



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

26 February 2020

Volcano CSD

Attn: George Barnes

P O Box 72

Volcano, CA 95689

RE: Routine - Coliform

Work Order: 20B1853

Enclosed are the results of analyses for samples received by the laboratory on 02/18/20 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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P O Box 72
Volcano, CA 95689

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

Reported:
02/26/20 11:22

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 | 20B1853-01 | Water | 02/18/20 07:30 | 02/18/20 14:00 |



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| | | |
|--|--|-----------------------------|
| Volcano CSD P O Box 72 Volcano, CA 95689 | Project Manager: George Barnes Project: Routine - Coliform Project Number: 0300016 | Reported: 02/26/20 11:22 |
|--|--|-----------------------------|

| Result | Reporting Limit | Dilution | Batch | Prepared | Analyzed | ELAP# | Method | Note |
|--|----------------------|-------------|---------------------------|----------|----------------|--------------------------------|------------------|------|
| Even Month: 0300016 Routine OS Country Store (20B1853-01) | | | Sample Type: Water | | | Sampled: 02/18/20 07:30 | | |
| Conventional Chemistry Parameters by APHA/EPA Methods | | | | | | | | |
| pH | 7.47 pH Units | 1.68 | 1 | AB03721 | 02/18/20 16:55 | 02/18/20 16:55 | 2922 SM4500-H+ B | T-14 |
| Residual Chlorine | ND mg/L | 0.10 | 1 | AB03720 | 02/18/20 16:20 | 02/18/20 16:20 | 2922 SM4500-Cl F | T-14 |
| Microbiological Parameters by APHA Standard Methods | | | | | | | | |
| Total Coliforms | Absent | 1 | 1 | AB03708 | 02/18/20 15:50 | 02/19/20 15:55 | 2922 Colisure | |
| E. Coli | Absent | 1 | 1 | AB03708 | 02/18/20 15:50 | 02/19/20 15:55 | 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 20B1853 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 | | | | | | | | | | <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="3"> Total Number of Containers per Sample ID 50ml glass 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 X 48 hours</td> <td colspan="2">Dublin temp:</td> </tr> <tr> <td colspan="2">Other: ____ days Lab preapproval required</td> <td colspan="2">Elk Grove temp: 35C</td> </tr> <tr> <td colspan="10">Sample Notes or CDPH Source Numbers:</td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table> | | | | | | | | | | Analysis Request | | | | | | | | | | TAT | | Temp upon Receipt °C | | Total Number of Containers per Sample ID 50ml glass CV - PH CV - Chlorine Residual CV - PA Courier | | | | | | | | | | Standard 10 days | | Ukiah temp: | | Standard 5 days X 48 hours | | Dublin temp: | | Other: ____ days Lab preapproval required | | Elk Grove temp: 35C | | Sample Notes or CDPH Source Numbers: | | | | | | | | | | | | | |
| Analysis Request | | | | | | | | | | TAT | | Temp upon Receipt °C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Number of Containers per Sample ID 50ml glass CV - PH CV - Chlorine Residual CV - PA Courier | | | | | | | | | | Standard 10 days | | Ukiah temp: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | Standard 5 days X 48 hours | | Dublin temp: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | Other: ____ days Lab preapproval required | | Elk Grove temp: 35C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sample Notes or CDPH Source Numbers: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attn: George Barnes | | Email address: | | Project No: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | Total | CV - PH | CV - Chlorine Residual | CV - PA | Courier | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Date | Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EVEN MONTH; 0300016 | | 2-18-20 | 0730 | | X | X | | | | | | | X | X | | | 1 | X | X | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Routin os country store | | 1 | 1 | | X | | | | | | | X | | X | | | 1 | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| QDD MONTH: 0300016 | | | | | X | X | | | | | | | X | X | | | 1 | X | X | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Routin @ 16430 Clipboard | | | | | X | | | | | | | X | | X | | | 1 | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relinquished by | | | | Received by | | | | | | | | | | Date | Time | CDPH Write On EDT Transmission? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | 2-18-20 | 1400 | 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: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

