



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 February 2022

Volcano CSD

Attn: Nick Lawson

P O Box 72

Volcano, CA 95689

RE: Routine - Coliform

Work Order: 22B1975

Enclosed are the results of analyses for samples received by the laboratory on 02/15/22 14:00. 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:
02/28/22 08:19

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
Even Month: 0300016 Routine OS Country Store	22B1975-01	Water	02/15/22 07:40	02/15/22 14:00



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	Result	Units	Reporting Limit	Dilution	Batch	Prepared	Analyzed	ELAP#	Method	Note
Even Month: 0300016 Routine OS Country Store (22B1975-01)			Sample Type: Water			Sampled: 02/15/22 07:40				
Conventional Chemistry Parameters by APHA/EPA Methods										
pH	7.00	pH Units	1.68	1	AB23904	02/16/22 10:16	02/16/22 10:16	2922	SM4500-H+ B	T-14
Total Residual Chlorine	0.80	mg/L	0.10	1	AB24006	02/16/22 11:20	02/16/22 11:20	2922	SM4500-Cl F	T-14
Microbiological Parameters by APHA Standard Methods										
Total Coliforms	Absent	.	1	1	AB23894	02/15/22 14:31	02/16/22 15:48	2922	Colisure	
E. Coli	Absent	.	1	1	AB23894	02/15/22 14:31	02/16/22 15:48	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

Non-accredited analytes are reported only when ELAP accreditation for a requested analyte is not available. For a list of accredited analytes, view our certificates at the Company link on our website at www.alpha-labs.com or contact your Project Manager directly.



Corporate Laboratory
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email: clientservices@alpha-labs.com

ELAP Certifications
Ukiah 1551 / Dublin 2728 / Elk Grove 2922

Bay Area Laboratory
262 Rickenbacker Circle, Livermore, CA 94551
925-828-6226 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 22B1975 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: Coliform - Routine				<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Total Number of Containers per Sample ID</div> <div style="text-align: center;"> <p>CV - PH - <i>7500 ML</i></p> <p>CV - Chlorine Residual</p> <p>CV - PA</p> <p>Courier</p> </div> </div>																				
Attn: Nick Lawson		Email address:				Project No:																Analysis Request			TAT			Temp upon Receipt °C		
Address: PO Box 72 Volcano, CA 95689		Address:				PO Number:																Standard 10 days			Standard 5 days			Ukiah temp:		
Phone/Fax: 209-304-7628		Phone/Fax:				Internal Lab Use: 189, 189(a) & 190, 190(a)																Standard 48 hours X			Standard Other: ____ days			Dublin temp:		
Email Address: nlwsn49@gmail.com		Field Sampler - Printed Name & Signature: <i>[Signature]</i>				Container				Preservative				Matrix				Lab preapproval required			Elk Grove temp: <i>1.9</i>									
Sample Identification		Sampling		40ml Vial	Poly	Glass	Sleeve	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	Sample Notes or CDPH Source Numbers:								
		Date	Time																											
EVEN MONTH: 0300016		<i>2-15-22</i>	<i>7:40</i>		X	X							X	X			1	X	X		X									
Routine os country store					X							X		X			1			X										
ODD MONTH: 0300016					X	X						X	X	X			1	X	X		X									
Routine @ 16430 Clipboard					X							X	X	X			1		X											
Relinquished by:		Received by:				Date		Time		CDPH Write On EDT Transmission?			Yes			No														
<i>[Signature]</i>		<i>AMM</i>				<i>2-15-22</i>		<i>1:00</i>		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:											