



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

31 March 2020

Volcano CSD

Attn: George Barnes

P O Box 72

Volcano, CA 95689

RE: Routine - Coliform

Work Order: 20C2739

Enclosed are the results of analyses for samples received by the laboratory on 03/23/20 14:10. 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: George Barnes
Project: Routine - Coliform
Project Number: 0300016

Reported:
03/31/20 10:40

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
Odd Month: 0300016 Routine @ 16430 Clapboard	20C2739-01	Water	03/23/20 08:00	03/23/20 14:10



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Result	Reporting Limit	Dilution	Batch	Prepared	Analyzed	ELAP#	Method	Note
Odd Month: 0300016 Routine @ 16430 Clapboard (20C2739-01)			Sample Type: Water			Sampled: 03/23/20 08:00		
Conventional Chemistry Parameters by APHA/EPA Methods								
pH	7.08 pH Units	1.68	1	AC04897	03/23/20 14:30	03/23/20 14:30	2922 SM4500-H+ B	T-14
Residual Chlorine	1.0 mg/L	0.10	1	AC04898	03/23/20 14:35	03/23/20 14:35	2922 SM4500-Cl F	T-14
Microbiological Parameters by APHA Standard Methods								
Total Coliforms	Absent	1	1	AC04928	03/23/20 14:45	03/24/20 15:10	2922 Colisure	
E. Coli	Absent	1	1	AC04928	03/23/20 14:45	03/24/20 15:10	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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03/31/20 10:40

Notes and Definitions

A Absent

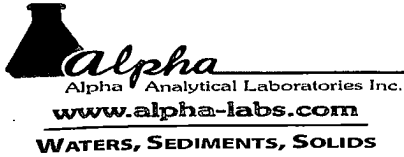
P Present

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



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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 2002739 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: Coliorm - 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 300ml / glass CV - PH CV - Chlorine Residual / glass 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</td> <td colspan="2">Elk Grove temp: 31°C</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 300ml / glass CV - PH CV - Chlorine Residual / glass CV - PA Courier										Standard 10 days		Ukiah temp:		Standard 5 days X 48 hours		Dublin temp:		Other: ___ days		Elk Grove temp: 31°C		Sample Notes or CDPH Source Numbers:													
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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: <i>h</i>				Container				Preservative				Matrix																																																													
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 / glass	CV - PA	Courier																																																				
		Date	Time																																																																						
EVEN MONTH: 0300016					X	X							X	X			1	X	X		X																																																				
Routine es country store					X							X	X				1			X																																																					
✓ ODD MONTH: 0300016		323-20	1410		X	X							X	X			1	X	X		X																																																				
Routine @ 16430 Clapboard		1			X							X	X				1		X																																																						
Relinquished by <i>h</i>		Received by <i>lll</i>		Date 32320		Time 1410		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:																																																													

