



# 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 MPAR-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  
15c

### 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 05/16/07 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	.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    
E. coli

#### MTF TEST (MPN Per 100ml)

Total Coliform 30  
Fecal Coliform 7  
E. coli 7

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

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

Date reported 5/18/07 Analyst [Signature]



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## 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

### ANALYSIS WORKSHEET (Lab Use Only)

156

Sample Received By Smm Date 05/21/07 Time 1225 Test Set-up By Smm Date 05/21/07 Time 1225

Condition of Sample Upon Receipt Cool / Intact HT ✓

Chlorine Test Required:  Yes  No Chlorine Test Results \_\_\_\_\_ ppm Analyst \_\_\_\_\_

Analyst 24h Smm Date 05/22/07 28h/48h Smm Date 05/23/07 72h Smm Date 05/24/07 96h Smm 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)

#### MTF TEST (MPN Per 100ml)

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

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



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## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

### CUSTOMER INFORMATION:

Name Entrux Phone \_\_\_\_\_ Fax \_\_\_\_\_

Street or P.O. Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### SAMPLE INFORMATION:

Owner of Source \_\_\_\_\_ Address of Sampling Point 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.	<u>negative</u>																								
			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 <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]



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**LABORATORY REPORT  
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**CUSTOMER INFORMATION:**

Name Entex 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 72h 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)**

Total Coliform Present  Absent   
 E. coli Present  Absent

**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 5/14/07 Analyst [Signature]



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**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 smm Date 05/16/07 Time 1500 28h/48h smm 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.																									
			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 5/19/07 Analyst [Signature]



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**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 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.																									
			28Hr.																									
E. Coli or Fecal Coliform			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 5/19/07 Analyst [Signature]



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## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

### CUSTOMER INFORMATION:

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

### SAMPLE INFORMATION:

Owner of Source \_\_\_\_\_ Address of Sampling Point SFLC-1 RM 2.0  
Point of Collection AR Collected By Jillian Date 5/15/07 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 5/15/07 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 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.		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 5/19/07

Analyst [Signature]



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**LABORATORY REPORT  
 BACTERIOLOGICAL EXAMINATION OF WATER**

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point 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.													-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	28Hr.													+	-	+	-	-	-	-	-	-	-	-	-	-	-	
E. Coli or Fecal Coliform	24Hr.													-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	28Hr.													-	-	-	-	-	-	-	-	-	-	-	-	-	-	

**TEST RESULTS**

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

Present Absent  
 Total Coliform    
 E. coli

**MTF TEST (MPN Per 100ml)**

Total Coliform 4  
 Fecal Coliform <2  
 ECol: <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]



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**LABORATORY REPORT  
 BACTERIOLOGICAL EXAMINATION OF WATER**

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point 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 Sm 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	.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    
 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 5/19/07 Analyst [Signature]



**DIAMOND WATER LABORATORY**  
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**LABORATORY REPORT  
 BACTERIOLOGICAL EXAMINATION OF WATER**

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point 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.	PIA	PIA		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	
Presumptive Test			24Hr.																									
			48Hr.																									
Confirmed Test	24Hr.		24Hr.																									
	28Hr.		48Hr.																									
E. Coli or Fecal Coliform	24Hr.		24Hr.																									
	28Hr.		24Hr.																									

**TEST RESULTS**

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

Present Absent  
 Total Coliform    
 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 5/19/07 Analyst [Signature]



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**LABORATORY REPORT  
 BACTERIOLOGICAL EXAMINATION OF WATER**

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point M FAR-6 RM 36.5  
 Point of Collection AR Collected By Jillian 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 Jmm Date 05/17/07 28h/48h Jmm Date 05/18/07 72h SB Date 5/19/07 96h SB Date 5/20/07  
 Time 1350 Time 1320 Time 1130 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.																									
			28Hr.																									
E. Coli or Fecal Coliform			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 5/20/07 Analyst [Signature]



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**LABORATORY REPORT  
 BACTERIOLOGICAL EXAMINATION OF WATER**

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point 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 Imm Date 05/17/07 Time 1350 28h/48h Imm 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.																									
			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 2  
 Fecal Coliform 02  
 E. coli 02

- 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]



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**LABORATORY REPORT  
 BACTERIOLOGICAL EXAMINATION OF WATER**

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point 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	.01	.01	.01	.01	.01
Presumptive Test			24Hr.	<u>SB</u>																								
			48Hr.																									
Confirmed Test			24Hr.																									
			48Hr.																									
E. Coli or Fecal Coliform			24Hr.																									
			48Hr.																									

**TEST RESULTS**

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

Present Absent  
 Total Coliform    
 E. coli

**MTF TEST (MPN Per 100ml)**

Total Coliform 4  
 Fecal Coliform 2  
 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]



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**LABORATORY REPORT  
 BACTERIOLOGICAL EXAMINATION OF WATER**

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point 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 Smm Date 05/16/07 Time 1515 Test Set-up By Smm 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 Smm 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.						-		-																	
			28Hr.							-		+																
E. Coli or Fecal Coliform			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 5/20/07 Analyst [Signature]



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**LABORATORY REPORT  
 BACTERIOLOGICAL EXAMINATION OF WATER**

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point 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)**

156

Sample Received By Smm Date 05/16/07 Time 1515 Test Set-up By Smm Date 05/16/07 Time 1525  
 Condition of Sample Upon Receipt Cool / Intact HTV  
 Chlorine Test Required:  Yes  No Chlorine Test Results \_\_\_\_\_ ppm Analyst \_\_\_\_\_  
 Analyst 24h SB Date 5/17/07 Time 1430 28h/48h Smm Date 05/18/07 Time 1310 72h SB Date 5/18/07 Time 1500 96h SB Date 5/19/07 Time 1645

Tube No.	PIA	PIA		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)**

**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 5/20/07 Analyst [Signature]



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**LABORATORY REPORT  
 BACTERIOLOGICAL EXAMINATION OF WATER**

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point M FAR-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 Jimm 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    
 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 5/21/07

Analyst [Signature]



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**LABORATORY REPORT  
 BACTERIOLOGICAL EXAMINATION OF WATER**

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point \_\_\_\_\_  
 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 Smm Date 05/21/07 Time 1225 Test Set-up By Smm Date 05/21/07 Time 1235  
 Condition of Sample Upon Receipt Cool / Intact HTV  
 Chlorine Test Required:  Yes  No Chlorine Test Results \_\_\_\_\_ ppm Analyst \_\_\_\_\_  
 Analyst 24h Smm Date 05/22/07 Time 1045 28h/48h Smm Date 05/23/07 Time 1305 72h Smm Date 05/24/07 Time 1220 96h Smm Date 05/25/07 Time 1115

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

**TEST RESULTS**

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

**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



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## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point 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  
15E

### 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.	PIA	PIA		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 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



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**LABORATORY REPORT  
 BACTERIOLOGICAL EXAMINATION OF WATER**

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point 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 Shm 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	.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    
 E. coli

**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]



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## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point MFAIR 9  
 Point of Collection AR Collected By Jillian 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 ISE

### 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.								+	-	+	++																
	28Hr.									-																		
E. Coli or Fecal Coliform	24Hr.																											
	28Hr.																											

### TEST RESULTS

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

**MTF TEST (MPN Per 100ml)**

Present Absent  
 Total Coliform    
 E. coli

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



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## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point M FAR 8  
 Point of Collection AIR Collected By J. Ilean 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

### ANALYSIS WORKSHEET (Lab Use Only)

15E

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 Jmm Date 05/22/07 Time 1640 28h/48h SB Date 5/23/07 Time 1430 72h Jmm 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.							-	-	+	-															
			28Hr.								-	-	3	-														
E. Coli or Fecal Coliform			24Hr.							-	-	-	-															
			28Hr.								-	-	-	-														

### TEST RESULTS

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

**MTF TEST (MPN Per 100ml)**

Present Absent

Total Coliform

E. coli

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 \_\_\_\_\_



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**LABORATORY REPORT  
 BACTERIOLOGICAL EXAMINATION OF WATER**

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point 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 Imm Date 05/22/07 Time 1630 28h/48h Imm Date 05/23/07 Time 1415 72h Imm Date 05/24/07 Time 1330 96h Imm 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	
Presumptive Test	24Hr.							+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	48Hr.							+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Confirmed Test	24Hr.							+	+	+	+	+															
	28Hr.							+	+	+	+	+															
E. Coli or Fecal Coliform	24Hr.							+	+	+	+	+															
	28Hr.							+	+	+	+	+															

**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 05/25/07 Analyst Sharon M. Meyer



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**LABORATORY REPORT  
 BACTERIOLOGICAL EXAMINATION OF WATER**

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point 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 \_\_\_\_\_ Time \_\_\_\_\_  
 96h \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

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



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**LABORATORY REPORT  
 BACTERIOLOGICAL EXAMINATION OF WATER**

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point 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 HI  
 Chlorine Test Required:  Yes  No Chlorine Test Results \_\_\_\_\_ ppm Analyst \_\_\_\_\_  
 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)**

**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



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**LABORATORY REPORT  
 BACTERIOLOGICAL EXAMINATION OF WATER**

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point HH-2  
 Point of Collection AR Collected By Jillian Date 5/22/07 Time 10:30  
 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.		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]



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**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 Jmm 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)**

Total Coliform Present  Absent   
 E. coli Present  Absent

**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**  
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## 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 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 Jam Date 05/23/07 Time 1700 28h/48h SB Date 5/24/07 Time 1915 72h \_\_\_\_\_ Date \_\_\_\_\_ 96h \_\_\_\_\_ Date \_\_\_\_\_

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



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**LABORATORY REPORT  
 BACTERIOLOGICAL EXAMINATION OF WATER**

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point 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    
 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]



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## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point 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 [Signature]



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**LABORATORY REPORT  
 BACTERIOLOGICAL EXAMINATION OF WATER**

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point 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]



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## 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

### 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.		24Hr.						-	-	-	-	-															

### TEST RESULTS

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

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

**MTF TEST (MPN Per 100ml)**

Total Coliform 8  
 Fecal Coliform 2  
 E. coli 2

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

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

Date reported 05/26/07 Analyst Sharon M. Meyer



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## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point 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.		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 05/26/07 Analyst Sheron M. Meyer



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## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point 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.																											
	28Hr.									+	+	+	+															
E. Coli or Fecal Coliform	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



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## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

**CUSTOMER INFORMATION:**

Name ENTRIX Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Street or P.O. Box \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point MFAR-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 2000 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.																									
			28Hr.																									
E. Coli or Fecal Coliform			24Hr.																									
			28Hr.																									

### 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



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## 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 Shm Date 05/25/07 Time 1635 96h Shm 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.		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 05/26/07 Analyst Sharon M. Meyer



**DIAMOND WATER LABORATORY**  
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## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point 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 Smm Date 05/23/07 Time 1610 Test Set-up By Smm 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 Smm Date 05/24/07 Time 1415 28h/48h SB Date 5/25/07 Time 1615 72h Smm Date 05/26/07 Time 1126 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.																									
			28Hr.																									
E. Coli or Fecal Coliform			24Hr.																									
			28Hr.																									

### 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]



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**LABORATORY REPORT  
 BACTERIOLOGICAL EXAMINATION OF WATER**

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point SFRR-1 RMO.O  
 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 Smm Date 05/23/07 Time 1610 Test Set-up By Smm Date 05/23/07 Time 1615  
 Condition of Sample Upon Receipt Cool / Intact HLL  
 Chlorine Test Required:  Yes  No Chlorine Test Results \_\_\_\_\_ ppm Analyst \_\_\_\_\_  
 Analyst 24h Smm Date 05/24/07 Time 1800 28h/48h SB Date 5/25/07 Time 1615 72h Smm 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.						-	-	-	+																
			28Hr.						-	+	+																	
E. Coli or Fecal Coliform			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 5/20/07 Analyst [Signature]



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## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point 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 Smm Date 05/23/07 Time 1610 Test Set-up By Smm Date 05/23/07 Time 1615  
 Condition of Sample Upon Receipt Cool / Intact HTL  
 Chlorine Test Required:  Yes  No Chlorine Test Results \_\_\_\_\_ ppm Analyst \_\_\_\_\_  
 Analyst 24h Smm Date 05/24/07 Time 1415 28h/48h Smm Date 05/25/07 Time 1620 8mm Date 05/26/07 Time 1115 96h SB Date 5/27/07 Time 1100

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

### 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 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]



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## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point 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 smm Date 05/25/07 Time 1645 28h/48h smm 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]



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## 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 Chlorine Test Results \_\_\_\_\_ ppm Analyst \_\_\_\_\_  
 Analyst 24h smm 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.								-	-	-	-	-	+	-	-	-	+										
	28Hr.								+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
E. Coli or Fecal Coliform	24Hr.								-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	28Hr.								-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

### TEST RESULTS

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

**MTF TEST (MPN Per 100ml)**

Present Absent  
 Total Coliform    
 E. coli

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]



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## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point 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)**

**MTF TEST (MPN Per 100ml)**

Present Absent  
 Total Coliform    
 E. coli

Total Coliform 4  
 Fecal Coliform 2  
 ECdi 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]



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## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point 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 5/31/07 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 6/3/07 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.			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	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    
 E. coli

**MTF TEST (MPN Per 100ml)**

Total Coliform 70  
 Fecal Coliform <2  
<2

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

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

Date reported 6/3/07 Analyst [Signature]



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## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

**CUSTOMER INFORMATION:**

Name Entire Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Street or P.O. Box \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point 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 [Signature]



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## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

**CUSTOMER INFORMATION:**

Name Enrix 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	.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]



**DIAMOND WATER LABORATORY**  
 1660 Old Airport Road  
 Auburn, CA 95602

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 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 5/21/07 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 6/3/07 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.		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 6/4/07

Analyst [Signature]



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## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point 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 6/1/07 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.								+	+	+	+																
	28Hr.																											
E. Coli or Fecal Coliform	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]



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 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-3(s)  
 Point of Collection ARC Collected By Jillan 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.																									
			28Hr.																									
E. Coli or Fecal Coliform			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]