

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

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

Name: CSERC  
 Mailing Address: BOX 396  
 Twain Harte, CA  
 95383

Physical Address:

Phone: (209) 586-7440

Date: 6/15/09

Sampler: Rebecca Cremon, 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<br>E) E. coli |

| 1510L Collection Data |             |                |     | Five Portions |        |      |                    |                  |             |             |        | Resence/Absence |             |            | CFU mL<br>35 C @<br>48HR |       |       |
|-----------------------|-------------|----------------|-----|---------------|--------|------|--------------------|------------------|-------------|-------------|--------|-----------------|-------------|------------|--------------------------|-------|-------|
| Lab ID<br>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 |
| L<br>STL              | 10:25<br>am | BM<br>NTU=0.19 |     | 1             | C      | E    | 10.0<br>1.0<br>0.1 | 3<br>5<br>0      | 2<br>0<br>2 | 3<br>5<br>- | 1<br>- | 1<br>-          | 5<br>5<br>2 | 500        | 8                        | 4     |       |
| M<br>756              | 11:07<br>am | BR<br>NTU=0.33 |     | 1             | C      | E    | 10.0<br>1.0<br>0.1 | 2<br>0<br>0      | 3<br>2<br>1 | 2<br>-      | 3<br>0 | -<br>2<br>1     | 5<br>2<br>1 | 70         | 8                        | 8     |       |
| N<br>333              | 11:57<br>am | UFG<br>NTU=1.3 |     | 1             | C      | E    | 10.0<br>1.0<br>0.1 | 1<br>1<br>0      | 4<br>4<br>2 | 1<br>1<br>- | 0<br>0 | 4<br>2<br>2     | 5<br>3<br>2 | 140        | 4                        | 4     |       |

Notification/Comments:

Set-Up: Date/Time/By: 6-15 1330 ASL  
 Completed: Date/By: 6-19-09 CAP