



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

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

16347

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 IR-1 Collected By CD/SA Date 9/24/07 Time 1430
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By [Signature] Requested Analysis (circle) MTF P/A 15c

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/24/07 Time 1430 Test Set-up By SB Date 9/24/07 Time 1500
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h 8mm Date 9/25/07 28h/48h 8mm Date 9/26/07 72h 8mm Date 9/27/07 96h SB Date 9/28/07
Time 1450 Time 1315 Time 1330 Time 1330

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 500
Fecal Coliform 7
E. coli 7

- ☐ 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 9/28/07 Analyst [Signature]



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LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection MFAR 5 RM 35.5 Collected By CD/SA Date 9/24/07 Time 1115
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A 15c

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/24/07 Time 1430 Test Set-up By SB Date 9/24/07 Time 1500
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h Sm Date 09/25/07 Time 1455 28h/48h Sm Date 09/26/07 Time 1325 72h Sm Date 09/27/07 Time 1335 96h SB Date 9/28/07 Time 1330

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 220
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 9/28/07

Analyst [Signature]



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LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection MEAR 6 RM 36-5 Collected By CD/SA Date 9/24/07 Time 1150
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A 15C

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/24/07 Time 1430 Test Set-up By SB Date 9/24/07 Time 1500
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h 8mm Date 09/25/07 Time 1510 28h/48h 8mm Date 09/26/07 Time 1355 72h 8mm Date 09/27/07 Time 1340 96h SB Date 9/28/07 Time 1330

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 130
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 9/28/07

Analyst [Signature]



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LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection MFAR 10 - RM 9.0 Collected By CD/SA Date 9/24/07 Time 1325
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By [Signature] Requested Analysis (circle) MTF P/A 156

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/24/07 Time 1430 Test Set-up By SB Date 9/24/07 Time 1500
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h Jmm Date 09/25/07 Time 1500 28h/48h Jmm Date 09/26/07 Time 1355 72h Jmm Date 09/27/07 Time 1335 96h SB Date 9/28/07 Time 1330

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 240
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 9/28/07

Analyst [Signature]



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LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection MEAR-11 RM 0.0 Collected By JA/CO Date 9/25/07 Time 0900
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A 158

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/25/07 Time 1745 Test Set-up By SB Date 9/26/07 Time 0700
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h Sam Date 09/27/07 Time 1345 28h/48h SB Date 9/28/07 Time 0930 72h SB Date 9/29/07 Time 1045 96h SB Date 9/30/07 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 50
Fecal Coliform 7
E. coli 7

- ☐ 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 9/30/07

Analyst [Signature]



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16359

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 NFAR-1 RM 20.5 Collected By JA/CO Date 9/25/07 Time 0940
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By [Signature] Requested Analysis (circle) MTF P/A ISE

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/25/07 Time 1245 Test Set-up By SB Date 9/26/07 Time 0700
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h SB Date 9/27/07 Time 1355 28h/48h SB Date 9/28/07 Time 0930 72h SB Date 9/29/07 Time 1045 96h SB Date 9/30/07 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	0.01	0.01	0.01	0.01	0.01
Presumptive Test				24Hr.						+	+	-	-	-	-	-	-	-	-	-	-	-	+	-					
				48Hr.								+	+	+	+	+	+	+	+	+	+	+	-	+					
Confirmed Test	24Hr.			24Hr.						+	+	+	+	+	-	-	-	-	+	-	-		-	-					
	28Hr.			48Hr.											+	+	-	-		-	+		+	-					
E. Coli or Fecal Coliform	24Hr.			24Hr.						+	+	-	-	-	-	-	-	-	-	-	-	-	+	-					
	28Hr.									+	+	-	-	-	-	-	-	-	-	-	-	-	+	-					

TEST RESULTS

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

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

MTF TEST (MPN Per 100ml)

Total Coliform 140
Fecal Coliform 4
E. coli 2

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

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

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

Date reported 9/30/07

Analyst [Signature]



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16360

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 SFR-1 RM 0.0 Collected By JA/LO Date 9/25/07 Time 1230
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By SB Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/25/07 Time 1245 Test Set-up By SB Date 9/26/07 Time 0700
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h Sam Date 9/27/07 Time 1400 28h/48h SB Date 9/28/07 Time 0945
Chlorine Test Results ppm Analyst
72h SB Date 9/29/07 Time 1045 96h SB Date 1/30/07 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	0.01	0.01	0.01	0.01	0.01
Presumptive Test			24Hr.																									
			48Hr.																									
Confirmed Test	24Hr.		24Hr.																									
	28Hr.		48Hr.																									
E. Coli or Fecal Coliform	24Hr.		24Hr.																									
	28Hr.		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 9/30/07

Analyst SB



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LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection RR-3 Ru 23.0 Collected By JA/CO Date 9/25/07 Time 1300
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By JA Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/25/07 Time 1745 Test Set-up By SB Date 9/26/07 Time 0700
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h Sm Date 09/27/07 Time 1400 28h/48h SB Date 9/28/07 Time 0945 72h SB Date 9/29/07 Time 1045 96h SB Date 9/30/07 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 30
Fecal Coliform 22
E. coli 22

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

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

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

Date reported 9/30/07

Analyst JA



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LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection RR-4 RM 22.5 Collected By JA/CD Date 9/25/07 Time 1330
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/25/07 Time 1745 Test Set-up By SB Date 9/26/07 Time 0700
Condition of Sample Upon Receipt Cool/Intact HT ✓
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h SB Date 9/27/07 Time 1405 28h/48h SB Date 9/28/07 Time 0435 72h SB Date 9/29/07 Time 1045 96h SB Date 9/30/07 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 ☐ ☐
E. coli ☐ ☐

MTF TEST (MPN Per 100ml)

Total Coliform 27
Fecal Coliform 22
E. coli 22

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

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

Date reported 9/30/07

Analyst [Signature]



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LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection DC-1 RM 8.5 Collected By JA/LO Date 9/25/07 Time 1530
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/25/07 Time 1245 Test Set-up By SB Date 9/26/07 Time 0700
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h Smn Date 09/27/07 Time 1405 28h/48h SB Date 9/28/07 Time 0955 72h SB Date 9/29/07 Time 1045 96h SB Date 9/30/07 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 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 9/30/07

Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
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(530) 823-0354
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Email: chain@diamondwelldrilling.com
www.diamondwelldrilling.com

16364

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 PC-2 Collected By JA/CO Date 9/25/07 Time 600

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

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

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/26/07 Time 1745 Test Set-up By SB Date 9/26/07 Time 0700

Condition of Sample Upon Receipt Cool / Intact HT ☒

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

Analyst 24h Sam Date 09/27/07 28h/48h SB Date 9/28/07 72h SB Date 9/29/07 96h SB Date 9/30/07
Time 1410 Time 1020 Time 1045 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.																									
			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 70
Fecal Coliform 22
E. coli 22

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

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

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

Date reported 9/30/07

Analyst [Signature]



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16371

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 RA1(S) Collected By SA/CD Date 9/26/07 Time 1015
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A 15K

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/26/07 Time 1620 Test Set-up By SB Date 9/26/07 Time 1700
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h 8mm Date 9/27/07 28h/48h SB Date 9/28/07 72h SB Date 9/29/07 96h SB Date 9/30/07
Time 1500 Time 1545 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.																												

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 27
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 9/30/07

Analyst [Signature]



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16372

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 RA-1 Collected By JA/CD Date 9/26/07 Time 1040

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

The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A 156

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/26/07 Time 1620 Test Set-up By SB Date 9/26/07 Time 1700

Condition of Sample Upon Receipt Cool / Intact HT

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

Analyst 24h Shm Date 9/27/07 Time 1500 28h/48h SB Date 9/28/07 Time 1545 72h SB Date 9/29/07 Time 1400 96h SB Date 9/30/07 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 22
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 9/30/07

Analyst [Signature]



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LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrix Phone _____ Fax _____

Street or P.O. Box _____

City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR

Point of Collection MFAR-7 RM 260 Collected By JA/CO Date 9/26/07 Time 1315

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

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

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/26/07 Time 1620 Test Set-up By SB Date 9/26/07 Time 1700

Condition of Sample Upon Receipt Cool/Intact HT

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

Analyst 24h 8mm Date 9/27/07 Time 1505 28h/48h SB Date 9/28/07 Time 1600 72h SB Date 1/24/07 Time 1400 96h SB Date 9/30/07 Time 1700

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

TEST RESULTS

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

Present Absent

Total Coliform ☐ ☐

E. coli ☐ ☐

MTF TEST (MPN Per 100ml)

Total Coliform 80

Fecal Coliform 11

E. coli 11

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

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

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

Results may be invalid due to: ☐ Sampling in a non-Laboratory container ☐ Presence of chlorine in sample

☐ Sample received past hold time

Date reported 9/30/07

Analyst SB



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16374

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 RR-7 RM 0.0 Collected By JA/CO Date 9/26/07 Time 1345
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A 15E

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/26/07 Time 1620 Test Set-up By SB Date 9/26/07 Time 1700
Condition of Sample Upon Receipt Cool / Intact HT ☒
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h Imm Date 09/27/07 Time 1516 28h/48h SB Date 9/28/07 Time 1600 72h SB Date 9/29/07 Time 1400 96h SB Date 9/30/07 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.																									
			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 170
Fecal Coliform 2
EGC 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 9/30/07

Analyst [Signature]



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16375

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 MEAR-8 Rm 24.5 Collected By JA/CD Date 9/26/07 Time 1415
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/26/07 Time 1620 Test Set-up By SB Date 9/26/07 Time 1700
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h Sam Date 9/27/07 Time 1515 28h/48h SB Date 9/28/07 Time 1615
Chlorine Test Results _____ ppm Analyst _____
72h SB Date 9/29/07 Time 1400 96h SB Date 9/30/07 Time 1700

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
EC 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 9/30/07

Analyst [Signature]



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16376

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 MEAR-9 RM 24.0 Collected By JA/CO Date 9/26/07 Time 1445

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

The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A 156

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/26/07 Time 1620 Test Set-up By SB Date 9/26/07 Time 1700

Condition of Sample Upon Receipt Cool / Intact HT

Chlorine Test Required: ☐ Yes ☒ No

Analyst 24h 8min Date 09/27/07 Time 1515 28h/48h SB Date 9/28/07 Time 1615 Chlorine Test Results ppm Analyst
72h SB Date 9/29/07 Time 1400 96h SB Date 9/30/07 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 6
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 9/30/07

Analyst [Signature]



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16379

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 American River Address of Sampling Point _____
Point of Collection RR-5 Rm 3.5 Collected By CD/JA Date 09/27/07 Time 0945
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By Sharon M. Meyer Requested Analysis (circle): MTF P/A ISE

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By Shm Date 09/27/07 Time 1450 Test Set-up By Shm Date 9/27/07 Time 1455
Condition of Sample Upon Receipt Cool / Intact
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h SB Date 9/28/07 Time 1630 28h/48h SB Date 9/29/07 Time 1130
Chlorine Test Results _____ ppm Analyst _____
72h SB Date 9/30/07 Time 1200 96h SB Date 10/1/07 Time 1405

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

TEST RESULTS

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

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

MTF TEST (MPN Per 100ml)

Total Coliform 300
Fecal Coliform <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 10/1/07

Analyst DP



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www.diamondwelldrilling.com

16380

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 American River Address of Sampling Point _____
Point of Collection LCC-2 Rm o.o Collected By CD/JA Date 9/27/07 Time 1000
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By Sharon M. Meyer Requested Analysis (circle): MTF P/A 155

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SNM Date 9/27/07 Time 1450 Test Set-up By SNM Date 9/27/07 Time 1455
Condition of Sample Upon Receipt Cool / Intact
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 9/28/07 Time 1630 28h/48h SB Date 9/29/07 Time 1130 72h SB Date 9/30/07 Time 1200 96h SB Date 10/1/07 Time 1405

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 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 10/1/07 Analyst [Signature]



DIAMOND WATER LABORATORY

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16381

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 American River Address of Sampling Point _____

Point of Collection RR-6 RM-3.0 Collected By CD/JA Date 09/27/07 Time 1020

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

The above is true and correct: By Sharon M. Meyer Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By Shm Date 09/27/07 Time 1450 Test Set-up By Shm Date 09/27/07 Time 1455

Condition of Sample Upon Receipt Cool / Intact

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

Analyst 24h SB Date 9/28/07 Time 1630 28h/48h SB Date 9/29/07 Time 1130 72h SB Date 9/30/07 Time 1200 96h SB Date 10/1/07 Time 1405

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

TEST RESULTS

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

Present Absent

Total Coliform ☐ ☐

E. coli ☐ ☐

MTF TEST (MPN Per 100ml)

Total Coliform 900

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 10/1/07

Analyst [Signature]



DIAMOND WATER LABORATORY

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16400

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 American River
Point of Collection HH-2 (S) Collected By CD / JA Date 10/6/07 Time 1200
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By Sharon M. Meyer Requested Analysis (circle): MTF P/A ISE

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By Sm Date 10/6/07 Time 1730 Test Set-up By Sm Date 10/6/07 Time 1745
Condition of Sample Upon Receipt Cool / Intact HTV
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h Sm Date 10/07/07 Time 1610 28h/48h Sm Date 10/03/07 Time 1420 72h SB Date 10/14/07 Time 1500 96h SB Date 10/15/07 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.																									
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 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 10/5/07

Analyst Sm



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16401

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 American River
Point of Collection H H-2 Collected By CD/JA Date 10/01/07 Time 1250
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By Sharon M. Meyer Requested Analysis (circle) MTF P/A ISE

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By Shm Date 10/01/07 Time 1730 Test Set-up By Shm Date 10/01/07 Time 1745
Condition of Sample Upon Receipt Cool / Intact
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h Shm Date 10/02/07 Time 1610 28h/48h Shm Date 10/03/07 Time 1430 72h SB Date 10/05/07 Time 1430
Analyst 96h SB Date 10/05/07 Time 1430

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

TEST RESULTS

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

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

MTF TEST (MPN Per 100ml)

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

☒ No Coliform bacteria were detected in sample.

☐ Coliform bacteria were detected in sample.

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

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

Date reported 10/5/07

Analyst Shm



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16402

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 American River
Point of Collection HH-1 Collected By CD/JA Date 10/01/07 Time 1415
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By Sharon M. Meyer Requested Analysis (circle) MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By Shm Date 10/01/07 Time 1730 Test Set-up By Shm Date 10/01/07 Time 1745
Condition of Sample Upon Receipt Cool Intact HH-1
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h Shm Date 10/02/07 28h/48h Shm Date 10/03/07 72h SB Date 10/04/07 96h SB Date 10/05/07
Time 1615 Time 1435 Time 1500 Time 1430

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.																									
			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 10/5/07

Analyst Shm



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16403

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 American River

Point of Collection HH-1 (S) Collected By CD/JA Date 10/01/07 Time 1455

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

The above is true and correct: By Sharon M. Meyer Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By Shm Date 10/01/07 Time 1730 Test Set-up By Shm Date 10/01/07 Time 1745

Condition of Sample Upon Receipt Cool / Intact HTL

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

Analyst 24h Shm Date 10/02/07 Time 1620 28h/48h SB Date 10/3/07 Time 1500 72h SB Date 10/4/07 Time 1500 96h SB Date 10/5/07 Time 1430

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 10/5/07

Analyst Shm



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16407

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 HH-3 Collected By JA/CD Date 10/2/07 Time 0900
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 10/2/07 Time 1700 Test Set-up By SB Date 10/2/07 Time 1730
Condition of Sample Upon Receipt Cool/Intact HT ✓
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h SB Date 10/3/07 Time 1530 28h/48h SB Date 10/4/07 Time 1500 72h SB Date 10/5/07 Time 1500 96h Sharon Date 10/6/07 Time 1040

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 10/06/07 Analyst Sharon M. Meyer



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16408

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 LCU-1 RM 0.0 Collected By JA/CD Date 10/2/07 Time 1000
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 10/2/07 Time 1700 Test Set-up By SB Date 10/2/07 Time 1730
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 10/3/07 Time 1530 28h/48h SB Date 10/4/07 Time 1500 72h SB Date 10/5/07 Time 1500 96h SB Date 10/6/07 Time 1040

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 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 10/06/07

Analyst Sharon M. Meyer



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16409

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 HH-3 (S) Collected By JA/CD Date 10/2/07 Time 1015
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 10/2/07 Time 1700 Test Set-up By SB Date 10/2/07 Time 1730
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h SB Date 10/3/07 Time 1530 28h/48h SB Date 10/4/07 Time 1500 72h SB Date 10/5/07 Time 1500 96h 8mm Date 10/6/07 Time 1040

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 10/06/07 Analyst Sharon M. Meyer



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16410

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 NFLCC-3 Collected By JA/CO Date 10/2/07 Time 1110
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By JA Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 10/2/07 Time 1700 Test Set-up By SB Date 10/2/07 Time 1730
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☐ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 10/3/07 Time 1530 28h/48h SB Date 10/4/07 Time 1500 72h SB Date 10/5/07 Time 1500 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.														+											
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 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 time

Date reported 10/06/07 Analyst Sharon M. Meyer



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16411

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Etax Phone _____ Fax _____

Street or P.O. Box _____

City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR

Point of Collection SFLCC-3 Collected By JA/CD Date 10/2/07 Time 1120

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

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

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 10/2/07 Time 1700 Test Set-up By SB Date 10/2/07 Time 1730

Condition of Sample Upon Receipt Cool / Intact HT ✓

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

Analyst 24h SB Date 10/3/07 Time 1530 28h/48h SB Date 10/4/07 Time 1500 72h SB Date 10/5/07 Time 1500 96h Imm Date 10/6/07 Time 1650

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 10/06/07 Analyst Sharon M. Meyer



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16412

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 RR-1 Collected By JA/CD Date 10/2/07 Time 1140
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☐ Surface ☐ Other _____
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 10/2/07 Time 1700 Test Set-up By SB Date 10/2/07 Time 1730
Condition of Sample Upon Receipt Cool / Intact HT ✓
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h SB Date 10/3/07 Time 1530 28h/48h SB Date 10/4/07 Time 1500 72h SB Date 10/5/07 Time 1500 96h SB Date 10/6/07 Time 1050

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 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 10/06/07 Analyst Sharon M. Meyer



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16413

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 NFLCC-1 RM 2.5 Collected By JA/CD Date 10/2/07 Time 1210
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 10/2/07 Time 1700 Test Set-up By SB Date 10/2/07 Time 1730
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h SB Date 10/3/07 Time 1530 28h/48h SB Date 10/4/07 Time 1500 72h SB Date 10/5/07 Time 1500 96h Sam Date 10/06/07 Time 1055

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 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 10/06/07 Analyst Sharon M. Meyer



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16414

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 NELCC-2 RM 3.0 Collected By JA/CD Date 10/2/07 Time 1230
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 10/2/07 Time 1700 Test Set-up By SB Date 10/2/07 Time 1730
Condition of Sample Upon Receipt Cool/Intact HT ✓
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h SB Date 10/3/07 Time 1530 28h/48h SB Date 10/4/07 Time 1500 72h SB Date 10/5/07 Time 1500 96h _____ Date _____ Time _____

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

TEST RESULTS

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

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

MTF TEST (MPN Per 100ml)

Total Coliform 300
Fecal Coliform 300
E. coli 300

- ☐ 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 10/5/07 Analyst [Signature]



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16415

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 SFLC-1 RM 2.0 Collected By JA/C Date 10/2/07 Time 1300
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 10/2/07 Time 1700 Test Set-up By SB Date 10/2/07 Time 1730
Condition of Sample Upon Receipt Cool / Intact HT ✓
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h Sm Date 10/3/07 28h/48h SB Date 10/4/07 72h _____ Date _____ 96h _____ Date _____
Time 1500 Time 1500 Time _____ 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.																									
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 170
Fecal Coliform 170
E. coli 170

☐ 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 10/5/07 Analyst [Signature]



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16416

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 SFLCC-2 RM 2.5 Collected By SA/CD Date 10/2/07 Time 1320
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 10/2/07 Time 1200 Test Set-up By SB Date 10/2/07 Time 1730
Condition of Sample Upon Receipt Cool/Intact HT ✓
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h Sam Date 10/03/07 Time 1515 28h/48h SB Date 10/4/07 Time 1500 72h SB Date 10/5/07 Time 1500 96h _____ Date _____ Time _____

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

TEST RESULTS

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

Present Absent
Total Coliform ☐ ☐
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 10/05/07 Analyst Sharon M. Meyer



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16422

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(S) Collected By JA/CD Date 10/3/07 Time None listed
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A 15c

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 10/3/07 Time 1525 Test Set-up By SB Date 10/3/07 Time 1630
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h SB Date 10/4/07 Time 1530 28h/48h SB Date 10/5/07 Time 1400
Chlorine Test Results _____ ppm Analyst _____
72h Sam Date 10/6/07 Time 1135 96h Sam Date 10/7/07 Time 1410

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 10/07/07 Analyst Sharon M. Meyer



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16423

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-1 Collected By JA/CO Date 10/3/07 Time 0900
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A 15C

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 10/3/07 Time 1525 Test Set-up By SB Date 10/3/07 Time 1630
Condition of Sample Upon Receipt Cool/Intact HT ✓
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 10/4/07 Time 1530 28h/48h SB Date 10/5/07 Time 1400 72h Sam Date 10/06/07 Time 1158 96h Sam Date 10/07/07 Time 1410

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

TEST RESULTS

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

Present Absent
Total Coliform ☐ ☐
E. coli ☐ ☐

MTF TEST (MPN Per 100ml)

Total Coliform 2
Fecal Coliform 2
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 10/07/07 Analyst Sharon M. Meyer



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16424

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-1 (S) Collected By JA/co Date 10/3/07 Time 0930
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By [Signature] Requested Analysis (circle) MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 10/3/07 Time 525 Test Set-up By SB Date 10/3/07 Time 1630
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 10/4/07 Time 1530 28h/48h SB Date 10/5/07 Time 1400 72h _____ Date _____ 96h _____ Date _____ Time _____

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

TEST RESULTS

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

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

MTF TEST (MPN Per 100ml)

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

☒ No Coliform bacteria were detected in sample.

☐ Coliform bacteria were detected in sample.

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

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

Date reported 10/5/07 Analyst [Signature]



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16425

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-2 Collected By JA/CO Date 10/3/07 Time 1015
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A 15C

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 10/3/07 Time 1525 Test Set-up By SB Date 10/3/07 Time 1630
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 10/4/07 Time 1530 28h/48h SB Date 10/5/07 Time 1400 72h Sam Date 10/6/07 Time 1135 96h Sam Date 10/6/07 Time 1410

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

☐ 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 10/07/07 Analyst Sharon M. Meyer



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16426

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 RR-2 Collected By SA/LO Date 10/3/07 Time 1020
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A 15c

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 10/3/07 Time 1525 Test Set-up By SB Date 10/3/07 Time 1630
Condition of Sample Upon Receipt Cool/Intact HT ✓
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 10/4/07 Time 1530 28h/48h SB Date 10/5/07 Time 1400 72h 8mm Date 10/6/07 Time 1135 96h 8mm Date 10/6/07 Time 1415

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 ☐ ☐
E. coli ☐ ☐

MTF TEST (MPN Per 100ml)

Total Coliform 4
Fecal Coliform 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 10/6/07 Analyst Sharon M. Meyer



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16427

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 FM-2(S) Collected By JA/CD Date 10/3/07 Time 1100
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A 15E

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 10/3/07 Time 1525 Test Set-up By SB Date 10/3/07 Time 1630
Condition of Sample Upon Receipt Coil/Intact HT
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h SB Date 10/4/07 Time 1530 28h/48h SB Date 10/5/07 Time 1400
Chlorine Test Results _____ ppm Analyst Shm Date 10/06/07 Time 1140 96h Shm Date 10/07/07 Time 1415

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 10/07/07

Analyst Sharon M. Meyer



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LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection MEAR-2 RM 46.5 Collected By ALD Date 10/3/07 Time 1125
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A 156

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 10/3/07 Time 1525 Test Set-up By SB Date 10/3/07 Time 1630
Condition of Sample Upon Receipt Cool/Intact HT ✓
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h SB Date 10/4/07 Time 1530 28h/48h SB Date 10/5/07 Time 1400
Chlorine Test Results _____ ppm Analyst _____
72h Sam Date 10/06/07 Time 1140 96h Sam Date 10/07/07 Time 1415

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 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 10/07/07 Analyst Sharon M. Meyer



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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 AR
Point of Collection MFAR-1 RM 51.5 Collected By JA/CD Date 10/3/07 Time 1200
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By AS Requested Analysis (circle): MTF P/A ISE

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 10/3/07 Time 1525 Test Set-up By SB Date 10/3/07 Time 1630
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h SB Date 10/4/07 Time 1530 28h/48h SB Date 10/5/07 Time 1400
Chlorine Test Results _____ ppm Analyst _____
72h 8mm Date 10/06/07 Time 1140 96h 8mm Date 10/07/07 Time 1420

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

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

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

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

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



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16430

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-3 Collected By JA/W Date 10/3/07 Time 1230
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By [Signature] Requested Analysis (circle) MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 10/3/07 Time 1525 Test Set-up By SB Date 10/3/07 Time 1630
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 10/4/07 Time 1530 28h/48h SB Date 10/5/07 Time 1400 72h Sim Date 10/6/07 Time 1140 96h Sim Date 10/7/07 Time 1420

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 10/07/07 Analyst Sharon M. Meyer