30 December 2021

Volcano CSD

Attn: Nick Lawson

P O Box 72

Volcano, CA 95689

RE: Routine - Coliform

Work Order: 21L3336

Enclosed are the results of analyses for samples received by the laboratory on 12/21/21 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

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

Volcano CSD	Project Manager: Nick Lawson	
P O Box 72	Project: Routine - Coliform	Reported:
Volcano, CA 95689	Project Number: 0300016	12/30/21 14:12

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	21L3336-01	Water	12/21/21 07:45	12/21/21 14:00

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.

Volcano CSD			Project Manager: Nick Lawson							
P O Box 72			Project: Routine - Coliform						Reported:	
Volcano, CA 95689			Project Number: 0300016						12/30/21 14:12	

	Result	Units	Reporting Limit	Dilution	Batch	Prepared	Analyzed	ELAP#	Method	Note
Even Month: 0300016 Routine OS Country Store (21L3336-01)			**Sample Type: Water**			**Sampled: 12/21/21 07:45**				
Conventional Chemistry Parameters by APHA/EPA Methods										
pH	**6.92**	**pH Units**	**1.68**	1	AL15403	12/22/21 14:47	12/22/21 14:47	2922	SM4500-H+ B	T-14
Total Residual Chlorine	**0.80**	**mg/L**	**0.10**	1	AL15312	12/22/21 14:58	12/22/21 14:58	2922	SM4500-Cl F	T-14
Microbiological Parameters by APHA Standard Methods										
Total Coliforms	Absent	.		1	1	AL15123	12/21/21 15:27	12/22/21 15:45	2922	Colisure
E. Coli	Absent	.		1	1	AL15123	12/21/21 15:27	12/22/21 15:45	2922	Colisure

Volcano CSD	Project Manager: Nick Lawson
P O Box 72	Project: Routine - Coliform
Volcano, CA 95689	Project Number: 0300016

Reported:

12/30/21 14:12

Notes and Definitions

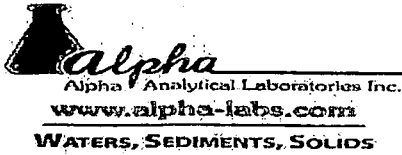|	
A	Absent
P	Present
T-14	Residual chlorine, dissolved oxygen, sulfite, and pH must be analyzed in the field to meet the EPA specified 15 minute hold time.
ND	Analyte NOT DETECTED at or above the reporting limit
dry	Sample results reported on a dry weight basis
RPD	Relative Percent Difference

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.

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.

Page 3 of 3

alpha
Alpha Analytical Laboratories Inc.
www.alpha-labs.com
WATERS, SEDIMENTS, SOLIDS

Corporate Laboratory
208 Mason Street, Ukiah CA 95482
707-468-0401 F) 707-468-5267
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

Report to	Invoice to (if different)	Project Information
Company: Volcano CSD	Contact:	Project ID:
Attn: Nick Lawson	Email address:	Colirorm - 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

Signature below authorizes work under terms stated on reverse side.

Analysis Request

TAT
Standard 10 days

Standard 5 days
48 hours X

Other: ____days

Lab preapproval required

Temp upon Receipt °C
Ukiah temp:
Dublin temp:
Elk Grove temp: **4.0**

Field Sampler - Printed Name & Signature:

Sample Identification	Sampling Date	Sampling Time	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:
EVEN MONTH; 0300016	12-21-21	0745		x	x							x	x			1	x	x	x		
Routine os country store				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	Received by	Date	Time	
	ANN	12-21-21 1400		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: