



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

27 December 2019

Volcano CSD

Attn: George Barnes

P O Box 72

Volcano, CA 95689

RE: Routine - Coliform

Work Order: 19L2748

Enclosed are the results of analyses for samples received by the laboratory on 12/17/19 13:55. 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:
12/27/19 13:13

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 Service Center: 2722 Loker Avenue West Suite A | Carlsbad, CA 92010 | T: 760-930-2555 | F: 760-930-2510

ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
Even Month: 0300016 Routine OS Country Store	19L2748-01	Water	12/17/19 07:40	12/17/19 13:55



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	Result	Reporting Limit	Dilution	Batch	Prepared	Analyzed	ELAP#	Method	Note
Even Month: 0300016 Routine OS Country Store (19L2748-01)			Sample Type: Water			Sampled: 12/17/19 07:40			
Conventional Chemistry Parameters by APHA/EPA Methods									
pH	7.03 pH Units	1.68	1	AL94860	12/17/19 16:30	12/17/19 16:30	2922	SM4500-H+ B	T-14
Residual Chlorine	0.70 mg/L	0.10	1	AL94862	12/17/19 16:40	12/17/19 16:40	2922	SM4500-Cl F	T-14
Microbiological Parameters by APHA Standard Methods									
Total Coliforms	Absent		1	1	AL94880	12/17/19 14:55	12/18/19 15:45	2922	Colisure
E. Coli	Absent		1	1	AL94880	12/17/19 14:55	12/18/19 15:45	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 19L2748 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:										<table border="1" style="width:100%; border-collapse: collapse;"> <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="3" style="text-align:center; vertical-align:middle;"> Total Number of Containers per Sample ID 7500ml CV - PH CV - Chlorine Residual CV - PA Courier </td> <td colspan="2">Standard 10 days</td> <td colspan="2" rowspan="2">Ukiah temp:</td> </tr> <tr> <td colspan="2">Standard 5 days</td> <td colspan="2" rowspan="2">Dublin temp:</td> </tr> <tr> <td colspan="2">X 48 hours</td> <td colspan="2">Elk Grove temp: 1.6</td> </tr> <tr> <td colspan="2">Other: ____ days</td> <td colspan="2">Lab preapproval required</td> <td colspan="10">Sample Notes or CDPH Source Numbers:</td> </tr> </table>										Analysis Request										TAT		Temp upon Receipt °C		Total Number of Containers per Sample ID 7500ml CV - PH CV - Chlorine Residual CV - PA Courier										Standard 10 days		Ukiah temp:		Standard 5 days		Dublin temp:		X 48 hours		Elk Grove temp: 1.6		Other: ____ days		Lab preapproval required		Sample Notes or CDPH Source Numbers:									
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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: <i>K</i>				Container		Preservative				Matrix																																																															
Sample Identification		Sampling		40ml Vial	Poly	Glass	Sieve	Other	HCl	HNO3	NaOH	Na2S2O3	None	Water DW	Soil	Other	Total Number of Containers per Sample ID	CV - PH	CV - Chlorine Residual	CV - PA	Courier																																																				
		Date	Time																																																																						
EVEN MONTH; 0300016		12-17-19	0740		x	x								x	x			1	x	x		x																																																			
Routine os country store		1			x							x		x				1			x																																																				
ODD MONTH: 0300016					x	x							x	x				1	x	x		x																																																			
Routine @ 16430 Clapboard					x							x	x					1		x																																																					
Relinquished by <i>K</i>				Received by <i>Andy</i>										Date	Time	CDPH Write On EDT Transmission? Yes No																																																									
														0-17-19	1355	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:																																																											
														Travel and Site Time:		Mileage:		Misc. Supplies:																																																							

