

AquaLab Water Analysis
 P. O. Box 868
 Twin Harb CA 95383

State Certification # 1359
 (209) 586-3400
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BACTERIOLOGICAL EXAMINATION OF WATER + NTU

Name: CSERC
 Mailing Address: Box 3916
 Address: Twin Harb, CA 95383

Physical Address:

Phone: 209 586 7440

Date: 6/11/09

Sampler: J. Buckley, C. Myers
 Type

- | Source | Reason | Type |
|----------------------|--------------------|------------------------------|
| 1) Surface/ Spring | 4) Reservoir | A) Routine |
| 2) Well Head | 5) Distribution | B) Repeat |
| 3) Well Distribution | 6) Treatment Plant | 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				
								Prmp		Confirmed				#	P/A or (MPN)			
								24	48	24	24	48	48		Total	Fecal		E.coli
D T03	11/10/09	BM NTU=0.23	-	1	C	EH	100 1.0 0.1	1 4 0	4 5 3	1 - -	4 3 0	- 2 2	5 5 2	500	2	2	136	
E 36#	12/11/09	BR NTU=1.5	-	1	C	EF	100 1.0 0.1	0 0 0	5 2 0	0 0 -	3 0 -	2 2 -	5 2 0	50	8	4		
F X=2	12/10/09	UFG NTU=0.44	-	1	C	EH	100 1.0 0.1	3 4 0	2 5 3	3 - -	0 0 0	2 5 1	5 5 1	300	8	8	163	

Notification/Comments:

Set-Up: Date/Time/By: 6-11 1430 JLS

Completed: Date/By: 6/15/09 LAB

* FREE CL2 CHECKED @ LAB =