



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

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

16051

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

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

ANALYSIS WORKSHEET (Lab Use Only)

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

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

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

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

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



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16104

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

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

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/13/07 Time 1740 Test Set-up By SB Date 8/13/07 Time 1900
 Condition of Sample Upon Receipt Cool/Intact HT
 Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
 Analyst 24h Jmm Date 08/14/07 Time 1753 28h/48h Jmm Date 08/15/07 Time 1625 72h Jmm Date 08/16/07 Time 1300 96h SB Date 8/17/07 Time 1300

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)

Present Absent
 Total Coliform
 E. coli

MTF TEST (MPN Per 100ml)

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

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

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

Date reported 8/17/07 Analyst [Signature]



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16150

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

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

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/20/07 Time 1800 Test Set-up By SB Date 8/20/07 Time 1900
 Condition of Sample Upon Receipt Cool / Intact HT
 Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
 Analyst 24h Jmm Date 08/21/07 Time 1200 28h/48h SB Date 8/22/07 Time 1530 72h Jmm Date 08/23/07 Time 1345 96h SB Date 8/24/07 Time 1200

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	
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"/>	Total Coliform	<u>2</u>	
E. coli	<input type="checkbox"/>	<input type="checkbox"/>	Fecal Coliform	<u>< 2</u>	
			E. coli	<u>< 2</u>	

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

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

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



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16190

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
 Point of Collection FC-10 Collected By JA/LD Date 8/27/07 Time 0410 1310
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

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

Tube No.	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)

Total Coliform Present Absent
 E. coli Present Absent

MTF TEST (MPN Per 100ml)

Total Coliform 4
 Fecal Coliform 2
 E. coli 2

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

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

Date reported 8/31/07

Analyst JA



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16238

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

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

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/3/07 Time 1645 Test Set-up By SB Date 9/3/07 Time 1900
 Condition of Sample Upon Receipt Cool / Intact HT ✓
 Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
 Analyst 24h Sam Date 09/04/07 Time 1700 28h/48h Sam Date 09/05/07 Time 1500 72h SB Date 9/6/07 Time 1630 96h Shm Date 09/07/07 Time 1915

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	Fecal Coliform
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>	<u>23</u>	<u>2</u>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>	<u>2</u>	<u>2</u>

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

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

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



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16105

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

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

ANALYSIS WORKSHEET (Lab Use Only)

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

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.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 50
 Fecal Coliform 4
 E. coli 2

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

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

Date reported 8/17/07 Analyst [Signature]



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16151

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

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

ANALYSIS WORKSHEET (Lab Use Only)

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

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 280
 Fecal Coliform 7
 E. coli 2

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

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

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



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16197

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
 Point of Collection FC-911 Collected By JA/CO Date 8/27/07 Time 1130
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle) MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

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

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test	24Hr.			+	+	+	+	+	+	+	+	+	+	-	-	-	-	-	+	-	-	-	-	-	-	-	-	
	48Hr.			+	+	+	+	+	+	+	+	+	+	-	-	-	-	-	+	+	+	+	-	-	-	-	-	
Confirmed Test	24Hr.								+	+	+	+	+	+					-	+	+							
	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"/>	Total Coliform	<u>59</u>	
E. coli	<input type="checkbox"/>	<input type="checkbox"/>	Fecal Coliform	<u>30</u>	
			E. coli	<u>30</u>	

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

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

Date reported 8/31/07 Analyst [Signature]



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16239

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

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

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/3/07 Time 1645 Test Set-up By SB Date 9/3/07 Time 1900
 Condition of Sample Upon Receipt Cool / Intact HT
 Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
 Analyst 24h shin Date 9/04/07 Time 1700 28h/48h shin Date 09/05/07 Time 1500 96h _____ Date _____
 Date 9/6/07 Time 1030

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 240
 Fecal Coliform 130
 E. coli 130

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

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

Date reported 9/10/07 Analyst [Signature]



DIAMOND WATER LABORATORY

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16303

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

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

ANALYSIS WORKSHEET (Lab Use Only)

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

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.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 900
Fecal Coliform 23
E. coli 23

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

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

Date reported 9/15/07 Analyst [Signature]



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16055

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

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

ANALYSIS WORKSHEET (Lab Use Only)

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



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16106

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

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

ANALYSIS WORKSHEET (Lab Use Only)

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

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test			24Hr.						-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			48Hr.						+	+	+	+	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Confirmed Test			24Hr.						+	+	+	+	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			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 8/17/07 Analyst [Signature]



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16152

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**



CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
 Point of Collection FM-12 Collected By JA Date 8/20/07 Time 1355
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

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

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

TEST RESULTS

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

Total Coliform Present Absent
 E. coli Present Absent

MTF TEST (MPN Per 100ml)

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

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

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

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



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16196

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

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

ANALYSIS WORKSHEET (Lab Use Only)

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

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)

	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
 FC_{col} 2

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

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

Date reported 8/31/07 Analyst [Signature]



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16240

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
 Point of Collection FC-1285 Collected By CO/SA Date 9/3/07 Time 1255
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle) MTF P/A ISE

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/3/07 Time 1645 Test Set-up By SB Date 9/3/07 Time 1600
 Condition of Sample Upon Receipt Cool/Intact HT ✓
 Chlorine Test Required: Yes No
 Analyst 24h Shm Date 9/04/07 Time 1100 28h/48h Shm Date 9/05/07 Time 1500 72h SB Date 9/06/07 Time 1630 96h Shm Date 9/07/07 Time 1100

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test			24Hr.																									
			48Hr.																									
Confirmed Test			24Hr.																									
			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 09/07/07 Analyst Sharon M. Meyer



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16054

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

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

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/6/07 Time 1745 Test Set-up By SB Date 8/6/07 Time 1830
 Condition of Sample Upon Receipt Cool/Intact HT
 Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
 Analyst 24h Shm Date 08/07/07 Time 1645 28h/48h SB Date 8/8/07 Time 1620 72h Shm Date 08/09/07 Time 1330 96h _____ Date _____ Time _____

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test			24Hr.						+	+	+	+	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			48Hr.							+				-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Confirmed Test			24Hr.						+	+	+	+	+	+	+	+	+	+										
			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 50
 Fecal Coliform 2
 E. coli < 2

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

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

Date reported 08/10/07 Analyst Sharon M Meyer



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16107

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point FM-13
Point of Collection AR Collected By JA/BF Date 8/13/07 Time 1235
Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/13/07 Time 1740 Test Set-up By SB Date 8/13/07 Time 1900
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 8/14/07 Time 1700 28h/48h SB Date 8/15/07 Time 1600 72h _____ Date _____ 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.								+	+	+	+	+	+	+	+	+	+			+							
	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 300
Fecal Coliform 80
E. Coli 30

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

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

Date reported 8/15/07

Analyst [Signature]



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16153

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

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

ANALYSIS WORKSHEET (Lab Use Only)

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

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test	24Hr.								+	+	+	+	+	-	+	-	-	-	-	-	-	-	-	-	-	-	-	-
	48Hr.																											
Confirmed Test	24Hr.								+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	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"/>	Total Coliform	<u>80</u>	
E. coli	<input type="checkbox"/>	<input type="checkbox"/>	Fecal Coliform	<u>50</u>	
			E. coli	<u>30</u>	

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

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

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



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16195

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

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

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/27/07 Time 17:55 Test Set-up By SB Date 8/27/07 Time 19:00
 Condition of Sample Upon Receipt Cool / Intact HT
 Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
 Analyst 24h SB Date 8/28/07 Time 17:00 28h/48h Sm Date 08/29/07 Time 15:00 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	
Presumptive Test	24Hr.								+	+	+	+	+	+	-	+	-	-	-	-	-	-	-	-	-	-	-	
	48Hr.																											
Confirmed Test	24Hr.								+	+	+	+	+	+	+	+	+	+										
	28Hr.																											
E. Coli or Fecal Coliform	24Hr.								+	+	+	+	+	+	+	+	+	+										
	28Hr.																											

TEST RESULTS

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

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

MTF TEST (MPN Per 100ml)

Total Coliform 80
 Fecal Coliform 80
 E. Coli 80

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

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

Date reported 8/30/07 Analyst [Signature]



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16241

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

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

ANALYSIS WORKSHEET (Lab Use Only)

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

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

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

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

Date reported 9/10/07 Analyst [Signature]



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16053

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

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

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/6/07 Time 1745 Test Set-up By SB Date 8/6/07 Time 1830
 Condition of Sample Upon Receipt Cool/Intact HT
 Chlorine Test Required: Yes No
 Analyst 24h Jmm Date 08/07/07 Time 1640 28h/48h SB Date 8/8/07 Time 1620 72h Jmm Date 08/09/07 Time 1325 96h Jmm Date 08/10/07 Time 1135

Tube No.	P/A	P/A	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100	10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test	24Hr.							+	+	+	+	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	48Hr.												-	+	+	-	+	-	-	-	-	-	-	-	-	-	
Confirmed Test	24Hr.							+	+	+	+	+	+	-	-	+	+										
	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"/>	Total Coliform	<u>80</u>	
E. coli	<input type="checkbox"/>	<input type="checkbox"/>	Fecal Coliform	<u>8</u>	
			E. coli	<u>8</u>	

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

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

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



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16108

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point FM-14
 Point of Collection AR Collected By JA/BF Date 8/13/07 Time 1248
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle) MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

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

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test	24Hr.								+	-	+	+	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	48Hr.									-				+	+	-	-	-	-	+	-	-	-	-	-	-	-	
Confirmed Test	24Hr.								+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	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 26
 Fecal Coliform 13
 E. coli 13

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

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

Date reported 8/16/07 Analyst JA



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16154

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

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

ANALYSIS WORKSHEET (Lab Use Only)

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

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	
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"/>	Total Coliform	<u>30</u>	
E. coli	<input type="checkbox"/>	<input type="checkbox"/>	Fecal Coliform	<u>8</u>	
			E. coli	<u>8</u>	

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

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

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



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16194

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
 Point of Collection FL-1814 Collected By JA/LO Date 8/27/07 Time 1108
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle) MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

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

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test			24Hr.						+	+	+	+	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			48Hr.											+	-	-	-	-	-	-	-	-	-	-	-	-	-	
Confirmed Test			24Hr.						+	+	+	+	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			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 220
 Fecal Coliform 23
 E. coli 23

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

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

Date reported 8/31/07 Analyst [Signature]



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16242

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

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

ANALYSIS WORKSHEET (Lab Use Only)

15C

Sample Received By SB Date 9/3/07 Time 1645 Test Set-up By SB Date 9/3/07 Time 1600
 Condition of Sample Upon Receipt Cool / Intact HT
 Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
 Analyst 24h Imm Date 09/04/07 28h/48h Imm Date 09/05/07 72h SB Date 9/4/07 96h _____ Date _____
 Time 1700 Time 1500 Time 1300 Time _____

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	
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 170
 Fecal Coliform 22
 E. coli 22

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

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

Date reported 9/10/07 Analyst [Signature]



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16070

LABORATORY REPORT
BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

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

ANALYSIS WORKSHEET (Lab Use Only)

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

Table with 25 columns (Tube No. 1-25) and 5 rows (Portions, Presumptive Test, Confirmed Test, E. Coli or Fecal Coliform). Includes handwritten results like '+', '-', and circled numbers.

TEST RESULTS

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

Total Coliform Present Absent
E. coli Present Absent

MTF TEST (MPN Per 100ml)

Total Coliform: 500
Fecal Coliform: 119
E. coli: 52

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

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

Date reported: 8/11/07, Analyst: [Signature]



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16117

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

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

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/13/07 Time 1740 Test Set-up By SB Date 8/13/07 Time 1900
 Condition of Sample Upon Receipt Cool/Intact HT ✓
 Chlorine Test Required: Yes No
 Analyst 24h SB Date 8/14/07 Time 1700 28h/48h SB Date 8/15/07 Time 1600 72h Sam Date 08/16/07 Time 1300 96h SB Date 8/17/07 Time 1300

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

TEST RESULTS

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

Total Coliform Present Absent
 E. coli Present Absent

MTF TEST (MPN Per 100ml)

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

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

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

Date reported 8/17/07 Analyst [Signature]



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16161

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

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

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/20/07 Time 1800 Test Set-up By SB Date 8/20/07 Time 1900
 Condition of Sample Upon Receipt Cool/Intact HT
 Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
 Analyst 24h SB Date 8/21/07 Time 1700 28h/48h Sharon Date 08/22/07 Time 1530 Analyst SB Date 8/23/07 Time 1330 96h SB Date 8/24/07 Time 1200

Tube No.	P/A	P/A	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100	10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	
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"/>	Total Coliform	<u>80</u>	
E. coli	<input type="checkbox"/>	<input type="checkbox"/>	Fecal Coliform	<u>4</u>	
			E. coli	<u>4</u>	

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

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

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



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16192

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FL-15 Collected By JA/CD Date 8/27/07 Time 10:05
Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

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

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	
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"/>	Total Coliform	<u>≥ 1600</u>	
E. coli	<input type="checkbox"/>	<input type="checkbox"/>	Fecal Coliform	<u>1600</u>	
			E. coli	<u>500</u>	

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

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

Date reported 8/30/07 Analyst [Signature]



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16251

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

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

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/3/07 Time 1605 Test Set-up By SB Date 9/3/07 Time 1400
 Condition of Sample Upon Receipt Cool / Intact HT
 Chlorine Test Required: Yes No
 Analyst 24h SB Date 9/4/07 Time 1700 28h/48h Shm Date 09/05/07 Time 1500 72h Shm Date 09/06/07 Time 1645 96h Shm Date 09/07/07 Time 1130
 Chlorine Test Results _____ ppm: Analyst _____
 5 3 2

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.																										

4/1 1/1 0/0

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)			MTF TEST (MPN Per 100ml)	
	Present	Absent	Total Coliform	Fecal Coliform
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>	<u>140</u>	<u>174</u>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>		

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

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

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



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16071

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

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

ANALYSIS WORKSHEET (Lab Use Only)

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

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

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

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

Date reported 8/11/07 Analyst [Signature]



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16118

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

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

ANALYSIS WORKSHEET (Lab Use Only)

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

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

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

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

Date reported 8/17/07 Analyst [Signature]



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16164

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

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

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/20/07 Time 1800 Test Set-up By SB Date 8/20/07 Time 1400
 Condition of Sample Upon Receipt Cool/Intact HT
 Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
 Analyst 24h Sam Date 08/21/07 Time 1700 28h/48h SB Date 8/21/07 Time 1530 72h Sam Date 08/23/07 Time 1350 96h SB Date 8/24/07 Time 1200

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

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)			MTF TEST (MPN Per 100ml)		
	Present	Absent			
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>	Total Coliform	<u>11</u>	
E. coli	<input type="checkbox"/>	<input type="checkbox"/>	Fecal Coliform	<u>5</u>	
			E. coli	<u>5</u>	

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

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

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



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16193

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
 Point of Collection FL-16 Collected By JA/CD Date 8/27/07 Time 10:00
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/27/07 Time 1755 Test Set-up By SB Date 8/27/07 Time 1900
 Condition of Sample Upon Receipt Cool/Intact HT
 Chlorine Test Required: Yes No
 Analyst 24h Jmm Date 08/28/07 Time 6700 28h/48h Jmm Date 08/29/07 Time 1500
 Chlorine Test Results _____ ppm Analyst _____
 72h SB Date 8/30/07 Time 1515 96h SB Date 8/31/07 Time 1200

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test	24Hr.																											
	48Hr.																											
Confirmed Test	24Hr.																											
	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 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 8/31/07 Analyst JJA



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16252

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
 Point of Collection FC-16 Collected By SD/SA Date 9/3/07 Time 1555
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

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

Condition of Sample Upon Receipt Cool / Intact HT

Chlorine Test Required: Yes No

Chlorine Test Results _____ ppm Analyst _____

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

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

TEST RESULTS

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

MTF TEST (MPN Per 100ml)

Total Coliform Present Absent
 E. coli Present Absent

Total Coliform 8
 Fecal Coliform 5
 E. coli 2

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

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

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



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16072

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

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

ANALYSIS WORKSHEET (Lab Use Only)

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

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

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

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

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



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16119

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

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

ANALYSIS WORKSHEET (Lab Use Only)

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

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

TEST RESULTS

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

Present Absent
 Total Coliform
 E. coli

MTF TEST (MPN Per 100ml)

Total Coliform 80
 Fecal Coliform 30
 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 8/17/07 Analyst [Signature]



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16148

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

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

ANALYSIS WORKSHEET (Lab Use Only)

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

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	
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"/>	Total Coliform	<u>30</u>	
E. coli	<input type="checkbox"/>	<input type="checkbox"/>	Fecal Coliform	<u>13</u>	
			E. coli	<u>13</u>	

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

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

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



DIAMOND WATER LABORATORY
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 www.diamondwelldrilling.com

16191

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
 Point of Collection FC-1817 Collected By SA/CO Date 8/27/07 Time 0910
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

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

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

TEST RESULTS

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

Total Coliform Present Absent
 E. coli Present Absent

MTF TEST (MPN Per 100ml)

Total Coliform 23
 Fecal Coliform 4
 E. Coli 4

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

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

Date reported 8/31/07 Analyst [Signature]



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16236

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

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

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/3/07 Time 1645 Test Set-up By SB Date 9/3/07 Time 1:00
 Condition of Sample Upon Receipt Cool/Intact HT
 Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
 Analyst 24h Jmm Date 09/04/07 28h/48h Jmm Date 09/05/07 72h SB Date 9/6/07 96h Jmm Date 09/07/07
 Time 1700 Time 1500 Time 1630 Time 1120

Tube No.	P/A	P/A	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100	10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test	24Hr.							+	+	+	+																
	48Hr.												+	+	+	+											
Confirmed Test	24Hr.							+	+	+	+																
	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	Fecal Coliform
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>	<u>80</u>	<u>11</u>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>	<u>11</u>	<u>11</u>

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

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

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