

January 12, 2017 SP 1700291:1 Coliform Bacteria Analysis

Meadowlark Ranches Mutual Water Co.

Attn: Mike Hadley System Number: 4200612

P.O. Box 606 **Project Name** : Routine Bacteriological Santa Ynez, CA 93460-0606

### **Analytical Results**

Customer ID

: 2021676

ID	Sample Description	Total	Fecal	E. Coli	Units	Method	Prep	Footnote
1	SS at White Oak	Absent		Absent	A/P/100ml	SM 9223B	Colilert-P/A 18	

N/R Not Required MPN Most Probable Number A/P Absence/Presence

The samples listed above were Acceptable for both Total and Fecal Coliform

#### **Sample Handling Information**

ID	Sample Number	System Number	Sample Type/Reason	Sampler	Employed By	Sampled
1	SP 1700291-001	4200612	System-Routine	Matthew Jimenez	FGL Environmental	2017-01-10 10:00

### Field Analysis/QA Information

ID	Sample Description	le Description Cl Total/Free mg/l Temp		Analysis Started	Analysis Completed	Contact	Contacted
1	SS at White Oak	/0.37		2017-01-10 15:00 RV	2017-01-11 12:43 RV	N/R	

Analyses were performed at the FGL Santa Paula Laboratory using Standard Methods 20th edition. If you have any questions regarding your results, please call. The FGL Santa Paula Laboratory is certified by California ELAP #1573 and ISO/IEC 17025:2005 #L14-31-R1.

Prepared By: SMH

cc:SBCEH

Digitally signed by Raquel R. Harvey Reviewed and Raquel R. Harvey [10] Title: Tech Director Microbiology Date: 2017-01-12 Approved By



## **Monthly**

# CHAIN OF CUSTODY www.fglinc.com

Laboratory Copy (1 of 3)

			1677:01/16/2017			TEST DESCRIPTION		TION - Se	- See Reverse side for Container, Preserva				ative and Sampling information			
Client: Meadowlark Ranches Mutual Water Co.  Address: Attn: Mike Hadley P.O. Box 606 Santa Ynez, CA 93460-0606				Waste(W)	Replace(RPL)											i
Phone: (805)688-3132 Fax:  Contact Person: Mike Hadley  Project Name: Routine Bacteriological  Purchase Order Number:  Quote Number:  Sampler(s)  Sampling Fee: Pickup Fee:			Non-Potable(NP) Ag Water(AgW)		orine(ROUT) Repeat(RPT)	rt-P/A S2O3	CI Free	1 1 1								
Compositor Setup Date:/ Time:/_  Lab Number: SP	Method of Sampling:	Type of Sample	Potable(P) No	Bacti Type: Oth	Bacti Reason: Ro Other(O) Special	Coliform - Colilert-P/A 120ml(PBa)-Na2S2O3	Field Test-Field CI Free	Sampling Fee								
1 SS at White Oak 11017 10'.00	G	DW				1	0.37	х								
Remarks: Reliaqui			ed		<u> </u>	Date:	Time:		elinquished		Date	: Ti	ime:	Relinquished	Date:	Time:
3	Rec	aivla I	3y: 1 <sub>7</sub>		11101	Date:	Time:	_	eceived By:	:	Date	: Ti	me:	Received By:	Date:	Time:

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