



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15750
(530) 823-0354
Fax: (530) 823-2377
Email: lab@diamondwelldrilling.com
www.diamondwelldrilling.com

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name ENTRIX - JILLIAN ALDRIN Phone 916-386-3824 Fax _____
Street or P.O. Box 7919 FOLSON BLVD STE 100 (moving 5-26-07)
City, State, Zip SACRAMENTO CA 95816

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point MFAR-10 RM 9.0
Point of Collection American River Collected By Jillian Aldrin Date 5/14/07 Time 1550
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A
15t

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 5/14/07 Time 1705 Test Set-up By SB Date 5/14/07 Time 1730
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 5/15/07 Time 1650 28h/48h Sam Date 5/16/07 Time 1500 72h SB Date 5/17/07 Time 1400 96h SB Date 5/18/07 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	1	1	1	1
Presumptive Test				24Hr.	7.5					+	-	+	-	-	-	-	-	-	-	-	-	-	+	-					
				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>30</u>
Fecal Coliform	<u>7</u>
E. coli	<u>7</u>

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

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

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

Results may be invalid due to:

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

Date reported 5/18/07

Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15783

(530) 823-0354

Fax: (530) 823-2377

Email: lab@diamondwelldrilling.com

www.diamondwelldrilling.com

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point RR-5 Rm 3.5
Point of Collection American River Collected By Jillian Date 05/21/07 Time 0920
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A 156

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By Sm Date 05/21/07 Time 1225 Test Set-up By Sm Date 05/21/07 Time 1235
Condition of Sample Upon Receipt Cool / Intact H+ ✓
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h Sm Date 05/22/07 28h/48h Sm Date 05/23/07 72h Sm Date 05/24/07 96h Sm Date 05/25/07
Time 1040 Time 1300 Time 1215 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.																									
			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 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 05/25/07

Analyst Sharon M. Meyer



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15774

(530) 823-0354

Fax: (530) 823-2377

Email: lab@diamondwelldrilling.com

www.diamondwelldrilling.com

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 DC-3 RM 0.0
Point of Collection AR Collected By Jillian Date 5/17/07 Time 1100
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 5/17/07 Time 1815 Test Set-up By SB Date 5/17/07 Time 2100
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 5/18/07 Time 1800 28h/48h SB Date 5/19/07 Time 1645 72h Sam Date 05/20/07 Time 1420 96h SB Date 5/21/07 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.												-	-																

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 5/21/07 Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15755

(530) 823-0354

Fax: (530) 823-2377

Email: lab@diamondwelldrilling.com

www.diamondwelldrilling.com

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 LCC-1 RM 0.0

Point of Collection A.R. Collected By Jilhan Date 5/15/07 Time 0830

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 5/15/07 Time 1615 Test Set-up By SB Date 5/15/07 Time 1700

Condition of Sample Upon Receipt Cool/Intact HT

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

Analyst 24h Imm Date 05/16/07 Time 1435 28h/48h Imm Date 05/17/07 Time 1350 96h SB Date 5/18/07 Time 1330 96h SB Date 5/19/07 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.		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>
EColi	<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 5/16/07 Analyst SB



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15756

(530) 823-0354

Fax: (530) 823-2377

Email: lab@diamondwelldrilling.com

www.diamondwelldrilling.com

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entax Phone _____ Fax _____

Street or P.O. Box _____

City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point SFLC-3

Point of Collection AR Collected By Jillian Date 5/15/07 Time 0930

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

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

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 5/15/07 Time 1615 Test Set-up By JB Date 5/15/07 Time 1700

Condition of Sample Upon Receipt Cool / Intact HT ✓

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

Analyst 24h 8mm Date 05/16/07 Time 1500 28h/48h 8mm Date 05/17/07 Time 1400 72h SB Date 5/18/07 Time 1330 96h SB Date 5/19/07 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.		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 5/19/07

Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15757

(530) 823-0354

Fax: (530) 823-2377

Email: lab@diamondwelldrilling.com

www.diamondwelldrilling.com

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 NFLC-3

Point of Collection AR Collected By Jillian Date 5/15/07 Time 10:20

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

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

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 5/15/07 Time 1615 Test Set-up By SB Date 5/15/07 Time 1700

Condition of Sample Upon Receipt Cool / Intact HT

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

Analyst 24h Jmm Date 05/16/07 Time 1500 28h/48h Jmm Date 05/17/07 Time 1410 72h SB Date 5/18/07 Time 1330 96h SB Date 5/19/07 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.		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 5/19/07

Analyst [Signature]

**DIAMOND WATER LABORATORY**1660 Old Airport Road
Auburn, CA 9560215758
(530) 823-0354

Fax: (530) 823-2377

Email: lab@diamondwelldrilling.com
www.diamondwelldrilling.com**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 SFLC-1 RM 2.0Point of Collection AR Collected By Jillian Date 5/15/07 Time 1130Sample 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 5/15/07 Time 1615 Test Set-up By SB Date 5/15/07 Time 1700Condition of Sample Upon Receipt Cool/Intact HTChlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____Analyst 24h Jam Date 05/16/07 Time 1500 28h/48h Jam Date 05/17/07 Time 1415 72h SB Date 5/18/07 Time 1330 96h SB Date 5/19/07 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	<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 5/19/07 Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15759

(530) 823-0354

Fax: (530) 823-2377

Email: lab@diamondwelldrilling.com

www.diamondwelldrilling.com

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 SFLC-2 RM 2.5

Point of Collection AR Collected By Jillian Date 5/15/07 Time 1155

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 5/15/07 Time 1615 Test Set-up By SB Date 5/15/07 Time 1700

Condition of Sample Upon Receipt Cool / Intact HT ✓

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

Analyst 24h SB Date 5/16/07 Time 1900 28h/48h SB Date 5/17/07 Time 1430 72h SB Date 5/18/07 Time 1300 96h SB Date 5/19/07 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.		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 5/19/07

Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15760

(530) 823-0354

Fax: (530) 823-2377

Email: lab@diamondwelldrilling.com

www.diamondwelldrilling.com

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 NFLC-1 RM 2.5

Point of Collection AR Collected By Jillian Date 5/15/07 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 5/15/07 Time 1615 Test Set-up By SB Date 5/15/07 Time 1700

Condition of Sample Upon Receipt Cool / Intact HT ☒

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

Analyst 24h 8mm Date 05/16/07 Time 1500 28h/48h SB Date 5/17/07 Time 1445 72h SB Date 5/18/07 Time 1330 96h SB Date 5/19/07 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	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 <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 5/19/07 Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15761

(530) 823-0354

Fax: (530) 823-2377

Email: lab@diamondwelldrilling.com

www.diamondwelldrilling.com

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 NFLC-2 RM 3.0

Point of Collection AR Collected By Jillian Date 5/15/07 Time 1410

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 5/15/07 Time 1615 Test Set-up By SB Date 5/15/07 Time 1700

Condition of Sample Upon Receipt Cool / Intact HT ✓

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

Analyst 24h Jmm Date 5/16/07 Time 1500 28h/48h Jmm Date 5/17/07 Time 1420 72h SB Date 5/19/07 Time 1330 96h SB Date 5/19/07 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.		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 5/19/07 Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15762

(530) 823-0354

Fax: (530) 823-2377

Email: lab@diamondwelldrilling.com

www.diamondwelldrilling.com

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 MFAR-6 RM 36.5

Point of Collection AR Collected By Jillan Date 5/16/07 Time 0845

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 5/16/07 Time 1215 Test Set-up By SB Date 5/16/07 Time 1245

Condition of Sample Upon Receipt Cool/Intact HT

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

Analyst 24h smm Date 05/17/07 Time 1350 28h/48h smm Date 05/18/07 Time 1320 72h SB Date 5/19/07 Time 1130 96h SB Date 5/20/07 Time 1045

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 5/20/07

Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15764

(530) 823-0354

Fax: (530) 823-2377

Email: lab@diamondwelldrilling.com

www.diamondwelldrilling.com

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 MFAR-5 RM 35.5

Point of Collection AR Collected By Jillian Date 5/16/07 Time 0925

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 5/16/07 Time 1215 Test Set-up By SB Date 5/16/07 Time 1245

Condition of Sample Upon Receipt Cool/Intact HT ✓

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

Analyst 24h Shm Date 05/17/07 Time 1350 28h/48h Shm Date 05/18/07 Time 1330 72h SB Date 5/19/07 Time 1130 96h SB Date 5/20/07 Time 1645

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 5/20/07

Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15765

(530) 823-0354

Fax: (530) 823-2377

Email: lab@diamondwelldrilling.com

www.diamondwelldrilling.com

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 IR-1 RM 36.0

Point of Collection AR Collected By Jillian Date 5/16/07 Time 1010

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 5/16/07 Time 1215 Test Set-up By SB Date 5/16/07 Time 1245

Condition of Sample Upon Receipt Cool / Intact HT

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

Analyst 24h SB Date 5/17/07 Time 1400 28h/48h SB Date 5/18/07 Time 1300 72h SB Date 5/19/07 Time 1130 96h SB Date 5/20/07 Time 1645

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.	<u>out of range</u>					-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
				48Hr.	<u>SB</u>					+		+	+	+	-	-	-	-	+	-	-	-	-	-	-	-	-	-	-	
Confirmed Test	24Hr.			24Hr.						-	+	-	-	-					-											
	28Hr.			48Hr.						-	+	+	-	-					-											
E. Coli or Fecal Coliform	24Hr.			24Hr.						-	+	-	-	-					-											
	28Hr.																													

TEST RESULTS

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

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

MTF TEST (MPN Per 100ml)

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

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

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

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

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

☐ Sample received past hold time

Date reported 5/20/07

Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15768

(530) 823-0354

Fax: (530) 823-2377

Email: lab@diamondwelldrilling.com

www.diamondwelldrilling.com

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 MFAR-11 Rm 0.0

Point of Collection American River Collected By Jullian Date 05/16/07 Time 1510

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

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

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By Smn Date 05/16/07 Time 1515 Test Set-up By Smn Date 05/16/07 Time 1525

Condition of Sample Upon Receipt Cool / Intact HT

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

Analyst 24h SB Date 5/17/07 Time 1430 28h/48h Smn Date 05/18/07 Time 1305 72h SB Date 5/19/07 Time 1500 96h SB Date 5/21/07 Time 1645

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)

MTF TEST (MPN Per 100ml)

Present Absent

Total Coliform ☐ ☐

E. coli ☐ ☐

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 5/20/07 Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15769

(530) 823-0354

Fax: (530) 823-2377

Email: lab@diamondwelldrilling.com

www.diamondwelldrilling.com

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 N FAR-1 Rm 20.5

Point of Collection American River Collected By Jullian Date 05/16/07 Time 1430

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

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

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By 8mm Date 05/16/07 Time 1515 Test Set-up By 8mm Date 05/16/07 Time 1525

Condition of Sample Upon Receipt Cool / Intact HIV

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

Analyst 24h SB Date 5/17/07 Time 1430 28h/48h 8mm Date 05/18/07 Time 1310 72h SB Date 5/18/07 Time 1500 96h SB Date 5/18/07 Time 1645

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>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 time

Date reported 5/20/07 Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15775

(530) 823-0354

Fax: (530) 823-2377

Email: lab@diamondwelldrilling.com

www.diamondwelldrilling.com

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 MEAR-4 RM 39.0

Point of Collection AR Collected By Jillian Date 5/17/07 Time 1200

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 5/17/07 Time 1815 Test Set-up By SB Date 5/17/07 Time 2100

Condition of Sample Upon Receipt Cool / Intact HT

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

Analyst 24h SB Date 5/18/07 Time 1800 28h/48h SB Date 5/19/07 Time 1605 72h Jim Date 05/20/07 Time 1930 96h SB Date 5/21/07 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 < 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 5/21/07

Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15784

(530) 823-0354

Fax: (530) 823-2377

Email: lab@diamondwelldrilling.com

www.diamondwelldrilling.com

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 _____

Point of Collection American River Collected By Jillian Date 05/21/07 Time 0940

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 8mm Date 05/21/07 Time 1225 Test Set-up By 8mm Date 05/21/07 Time 1235
Condition of Sample Upon Receipt Cool / Intact H+V
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h 8mm Date 05/22/07 Time 1045 28h/48h 8mm Date 05/23/07 Time 1305 72h 8mm Date 05/24/07 Time 1220 96h 8mm Date 05/25/07 Time 1115

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

TEST RESULTS

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

MTF TEST (MPN Per 100ml)

Present Absent
Total Coliform ☐ ☐
E. coli ☐ ☐

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 05/25/07 Analyst Sharon M. Meyer



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15785
(530) 823-0354

Fax: (530) 823-2377

Email: lab@diamondwelldrilling.com
www.diamondwelldrilling.com

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 RR-6 Rm 3:0
Point of Collection American River Collected By Jillian Date 05/21/07 Time 10:15
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 Smn Date 05/21/07 Time 12:25 Test Set-up By Smn Date 05/21/07 Time 12:35
Condition of Sample Upon Receipt Cool / Intact H+L
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h Smn Date 05/22/07 Time 10:55 28h/48h Smn Date 05/23/07 Time 12:45 72h Smn Date 05/24/07 Time 12:10 96h Smn Date 05/25/07 Time 11:20

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
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 05/25/07 Analyst Sharon M. Meyer



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15776

(530) 823-0354

Fax: (530) 823-2377

Email: lab@diamondwelldrilling.com

www.diamondwelldrilling.com

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 W/FAR-3 RM 39.5

Point of Collection AR Collected By Jillian Date 5/17/07 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 5/17/07 Time 1815 Test Set-up By SB Date 5/17/07 Time 2100

Condition of Sample Upon Receipt Cool / Intact HT

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

Analyst 24h SB Date 5/18/07 Time 1800 28h/48h SB Date 5/19/07 Time 1645 72h SB Date 5/20/07 Time 1425 96h SB Date 5/21/07 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	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 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 5/21/07

Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15787

(530) 823-0354

Fax: (530) 823-2377

Email: lab@diamondwelldrilling.com

www.diamondwelldrilling.com

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 MFAIR 9

Point of Collection AR Collected By J. Llan Date 5/21/07 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 5/21/07 Time 1615 Test Set-up By SB Date 5/21/07 Time 1730

Condition of Sample Upon Receipt Cool / Intact HT

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

Analyst 24h Sm Date 05/22/07 Time 1635 28h/48h SB Date 5/23/07 Time 1420 72h Sm Date 05/24/07 Time 1330 96h Sm Date 05/25/07 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 ☐ ☐

E. coli ☐ ☐

MTF TEST (MPN Per 100ml)

Total Coliform 13

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 05/25/07 Analyst Sharon M. Meyer



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15788

(530) 823-0354

Fax: (530) 823-2377

Email: lab@diamondwelldrilling.com

www.diamondwelldrilling.com

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 MFAR 8
Point of Collection AIR Collected By J. Llan Date 5/21/07 Time 1400
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A 15E

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 5/21/07 Time 1665 Test Set-up By SB Date 5/21/07 Time 1730
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h 8mm Date 05/22/07 Time 1640 28h/48h SB Date 5/23/07 Time 1430 72h 8mm Date 05/24/07 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.																												

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 _____
Fecal Coliform _____

- ☐ 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 _____ Analyst _____



DIAMOND WATER LABORATORY
1660 Old Airport Road
Auburn, CA 95602

15789
(530) 823-0354
Fax: (530) 823-2377
Email: lab@diamondwelldrilling.com
www.diamondwelldrilling.com

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 RR-7
Point of Collection AR Collected By Jillian Date 5/21/07 Time 1415
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A 15e

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 5/21/07 Time 1615 Test Set-up By SB Date 5/21/07 Time 1730
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h 8mm Date 05/22/07 Time 1630 28h/48h 8mm Date 05/23/07 Time 1415 72h 8mm Date 05/24/07 Time 1330 96h 8mm Date 05/25/07 Time 1105

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

TEST RESULTS

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

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

MTF TEST (MPN Per 100ml)

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

☐ No Coliform bacteria were detected in sample.

☒ Coliform bacteria were detected in sample.

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

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

Date reported 05/25/07 Analyst Sharon M. Meyer



DIAMOND WATER LABORATORY
1660 Old Airport Road
Auburn, CA 95602

15794
(530) 823-0354
Fax: (530) 823-2377
Email: lab@diamondwelldrilling.com
www.diamondwelldrilling.com

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 DC-1 RM 8.9
Point of Collection AR Collected By Jillian Date 5/22/07 Time 0945
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 5/22/07 Time 1800 Test Set-up By SB Date 5/22/07 Time 1900
Condition of Sample Upon Receipt Cool / Intact AT ✓
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 5/23/07 Time 1700 28h/48h SB Date 5/24/07 Time 1830 72h _____ Date _____ 96h _____ Date _____ Time _____

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

TEST RESULTS

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

Present Absent
Total Coliform ☐ ☐
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 5/24/07 Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15795

(530) 823-0354

Fax: (530) 823-2377

Email: lab@diamondwelldrilling.com

www.diamondwelldrilling.com

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 DL-2 RM 8.0
Point of Collection AR Collected By Jillian Date 5/22/07 Time 1000
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 5/22/07 Time 1800 Test Set-up By SB Date 5/22/07 Time 1100
Condition of Sample Upon Receipt Cool/Intact HT ✓
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h SB Date 5/23/07 Time 1900 28h/48h SB Date 5/24/07 Time 1830 72h 8mm Date 05/25/07 Time 1630 96h 8mm Date 05/26/07 Time 1130

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.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 05/26/07 Analyst Sharon M. Meyer



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15796
(530) 823-0354
Fax: (530) 823-2377
Email: lab@diamondwelldrilling.com
www.diamondwelldrilling.com

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 HH-2
Point of Collection AR Collected By Jillian Date 5/22/07 Time 1030
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 5/22/07 Time 1800 Test Set-up By SB Date 5/22/07 Time 1900
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h 8mm Date 05/23/07 Time 1700 28h/48h SB Date 5/24/07 Time 1915 72h _____ Date _____ 96h _____ Date _____ Time _____

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

TEST RESULTS

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

MTF TEST (MPN Per 100ml)

Present Absent
Total Coliform ☐ ☐
E. coli ☐ ☐

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 5/24/07

Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15797

(530) 823-0354

Fax: (530) 823-2377

Email: lab@diamondwelldrilling.com

www.diamondwelldrilling.com

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name _____ Phone _____ Fax _____

Street or P.O. Box _____

City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point HH-2 (S)

Point of Collection AR Collected By Sillian Date 5/22/07 Time 1100

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 5/22/07 Time 1800 Test Set-up By SB Date 5/22/07 Time 1900

Condition of Sample Upon Receipt Cool / Intact HT ✓

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

Analyst 24h Sm Date 5/23/07 Time 1706 28h/48h SB Date 5/24/07 Time 1915 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 ☐ ☐

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 5/24/07

Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15798

(530) 823-0354

Fax: (530) 823-2377

Email: lab@diamondwelldrilling.com

www.diamondwelldrilling.com

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 HH-3
Point of Collection AR Collected By Jillian Date 5/22/07 Time 1130
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 5/22/07 Time 1800 Test Set-up By SB Date 5/22/07 Time 1900
Condition of Sample Upon Receipt Cool / Intact HT ✓
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h Sam Date 05/23/07 28h/48h SB Date 5/24/07 72h _____ Date _____ 96h _____ Date _____
Time 1700 Time 1915 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.		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 5/24/07

Analyst AR



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15799
(530) 823-0354
Fax: (530) 823-2377
Email: lab@diamondwelldrilling.com
www.diamondwelldrilling.com

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 HH-3 (S)
Point of Collection AR Collected By Jillian Date 5/22/07 Time 1200
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 5/22/07 Time 1800 Test Set-up By SB Date 5/22/07 Time 1900
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h 8mm Date 05/23/07 28h/48h SB Date 5/24/07 72h _____ Date _____ 96h _____ Date _____
Time 1700 Time 1915 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.		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 5/24/07 Analyst [Signature]



DIAMOND WATER LABORATORY
1660 Old Airport Road
Auburn, CA 95602

15800
(530) 823-0354
Fax: (530) 823-2377
Email: lab@diamondwelldrilling.com
www.diamondwelldrilling.com

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 HH-1 (S)
Point of Collection AR Collected By Jillian Date 5/22/07 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 5/22/07 Time 1800 Test Set-up By SB Date 5/22/07 Time 1900
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 5/23/07 Time 1700 28h/48h SB Date 5/24/07 Time 1915 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 5/24/07 Analyst SB



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15801
(530) 823-0354
Fax: (530) 823-2377
Email: lab@diamondwelldrilling.com
www.diamondwelldrilling.com

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 HH-1
Point of Collection AR Collected By Jillian Date 5/22/07 Time 1300
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 5/22/07 Time 1800 Test Set-up By SB Date 5/22/07 Time 1900
Condition of Sample Upon Receipt Carl / Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 5/23/07 Time 1700 28h/48h SB Date 5/24/07 Time 1915 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)

MTF TEST (MPN Per 100ml)

Present Absent
Total Coliform ☐ ☐
E. coli ☐ ☐

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 5/24/07 Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15802
(530) 823-0354
Fax: (530) 823-2377
Email: lab@diamondwelldrilling.com
www.diamondwelldrilling.com

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 RR-2B
Point of Collection AR Collected By Jill Date 5/22/07 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 5/22/07 Time 1800 Test Set-up By SB Date 5/22/07 Time 1900

Condition of Sample Upon Receipt Cool/Intact HT

Chlorine Test Required: ☐ Yes ☒ No

Chlorine Test Results _____ ppm Analyst _____

Analyst 24h 8mm Date 05/23/07 Time 1700 28h/48h SB Date 5/24/07 Time 1930 72h 8mm Date 05/25/07 Time 1635 96h 8mm Date 05/26/07 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.																												

TEST RESULTS

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

Present Absent
Total Coliform ☐ ☐
E. coli ☐ ☐

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 05/26/07 Analyst Sharon M. Meyer



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15803

(530) 823-0354

Fax: (530) 823-2377

Email: lab@diamondwelldrilling.com

www.diamondwelldrilling.com

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 RR-2-A

Point of Collection AR Collected By Jillian Date 5/22/07 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 5/22/07 Time 1800 Test Set-up By SB Date 5/22/07 Time 1900

Condition of Sample Upon Receipt Cool / Intact HT ☒

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

Analyst 24h 8mm Date 05/23/07 Time 1700 28h/48h SB Date 5/24/07 Time 1930 72h 8mm Date 05/25/07 Time 1640 96h 8mm Date 05/26/07 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.	<u>+</u>					-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
				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)

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

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 05/26/07 Analyst Sharon M. Meyer



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15804
(530) 823-0354
Fax: (530) 823-2377
Email: lab@diamondwelldrilling.com
www.diamondwelldrilling.com

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 MFAIR-7 RM 26.0
Point of Collection AR Collected By Jillian Date 5/22/07 Time 0800
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 5/22/07 Time 1800 Test Set-up By SB Date 5/22/07 Time 1900
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 5/23/07 Time 1700 28h/48h SB Date 5/24/07 Time 2000 72h SB Date 5/25/07 Time 1645 96h 8mm Date 05/26/07 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.																												

TEST RESULTS

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

MTF TEST (MPN Per 100ml)

Present Absent
Total Coliform ☐ ☐
E. coli ☐ ☐

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 05/26/07 Analyst Sharon M. Meyer



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15805
(530) 823-0354
Fax: (530) 823-2377
Email: lab@diamondwelldrilling.com
www.diamondwelldrilling.com

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 MEAR-1 RM 51.5
Point of Collection AR Collected By Jillian Date 5/22/07 Time 1140
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 5/22/07 Time 1800 Test Set-up By SB Date 5/22/07 Time 1900
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h SB Date 5/23/07 Time 1700 28h/48h SB Date 5/24/07 Time 1000 72h SB Date 5/25/07 Time 1125 96h 8mm Date 05/26/07 Time 1130

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

MTF TEST (MPN Per 100ml)

Present Absent
Total Coliform ☐ ☐
E. coli ☐ ☐

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 05/26/07 Analyst Sharon M. Meyer



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15806
(530) 823-0354
Fax: (530) 823-2377
Email: lab@diamondwelldrilling.com
www.diamondwelldrilling.com

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 MEAR-2 RM 46.5
Point of Collection AR Collected By Jillian Date 5/22/07 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 5/22/07 Time 1800 Test Set-up By SB Date 5/22/07 Time 1900
Condition of Sample Upon Receipt Cool / Intact HI
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 5/23/07 Time 1700 28h/48h SB Date 5/24/07 Time 2000 72h 8mm Date 05/25/07 Time 1635 96h 8mm Date 05/26/07 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	.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 <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 05/26/07 Analyst Sharon M. Meyer



DIAMOND WATER LABORATORY
1660 Old Airport Road
Auburn, CA 95602

15810
(530) 823-0354
Fax: (530) 823-2377
Email: lab@diamondwelldrilling.com
www.diamondwelldrilling.com

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 RR-3 Rm 23.0
Point of Collection American River Collected By Jillian Date 05/23/07 Time 1140
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 Imm Date 05/23/07 Time 1610 Test Set-up By Imm Date 05/23/07 Time 1615
Condition of Sample Upon Receipt Cool / Intact HFC
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h Imm Date 05/24/07 28h/48h SB Date 5/25/07 72h Imm Date 05/26/07 96h SB Date 5/27/07
Time 1415 Time 1615 Time 1126 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)

MTF TEST (MPN Per 100ml)

Present Absent
Total Coliform ☐ ☐
E. coli ☐ ☐

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 5/27/07

Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15811
(530) 823-0354
Fax: (530) 823-2377
Email: lab@diamondwelldrilling.com
www.diamondwelldrilling.com

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 SFRR-1 Rm 0.0
Point of Collection American River Collected By Jillian Date 05/23/07 Time 1100
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 Shm Date 05/23/07 Time 1610 Test Set-up By Shm Date 05/23/07 Time 1615
Condition of Sample Upon Receipt Cool / Intact HHL
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h Shm Date 05/24/07 Time 1800 28h/48h SB Date 5/25/07 Time 1615 72h Shm Date 05/26/07 Time 1120 96h SB Date 5/27/07 Time 1400

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

TEST RESULTS

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

MTF TEST (MPN Per 100ml)

Present Absent
Total Coliform ☐ ☐
E. coli ☐ ☐

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 5/27/07 Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15812
(530) 823-0354
Fax: (530) 823-2377
Email: lab@diamondwelldrilling.com
www.diamondwelldrilling.com

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 RR-4 RM 22.5
Point of Collection American River Collected By Jillian Date 05/23/07 Time 1220
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 Smn Date 05/23/07 Time 1610 Test Set-up By Smn Date 05/23/07 Time 1615
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h Smn Date 05/24/07 Time 1415 28h/48h Smn Date 05/25/07 Time 1620 96h SB Date 5/27/07 Time 1115

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

TEST RESULTS

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

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

MTF TEST (MPN Per 100ml)

Total Coliform 17
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 5/27/07

Analyst [Signature]



DIAMOND WATER LABORATORY
1660 Old Airport Road
Auburn, CA 95602

15815
(530) 823-0354
Fax: (530) 823-2377
Email: lab@diamondwelldrilling.com
www.diamondwelldrilling.com

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 RR-1 RM 36.0
Point of Collection AR Collected By Jillian Date 5/24/07 Time 020
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 5/24/07 Time 1800 Test Set-up By SB Date 5/24/07 Time 1845
Condition of Sample Upon Receipt Cool / Intact HT ☒
Chlorine Test Required: ☐ Yes ☐ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h 8mm Date 05/25/07 Time 1645 28h/48h 8mm Date 05/26/07 Time 1600 72h SB Date 5/27/07 Time 1400 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)

MTF TEST (MPN Per 100ml)

Present Absent
Total Coliform ☐ ☐
E. coli ☐ ☐

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 5/27/07

Analyst [Signature]



DIAMOND WATER LABORATORY
1660 Old Airport Road
Auburn, CA 95602

15827
(530) 823-0354
Fax: (530) 823-2377
Email: lab@diamondwelldrilling.com
www.diamondwelldrilling.com

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point RA-1
Point of Collection AR Collected By Jillian Date 5/29/07 Time 1040
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 5/29/07 Time 1650 Test Set-up By SB Date 5/29/07 Time 1700
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h Imm Date 5/30/07 Time 1615 28h/48h SB Date 5/31/07 Time 1745 72h SB Date 6/1/07 Time 1530 96h SB Date 6/2/07 Time 1400

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

TEST RESULTS

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

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

MTF TEST (MPN Per 100ml)

Total Coliform 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 6/2/07

Analyst [Signature]



DIAMOND WATER LABORATORY
1660 Old Airport Road
Auburn, CA 95602

15828
(530) 823-0354
Fax: (530) 823-2377
Email: lab@diamondwelldrilling.com
www.diamondwelldrilling.com

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 RA-1(s)
Point of Collection AR Collected By Jillian Date 5/24/07 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 5/24/07 Time 1650 Test Set-up By SB Date 5/24/07 Time 1700
Condition of Sample Upon Receipt Col/Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h 8mm Date 05/30/07 28h/48h SB Date 5/31/07 72h SB Date 6/1/07 96h SB Date 6/2/07
Time 1620 Time 1745 Time 1530 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	<u>4</u>
Fecal Coliform	<u>2</u>
EColi	<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 6/2/07

Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15836

(530) 823-0354

Fax: (530) 823-2377

Email: lab@diamondwelldrilling.com

www.diamondwelldrilling.com

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrex Phone _____ Fax _____

Street or P.O. Box _____

City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point FM-1

Point of Collection AR Collected By Jillian Date 5/3/07 Time 0840

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 5/3/07 Time 1630 Test Set-up By SB Date 5/3/07 Time 1715

Condition of Sample Upon Receipt Cool/Intact HT

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

Analyst 24h SB Date 6/1/07 Time 1530 28h/48h SB Date 6/2/07 Time 1400 72h SB Date 6/3/07 Time 1800 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.	+ +																								

TEST RESULTS

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

MTF TEST (MPN Per 100ml)

Present Absent

Total Coliform ☐ ☐

E. coli ☐ ☐

Total Coliform 70

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 6/5/07

Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15837
(530) 823-0354
Fax: (530) 823-2377
Email: lab@diamondwelldrilling.com
www.diamondwelldrilling.com

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 FM-1(S)
Point of Collection AR Collected By Jillian Date 5/31/07 Time 0930
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 5/31/07 Time 1630 Test Set-up By SB Date 5/31/07 Time 1715
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 6/1/07 Time 1530 28h/48h SB Date 6/2/07 Time 1300 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)

MTF TEST (MPN Per 100ml)

Present Absent
Total Coliform ☐ ☐
E. coli ☐ ☐

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 6/2/07

Analyst JAT



DIAMOND WATER LABORATORY
1660 Old Airport Road
Auburn, CA 95602

15838
(530) 823-0354
Fax: (530) 823-2377
Email: lab@diamondwelldrilling.com
www.diamondwelldrilling.com

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 2 - (S)
Point of Collection AR Collected By Jillian Date 5/31/07 Time 1000
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 5/31/07 Time 1630 Test Set-up By SB Date 5/31/07 Time 1715
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 6/1/07 Time 1530 28h/48h SB Date 6/2/07 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	.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 time

Date reported 6/2/07 Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15839
(530) 823-0354
Fax: (530) 823-2377
Email: lab@diamondwelldrilling.com
www.diamondwelldrilling.com

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-2
Point of Collection AR Collected By Jillian Date 5/31/07 Time 1040
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 5/31/07 Time 1630 Test Set-up By SB Date 5/31/07 Time 1715
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☒ No
Analyst 24h SB Date 6/1/07 Time 1530 28h/48h SB Date 6/2/07 Time 1400 72h SB Date 6/3/07 Time 1800 96h SB Date 6/4/07 Time 1515

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 <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 6/4/07

Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15840
(530) 823-0354
Fax: (530) 823-2377
Email: lab@diamondwelldrilling.com
www.diamondwelldrilling.com

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-3
Point of Collection AR Collected By Jillian Date 5/31/07 Time 1215
Sample Type: ☐ Well ☐ Ditch ☐ Treated ☐ Spring ☐ Sewage ☒ Surface ☐ Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 5/31/07 Time 1630 Test Set-up By SB Date 5/31/07 Time 1715
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 6/1/07 Time 1530 28h/48h SB Date 6/2/07 Time 1400 72h SB Date 6/7/07 Time 1800 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)

MTF TEST (MPN Per 100ml)

Present Absent
Total Coliform ☐ ☐
E. coli ☐ ☐

Total Coliform 23
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 6/3/07

Analyst [Signature]



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

15841

(530) 823-0354

Fax: (530) 823-2377

Email: lab@diamondwelldrilling.com

www.diamondwelldrilling.com

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point FM-3(s)
Point of Collection AR Collected By Jillian Date 5/31/07 Time 1315
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 5/31/07 Time 1630 Test Set-up By SB Date 5/31/07 Time 1715
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: ☐ Yes ☒ No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 6/1/07 Time 1530 28h/48h SB Date 6/2/07 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.																												

TEST RESULTS

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

MTF TEST (MPN Per 100ml)

Present Absent
Total Coliform ☐ ☐
E. coli ☐ ☐

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 6/2/07

Analyst [Signature]