	4.1			
X 1#A	11:13	RCFB (NO NTU)					10.0 1.0 0.1	0 0 0	0 0 0					0 0 0	<2	<2	<2				

Notification/Comments:

Set-Up: Date/Time/By: 6-16 1345 EAH

Completed: Date/By: 6-18-10 CAB

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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HARTE CA 95383

LAB TURBIDITY
NTU=

Phone: 586 7440 JOHN BUCKLEY

Date: 6/23/10

Sampler: L Myers B. White

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

Collection Data							Five Portions							Presence/Absence			NTU	
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol. mL	# Positive Tubes							Coliform			
								Prsmp		Confirmed					P/A or MPN			
								24	48	24	24	48	48	#	Total	Fecal		E. coli
J 087	13:10	RCOS					10.0 1.0 0.1	5 3 0	- 0 0	5 3 0				5 3 0	80	80	80	1.38
K 95#	13:22	RCS (No NTU)					10.0 1.0 0.1	5 5 0	- - 0	5 5 0				5 5 0	240	240	240	3.41
L 152	13:22	RC					10.0 1.0 0.1	5 5 0	- - 0	5 5 0				5 5 0	240	240	240	

Notification/Comments:

Set-Up: Date/Time/By: 6-23 1530 AG

Completed: Date/By: 6-25-10 CB

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CENTRAL SIERRA
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P O BOX 396
TWAIN HART CA 95383

LAB TURBIDITY
NTU=

Date: 6/25/10

Sampler: L. Myers J. Stephens

Reason

Type

- 4) Reservoir
- 5) Distribution
- 6) Treatment Plant

- A) Routine
B) Repeat
C) Special

- C) Total Coliform
F) Fecal Coliform
H) Heterotrophic Plate Count
E) *E. coli*

Five Portions

Presence/Absence

[illegible]

Set-Up: Date/Time/By: 6-25 1415 BAN

Completed: Date/By:

6-27-10

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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HART CA 95383

LAB TURBIDITY
NTU=

Phone: 586 7440 JOHN BUCKLEY

Date: 6/30/10

Sampler: J. Stephens, L. Myers

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

Collection Data							Five Portions								Presence/Absence			NTU
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform			
								Prsmp		Confirmed				#	P/A or MPN			
								24	48	24	24	48	48		Total	Fecal	E.coli	
1836 G 130	1108	RC		I	C	E	10.0 1.0 0.1	5 3 0	- 0 0	5 3 -				5 3 0	80	80	80	0.62

Notification/Comments:

Set-Up: Date/Time/By: 6:30 1230 BAH

Completed: Date/By: 7-2-10 CAF

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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HARTS CA 95383

LAB TURBIDITY
NTU=

Phone: 586 7440 JOHN BUCKLEY

Date: 7/6/10

Sampler: L. Myers, B. White

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

1842

Collection Data

Five Portions

Presence/Absence

Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	Five Portions							Presence/Absence			NTU
								# Positive Tubes							Coliform			
								Pramp		Confirmed					P/A or MPN			
24	48	24	24	48	48	#	Total	Fecal	E.coli									
L 383	4:12	RC		1	CE		10.0 1.0 0.1	5 5 5	- - -	5 5 5				5 5 5		>1600	>1600	50

Notification/Comments:

Set-Up: Date/Time/By: 7-6 1530 BAA

Completed: Date/By: 7-8-10 CAB

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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HARTE CA 95383

LAB TURBIDITY
NTU=

Phone: 586 7440 JOHN BUCKLEY

Date: 7/12/10

Sampler: J Stephens (Myers)

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

Collection Data							Five Portions								Presence/Absence			NTU
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform			
								Prmp		Confirmed					P/A or MPN			
								24	48	24	24	48	48	#	Total	Fecal	E.coli	
X 367	232	RC		1	C	E	10 1.0 0.1	4 2 0	1 1 0	4 2 -	1 1 -			5 3 0	80	22	22	0.76

Notification/Comments:

Set-Up: Date/Time/By: 7.12. 1600 BAH

Completed: Date/By: 7.15.10 CH

AquaLab Water Analysis
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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HART CA 95383

LAB TURBIDITY
NTU=

Phone: 586 7440 JOHN BUCKLEY

Date: 7/19/10

Sampler: C. Myers J. Stephens

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

1856-S Collection Data							Five Portions								Presence/Absence			NTU	
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol ml	# Positive Tubes							Coliform				
								Pramp		Confirmed					#	P/A or MPN			
								24	48	24	24	48	48	Total		Fecal	E.coli		
S 954	15:00	RL			1	C	E	100	5	-	5				5				
								1.0	5	-	5				5				
								0.1	3	0	3				3	900	900	900	0.80
T 775	15:10	BLRL			1	C	E	10.0	5	-	5				5				
								1.0	5	-	5				5				
								0.1	4	0	4				4	1600	1600	900	0.89

Notification/Comments:

Set-Up: Date/Time/By: 7.19 1630 ASL

Completed: Date/By: 7-21-10 CAC

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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HARTE CA 95383

LAB TURBIDITY
NTU=

Phone: 586 7440 JOHN BUCKLEY

Date: 7-26-10

Sampler: C. Myers J. Stephens

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

1863 E Collection Data							Five Portions								Presence/Absence			NTU
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform			
								Prsmp		Confirmed				P/A or MPN				
								24	48	24	24	48	48	#	Total	Fecal	E.coli	
E 136	13:41	RC					10.0	5	-	5				5				11
							1.0	5	-	5				5				
				1	C	F	0.1	5	-	5				5	>1600	>1600	>1600	
F 164	15:16	DC					10.0	5	-	5	-		-	5				0.57
							1.0	3	1	3	0		1	4				
				1	C	F	0.1	0	2	-	0		2	2	220	80	30	

NTU

11

0.57

Notification/Comments:

Set-Up: Date/Time/By: 7-26 1615 BAA
Completed: Date/By: 7-30-10 CAE

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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HARTS CA 95383

Phone: 538 7440 JOHN BUCKLEY

Date: 7-29-10

Sampler: L. Myers J. Stephens

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

1869

Collection Data

Five Portions

Presence/Absence

Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes								Coliform			CFU/ml 48 HR NTU
								Pramp		Confirmed				#	Total	Fecal	E.coli		
								24	48	24	24	48	48						
A 173	15:31	RC					10.0	5	-	5	-			5				1.72	
							1.0	4	1	4	1			5					
				1	C	E	0.1	3	1	3	1			4	1600	280	170		

Notification/Comments:

Set-Up: Date/Time/By:

7-29 1645 AAL

Completed: Date/By:

8-1-10 CAE

AquaLab Water Analysis
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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HARTS CA 95383

LAB TURBIDITY

Phone: 586 7440 JOHN BUCKLEY

Date: 8/5/10

Sampler: C. Myers J. Stephens

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

1877				Collection Data				Five Portions								Presence/Absence		
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform			NTU
								Pramp		Confirmed					P/A or MPN			
								24	48	24	24	48	48	#	Total	Fecal	E.coli	
J 455	15:02	RL					10.0 1.0 0.1	5 5 4	- - 0	5 5 4				5 5 4	1600 1600 1600			0.82
K 988	15:03	SPRC					10.0 1.0 0.1	5 5 3	- - 0	5 5 3				5 5 3	900 900 500			0.86

Notification/Comments:

Set-Up: Date/Time/By: 8-5 1630 MAM

Completed: Date/By:

8-7-10 CAB

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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HARTE CA 95383

LAB TURBIDITY
NTU=

Phone: 586 7440 JOHN BUCKLEY

Date: 8/13/10

Sampler: L. Myers E. Bobrycki

Source

Reason

Type

1) Surface/ Spring
2) Well Head
3) Well Distribution

4) Reservoir
5) Distribution
6) Treatment Plant

A) Routine
B) Repeat
C) Special

C) Total Coliform
F) Fecal Coliform
H) Heterotrophic Plate Count
E) *E. coli*

1886

Collection Data

Five Portions

Presence/Absence

Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform			NTU
								Prsmp		Confirmed					P/A or MPN			
								24	48	24	24	48	48	#	Total	Fecal	E.coli	
I 242	14:45	RC					10.0 1.0 0.1	5 5 3	- - 0	5 5 3				5 5 3	900	900	900	1.1

Notification/Comments:

Set-Up: Date/Time/By: 8-13 1600 MJ

Completed: Date/By: 8-15-10 CAR

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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HARTS CA 95383

LAB TURBIDITY
NTU=

Phone: 536 7440 JOHN BUCKLEY

Date: 8-2-10

Sampler:
L. Myers J. Stephens

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

Collection Data							Five Portions							Presence/Absence				
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform			NTW
								Prmp		Confirmed					P/A or MPN			
								24	48	24	24	48	48	#	Total	Fecal	E.coli	
Q 572	12:49	Sm1					10.0 1.0 0.1	3 0 0	2 2 1	3 - -	1 0 0		1 2 0	5 2 0	50	13	8	0.63
P 174	12:59	Sm2					10.0 1.0 0.1	5 2 0	- 2 1	5 2 -	- 0 0		- 2 0	5 4 0	130	50	50	0.51
S 644	13:06	Sm3					10.0 1.0 0.1	5 4 1	- 0 1	5 4 1	- - 0		- - 0	5 4 1	170	170	110	0.61

Notification/Comments:

Set-Up: Date/Time/By: 8.2 1645 CMB

Completed: Date/By:

8-6-10

CMB

AquaLab Water Analysis
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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HART CA 95383

LAB TURBIDITY
NTU=

Phone: 536 7440 JOHN BUCKLEY

Date: 8/6/2010

Sampler: L. Myers J. Stephens

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

1877 Collection Data								Five Portions								Presence/Absence			
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes								Coliform			NTU
								Pramp		Confirmed				P/A or MPN					
								24	48	24	24	48	48	#	Total	Fecal	E.coli		
W 490	11:34	Sm2					10.0 1.0 0.1	5 5 4	- - 4	5 5 4	- - 4			5 5 4	1600	1600	900	0.42	
X 31X	11:39	Sm3					10.0 1.0 0.1	5 5 1	- - 2	5 5 1	- - 2			5 5 3	900	900	500	0.67	

Notification/Comments:

Set-Up: Date/Time/By: 8-6 1530 MZM

Completed: Date/By:

8-9-10 CAE

AquaLab Water Analysis
P.O. Box 356
Twain Harte CA 95383

State Certification # 1359
(209) 586-3400
Fax: (209) 586-1492

BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HARTE CA 95383

LAB TURBIDITY
NTU=

Phone: 586 7440 JOHN BUCKLEY

Date: 8/11/2010

Sampler: C. Myers B. Whiteel

Source

Reason

Type

1) Surface/ Spring
2) Well Head
3) Well Distribution

4) Reservoir
5) Distribution
6) Treatment Plant

A) Routine
B) Repeat
C) Special

C) Total Coliform
F) Fecal Coliform
H) Heterotrophic Plate Count
E) E. coli

18841

Collection Data

Five Portions

Presence/Absence

Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes								Coliform		
								Prsmp		Confirmed				#				P/A or MPN
								24	48	24	24	48	48	#	Total	Fecal	E.coli	
D 821	11:53	SM2					100	5	-	5				5				0.43
							1.0	5	-	5				5				
							0.1	3	0	3				3	900	900	900	
E 31X	11:57	SM3					100	5	-	5	-			5				0.70
							1.0	5	-	5	-			5				
							0.1	2	3	2	3			5	>1600	>1600	>1600	

Notification/Comments:

Set-Up: Date/Time/By: 8-11 1600 LLT

Completed: Date/By: 8-14-10 CHZ

AquaLab Water Analysis
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Twain Harte CA 95383

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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 396
TWIN HARTE CA 95383

LAB TURBIDITY
NTU=

Phone: 536 7440 JOHN BUCKLEY

Date: 8/19/2010

Sampler: L. Myers B. White

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

Collection Data							Five Portions								Presence/Absence			
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform			NTU
								Pramp		Confirmed				#	P/A or MPN			
								24	48	24	24	48	48		Total	Fecal	E.coli	
W 438	11:37	Sm2					10.0 1.0 0.1	5 4 1	- 1 3	5 4 1	- 0 0		- 1 1	5 5 1	300	170	170	0.42
X 140	11:44	Sm3					10.0 1.0 0.1	4 1 0	1 4 4	4 1 -	0 0 0		1 4 1	5 5 1	300	17	17	0.60
A 991	11:45	Spsm (No NTU)					10.0 1.0 0.1	5 4 0	- 1 5	5 4 -	- 0 0		- 1 2	5 5 2	500	34	27	

Notification/Comments:

Set-Up: Date/Time/By: 8-19 1530 JLS

Completed: Date/By: 8-23-10 CAE

AquaLab Water Analysis P.O. Box 356 Twain Harte CA 95383	State Certification # 1359 (209) 586-3400 Fax: (209) 586-1492
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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA ENVIRONMENTAL RESOURCE COUNCIL P O BOX 396 TWAIN HARTE CA 95383	LAB TURBIDITY NTU=
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Phone: 586 7440 JOHN BUCKLEY	Date: 8/20/2010	Sampler: L. Myers R. Cremeen
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Source	Reason	Type
1) Surface/ Spring 2) Well Head 3) Well Distribution	4) Reservoir 5) Distribution 6) Treatment Plant	A) Routine B) Repeat C) Special D) Total Coliform F) Fecal Coliform H) Heterotrophic Plate Count E) E. coli

Collection Data							Five Portions										Presence/Absence			NTU
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes						Coliform						
								Prsmp		Confirmed				P/A or MPN						
								24	48	24	24	48	48	#	Total	Fecal	E.coli			
F 323	12:20	SMAB (No NTU)					10.0 1.0 0.1	0 0 0	0 0 0											
G 155	12:22	SM2					10.0 1.0 0.1	5 2 1	- 1 0	5 2 1	- 0 -		- 1 -	5 3 1		110	70	70	0.41	
H 596	12:34	SM3					10.0 1.0 0.1	5 5 1	- - 1	5 5 1	- - 0		- - 0	5 5 1		300	300	170	0.60	

Notification/Comments:

 Set-Up: Date/Time/By: 8-20 1645 WJ
 Completed: Date/By: 8-24-10 CAB

AquaLab Water Analysis
P.O. Box 366
Twain Harte CA 95383

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BACTERIOLOGICAL EXAMINATION OF WATER

CENTRAL SIERRA
ENVIRONMENTAL RESOURCE COUNCIL
P O BOX 398
TWIN HARTS CA 95383

LAB TURBIDITY

Phone: 586 7440 JOHN BUCKLEY

Date: 8/23/2010

Sampler: L. Myers B. White

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

1843-U Collection Data							Five Portions								Presence/Absence			NTU
Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol ml	# Positive Tubes							Coliform			
								Pramp		Confirmed				P/A or MPN				
								24	48	24	24	48	48	#	Total	Fecal	E.coli	
U N=1	10:25	Sm2					100 1.0 0.1	5 4 1	- 1 1	5 4 1	- 0 0	- 1 0	5 5 1	300	170	170	0.56	
V F8#	10:29	Sm3					100 1.0 0.1	5 4 0	- 1 0	5 4 -	- 0 -	- 1 -	5 5 0	240	130	17	0.49	
W 80#	14:08	Bag1					100 1.0 0.1	5 5 4	- - 0	5 5 4	- - 4	- - -	5 5 4	1600	1600	1600	0.55	
X 718	14:13	Bag2					100 1.0 0.1	2 1 0	3 3 0	2 1 -	3 2 -	- 1 -	5 4 0	130	7	7	0.74	
A 453	14:30	JL					100 1.0 0.1	5 4 0	- 0 1	5 4 -	- 1 -	- - 1	5 4 1	170	130	130	0.19	

Notification/Comments:

Set-Up: Date/Time/By: 8-23 1600 CAB

Completed: Date/By: 8-27-10 CAB