

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

State Certification # 1359  
 (209) 338-3400  
 Fax: (209) 536-1492

## BACTERIOLOGICAL EXAMINATION OF WATER

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

LAB TURBIDITY  
 NTU=

Phone: 536 7440 JOHN BUCKLEY      Date: 7/14/09      Sampler: L Myers, J.S Stephens

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) Faecal Coliform
		H) Heterotrophic Plate Count
		E) E. coli

1542- 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						
								P/Prmp						P/A or MPN						
								24	48	24	24	48	48	#	Total	Fecal		E.coli		
<u>Q</u>	<u>8:47 AM</u>	<u>URM</u>			<u>C</u>	<u>CF</u>	<u>100</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
	<u>12:37 PM</u>	<u>URM</u>			<u>C</u>	<u>CF</u>	<u>21</u>	<u>3</u>	<u>0</u>	<u>3</u>						<u>900</u>	<u>900</u>	<u>900</u>		
<u>R</u>	<u>6:33 PM</u>	<u>Bo M</u>			<u>C</u>	<u>CF</u>	<u>100</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
	<u>3:13 PM</u>	<u>Bo M</u>			<u>C</u>	<u>CF</u>	<u>100</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
		<u>NTU = 2.1</u>																		
		<u>NTU = 0.42</u>														<u>4</u>	<u>&lt;2</u>	<u>&lt;2</u>		

Notification/Comments:

Sat-Up: Date/Time/By: 7.14 1715 ASK

Completed: Date/By: 7.18.09 CAB