



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

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

16056

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-1 Collected By JA/CO Date 8/6/07 Time 1500
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 SB Date 8/7/07 Time 1645 28h/48h SB Date 8/8/07 Time 1600 72h Imm Date 8/9/07 Time 1330 96h Imm Date 8/10/07 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 50
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 08/10/07 Analyst Sharon M. Meyer



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16111

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point FM-1
Point of Collection AR Collected By JA/BF Date 8/13/07 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 8/13/07 Time 1240 Test Set-up By SB Date 8/13/07 Time 1900
Condition of Sample Upon Receipt C-1/Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h Imm Date 08/14/07 28h/48h Imm Date 08/15/07 72h Imm Date 08/16/07 96h _____ Date _____
Time 1700 Time 1650 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| E. coli | <input type="checkbox"/> | <input type="checkbox"/> |

MTF TEST (MPN Per 100ml)

Total Coliform 80
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 8/14/07

Analyst [Signature]



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16155

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection Fm-1 Collected By JA Date 8/20/07 Time 1435
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 SB Date 8/22/07 Time 1530 72h Sam Date 08/23/07 Time 1325 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 ☐ ☐
E. coli ☐ ☐

MTF TEST (MPN Per 100ml)

Total Coliform 23
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 08/24/07 Analyst Sharon M. Meyer

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16200

**LABORATORY REPORT
BACTERIOLOGICAL EXAMINATION OF WATER****CUSTOMER INFORMATION:**Name Entex Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____**SAMPLE INFORMATION:**Owner of Source _____ Address of Sampling Point AR
Point of Collection FL-1 Collected By CO Date 8/27/07 Time 1428
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>240</u> |
| Fecal Coliform | <u>11</u> |
| E. Coli | <u>11</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 8/31/07 Analyst [Signature]



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16243

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 AR FL-1 Collected By CD/SA Date 9/3/07 Time 1330
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)

156

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
Analyst 24h Shm Date 09/04/07 28h/48h Shm Date 09/05/07 72h SB Date 9/6/07 96h Shm Date 09/07/07
Time 1700 Time 1500 Time 1630 Time 1100

| 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 170
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 09/07/07 Analyst Sharon M. Meyer



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16061

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-2 Collected By CO/JA Date 8/6/07 Time 1620
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 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 1655 28h/48h SB Date 8/8/07 Time 1630 72h Sharon Date 8/10/07 Time 1355 96h Sharon Date 8/10/07 Time 1210

| 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 8
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 08/10/07

Analyst Sharon M. Meyer



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16109

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 FM-2
Point of Collection AR Collected By JA/SF Date 8/13/07 Time 1330
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
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 | <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 8/17/07

Analyst JA



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Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16160

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FM-2 Collected By JA Date 8/20/07 Time 1550
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 8mm Date 8/22/07 Time 1530 72h SB Date 8/23/07 Time 1400 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 | .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 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 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

16205

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-2 Collected By CD Date 8/27/07 Time 1557
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 28h/48h SB Date 8/29/07 72h SB Date 8/30/07 96h SB Date 8/31/07
Time 1700 Time 1515 Time 1400 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. | | | | | | | | | | | + | + | + | + | + | + | + | + | + | | | | | | |
| 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 130
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 8/31/07

Analyst CD



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

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

16247

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-2 Collected By CO/SA Date 9/3/07 Time 1440
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A ISE

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
Analyst 24h Sam Date 09/04/07 Time 1700 28h/48h Sam Date 09/05/07 Time 1500 72h Sam Date 09/06/07 Time 1630 96h Sam Date 09/07/07 Time 1100
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 | .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 140
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 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

16060

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-3 Collected By JA/CO Date 8/6/07 Time 1610
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

Analyst 24h SB Date 8/7/07 Time 1645 28h/48h 8mm Date 8/8/07 Time 1615 Chlorine Test Results ppm Analyst
Date 8/9/07 Time 1400 96h 8mm 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 | .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>6</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 08/10/07

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

16110

**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-3
Point of Collection AR Collected By JA/BF Date 8/13/07 Time 1335
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 1610 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. | | 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 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 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

16159

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-3 Collected By JA Date 8/20/07 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 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 Chlorine Test Results _____ ppm, Analyst _____
Analyst 24h SB Date 8/21/07 Time 1700 28h/48h Shm Date 8/22/07 Time 1530 72h Shm Date 8/23/07 Time 1345 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 220
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

16204

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-3 Collected By CD Date 8/27/07 Time 1550
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 1555 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. | | | 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 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 8/31/07

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

16248

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-3 Collected By CD/JA Date 9/3/07 Time 1445
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 9/3/07 Time 1645 Test Set-up By SB Date 9/3/07 Time 1800
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 1640 96h SB Date 09/07/07 Time 1100

| 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 ☐ ☐
E. coli ☐ ☐

MTF TEST (MPN Per 100ml)

Total Coliform 300
Fecal Coliform 53
E. coli 53

☐ 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

16059

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-4 Collected By JA/co Date 8/6/07 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 8/6/07 Time 1600 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 1650 28h/48h Sam Date 08/08/07 Time 1605 96h Sam Date 08/10/07 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)

MTF TEST (MPN Per 100ml)

Present Absent
Total Coliform ☐ ☐
E. coli ☐ ☐

Total Coliform 7
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 08/10/07

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

16114

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-4
Point of Collection AR Collected By JA/BF Date 8/13/07 Time 1445
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 8/14/07 28h/48h SB Date 8/15/07 72h Sam Date 8/16/07 96h SB Date 8/17/07
Time 1700 Time 1630 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 23
Fecal Coliform 4
EColi 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 8/17/07

Analyst JS



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

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

16158

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FM-4 Collected By JA Date 8/20/07 Time 1530
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 08/22/07 Time 1530 72h Shm Date 08/23/07 Time 1340 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)

| | 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>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

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

16203

**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-4 Collected By CO Date 8/27/07 Time 1532
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 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. | | 28Hr. | | | | | | - | - | - | - | - | | | | | | - | | | | | | | | | |

TEST RESULTS**MMO-MUG TEST (P/A Per 100ml)**Present Absent
Total Coliform ☐ ☐
E. coli ☐ ☐**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 8/31/07Analyst [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

16246

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FC-4 Collected By CD/SA Date 9/3/07 Time 1430
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle) MTE 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 Shm Date 09/04/07 28h/48h Shm Date 09/05/07 72h SB Date 9/6/07 96h Shm Date 09/07/07
Time 1700 Time 1500 Time 1630 Time 1100

| 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 | 0.1 |
| 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 7
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



DIAMOND WATER LABORATORY

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Auburn, CA 95602

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

16057

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-S Collected By JA/co Date 8/6/07 Time 1510
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 1645 28h/48h Imm Date 8/8/07 Time 1625 72h Imm Date 8/9/07 Time 1335 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 9
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 08/10/07 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

16112

**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-5
Point of Collection AR Collected By JA/BF Date 8/13/07 Time 1400
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): CMTP P/A**ANALYSIS WORKSHEET (Lab Use Only)**Sample Received By SB Date 8/13/07 Time 1240 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 1650 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. | | | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | | | | 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>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 timeDate reported 8/17/07Analyst RM



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16157

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-5 Collected By JA Date 8/20/07 Time 1520
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 1200 28h/48h SB Date 8/22/07 Time 1530 72h SB Date 08/23/07 Time 1330 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. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 23
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 08/24/07 Analyst Sharon M. Meyer



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1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
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16201

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 FLS Collected By CD Date 8/27/07 Time 1435
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 Sam Date 08/28/07 28h/48h SB Date 8/29/07 72h SB Date 8/30/07 96h SB Date 8/31/07
Time 000 Time 1515 Time 1400 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 | <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 8/31/07

Analyst [Signature]



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Auburn, CA 95602

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16244

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-5 Collected By CD/SA Date 9/3/07 Time 1340
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 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
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 1100

| 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 80
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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1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
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16068

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION: (Entire)

Name JILLIAN ARDEN Phone 916-386-3824 Fax _____
Street or P.O. Box 701 University Ave Ste 200
City, State, Zip Sacramento CA 95825

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection River FC-6 Collected By Jillian Arden Date 8-7-07 Time 0915
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A 15E

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 1630 28h/48h Sam Date 08/09/07 Time 1340 72h Sam Date 08/10/07 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 | .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 8/11/07

Analyst SB



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

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Email: chain@diamondwelldrilling.com
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16115

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 FM-6
Point of Collection AR Collected By JA/BF Date 8/13/07 Time 1500
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 Imm 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 | <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

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Auburn, CA 95602(530) 823-0354
Fax: (530) 823-2377
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16162

**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 FM-6 Collected By JA Date 8/20/07 Time 600
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 SB Date 8/22/07 Time 1530 72h _____ Date _____ Time _____
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 | 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>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 8/22/07Analyst [Signature]

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16199

**LABORATORY REPORT
BACTERIOLOGICAL EXAMINATION OF WATER****CUSTOMER INFORMATION:**Name Entire Phone _____ Fax _____

Street or P.O. Box _____

City, State, Zip _____

SAMPLE INFORMATION:Owner of Source _____ Address of Sampling Point ARPoint of Collection FL-6 Collected By CP Date 8/27/07 Time 1755 1400Sample 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 1400Condition of Sample Upon Receipt Cool / Intact HT ✓Chlorine Test Required: ☐ Yes ☒ NoAnalyst 24h SB Date 8/28/07 Time 1700 28h/48h SB Date 8/29/07 Time 1515 Chlorine Test Results _____ ppm Analyst _____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. | | 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>7</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 8/31/07Analyst [Signature]



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Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16250

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-6 Collected By CO/JA Date 9/3/07 Time 1458
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 1400
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☐ No
Analyst 24h SB Date 9/4/07 Time 1500 28h/48h Sam Date 09/05/07 Time 1500 72h Sam Date 09/06/07 Time 1645 96h Sam Date 09/07/07 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 | 1 | 1 | 1 | 1 | |
| 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 70
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



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

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

16069

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-7 Collected By JA/CO Date 8/7/07 Time 0930
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A 15E

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 1630 28h/48h 8mm Date 8/9/07 Time 1340 72h 8mm Date 8/10/07 Time 1155 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. | | 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 SB 17
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 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

16116

**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-7
Point of Collection AR Collected By JA/BF Date 8/13/07 Time 1510
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 Col/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 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>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 8/17/07Analyst 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

16163

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 FM-7 Collected By JA Date 8/20/07 Time 1605
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 SB Date 8/21/07 Time 1700 28h/48h SB Date 8/22/07 Time 1530
Chlorine Test Results _____ ppm, Analyst _____
72h 8/22/07 Date 8/23/07 96h SB Date 8/24/07
Time 1335 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> |

☐ 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

16206

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-7 Collected By CP Date 8/27/07 Time 1605
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): (MTP) 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 28h/48h SB Date 8/29/07 72h SB Date 8/30/07 96h SB Date 8/31/07
Time 1700 Time 1515 Time 1400 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. | | | | | | - | + | + | - | - | | | | | | | | | | | | | | | |
| 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 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 8/31/07

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

16249

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-7 Collected By CO/SA Date 9/3/07 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 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 1700 28h/48h 8mm Date 09/05/07 Time 1500 72h 8mm Date 09/06/07 Time 1645 96h 8mm Date 09/07/07 Time 1100

| 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)

| | 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>14</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 09/07/07 Analyst Sheron 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

16058

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-8 Collected By JA/CO Date 8/6/07 Time 1535
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
Analyst 24h SB Date 8/12/07 Time 1645 28h/48h SB Date 08/08/07 Time 1630 72h SB Date 08/09/07 Time 1335 96h SB Date 08/10/07 Time 1135

| 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 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 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

16113

**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-8
Point of Collection AR Collected By JA/BE Date 8/13/07 Time 1415
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 Cod/Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h Shm Date 08/14/07 Time 1700 28h/48h SB Date 8/15/07 Time 1630 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. | | 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 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 timeDate reported 8/17/07Analyst JA



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1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
Fax: (530) 823-2377
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16156

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-8 Collected By JA Date 8/20/07 Time 1500
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 8/24/07 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 SB Date 8/22/07 Time 1530 72h SB Date 08/23/07 Time 1325 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 ☐ ☐
E. coli ☐ ☐

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 08/24/07

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

16202

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-8 Collected By CD Date 8/27/07 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 8/27/07 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
Chlorine Test Results _____ ppm Analyst _____
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 13
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 8/31/07

Analyst [Signature]

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Auburn, CA 95602(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16245

**LABORATORY REPORT
BACTERIOLOGICAL EXAMINATION OF WATER****CUSTOMER INFORMATION:**Name Extra Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____**SAMPLE INFORMATION:**Owner of Source _____ Address of Sampling Point AR
Point of Collection FL-8 Collected By CD/SA Date 9/3/07 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 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 _____

| 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 17
Fecal Coliform 2
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 timeDate reported 09/03/07Analyst Sharon M. Meyer

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Auburn, CA 95602(530) 823-0354
Fax: (530) 823-2377
Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16102

**LABORATORY REPORT
BACTERIOLOGICAL EXAMINATION OF WATER****CUSTOMER INFORMATION:**Name Etrix Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____**SAMPLE INFORMATION:**Owner of Source _____ Address of Sampling Point FM-9
Point of Collection AR Collected By JA/BF Date 8/13/07 Time 1045
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>8/13/07</u> | Time | <u>1740</u> | Test Set-up By | <u>SB</u> | Date | <u>8/13/07</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>Sm</u> Date <u>08/14/07</u> 28h/48h <u>Sm</u> Date <u>08/15/07</u> 2h <u>Sm</u> Date <u>08/16/07</u> 96h <u>SB</u> Date <u>8/17/07</u> | Time <u>1700</u> Time <u>1620</u> Time <u>1300</u> Time <u>1300</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>30</u> |
| Fecal Coliform | <u>23</u> |
| E. coli | <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 field time

Date reported 8/17/07Analyst AR



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1660 Old Airport Road
Auburn, CA 95602

(530) 823-0354
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16198

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FL-102 9 Collected By JA/CP Date 8/27/07 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 8/27/07 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 1800 28h/48h Sam 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| E. coli | <input type="checkbox"/> | <input type="checkbox"/> |

MTF TEST (MPN Per 100ml)

| | |
|----------------|-----------|
| Total Coliform | <u>17</u> |
| Fecal Coliform | <u>17</u> |
| E. coli | <u>17</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 9/3/07

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

16237

**LABORATORY REPORT
BACTERIOLOGICAL EXAMINATION OF WATER****CUSTOMER INFORMATION:**Name Etrix Phone _____ Fax _____
Street or P.O. Box _____
City, State, Zip _____**SAMPLE INFORMATION:**Owner of Source _____ Address of Sampling Point AR
Point of Collection FL-9 Collected By CD/JA Date 9/3/07 Time 1135
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 1900Condition 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 96h Sam Date 09/07/07 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. | | | 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>14</u> |
| Fecal Coliform | <u>4</u> |
| E. coli | <u>4</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
www.diamondwelldrilling.com

16302

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-9 Collected By CD Date 9/10/07 Time 1525

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

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

15t

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 [Signature] Date 09/12/07 Time 1800 28h/48h [Signature] Date 09/13/07 Time 1600 72h SB Date 9/14/07 Time 1700 96h SB Date 9/15/07 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 | .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 17
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 9/15/07 Analyst [Signature]