



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

24 June 2021

Volcano CSD

Attn: Nick Lawson

P O Box 72

Volcano, CA 95689

RE: Routine - Coliform

Work Order: 21F2069

Enclosed are the results of analyses for samples received by the laboratory on 06/15/21 14:20. 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:
06/24/21 07:06

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	21F2069-01	Water	06/15/21 07:45	06/15/21 14:20



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Volcano CSD P O Box 72 Volcano, CA 95689	Project Manager: Nick Lawson Project: Routine - Coliform Project Number: 0300016	Reported: 06/24/21 07:06
------------------------------------------------	----------------------------------------------------------------------------------------	-----------------------------

	Result	Reporting Limit	Dilution	Batch	Prepared	Analyzed	ELAP#	Method	Note
Even Month: 0300016 Routine OS Country Store (21F2069-01)			Sample Type: Water			Sampled: 06/15/21 07:45			
Conventional Chemistry Parameters by APHA/EPA Methods									
pH	6.72 pH Units	1.68	1	AF14036	06/15/21 15:29	06/15/21 15:29	2922	SM4500-H+ B	T-14
Total Residual Chlorine	0.90 mg/L	0.10	1	AF14038	06/15/21 15:32	06/15/21 15:32	2922	SM4500-Cl F	T-14
Microbiological Parameters by APHA Standard Methods									
Total Coliforms	Absent		1	1	AF13972	06/15/21 16:13	06/16/21 08:17	2922	Colisure
E. Coli	Absent		1	1	AF13972	06/15/21 16:13	06/16/21 08:17	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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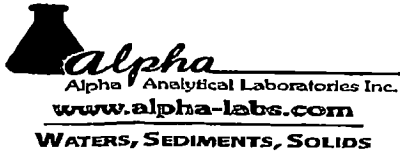
Volcano CSD
P O Box 72
Volcano, CA 95689

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

Reported:
06/24/21 07:06

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
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ELAP Certifications
 Ukiah 1551 / Dublin 2728 / Elk Grove 2922

Bay Area Laboratory
 262 Rickenbacker Circle, Livermore, CA 94551
 925-828-6228 F) 925-828-6309

Central Valley Laboratory
 9090 Union Park Way #13, Elk Grove CA 95624
 916-886-5190 F) 916-886-5192

Chain of Custody - Work Order

Reports and Invoices delivered by email in PDF format

Lab No 21F2069 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"> <tr> <th colspan="10">Analysis Request</th> <th>TAT</th> <th>Temp upon Receipt °C</th> </tr> <tr> <td colspan="10" rowspan="3"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> Amber glass 500mL CV - PH CV - Chlorine Residual CV - PA Courier </div> </td> <td>Standard 10 days</td> <td rowspan="2">Ukiah temp:</td> </tr> <tr> <td>Standard 5 days</td> <td rowspan="2">Dublin temp:</td> </tr> <tr> <td>X 48 hours</td> <td>Elk Grove temp: 4.8</td> </tr> <tr> <td colspan="10">Other: _____ days</td> <td colspan="2">Lab preapproval required</td> <td colspan="2">Sample Notes or CDPH Source Numbers:</td> </tr> </table>										Analysis Request										TAT	Temp upon Receipt °C	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> Amber glass 500mL CV - PH CV - Chlorine Residual CV - PA Courier </div>										Standard 10 days	Ukiah temp:	Standard 5 days	Dublin temp:	X 48 hours	Elk Grove temp: 4.8	Other: _____ days										Lab preapproval required		Sample Notes or CDPH Source Numbers:	
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Attn: Nick Lawson		Email address:					Coliform - Routine																																																						
Address: PO Box 72 Volcano, CA 95689		Address:					Project No:																																																						
Phone/Fax: 209-304-7628		Phone/Fax:					PO Number:																																																						
Email Address: nlwsn49@gmail.com		Internal Lab Use: 189, 189(a) & 190, 190(a)					Total Number of Containers per Sample ID																																																						
Field Sampler - Printed Name & Signature: <i>K</i>																																																													
Sample Identification	Sampling		Container					Preservative					Matrix					Total Number of Containers per Sample ID	CV - PH	CV - Chlorine Residual	CV - PA	Courier																																							
	Date	Time	40ml Vial	Poly	Glass	Sleeve	Other	HCl	HNO3	NaOH	Na2S2O3	None	Water DW	Soil	Other																																														
EVEN MONTH; 0300016	6/15/21		X	X								X	X			1	X	X		X																																									
Routine os country store	6/15/21	0745	X								X		X			1			X																																										
GDD MONTH: 0300018			X	X								X	X			1	X	X		X																																									
Routine @ 16430 Clapboard			X								X		X			1			X																																										
Relinquished by <i>K</i>		Received by <i>LD</i>					Date 6/15/21		Time 1430		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 attn:																																																		
											Travel and Site Time: Mileage: Misc. Supplies:																																																		