



Alpha

Alpha Analytical Laboratories, Inc.

email: clientservices@alpha-labs.com

Corporate: 208 Mason Street | Ukiah, CA 95482 | T: 707-468-0401 | F: 707-468-5267 | ELAP# 1551

06 August 2020

Volcano CSD

Attn: George Barnes

P O Box 72

Volcano, CA 95689

RE: Routine - Coliform

Work Order: 20G3416

Enclosed are the results of analyses for samples received by the laboratory on 07/29/20 14:15. If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Jeanette L. Poplin For Karen L. Lantz

Project Manager



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P O Box 72
Volcano, CA 95689

Project Manager: George Barnes
Project: Routine - Coliform
Project Number: 0300016

Reported:
08/06/20 14:53

Bay Area: 262 Rickenbacker Circle | Livermore, CA 94551 | T: 925-828-6226 | F: 925-828-6309 | ELAP# 2728
Central Valley: 9090 Union Park Way Suite 113 | Elk Grove, CA 95624 | T: 916-686-5190 | F: 916-686-5192 | ELAP# 2922
North Bay: 110 Liberty Street | Petaluma, CA 94952 | T: 707-769-3128 | F: 707-769-8093 | ELAP# 2303
San Diego: 2722 Loker Avenue West Suite A | Carlsbad, CA 92010 | T: 760-930-2555 | F: 760-930-2510 | ELAP# 3055

ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
Odd Month: 0300016 Routine @ 16430 Clapboard	20G3416-01	Water	07/29/20 08:20	07/29/20 14:15



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Result	Reporting Limit	Dilution	Batch	Prepared	Analyzed	ELAP#	Method	Note
Odd Month: 0300016 Routine @ 16430 Clapboard (20G3416-01)			Sample Type: Water			Sampled: 07/29/20 08:20		
Conventional Chemistry Parameters by APHA/EPA Methods								
pH	6.93 pH Units	1.68	1	AG04666	07/29/20 15:25	07/29/20 15:25	2922 SM4500-H+ B	T-14
Residual Chlorine	0.95 mg/L	0.10	1	AG04663	07/29/20 15:40	07/29/20 15:40	2922 SM4500-Cl F	T-14
Microbiological Parameters by APHA Standard Methods								
Total Coliforms	Absent	1	1	AG04697	07/29/20 15:00	07/30/20 16:05	2922 Colisure	
E. Coli	Absent	1	1	AG04697	07/29/20 15:00	07/30/20 16:05	2922 Colisure	

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.



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Notes and Definitions

A Absent

P Present

T-14 Residual chlorine, dissolved oxygen, sulfite, and pH must be analyzed in the field to meet the EPA specified 15 minute hold time.

ND Analyte NOT DETECTED at or above the reporting limit

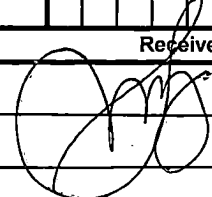
dry Sample results reported on a dry weight basis

RPD Relative Percent Difference

Chain of Custody - Work Order

Reports and Invoices delivered by email in PDF format

Lab No 2063416 Pg _____ of _____

Report to		Invoice to (if different)		Project Information										Signature below authorizes work under terms stated on reverse side.																																																															
Company: Volcano CSD		Contact:		Project ID: Coliorm - Routine										<table border="1"> <tr> <th colspan="10">Analysis Request</th> <th colspan="2">TAT</th> <th colspan="2">Temp upon Receipt °C</th> </tr> <tr> <td colspan="10" rowspan="4"> Total Number of Containers per Sample ID 500mL CV - PH CV - Chlorine Residual CV - PA Courier </td> <td colspan="2">Standard 10 days</td> <td colspan="2">Ukiah temp:</td> </tr> <tr> <td colspan="2">Standard 5 days</td> <td colspan="2">Dublin temp:</td> </tr> <tr> <td colspan="2">X 48 hours</td> <td colspan="2">Elk Grove temp:</td> </tr> <tr> <td colspan="2">Other: ____ days</td> <td colspan="2">2.4°C</td> </tr> <tr> <td colspan="10">Standard 5 days X 48 hours</td> <td colspan="2">Lab preapproval required</td> <td colspan="2"></td> </tr> </table>										Analysis Request										TAT		Temp upon Receipt °C		Total Number of Containers per Sample ID 500mL CV - PH CV - Chlorine Residual CV - PA Courier										Standard 10 days		Ukiah temp:		Standard 5 days		Dublin temp:		X 48 hours		Elk Grove temp:		Other: ____ days		2.4°C		Standard 5 days X 48 hours										Lab preapproval required			
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Address: PO Box 72 Volcano, CA 95689		Address:		PO Number:																																																																									
Phone/Fax: 209-296-4888		Phone/Fax:		Internal Lab Use: 189, 189(a) & 190, 190(a)																																																																									
Email Address:																																																																													
Field Sampler - Printed Name & Signature:				Container		Preservative				Matrix																																																																			
Sample Identification		Sampling		40ml Vial	Poly	Glass	Sleeve	Other	HCl	HNO3	NaOH	Na2S2O3	None	Water DW	Soil	Other																																																													
		Date	Time																																																																										
EVEN MONTH: 0300016					X	X							X	X			1	X	X	X																																																									
Routine os country store					X							X		X			1		X																																																										
ODD MONTH: 0300016		7-29-20	0800		X	X							X	X			1	X	X	X																																																									
Routine @ 16430 Clapboard					X						X		X				1		X																																																										
Relinquished by		Received by		Date		Time		CDPH Write On EDT Transmission? Yes No																																																																					
				7-29-20		1415		State System Number: _____ If "Y" please enter the Source Number(s) in the column above																																																																					
								Mail Hardcopy to DDW- ? Yes No																																																																					
								Hardcopy to DDW attn:																																																																					
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