



*Alpha*

Alpha Analytical Laboratories, Inc.

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Corporate: 208 Mason Street | Ukiah, CA 95482 | T: 707-468-0401 | F: 707-468-5267 | ELAP# 1551

23 December 2020

Volcano CSD

Attn: Nick Lawson

P O Box 72

Volcano, CA 95689

RE: Routine - Coliform

Work Order: 20L2218

Enclosed are the results of analyses for samples received by the laboratory on 12/15/20 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



Alpha Analytical Laboratories, Inc. email: [clientservices@alpha-labs.com](mailto:clientservices@alpha-labs.com)  
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Volcano CSD  
P O Box 72  
Volcano, CA 95689

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

Reported:  
12/23/20 07:01

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	20L2218-01	Water	12/15/20 07:50	12/15/20 14:00



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Volcano CSD P O Box 72 Volcano, CA 95689	Project Manager: Nick Lawson Project: Routine - Coliform Project Number: 0300016	Reported: 12/23/20 07:01
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	Result	Reporting Limit	Dilution	Batch	Prepared	Analyzed	ELAP#	Method	Note
<b>Even Month: 0300016 Routine OS Country Store (20L2218-01)</b>			<b>Sample Type: Water</b>			<b>Sampled: 12/15/20 07:50</b>			
<b>Conventional Chemistry Parameters by APHA/EPA Methods</b>									
pH	6.94 pH Units	1.68	1	AL03884	12/15/20 14:35	12/15/20 14:35	2922	SM4500-H+ B	T-14
Total Residual Chlorine	0.80 mg/L	0.10	1	AL03883	12/15/20 14:27	12/15/20 14:27	2922	SM4500-Cl F	T-14
<b>Microbiological Parameters by APHA Standard Methods</b>									
Total Coliforms	Absent		1	AL03976	12/15/20 15:15	12/16/20 15:35	2922	Colisure	
E. Coli	Absent		1	AL03976	12/15/20 15:15	12/16/20 15:35	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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12/23/20 07:01

#### Notes and Definitions

A Absent

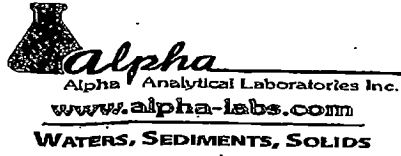
P Present

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  
208 Mason Street, Ukiah CA 95482  
707-468-0401 F) 707-468-5287  
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

# Chain of Custody - Work Order

Reports and Invoices delivered by email in PDF format

Lab No 20L2218 Pg \_\_\_\_\_ of \_\_\_\_\_

<b>Report to</b>		<b>Invoice to (if different)</b>			<b>Project Information</b>			Signature below authorizes work under terms stated on reverse side.																																											
Company: Volcano CSD		Contact:			Project ID:			<table border="1"> <tr> <th colspan="4">Analysis Request</th> <th>TAT</th> <th>Temp upon Receipt °C</th> </tr> <tr> <td>Collorm - Routine</td> <td>Standard</td> <td>10 days</td> <td>Ukiah temp:</td> </tr> <tr> <td>Project No:</td> <td>Standard</td> <td>5 days</td> <td>Dublin temp:</td> </tr> <tr> <td>PO Number:</td> <td>X</td> <td>48 hours</td> <td>Elk Grove temp:</td> </tr> <tr> <td colspan="5">Other: _____ days</td> <td colspan="2">Lab preapproval required</td> <td colspan="2">12°C</td> </tr> <tr> <td colspan="7">Sample Notes or CDPH Source Numbers:</td> </tr> </table>										Analysis Request				TAT	Temp upon Receipt °C	Collorm - Routine	Standard	10 days	Ukiah temp:	Project No:	Standard	5 days	Dublin temp:	PO Number:	X	48 hours	Elk Grove temp:	Other: _____ days					Lab preapproval required		12°C		Sample Notes or CDPH Source Numbers:						
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Sample Notes or CDPH Source Numbers:																																																			
Attn: George Barnes		Email address:			Collorm - Routine																																														
Address: PO Box 72 Volcano, CA 95689		Address:			Project No:																																														
Phone/Fax:		Phone/Fax:			PO Number:																																														
Email Address:		Internal Lab Use: 189, 189(a) & 190, 190(a)																																																	
Field Sampler - Printed Name & Signature:				Container		Preservative				Matrix		Total Number of Containers per Sample ID CV - PH <u>500ml</u> CV - Chlorine Residual <u>glass</u> CV - PA Courier																																							
Sample Identification		Sampling Date      Time		40ml Vial	Poly	Glass	Sleeve	Other	HCl	HNO3	NaOH											Na2S2O3	None	Water/DW	Soil	Other																									
EVEN MONTH; 0300016		12-15-20 07:30			X	X							X	X			1	X	X	X																															
Routine os country store		1 1			X						X		X				1		X																																
ODD MONTH; 0300016					X	X						X	X				1	X	X	X																															
Routine @ 16439 Clapboard					X						X		X				1		X																																
Relinquished by <u>[Signature]</u>				Received by <u>[Signature]</u>				Date		Time		CDPH Write On EDT Transmission? Yes No																																							
								12-15-20		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: _____																																							