



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

28 January 2021

Volcano CSD

Attn: Nick Lawson

P O Box 72

Volcano, CA 95689

RE: Routine - Coliform

Work Order: 21A2373

Enclosed are the results of analyses for samples received by the laboratory on 01/19/21 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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Volcano CSD
P O Box 72
Volcano, CA 95689

Project Manager: Nick Lawson
Project: Routine - Coliform
Project Number: 0300016

Reported:
01/28/21 07:52

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	21A2373-01	Water	01/19/21 07:50	01/19/21 14:15



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	Result	Reporting Limit	Dilution	Batch	Prepared	Analyzed	ELAP#	Method	Note
Odd Month: 0300016 Routine @ 16430 Clapboard (21A2373-01)			Sample Type: Water			Sampled: 01/19/21 07:50			
Conventional Chemistry Parameters by APHA/EPA Methods									
pH	6.85 pH Units	1.68	1	AA14339	01/19/21 15:43	01/19/21 15:43	2922	SM4500-H+ B	T-14
Total Residual Chlorine	0.85 mg/L	0.10	1	AA14340	01/19/21 15:40	01/19/21 15:40	2922	SM4500-Cl F	T-14
Microbiological Parameters by APHA Standard Methods									
Total Coliforms	Absent		1	1	AA14450	01/19/21 15:35	01/20/21 15:47	2922	Colisure
E. Coli	Absent		1	1	AA14450	01/19/21 15:35	01/20/21 15:47	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



Corporate Laboratory
208 Mason Street, Ukiah CA 95482
707-468-0401 F) 707-468-5287
email: clientservices@alpha-labs.com

ELAP Certifications
Ukiah 1551 / Dublin 2728 / Elk Grove 2922

Bay Area Laboratory
282 Rickenbacker Circle, Livermore, CA 94551
925-828-8228 F) 925-828-6309

Central Valley Laboratory
9090 Union Park Way #113, Elk Grove CA 95624
916-686-5190 F) 916-686-5192

Chain of Custody - Work Order

Reports and Invoices delivered by email in PDF format

Lab No 21A2373 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: Collform - Routine				<table border="1"> <tr> <th colspan="12">Analysis Request</th> <th>TAT</th> <th>Temp upon Receipt °C</th> </tr> <tr> <td colspan="12" rowspan="3"> Total Number of Containers per Sample ID 500 mL CV - PH CV - Chlorine Residual CV - PA Courier </td> <td>Standard 10 days</td> <td>Ukiah temp:</td> </tr> <tr> <td>Standard 5 days X 48 hours</td> <td>Dublin temp:</td> </tr> <tr> <td>Other: ____ days</td> <td>Elk Grove temp: 4.9</td> </tr> <tr> <td colspan="14">Sample Notes or CDPH Source Numbers:</td> </tr> </table>												Analysis Request												TAT	Temp upon Receipt °C	Total Number of Containers per Sample ID 500 mL CV - PH CV - Chlorine Residual CV - PA Courier												Standard 10 days	Ukiah temp:	Standard 5 days X 48 hours	Dublin temp:	Other: ____ days	Elk Grove temp: 4.9	Sample Notes or CDPH Source Numbers:													
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Address: PO Box 72 Volcano, CA 95689		Address:				PO Number:																																																													
Phone/Fax: 209-304-7628		Phone/Fax:				Internal Lab Use: 189, 189(a) & 190, 190(a)																																																													
Email Address: nlwsn49@gmail.com		Field Sampler - Printed Name & Signature: <i>K</i>				Container				Preservative				Matrix																																																					
Sample Identification		Sampling		40ml Vial	Poly	Glass	Sleeve	Other	HCl	HNO3	NaOH	Na2SO3	None	Water DW	Soil	Other	Total	CV - PH	CV - Chlorine Residual	CV - PA	Courier																																														
		Date	Time																																																																
EVEN MONTH: 0300016					X	X							X	X			1	X	X		X																																														
Routine as country store					X							X		X			1			X																																															
ODD MONTH: 0300016		1-19-21	0750		X	X							X	X			1	X	X		X																																														
Routine @ 16430 Clipboard		1			X							X		X			1			X																																															
Relinquished by <i>K</i>		Received by <i>Ashley</i>				Date 1-19-21		Time 1415		CDPH Write On EDT Transmission? Yes No																																																									
										State System Number: _____ If "Y" please enter the Source Number(s) in the column above																																																									
										Mail Hardcopy to DDW-? Yes No																																																									
										Hardcopy to DDW atn: _____																																																									
										Travel and Site Time:				Mileage:				Misc. Supplies:																																																	