



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

20 January 2021

Volcano CSD

Attn: Nick Lawson

P O Box 72

Volcano, CA 95689

RE: Routine - Coliform

Work Order: 20K0002

Enclosed are the results of analyses for samples received by the laboratory on 10/30/20 14:09. If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Chelsea L. Sandelin 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 / Raw

Reported:
01/20/21 11:55

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
Well #2	20K0002-01	Water	10/30/20 12:00	10/30/20 14:09
Cleveland Tunnel	20K0002-02	Water	10/30/20 12:00	10/30/20 14:09



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Volcano CSD P O Box 72 Volcano, CA 95689	Project Manager: Nick Lawson Project: Routine - Coliform Project Number: 0300016 / Raw	Reported: 01/20/21 11:55
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	Result	Reporting Limit	Dilution	Batch	Prepared	Analyzed	ELAP#	Method	Note
Well #2 (20K0002-01)		Sample Type: Water			Sampled: 10/30/20 12:00				
Microbiological Parameters by APHA Standard Methods									
Total Coliforms	ND MPN/100mL	1.0	1	AK03329	10/30/20 14:15	10/31/20 14:15	2922	SM9223B	
E. Coli	ND MPN/100mL	1.0	1	AK03329	10/30/20 14:15	10/31/20 14:15	2922	SM9223B	
Cleveland Tunnel (20K0002-02)		Sample Type: Water			Sampled: 10/30/20 12:00				
Microbiological Parameters by APHA Standard Methods									
Total Coliforms	ND MPN/100mL	1.0	1	AK03329	10/30/20 14:15	10/31/20 14:15	2922	SM9223B	
E. Coli	ND MPN/100mL	1.0	1	AK03329	10/30/20 14:15	10/31/20 14:15	2922	SM9223B	

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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P O Box 72
Volcano, CA 95689

Project Manager: Nick Lawson
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01/20/21 11:55

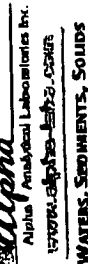
Notes and Definitions

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

Corporate Laboratory
208 Mission Street, Ukiah CA 95482
707-468-0401 F) 707-468-6287
email: clientservices@alpha-labs.com

Bay Area Laboratory
6398 Dougherty Rd #35, Dublin CA 94569
925-828-6226 F) 925-828-6309



Central Valley Laboratory
5090 Union Park Way #113, Elk Grove CA 95624
916-686-5190 F) 916-686-5192

ELAP Certifications
Ukiah 1651 / Dublin 2728 / Elk Grove 2922

Lab No 20K002 Pg of

Signature below authorizes work under terms stated on reverse side.

<p>Report to</p> <p>Company: Volcano CSD Attn: George Barnes Address: PO Box 72, Volcano, CA 95689 Phone/Fax: 209-296-4868 Email Address:</p>	<p>Project Information</p> <p>Project ID: Routine-Colliform Project No: 0300016-RAW PO Number:</p>	<p>Analysis Request</p> <p>TAT: Standard 10 days <input type="radio"/> RUSH: 5 days <input checked="" type="radio"/> 48 hours <input type="radio"/> Other: <input type="radio"/> days</p> <p>Temp upon Receipt °C Ukiah temp: Dublin temp: Elk Grove temp: <u>41</u></p>																																				
<p>Signature below authorizes work under terms stated on reverse side.</p>																																						
<p>Field Sampler - Printed Name & Signature: <u>George Barnes</u> <u>[Signature]</u></p> <p>Sample Identification: Well #1 Well #2 Cleveland Tunnel</p>	<p>Container</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>ADMI Vial</td><td><input type="checkbox"/></td></tr> <tr><td>Poly</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Glass</td><td><input type="checkbox"/></td></tr> <tr><td>Sleeve</td><td><input type="checkbox"/></td></tr> <tr><td>Other</td><td><input type="checkbox"/></td></tr> </table> <p>Preservative</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>HCl</td><td><input type="checkbox"/></td></tr> <tr><td>HNO3</td><td><input type="checkbox"/></td></tr> <tr><td>NaOH</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Na2S2O3</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>None</td><td><input type="checkbox"/></td></tr> <tr><td>Water</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Soil</td><td><input type="checkbox"/></td></tr> <tr><td>Other</td><td><input type="checkbox"/></td></tr> </table> <p>Matrix</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>ADMI Vial</td><td><input type="checkbox"/></td></tr> <tr><td>Poly</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Glass</td><td><input type="checkbox"/></td></tr> <tr><td>Sleeve</td><td><input type="checkbox"/></td></tr> <tr><td>Other</td><td><input type="checkbox"/></td></tr> </table>	ADMI Vial	<input type="checkbox"/>	Poly	<input checked="" type="checkbox"/>	Glass	<input type="checkbox"/>	Sleeve	<input type="checkbox"/>	Other	<input type="checkbox"/>	HCl	<input type="checkbox"/>	HNO3	<input type="checkbox"/>	NaOH	<input checked="" type="checkbox"/>	Na2S2O3	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Water	<input checked="" type="checkbox"/>	Soil	<input type="checkbox"/>	Other	<input type="checkbox"/>	ADMI Vial	<input type="checkbox"/>	Poly	<input checked="" type="checkbox"/>	Glass	<input type="checkbox"/>	Sleeve	<input type="checkbox"/>	Other	<input type="checkbox"/>	<p>CDPH Write On EDT Transmittion? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>State System Number: <u>0300016</u></p> <p>If "Y" please enter the Source Number(s) in the column above</p> <p>Mail Hardcopy to DDW-? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Hardcopy to DDW attn: <u>[Signature]</u></p> <p>Travel and Site Time: <u> </u> Misc. Supplies: <u> </u></p>
ADMI Vial	<input type="checkbox"/>																																					
Poly	<input checked="" type="checkbox"/>																																					
Glass	<input type="checkbox"/>																																					
Sleeve	<input type="checkbox"/>																																					
Other	<input type="checkbox"/>																																					
HCl	<input type="checkbox"/>																																					
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Glass	<input type="checkbox"/>																																					
Sleeve	<input type="checkbox"/>																																					
Other	<input type="checkbox"/>																																					
<p>Sample Information</p> <p>invoiced to (if different): Contract: Email address: Address: Phone/Fax:</p>	<p>Internal Lab Use:</p> <p>Total Number of Containers per Sample ID: <u>CV - TC EC Quantray</u></p>	<p>Sample Source Numbers: 0300016-001 0300016-002 0300016-003</p>																																				

Relinquished by: [Signature]

Received by: [Signature]

Date: 10-31-20 Time: 12:50

Date: 10-31-20 Time: 1400