

September 6, 2023

SP 2314881:1 **Coliform Bacteria Analysis**

Customer ID : 2021676

**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**

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 2314881-001	4200612	System-Routine	Matthew Jimenez	FGL Environmental	2023-08-31 10:15

**Field Analysis/QA Information**

ID	Sample Description	Cl Total/Free mg/l	Temp	Analysis Started	Analysis Completed	Contact	Contacted
1	SS at White Oak	---/0.17	---	2023-08-31 15:13 eam	2023-09-01 11:55 mdr	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 17025:2017 by PJLA certificate #75605, Testing.

Prepared By: RRH

cc:SBCEH

Reviewed and  
Approved By

**Raquel R. Harvey**



Digitally signed by Raquel R. Harvey  
Title: Tech Director Microbiology  
Date: 2023-09-06

1677:08/21/2023				TEST DESCRIPTION - See Reverse side for Container, Preservative and Sampling information												L215					
Client: <b>Meadowlark Ranches Mutual Water Co.</b> Address: <b>Attn: Mike Hadley</b> <b>P.O. Box 606</b> <b>Santa Ynez, CA 93460-0606</b>  Phone: <b>(805)688-3132</b> Fax: Contact Person: <b>Mike Hadley</b> Project Name: <b>Routine Bacteriological</b> Purchase Order Number: Quote Number:																					
Sampler(s) <div style="text-align: center; font-family: cursive; font-size: 1.2em;">M. Jensen</div>																					
Sampling Fee: _____ Pickup Fee: _____ Compositor Setup Date: ___/___/___ Time: ___/___																					
Lab Number: <b>SP 2314881</b> <span style="float: right;">2-21676</span>																					
Samp Num	Location Description	Date Sampled	Time Sampled	Method of Sampling: Composite(C) Grab(G)	Type of Sample	Potable(P) Non-Potable(NP) Ag Water(AgW)	Bacti Type: Other(O) System(SYS) Source(SR) Waste(W)	Bacti Reason: Routine(ROUT) Repeat(RPT) Replace(RPL) Other(O) Special(SPL)	Coliform - Colitert-P/A 120ml(PBa)-Na2S2O3	Field Test-Field CI Free	Sampling Fee										
1	SS at White Oak	8/31/23	10:15	G	DW				1	0.17	X										
Remarks:				Relinquished		Date:		Time:		Relinquished		Date:		Time:		Relinquished		Date:		Time:	
				<i>MC</i>		8/31/23		1438													
				Received By:		Date:		Time:		Received By:		Date:		Time:		Received By:		Date:		Time:	
				<i>MC</i>		/		/													

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