



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16051

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrex Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FC-10 Collected By CO/SA Date 8/6/07 Time 1240
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A 15C

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/6/07 Time 1745 Test Set-up By SB Date 8/6/07 Time 1830
Condition of Sample Upon Receipt Cool/Intact HT ✓
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h Sharon Date 8/7/07 Time 1655 28h/48h SB Date 8/8/07 Time 1630 72h SB Date 8/9/07 Time 1400 96h Sharon Date 8/10/07 Time 1125

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test			24Hr.																									
			48Hr.																									
Confirmed Test	24Hr.		24Hr.																									
			28Hr.																									
E. Coli or Fecal Coliform	24Hr.		24Hr.																									
			28Hr.																									

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

	Present	Absent
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>

MTF TEST (MPN Per 100ml)

Total Coliform 8
Fecal Coliform <2
E. coli <2

- ☐ No Coliform bacteria were detected in sample.
☒ Coliform bacteria were detected in sample.
☒ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☐ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 08/10/07 Analyst Sharon M. Meyer



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16104

**LABORATORY REPORT
BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

Name Entrix Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point FM-10
Point of Collection AR Collected By JA/BF Date 8/13/07 Time 1125
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/13/07 Time 1740 Test Set-up By SB Date 8/13/07 Time 1900
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h Shm Date 08/14/07 Time 1530 28h/48h Shm Date 08/15/07 Time 1625 72h Shm Date 08/16/07 Time 1300 96h SB Date 8/17/07 Time 1300

Tube No.		P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)		100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test				24Hr.						-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
				48Hr.						+	+	+	+	+	-	-	-	-	+	-	-	-	-	+					
Confirmed Test	24Hr.			24Hr.						-	-	-	+	+					-					+					
	28Hr.			48Hr.						+	+	+							+										
E. Coli or Fecal Coliform	24Hr.			24Hr.						-	-	-	-	-					-					-					
	28Hr.																												

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

	Present	Absent
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>

MTF TEST (MPN Per 100ml)

Total Coliform 50
Fecal Coliform <2
E. coli <2

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

- ☒ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☐ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 8/17/07

Analyst [Signature]



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LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrix Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FM-10 Collected By JA Date 8/20/07 Time 1300
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By <u>SB</u>	Date <u>8/20/07</u>	Time <u>1800</u>	Test Set-up By <u>SB</u>	Date <u>8/20/07</u>	Time <u>1900</u>																							
Condition of Sample Upon Receipt <u>Cool / Intact HT</u>																												
Chlorine Test Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																												
Chlorine Test Results _____ ppm Analyst _____																												
Analyst 24h <u>smm</u>	Date <u>08/21/07</u>	Time <u>1200</u>	28h/48h <u>SB</u>	Date <u>8/22/07</u>	Time <u>1530</u>																							
			72h <u>smm</u>	Date <u>08/23/07</u>	Time <u>1345</u>																							
			96h <u>SB</u>	Date <u>8/24/07</u>	Time <u>1200</u>																							
Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	1	1	1	1	1	0.01	0.01	0.01	0.01	0.01
Presumptive Test	24Hr.								+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	48Hr.								+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Confirmed Test	24Hr.								+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	28Hr.								+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
E. Coli or Fecal Coliform	24Hr.								+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	28Hr.								+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

	Present	Absent
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>

MTF TEST (MPN Per 100ml)

Total Coliform	<u>2</u>
Fecal Coliform	<u>< 2</u>
E. coli	<u>< 2</u>

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

- ☒ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☐ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 08/24/07 Analyst Sharon M. Meyer



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LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Extrix Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FC-10 Collected By JA/LD Date 8/27/07 Time 0910 1310
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/27/07 Time 1755 Test Set-up By SB Date 8/27/07 Time 1900
Condition of Sample Upon Receipt Cool / Intact HT ✓
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h SB Date 8/28/07 Time 1700 28h/48h SB Date 8/29/07 Time 1515 72h SB Date 8/30/07 Time 1400 96h SB Date 8/31/07 Time 1200

Tube No.		P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)		100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test				24Hr.						-	-	-	-	+	-	-	-	-	-	-	-	-	-	-					
				48Hr.						+	+	+	+		-	-	+	-	+	-	-	-	-	-					
Confirmed Test	24Hr.			24Hr.						-	-	-	-	+			-		-										
	28Hr.			48Hr.						-	+	-	-				-		-										
E. Coli or Fecal Coliform	24Hr.			24Hr.						-	-	-	-	+			-		-										
	28Hr.																												

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

	Present	Absent
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>

MTF TEST (MPN Per 100ml)

Total Coliform	<u>4</u>
Fecal Coliform	<u>2</u>
E. coli	<u>2</u>

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

☐ Total Coliform only. Water source may not be protected from contamination. See enclosed information.

☒ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to:

☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 8/31/07

Analyst JA



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LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrix Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FL-10 Collected By CD/SA Date 9/3/07 Time 1210
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/3/07 Time 1645 Test Set-up By SB Date 9/3/07 Time 1400
Condition of Sample Upon Receipt Cool / Intact HT ✓
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h Sam Date 09/04/07 Time 1700 28h/48h Sam Date 09/05/07 Time 1500 72h SB Date 9/6/07 Time 1630 96h Sam Date 09/07/07 Time 1115

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test			24Hr.						+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
			48Hr.						+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Confirmed Test	24Hr.		24Hr.						+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	28Hr.		48Hr.						+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
E. Coli or Fecal Coliform	24Hr.		24Hr.						+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	28Hr.		24Hr.						+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

	Present	Absent
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>

MTF TEST (MPN Per 100ml)

Total Coliform 23
Fecal Coliform 52
E. coli 52

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

- ☒ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☐ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 09/07/07

Analyst Sharon M. Meyer



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16105

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrix Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point FM-11
Point of Collection ARL Collected By JA/BF Date 8/13/07 Time 1215
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/13/07 Time 1740 Test Set-up By SB Date 8/13/07 Time 1900
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h Sam Date 08/14/07 Time 1700 28h/48h Sam Date 08/15/07 Time 1635 72h Sam Date 08/16/07 Time 1300 96h SB Date 8/17/07 Time 1300

Tube No.		P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)		100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Presumptive Test				24Hr.							+	+	+	+															
				48Hr.											+	+			+										
Confirmed Test	24Hr.			24Hr.							+	+	+	+					+										
	28Hr.			48Hr.							+	+	+	+					+										
E. Coli or Fecal Coliform	24Hr.			24Hr.							+	+	+	+					+										
	28Hr.			24Hr.							+	+	+	+					+										

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

	Present	Absent
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>

MTF TEST (MPN Per 100ml)

Total Coliform 50
Fecal Coliform 4
E. coli 2

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

- ☐ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☒ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 8/17/07

Analyst JA



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LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrix Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FM-11 Collected By JA Date 8/20/07 Time 1345
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/20/07 Time 1800 Test Set-up By SB Date 8/20/07 Time 1900
Condition of Sample Upon Receipt Cold / Intact HT
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h Shm Date 08/21/07 Time 1700 28h/48h SB Date 8/22/07 Time 1530 72h Shm Date 08/23/07 Time 1350 96h SB Date 8/24/07 Time 1200
Chlorine Test Results _____ ppm Analyst _____

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Presumptive Test	24Hr.			+	-	-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	48Hr.			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Confirmed Test	24Hr.			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	28Hr.			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
E. Coli or Fecal Coliform	24Hr.			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	28Hr.			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	

2/1 1/0 0

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

Total Coliform ☐ Present ☐ Absent
E. coli ☐ Present ☐ Absent

MTF TEST (MPN Per 100ml)

Total Coliform 280
Fecal Coliform 7
E. coli 2

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

- ☐ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☒ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 08/24/07 Analyst Sharon M. Meyer



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LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrex Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FC-a11 Collected By JA/CO Date 8/27/07 Time 1130
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle) MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/27/07 Time 1755 Test Set-up By SB Date 8/27/07 Time 1900
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 8/28/07 Time 1200 28h/48h SB Date 8/29/07 Time 1500 72h SB Date 8/30/07 Time 1515 96h SB Date 8/31/07 Time 1200

Tube No.		P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)		100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test				24Hr.	+	+	+	+	+	+	+	+	+	+	-	-	-	-	-	+	-	-	-						
				48Hr.	+	+	+	+	+	+	+	+	+	+	-	-	-	-	+	+	+	-	-						
Confirmed Test	24Hr.			24Hr.						+	+	+	+	+	+					-	+	+							
	28Hr.			48Hr.																+									
E. Coli or Fecal Coliform	24Hr.			24Hr.						+	+	+	+	+	+					-	+								
	28Hr.									+	+	+	+	+	+					-	+								

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

	Present	Absent
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>

MTF TEST (MPN Per 100ml)

Total Coliform 59
Fecal Coliform 30
E. coli 30

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

- ☐ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☒ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to:

- ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 8/31/07

Analyst [Signature]



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16239

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrix Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FC-11 Collected By CD/SA Date 9/3/07 Time 1250
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A 156

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/3/07 Time 1645 Test Set-up By SB Date 9/3/07 Time 1900
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 9/04/07 Time 1700 28h/48h SB Date 09/05/07 Time 1500 96h _____ Date _____

Tube No.		P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)		100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test				24Hr.						+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
				48Hr.											+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Confirmed Test	24Hr.			24Hr.						+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	28Hr.			48Hr.																									
E. Coli or Fecal Coliform	24Hr.			24Hr.						+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	28Hr.										+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

	Present	Absent
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>

MTF TEST (MPN Per 100ml)

Total Coliform 240
Fecal Coliform 130
E. coli 130

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

- ☐ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☒ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 9/10/07 Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16303

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrix Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FL-11 Collected By CD Date 9/10/07 Time 1630
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By SB Requested Analysis (circle): MTF P/A 152

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/10/07 Time 1800 Test Set-up By SB Date 9/10/07 Time 2000
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h Sam Date 09/12/07 28h/48h Sam Date 09/13/07 72h SB Date 9/14/07 96h SB Date 9/15/07
Time 1800 Time 1600 Time 1700 Time 1500

Tube No.		P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
Portions (mL)		100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test				24Hr.						+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
				48Hr.																	+	+	+	+	+	+	+	+	+	
Confirmed Test	24Hr.			24Hr.						+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	28Hr.			48Hr.																		+								
E. Coli or Fecal Coliform	24Hr.			24Hr.						+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	28Hr.									+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

	Present	Absent
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>

MTF TEST (MPN Per 100ml)

Total Coliform 900
Fecal Coliform 23
E. coli 23

- ☐ No Coliform bacteria were detected in sample.
☒ Coliform bacteria were detected in sample.
☐ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☒ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☒ Sample received past hold time

Date reported 9/15/07

Analyst LM



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16055

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entax Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FC-12 Collected By JA/CO Date 8/6/07 Time 1430
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A 15c

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/6/07 Time 1745 Test Set-up By SB Date 8/6/07 Time 1830
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 8/7/07 Time 1045 28h/48h SB Date 8/8/07 Time 1600 72h _____ Date _____ 96h _____ Date _____

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	1	1	1	1	1	.01	.01	.01	.01	.01
Presumptive Test			24Hr.																									
			48Hr.																									
Confirmed Test	24Hr.		24Hr.																									
	28Hr.		48Hr.																									
E. Coli or Fecal Coliform	24Hr.		24Hr.																									
	28Hr.		28Hr.																									

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

	Present	Absent
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>

MTF TEST (MPN Per 100ml)

Total Coliform <2
Fecal Coliform <2
E. Coli <2

☒ No Coliform bacteria were detected in sample.

☐ Coliform bacteria were detected in sample.

- ☐ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
- ☐ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 8/8/07

Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16106

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrix Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point FM-12
Point of Collection AR Collected By JA/BF Date 8/13/07 Time 1230
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle) MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/13/07 Time 1740 Test Set-up By SB Date 8/13/07 Time 1900
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h Sam Date 08/14/07 Time 1700 28h/48h Sam Date 08/15/07 Time 1640 72h Sam Date 08/16/07 Time 1300 96h SB Date 8/17/07 Time 1300

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	
Presumptive Test			24Hr.																									
			48Hr.																									
Confirmed Test	24Hr.		24Hr.																									
	28Hr.		48Hr.																									
E. Coli or Fecal Coliform	24Hr.		24Hr.																									
	28Hr.		24Hr.																									

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

	Present	Absent
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>

MTF TEST (MPN Per 100ml)

Total Coliform 4
Fecal Coliform <2
E. coli <2

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

- ☒ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☐ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 8/17/07

Analyst JA



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16152

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrix Phone _____ Fax _____

Street or P.O. Box _____

City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR

Point of Collection FM-12 Collected By JA Date 8/20/07 Time 1355

Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____

The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/20/07 Time 1800 Test Set-up By SB Date 8/20/07 Time 1900

Condition of Sample Upon Receipt Cool / Intact HT

Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____

Analyst 24h SB Date 8/21/07 Time 1700 28h/48h SM Date 8/22/07 Time 1530 72h _____ Date _____ 96h _____ Date _____ Time _____

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test			24Hr.																									
			48Hr.																									
Confirmed Test	24Hr.		24Hr.																									
	28Hr.		48Hr.																									
E. Coli or Fecal Coliform	24Hr.		24Hr.																									
	28Hr.		24Hr.																									

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

	Present	Absent
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>

MTF TEST (MPN Per 100ml)

Total Coliform 2
Fecal Coliform <2
E. coli <2

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

☒ Total Coliform only. Water source may not be protected from contamination. See enclosed information.

☐ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 08/23/07 Analyst Sharon M. Meyer



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16196

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Etnx Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FC-12 Collected By GA/CO Date 8/27/07 Time 11:20
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By	<u>SB</u>	Date	<u>8/27/07</u>	Time	<u>1755</u>	Test Set-up By	<u>SB</u>	Date	<u>8/27/07</u>	Time	<u>1900</u>																	
Condition of Sample Upon Receipt	<u>Cool / Intact HT</u>																											
Chlorine Test Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chlorine Test Results																											
Analyst 24h	<u>SB</u>	Date	<u>8/28/07</u>	Time	<u>1700</u>	28h/48h	<u>Shm</u>	Date	<u>08/29/07</u>	Time	<u>1500</u>																	
						72h	<u>SB</u>	Date	<u>8/30/07</u>	Time	<u>1515</u>																	
						96h	<u>SB</u>	Date	<u>8/31/07</u>	Time	<u>1200</u>																	
Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test			24Hr.						-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			48Hr.						-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Confirmed Test	24Hr.		24Hr.																									
	28Hr.		48Hr.							+																		
E. Coli or Fecal Coliform	24Hr.		24Hr.							+																		
	28Hr.		24Hr.							+																		

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

	Present	Absent
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>

MTF TEST (MPN Per 100ml)

Total Coliform	<u>2</u>
Fecal Coliform	<u>2</u>
E. coli	<u>2</u>

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

- ☐ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☒ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 8/31/07

Analyst [Signature]

**DIAMOND WATER LABORATORY**1660 Old Airport Road
Auburn, CA 95602(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16240

**LABORATORY REPORT
BACTERIOLOGICAL EXAMINATION OF WATER****CUSTOMER INFORMATION:**Name Entrix Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____**SAMPLE INFORMATION:**Owner of Source _____ Address of Sampling Point AR
Point of Collection FL-1288 Collected By CO/SA Date 9/3/07 Time 1255
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTE P/A ISE**ANALYSIS WORKSHEET (Lab Use Only)**

Sample Received By	<u>SB</u>	Date	<u>9/3/07</u>	Time	<u>1645</u>	Test Set-up By	<u>SB</u>	Date	<u>9/3/07</u>	Time	<u>1600</u>
Condition of Sample Upon Receipt	<u>Cool/Intact HT</u>										
Chlorine Test Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chlorine Test Results										
Analyst 24h	<u>Shm</u>	Date	<u>09/04/07</u>	Time	<u>1100</u>	28h/48h	<u>Shm</u>	Date	<u>09/05/07</u>	Time	<u>1500</u>
Analyst 72h	<u>SB</u>	Date	<u>9/6/07</u>	Time	<u>1630</u>	96h	<u>Shm</u>	Date	<u>09/07/07</u>	Time	<u>1100</u>

Tube No.	P/A	P/A	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100	10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	
Presumptive Test																											
Confirmed Test																											
E. Coli or Fecal Coliform																											

TEST RESULTS**MMO-MUG TEST (P/A Per 100ml)**

	Present	Absent
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>

MTF TEST (MPN Per 100ml)

Total Coliform	<u>2</u>
Fecal Coliform	<u>2</u>
E. coli	<u>2</u>

☐ No Coliform bacteria were detected in sample.☒ Coliform bacteria were detected in sample.

- ☒
- Total Coliform only. Water source may not be protected from contamination. See enclosed information.
-
- ☐
- Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold timeDate reported 09/07/07Analyst Sharon M. Meyer



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
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16054

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrux Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FL-13 Collected By CO/JA Date 8/6/07 Time 1405
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/6/07 Time 1745 Test Set-up By SB Date 8/6/07 Time 1830
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 08/07/07 Time 1645 28h/48h SB Date 8/8/07 Time 1620 72h SB Date 08/07/07 Time 1330 96h _____ Date _____ Time _____

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test			24Hr.																									
			48Hr.																									
Confirmed Test	24Hr.		24Hr.																									
	28Hr.		48Hr.																									
E. Coli or Fecal Coliform	24Hr.		24Hr.																									
	28Hr.		24Hr.																									

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

	Present	Absent
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>

MTF TEST (MPN Per 100ml)

Total Coliform 50
Fecal Coliform 2
E. coli < 2

- ☐ No Coliform bacteria were detected in sample.
☒ Coliform bacteria were detected in sample.
☐ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☒ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 08/10/07 Analyst Sharon M. Meyer

**DIAMOND WATER LABORATORY**1660 Old Airport Road
Auburn, CA 95602(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16107

**LABORATORY REPORT
BACTERIOLOGICAL EXAMINATION OF WATER****CUSTOMER INFORMATION:**Name Entrix Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____**SAMPLE INFORMATION:**Owner of Source _____ Address of Sampling Point FM-13
Point of Collection AR Collected By JA/BF Date 8/13/07 Time 1235
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A**ANALYSIS WORKSHEET (Lab Use Only)**Sample Received By SB Date 8/13/07 Time 1740 Test Set-up By SB Date 8/13/07 Time 1900
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 8/14/07 Time 1700 28h/48h SB Date 8/15/07 Time 1600 72h _____ Date _____ 96h _____ Date _____

Tube No.		P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)		100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test				24Hr.						+	+	+	+	+	+	+	+	+	+	-	-	+	-	-					
				48Hr.																	-	-		-	-				
Confirmed Test	24Hr.			24Hr.						+	+	+	+	+	+	+	+	+	+			+							
	28Hr.			48Hr.																									
E. Coli or Fecal Coliform	24Hr.			24Hr.						+	+	+	+	+	-	+	-	+	+			-							
	28Hr.									+	+	+	+	+	-	+	-	+	+										

TEST RESULTS**MMO-MUG TEST (P/A Per 100ml)**

	Present	Absent
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>

MTF TEST (MPN Per 100ml)Total Coliform 300
Fecal Coliform 80
E. coli 30☐ No Coliform bacteria were detected in sample.☒ Coliform bacteria were detected in sample.

- ☐
- Total Coliform only. Water source may not be protected from contamination. See enclosed information.
-
- ☒
- Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold timeDate reported 8/15/07Analyst JA



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
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16153

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrix Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FM-13 Collected By JA Date 8/20/07 Time 1400
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle) MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/20/07 Time 1800 Test Set-up By SB Date 8/20/07 Time 1900
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h SB Date 8/21/07 Time 1700 28h/48h Sam Date 08/22/07 Time 1530 72h Sam Date 08/23/07 Time 1335 96h SB Date 8/24/07 Time 1200
Chlorine Test Results _____ ppm Analyst _____

Tube No.	P/A	P/A	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100	10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	1	1	1	1	0.01	0.01	0.01	0.01	0.01	
Presumptive Test	24Hr.							+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	48Hr.																										
Confirmed Test	24Hr.							+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	28Hr.																										
E. Coli or Fecal Coliform	24Hr.							+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	28Hr.																										

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

	Present	Absent
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>

MTF TEST (MPN Per 100ml)

Total Coliform 80
Fecal Coliform 50
E. coli 30

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

- ☐ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☒ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 08/24/07 Analyst Sharon M. Meyer



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16195

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrix Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FC-PR 13 Collected By SA/CD Date 8/27/07 Time 11:20
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/27/07 Time 1755 Test Set-up By SB Date 8/27/07 Time 1900
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 8/28/07 Time 1700 28h/48h SB Date 8/29/07 Time 1500 72h _____ Date _____ 96h _____ Date _____ Time _____

Tube No.		P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)		100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test				24Hr.						+	+	+	+	+	+	-	+	-	+	-	-	-	-						
				48Hr.													-	-	-	-	-	-	-						
Confirmed Test	24Hr.			24Hr.						+	+	+	+	+	+	+	+	+	+										
	28Hr.			48Hr.																									
E. Coli or Fecal Coliform	24Hr.			24Hr.						+	+	+	+	+	+	+	+	+	+										
	28Hr.																												

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

	Present	Absent
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>

MTF TEST (MPN Per 100ml)

Total Coliform	<u>80</u>
Fecal Coliform	<u>80</u>
E. coli	<u>80</u>

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

☐ Total Coliform only. Water source may not be protected from contamination. See enclosed information.

☒ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to:

☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 8/30/07

Analyst SA



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16241

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrix Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FL-13 Collected By CD/SA Date 9/3/07 Time 1300
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A
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ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/3/07 Time 1645 Test Set-up By SB Date 9/3/07 Time 1900
Condition of Sample Upon Receipt Cool/Intact HT ✓
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h Sam Date 09/04/07 28h/48h Sam Date 09/05/07 72h SB Date 9/6/07 96h _____ Date _____
Time 1700 Time 1500 Time 1300 Time _____

Tube No.		P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)		100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test				24Hr.							+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
				48Hr.								+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Confirmed Test	24Hr.			24Hr.							+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	28Hr.			48Hr.							+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
E. Coli or Fecal Coliform	24Hr.			24Hr.							+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	28Hr.			24Hr.							+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

Present Absent
Total Coliform ☐ ☐
E. coli ☐ ☐

MTF TEST (MPN Per 100ml)

Total Coliform 70
Fecal Coliform 17
E. coli 17

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

- ☐ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☒ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 9/10/07

Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16053

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entax Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FC-14 Collected By JA/CO Date 8/6/07 Time 1400
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A 15c

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/6/07 Time 1745 Test Set-up By SB Date 8/6/07 Time 1830
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h 8mm Date 08/07/07 Time 1640 28h/48h SB Date 8/8/07 Time 1620 72h 8mm Date 08/09/07 Time 1325 96h 8mm Date 08/10/07 Time 1155

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	1	1	1	1	1	01	01	01	01	01
Presumptive Test			24Hr.						+	+	+	+	+	-	-	-	-	-	-	-	-	-	-					
			48Hr.											-	+	+	-	+	-	-	-	-						
Confirmed Test	24Hr.		24Hr.						+	+	+	+	+	+	+	+	+											
	28Hr.		48Hr.																									
E. Coli or Fecal Coliform	24Hr.		24Hr.						+	-	-	+	+	-	-	-	-											
	28Hr.																											

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

	Present	Absent
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>

MTF TEST (MPN Per 100ml)

Total Coliform 80
Fecal Coliform 8
E. coli 8

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

☐ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☒ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 08/10/07 Analyst Sharon M. Meyer

**DIAMOND WATER LABORATORY**1660 Old Airport Road
Auburn, CA 95602(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16108

**LABORATORY REPORT
BACTERIOLOGICAL EXAMINATION OF WATER****CUSTOMER INFORMATION:**Name Entrix Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____**SAMPLE INFORMATION:**Owner of Source _____ Address of Sampling Point FM-14
Point of Collection AR Collected By JA/BF Date 8/13/07 Time 1248
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☐ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle) MTF P/A**ANALYSIS WORKSHEET (Lab Use Only)**Sample Received By SB Date 8/13/07 Time 1740 Test Set-up By SB Date 8/13/07 Time 1900
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 8/14/07 Time 1700 28h/48h SB Date 8/15/07 Time 1600 72h SB Date 8/16/07 Time 1300 96h _____ Date _____ Time _____

Tube No.		P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)		100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test				24Hr.						+	-	+	+	+	-	-	-	-	-	-	-	-	-	-					
				48Hr.								-				+	+	-	-	-	-	+	-	-	-				
Confirmed Test	24Hr.			24Hr.						+		+	+	+	+	+						+							
	28Hr.			48Hr.																									
E. Coli or Fecal Coliform	24Hr.			24Hr.						+		+	+	+	-	-					-								
	28Hr.																												

TEST RESULTS**MMO-MUG TEST (P/A Per 100ml)**

	Present	Absent
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>

MTF TEST (MPN Per 100ml)Total Coliform 26
Fecal Coliform 13
E. coli 13☐ No Coliform bacteria were detected in sample.☒ Coliform bacteria were detected in sample.☐ Total Coliform only. Water source may not be protected from contamination. See enclosed information.☒ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to:

☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold timeDate reported 8/16/07Analyst JA



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16154

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entox Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FM-14 Collected By JA Date 8/20/07 Time 1405
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle) MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By JB Date 8/20/07 Time 1800 Test Set-up By JB Date 8/20/07 Time 1900
Condition of Sample Upon Receipt Cool / Intact HT ✓
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h JB Date 8/21/07 Time 1700 28h/48h JB Date 8/21/07 Time 1530 72h 8mm Date 08/23/07 Time 1320 96h _____ Date _____ Time _____

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test	24Hr.								+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	48Hr.								+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Confirmed Test	24Hr.								+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	28Hr.								+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
E. Coli or Fecal Coliform	24Hr.								+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	28Hr.								+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

Total Coliform ☐ Present ☐ Absent
E. coli ☐ Present ☐ Absent

MTF TEST (MPN Per 100ml)

Total Coliform 30
Fecal Coliform 8
E. coli 8

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

- ☐ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☒ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 08/23/07 Analyst Sharon M. Meyer



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16194

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrix Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FL-14 Collected By JA/LO Date 8/27/07 Time 1108
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle) MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/27/07 Time 1755 Test Set-up By SB Date 8/27/07 Time 1900
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h SB Date 08/28/07 Time 1706 28h/48h SB Date 08/29/07 Time 1500 72h SB Date 8/30/07 Time 1515 96h SB Date 8/31/07 Time 1200

Tube No.		P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)		100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test				24Hr.						+	+	+	+	+	+	-	-	+	-	-	-	-	-	-					
				48Hr.														+	+	+	+	+	+	+					
Confirmed Test	24Hr.			24Hr.						+	+	+	+	+	+	-	-	+	+	+	+	+							
	28Hr.			48Hr.														+	+										
E. Coli or Fecal Coliform	24Hr.			24Hr.						+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	28Hr.									+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

	Present	Absent
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>

MTF TEST (MPN Per 100ml)

Total Coliform	<u>220</u>
Fecal Coliform	<u>23</u>
EColi	<u>23</u>

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

- ☐ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☒ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 8/31/07

Analyst SB



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16242

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrux Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FL-14 Collected By CD/JA Date 9/3/07 Time 1305
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/3/07 Time 1645 Test Set-up By SB Date 9/3/07 Time 1400
Condition of Sample Upon Receipt Cool / Intact HT ☒
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h Imm Date 09/04/07 Time 1700 28h/48h Imm Date 09/05/07 Time 1500 72h SB Date 9/4/07 Time 1300 96h _____ Date _____ Time _____

Tube No.		P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)		100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test				24Hr.						+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
				48Hr.																									
Confirmed Test	24Hr.			24Hr.						+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	28Hr.			48Hr.																									
E. Coli or Fecal Coliform	24Hr.			24Hr.						+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	28Hr.									+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

	Present	Absent
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>

MTF TEST (MPN Per 100ml)

Total Coliform	<u>170</u>
Fecal Coliform	<u>22</u>
E. coli	<u>22</u>

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

- ☐ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☒ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 9/10/07

Analyst AR



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

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LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrex Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FC-15 Collected By JA/CD Date 8/7/07 Time 1355
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A 15C

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/7/07 Time 1545 Test Set-up By SB Date 8/7/07 Time 1725
Condition of Sample Upon Receipt Cool/Intact HT ✓
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 8/8/07 Time 1630 28h/48h SB Date 8/9/07 Time 1400 72h Imm Date 8/10/07 Time 1140 96h SB Date 8/11/07 Time 1400

Tube No.		P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)		100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test				24Hr.	+	+	+	+	+	-	+	+	-	+	-	+	-	-	+										
				48Hr.							+			+		+		-	-										
Confirmed Test	24Hr.			24Hr.	+	+	+	+	+	+	+	+	-	+	-	+			+										
	28Hr.			48Hr.									+		-														
E. Coli or Fecal Coliform	24Hr.			24Hr.	⊕	⊕	⊕	⊕	⊕	-	⊕	⊕	-	⊕	-	-			⊕										
	28Hr.																												

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

	Present	Absent
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>

MTF TEST (MPN Per 100ml)

Total Coliform 500
Fecal Coliform 119
E. coli 52

- ☐ No Coliform bacteria were detected in sample.
☒ Coliform bacteria were detected in sample.
☐ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☒ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 8/11/07 Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16117

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrix Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point FM-15
Point of Collection AR Collected By JA/BF Date 8/13/07 Time 1600
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle) MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/13/07 Time 1740 Test Set-up By SB Date 8/13/07 Time 1100
Condition of Sample Upon Receipt Col/Intact HT ✓
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h SB Date 8/14/07 Time 1700 28h/48h SB Date 8/15/07 Time 1600 72h Sam Date 08/16/07 Time 1300 96h SB Date 8/17/07 Time 1300

Tube No.		P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)		100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test				24Hr.	7				8	-	7	-	-	+	-	-	-	-	-	-	-	-	-	-					
				48Hr.	8				8	+		+	-		-	-	-	+	-	-	+	-	-	-					
Confirmed Test	24Hr.			24Hr.						-	-	-		+				-			-								
	28Hr.			48Hr.						+	+	+						+			-								
E. Coli or Fecal Coliform	24Hr.			24Hr.						-	-	-		-				-			-								
	28Hr.																												

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

	Present	Absent
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>

MTF TEST (MPN Per 100ml)

Total Coliform 17
Fecal Coliform <2
E. coli <2

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

- ☒ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☐ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 8/17/07

Analyst JA



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16161

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Extrix Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FM-15 Collected By JA Date 8/20/07 Time 1553
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/20/07 Time 1800 Test Set-up By SB Date 8/20/07 Time 1900
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h SB Date 8/21/07 Time 1700 28h/48h Shm Date 8/22/07 Time 1530 96h SB Date 8/23/07 Time 1330 12h SB Date 8/24/07 Time 1200

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	
Presumptive Test	24Hr.																											
	48Hr.																											
Confirmed Test	24Hr.																											
	28Hr.																											
E. Coli or Fecal Coliform	24Hr.																											
	28Hr.																											

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

Total Coliform ☐ Present ☐ Absent
E. coli ☐ Present ☐ Absent

MTF TEST (MPN Per 100ml)

Total Coliform 80
Fecal Coliform 4
E. coli 4

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

- ☐ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☒ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 8/24/07 Analyst Sharon M. Meyer



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16192

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrex Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FL-15 Collected By JA/CD Date 8/27/07 Time 1005
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/27/07 Time 1755 Test Set-up By SB Date 8/27/07 Time 1900
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h Imm Date 08/28/07 28h/48h Imm Date 08/29/07 72h SB Date 8/30/07 96h _____ Date _____
Time 1700 Time 1500 Time 1515 Time _____

Tube No.		P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)		100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test				24Hr.						+	+	+	+	+	+	+	+	+	+	+	+	+	+	+					
				48Hr.																									
Confirmed Test	24Hr.			24Hr.						+	+	+	+	+	+	+	+	+	+	+	+	+	+	+					
	28Hr.			48Hr.																				+					
E. Coli or Fecal Coliform	24Hr.			24Hr.						+	+	+	+	+	+	+	+	+	+	+	+	+	+	+					
	28Hr.									+	+	+	+	+	+	+	+	+	+	+	+	+	+	+					

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

	Present	Absent
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>

MTF TEST (MPN Per 100ml)

Total Coliform	<u>≥ 1600</u>
Fecal Coliform	<u>1600</u>
E. coli	<u>500</u>

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

- ☐ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☒ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 8/30/07

Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16251

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrix Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FC-15 Collected By CO/SA Date 9/3/07 Time 1545
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/3/07 Time 1645 Test Set-up By SB Date 9/3/07 Time 1400
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h SB Date 9/4/07 Time 1700 28h/48h SB Date 09/05/07 Time 1500 72h SB Date 09/06/07 Time 1645 96h SB Date 09/07/07 Time 1130

Tube No.	P/A	P/A	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100	10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	1	1	1	1	1	0.1	0.1	0.1	0.1	
Presumptive Test								+	+	+	+	+	-	-	-	+	-	-	-	-	-	-	-	-	-	-	
Confirmed Test	24Hr.							+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
E. Coli or Fecal Coliform	24Hr.							+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	

4/1 1/1 0/0

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

Present Absent
Total Coliform ☐ ☐
E. coli ☐ ☐

MTF TEST (MPN Per 100ml)

Total Coliform 140
Fecal Coliform 174
E. coli 174

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

☐ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☒ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 09/07/07

Analyst Sharon M. Meyer



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16071

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrix Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FC-16 Collected By JA/CD Date 8/7/07 Time 1405
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/7/07 Time 1545 Test Set-up By SB Date 8/7/07 Time 1725
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h SB Date 8/8/07 Time 1640 28h/48h SB Date 8/9/07 Time 1600
Chlorine Test Results _____ ppm Analyst _____
72h 8mm Date 8/10/07 Time 1150 96h SB Date 8/11/07 Time 1400

Tube No.		P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
Portions (mL)		100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	1	1	1	1	1	1	0.01	0.01	0.01	0.01	0.01
Presumptive Test				24Hr.						-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
				48Hr.						+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Confirmed Test	24Hr.			24Hr.						-	+	-	+	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	28Hr.			48Hr.						+	-	-	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
E. Coli or Fecal Coliform	24Hr.			24Hr.						-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	28Hr.										-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

	Present	Absent
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>

MTF TEST (MPN Per 100ml)

Total Coliform 11
Fecal Coliform 2
E. coli 2

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

- ☐ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☒ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☒ Sample received past hold time

Date reported 8/11/07

Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16118

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrex Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point FM-16
Point of Collection AR Collected By JA/BF Date 8/13/07 Time 1616
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/13/07 Time 1740 Test Set-up By SB Date 8/13/07 Time 1900
Condition of Sample Upon Receipt Cool/Intact HT ✓
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h SB Date 8/14/07 Time 1700 28h/48h SB Date 8/15/07 Time 1600
Chlorine Test Results _____ ppm Analyst _____
72h SB Date 8/16/07 Time 1300 96h SB Date 8/17/07 Time 1300

Tube No.		P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)		100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test				24Hr.						-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
				48Hr.						+	+	+	+	+	-	+	-	-	-	-	-	-	-	-					
Confirmed Test	24Hr.			24Hr.						+	-	-	+	-		+													
	28Hr.			48Hr.							+	+		-															
E. Coli or Fecal Coliform	24Hr.			24Hr.						-	-	-	-	-		-													
	28Hr.																												

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

Present Absent
Total Coliform ☐ ☐
E. coli ☐ ☐

MTF TEST (MPN Per 100ml)

Total Coliform 17
Fecal Coliform 22
E. coli 22

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

- ☐ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☐ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 8/17/07

Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16164

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrix Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FM-16 Collected By JA Date 8/20/07 Time 1700
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/20/07 Time 1800 Test Set-up By SB Date 8/20/07 Time 1400
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h Sam Date 08/21/07 Time 1700 28h/48h SB Date 8/21/07 Time 1530
Chlorine Test Results _____ ppm Analyst _____ Date 08/23/07 Time 1350 96h SB Date 8/24/07 Time 1200

Tube No.	P/A	P/A	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100	10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	1	1	1	1	1	01	01	01	01	
Presumptive Test	24Hr.																										
	48Hr.																										
Confirmed Test	24Hr.																										
	28Hr.																										
E. Coli or Fecal Coliform	24Hr.																										
	28Hr.																										

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

Total Coliform ☐ Present ☐ Absent
E. coli ☐ Present ☐ Absent

MTF TEST (MPN Per 100ml)

Total Coliform 11
Fecal Coliform 52
E. coli 52

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

- ☒ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☐ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 08/24/07 Analyst Sharon M. Meyer

**DIAMOND WATER LABORATORY**1660 Old Airport Road
Auburn, CA 95602(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16193

**LABORATORY REPORT
BACTERIOLOGICAL EXAMINATION OF WATER****CUSTOMER INFORMATION:**Name Etow Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____**SAMPLE INFORMATION:**Owner of Source _____ Address of Sampling Point AR
Point of Collection FL-16 Collected By JA/CD Date 8/27/07 Time 10:00
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle) MTF P/A**ANALYSIS WORKSHEET (Lab Use Only)**Sample Received By SB Date 8/27/07 Time 1755 Test Set-up By SB Date 8/27/07 Time 1900
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h Imm Date 8/28/07 Time 1600 28h/48h Imm Date 8/29/07 Time 1500
Chlorine Test Results _____ ppm Analyst _____
Date 8/30/07 Time 1515 96h SB Date 8/31/07 Time 1200

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test			24Hr.																									
			48Hr.																									
Confirmed Test	24Hr.		24Hr.																									
	28Hr.		48Hr.																									
E. Coli or Fecal Coliform	24Hr.		24Hr.																									
	28Hr.		24Hr.																									

TEST RESULTS**MMO-MUG TEST (P/A Per 100ml)**Total Coliform ☐ Present ☐ Absent
E. coli ☐ Present ☐ Absent**MTF TEST (MPN Per 100ml)**Total Coliform 7
Fecal Coliform <2
E. coli <2☐ No Coliform bacteria were detected in sample.☒ Coliform bacteria were detected in sample.

- ☒
- Total Coliform only. Water source may not be protected from contamination. See enclosed information.
-
- ☐
- Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold timeDate reported 8/31/07Analyst DA



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16252

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrix Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FL-16 Collected By SD/SA Date 7/3/07 Time 1555
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/3/07 Time 1645 Test Set-up By SB Date 9/3/07 Time 1900

Condition of Sample Upon Receipt Cool / Intact HT

Chlorine Test Required: ☐ Yes ☒ No

Chlorine Test Results _____ ppm Analyst _____

Analyst 24h SB Date 9/4/07 Time 1900 28h/48h Sam Date 09/05/07 Time 1500 72h Sam Date 09/06/07 Time 1650 96h Sam Date 09/07/07 Time 1120

Tube No.		P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)		100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test				24Hr.						+	+	-	+	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
				48Hr.								+				-	-	-	-	-	-	-	-	-	-	-	-	-	-
Confirmed Test	24Hr.			24Hr.						+	+	-	+	+															
	28Hr.			48Hr.								+																	
E. Coli or Fecal Coliform	24Hr.			24Hr.																									
	28Hr.																												

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

	Present	Absent
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>

MTF TEST (MPN Per 100ml)

Total Coliform 8
Fecal Coliform 5
E. coli 2

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

- ☒ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☐ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 09/07/07 Analyst Sharon M. Meyer



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16072

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrux Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FC-17 Collected By JA/CD Date 8/7/07 Time 1455
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle) MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/7/07 Time 1545 Test Set-up By SB Date 8/7/07 Time 1725
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h Imm Date 08/08/07 Time 1640 28h/48h Imm Date 08/09/07 Time 1350 72h Imm Date 08/10/07 Time 1210 96h _____ Date _____ Time _____

Tube No.		P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)		100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test				24Hr.	+	+	+	+	-	-	-	-	-	-	-	-	-	-	-										
				48Hr.					-	-	-	-	-	-	-	-	-	-	-										
Confirmed Test	24Hr.			24Hr.	+	+	+	+																					
	28Hr.			48Hr.																									
E. Coli or Fecal Coliform	24Hr.			24Hr.	+	+	+	+																					
	28Hr.			24Hr.	+	+	+	+																					

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

	Present	Absent
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>

MTF TEST (MPN Per 100ml)

Total Coliform	<u>13</u>
Fecal Coliform	<u>13</u>
E. coli	<u>13</u>

- ☐ No Coliform bacteria were detected in sample.
☒ Coliform bacteria were detected in sample.
☐ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☒ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 08/10/07 Analyst Sharon M. Meyer



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16119

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entax Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point FM-17
Point of Collection AR Collected By JA/BF Date 8/13/07 Time 1710
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle) MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/13/07 Time 1740 Test Set-up By SB Date 8/13/07 Time 1900
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h SB Date 8/14/07 Time 1700 28h/48h SB Date 8/15/07 Time 1630 72h Sam Date 8/16/07 Time 1300 96h SB Date 8/17/07 Time 1300

Tube No.		P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)		100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test				24Hr.						+	+	+	+	+	+	+	+	-	-	-	-	-	-	-					
				48Hr.														+	-	-	-	-	-	-					
Confirmed Test	24Hr.			24Hr.						+	+	+	+	+	+	+	+	-											
	28Hr.			48Hr.														+											
E. Coli or Fecal Coliform	24Hr.			24Hr.																									
	28Hr.			24Hr.																									

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

	Present	Absent
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>

MTF TEST (MPN Per 100ml)

Total Coliform	<u>80</u>
Fecal Coliform	<u>30</u>
E. coli	<u>7</u>

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

- ☐ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☒ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to:

- ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 8/17/07

Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

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LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrix Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FM-17 Collected By JA Date 8/20/07 Time 0920
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/20/07 Time 1800 Test Set-up By SB Date 8/20/07 Time 1900
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h Shm Date 08/21/07 Time 700 28h/48h Shm Date 08/22/07 Time 1530
Chlorine Test Results _____ ppm Analyst SB Date 8/24/07 Time 1200
72h Shm Date 08/23/07 Time 1335 96h SB Date 8/24/07 Time 1200

Tube No.		P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)		100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test				24Hr.						+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
				48Hr.									+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Confirmed Test	24Hr.			24Hr.						+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	28Hr.			48Hr.												+	+	+	+	+	+	+	+	+	+	+	+	+	
E. Coli or Fecal Coliform	24Hr.			24Hr.						+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	28Hr.									+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

	Present	Absent
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>

MTF TEST (MPN Per 100ml)

Total Coliform 30
Fecal Coliform 13
E. coli 13

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

- ☐ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☒ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 08/24/07 Analyst Sharon M. Meyer



DIAMOND WATER LABORATORY
1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

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**LABORATORY REPORT
BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

Name Entrux Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FL-1817 Collected By SA/CO Date 8/27/07 Time 10:00
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/27/07 Time 1755 Test Set-up By SB Date 8/27/07 Time 1900
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h Smn Date 08/28/07 Time 1700 28h/48h Smn Date 08/29/07 Time 1500 72h SB Date 8/30/07 Time 1515 96h SB Date 8/31/07 Time 1200

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test			24Hr.						+	+	+	+																
			48Hr.																									
Confirmed Test	24Hr.		24Hr.						+	+	+	+																
	28Hr.		48Hr.																									
E. Coli or Fecal Coliform	24Hr.		24Hr.																									
	28Hr.		24Hr.						+	+	+	+																

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

Present Absent
Total Coliform ☐ ☐
E. coli ☐ ☐

MTF TEST (MPN Per 100ml)

Total Coliform 23
Fecal Coliform 4
E. coli 4

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

- ☐ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☒ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 8/31/07

Analyst SA



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16236

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrix Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FL-17 Collected By CD/SA Date 9/3/07 Time 0855
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/3/07 Time 1645 Test Set-up By SB Date 9/3/07 Time 1400
Condition of Sample Upon Receipt Cool/Intact HT ✓
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h Shm Date 09/04/07 Time 1700 28h/48h Shm Date 09/05/07 Time 1500 72h SB Date 9/6/07 Time 1630 96h Shm Date 09/07/07 Time 1120
Chlorine Test Results _____ ppm Analyst _____

Tube No.	P/A	P/A	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100	10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	
Presumptive Test	24Hr.							+	+	+	+	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	48Hr.							-	+	+	+	+	+	+	+	+	+	-	-	-	-	-	-	-	-	-	
Confirmed Test	24Hr.							-	+	+	+	+	+	+	+	+	+	-	-	-	-	-	-	-	-	-	
	28Hr.							+	+	+	+	+	+	+	+	+	+	-	-	-	-	-	-	-	-	-	
E. Coli or Fecal Coliform	24Hr.							-	+	+	+	+	+	+	+	+	+	-	-	-	-	-	-	-	-	-	
	28Hr.							-	+	+	+	+	+	+	+	+	+	-	-	-	-	-	-	-	-	-	

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)

Total Coliform Present ☐ Absent ☐
E. coli Present ☐ Absent ☐

MTF TEST (MPN Per 100ml)

Total Coliform 80
Fecal Coliform 11
E. coli 11

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

- ☐ Total Coliform only. Water source may not be protected from contamination. See enclosed information.
☒ Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample
☐ Sample received past hold time

Date reported 09/07/07 Analyst Sharon M. Meyer