

May 17, 2017 SP 1705622:1 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 1705622-001	4200612	System-Routine	Matthew Jimenez	FGL Environmental	2017-05-10 09:30

### Field Analysis/QA Information

ID	Sample Description	Cl Total/Free mg/l	Temp	Analysis Started	Analysis Completed	Contact	Contacted
1	SS at White Oak	/0.74		2017-05-10 16:06 rv	2017-05-11 12:16 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 accredited to ISO/IEC 17025:2005 by PJLA certificate #75605, Testing.

Prepared By: SMH

cc:SBCEH

Digitally signed by Raquel R. Harve Reviewed and Raquel R. Harvey [10] Title: Tech Director Microbiology Date: 2017-05-17 Approved By



## **Monthly**

# CHAIN OF CUSTODY www.fglinc.com Laboratory Copy (1 of 3)

		=	1677:05/15/2017				TEST DESCRIPTION .				a Davarca	side for C	ontainer D	recernation	ative and Sampling information L215		
	H 4 5 1 4 6 1 7 7 9 7 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1	-	1077:	U5/15	7201	<u>'</u>		TEST DES	CKIP	11014 - 31	C VEACUSE	Side IOI C	ontainer, P	10301 vali	TO ALIG SALIS	me mornanon	12213
Client: Addres	Meadowlark Ranches Mutual Water Co. s: Attn: Mike Hadley P.O. Box 606 Santa Ynez, CA 93460-0606				Waste(W)	Repeat(RPT) Replace(RPL)											
Phone:	(805)688-3132 Fax:			İ	Was	plac											
Contact Person: Mike Hadley			*.	3	SR)	ă											
Project	Name: Routine Bacteriological	Grab(G)	SID	Ag.	ırce(	(TA)						i					i
	se Order Number:	1	SE	/ater	Sou	sat(R						į					
Quote 1	Number:	၂ပ္မ	VE	Ag Water(AgW)	YS)	Repe											
Sample	M. Jimaner	; Composite(C)	**SEE REVERSE SIDE**	Non-Potable(NP) A		Bacti Reason: Routine(ROUT) Other(O) Special(SPL)	P/A 03	Free		Ī							
	ng Fee: Pickup Fee:	Pling		H-H	Other(O)	Rout ial(\$	llert- 2S2	101							į		
Compo	ositor Setup Date:/ Time:/	Sampling:	mpje	1	ŏ	Spec	Coli -Na	Field	e G				1				
Lab N	umber: SP 2-21676	ğ	of Sa	E)	Type	Reas (O)	orm - I(PBa	Test-	ling 1								
Samp Num	Location Description Date Time Sampled Sampled	Method of	Type of Sample	Potable(P)	Bacti Type:	Bacti Other	Coliform - Colilert-P/A 120ml(PBa)-Na2S2O3	Field Test-Field CI Free	Sampling Fee								
1	SS at White Oak 5/10/17 9:30	G	DW				1	0.74	х								
										-							-
		1															
		<del> </del>		T													
-		+	-	T	1												
		T	1	T	$t^-$						-						
		+	+	+	$\vdash$												
Remar	ke:	Rel	ingpist	l ed	<u> </u>	L	Datet	Time	: R	linquished		Date	: T	ime: R	elinquished	Date:	Time:
aviiming.				<b>-</b>			רולסו	15	_	•							
			Received By:						ecelyed By	By: Date: Time:			ime: R	Received By: Date: Time:			
	Q'UNO 1	X		Š	/	$\leq$	dr	2		<u>ノ</u>							

**Corporate Offices & Laboratory** 

853 Corporation Street Santa Paula, CA 93060 Phone: (805) 392-2000

Env Fax: (805) 525-4172 / Ag Fax: (805) 392-2063

Office & Laboratory 2500 Stagecoach Road

Stockton, CA 95215 Phone: (209) 942-0182 Fax: (209) 942-0423

Office & Laboratory

563 E. Lindo Chico, CA 95926 Phone: (530) 343-5818 Fax: (530) 343-3807 Office & Laboratory

3442 Empresa Drive, Suite D San Luis Obispo, CA 93401 Phone: (805) 783-2940 Fax: (805) 783-2912

Office & Laboratory

9415 W. Goshen Avenue Visalia, CA 93291 Phone: (559) 734-9473 Fax: (559) 734-8435