



# DIAMOND WATER LABORATORY

1660 Old Airport Road  
Auburn, CA 95602

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

16347

## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

### CUSTOMER INFORMATION:

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

### SAMPLE INFORMATION:

Owner of Source \_\_\_\_\_ Address of Sampling Point AR  
Point of Collection IR-1 Collected By CD/SA Date 9/24/07 Time 1430  
Sample Type:  Well  Ditch  Treated  Spring  Sewage  Surface  Other \_\_\_\_\_  
The above is true and correct: By [Signature] Requested Analysis (circle) MTF P/A ISE

### ANALYSIS WORKSHEET (Lab Use Only)

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

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test	24Hr.								+	+	+	+	+	-	-	-	-	+	-	-	-	-						
	48Hr.													+	+	+	+	+	+	-	+	+	-					
Confirmed Test	24Hr.								+	+	+	+	+	+	+	+	+	+	-	-	-	-						
	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 500  
Fecal Coliform 7  
E. coli 7

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

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

Date reported 9/28/07 Analyst [Signature]



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## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

### CUSTOMER INFORMATION:

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

### SAMPLE INFORMATION:

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

### ANALYSIS WORKSHEET (Lab Use Only)

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

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

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

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

Date reported 9/28/07 Analyst [Signature]



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## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

### CUSTOMER INFORMATION:

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

### SAMPLE INFORMATION:

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

### ANALYSIS WORKSHEET (Lab Use Only)

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

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test			24Hr.						-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			48Hr.						+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Confirmed Test			24Hr.						+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
			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 130  
Fecal Coliform <2  
E. Coli <2

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

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

Date reported 9/28/07

Analyst [Signature]



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**LABORATORY REPORT  
 BACTERIOLOGICAL EXAMINATION OF WATER**

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

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

**ANALYSIS WORKSHEET (Lab Use Only)**

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

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

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

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

Date reported 9/28/07 Analyst [Signature]



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### CUSTOMER INFORMATION:

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

### SAMPLE INFORMATION:

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

### ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/25/07 Time 1745 Test Set-up By SB Date 9/26/07 Time 0700  
Condition of Sample Upon Receipt Cool/Intact HT  
Chlorine Test Required:  Yes  No Chlorine Test Results \_\_\_\_\_ ppm Analyst \_\_\_\_\_  
Analyst 24h Sam Date 09/27/07 28h/48h SB Date 9/28/07 72h SB Date 9/29/07 96h SB Date 9/30/07  
Time 1345 Time 0930 Time 1045 Time 1200

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

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

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

Date reported 9/30/07 Analyst [Signature]



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16359

**LABORATORY REPORT  
 BACTERIOLOGICAL EXAMINATION OF WATER**

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point AR  
 Point of Collection NFAR-1 RM 20.5 Collected By SA/CO Date 9/25/07 Time 0940  
 Sample Type:  Well  Ditch  Treated  Spring  Sewage  Surface  Other \_\_\_\_\_  
 The above is true and correct: By [Signature] Requested Analysis (circle) MTF P/A ISE

**ANALYSIS WORKSHEET (Lab Use Only)**

Sample Received By SB Date 9/25/07 Time 1245 Test Set-up By SB Date 9/26/07 Time 0700  
 Condition of Sample Upon Receipt Cool/Intact HT  
 Chlorine Test Required:  Yes  No  
 Analyst 24h [Signature] Date 9/27/07 Time 1355 28h/48h SB Date 9/28/07 Time 0930 72h SB Date 9/29/07 Time 1045 96h SB Date 9/30/07 Time 1200

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.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 140  
 Fecal Coliform 4  
 E. coli 2

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

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

Date reported 9/30/07 Analyst [Signature]



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## 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 SFR-1 RM 0.0 Collected By JA/CO Date 9/25/07 Time 1230  
Sample Type:  Well  Ditch  Treated  Spring  Sewage  Surface  Other \_\_\_\_\_  
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A

### ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/25/07 Time 1245 Test Set-up By SB Date 9/26/07 Time 0700  
Condition of Sample Upon Receipt Cool/Intact HT  
Chlorine Test Required:  Yes  No  
Analyst 24h Sam Date 9/27/07 Time 1400 28h/48h SB Date 9/28/07 Time 0945  
Chlorine Test Results ppm Analyst  
72h SB Date 9/24/07 Time 1045 96h SB Date 9/30/07 Time 1200

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

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

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

Date reported 9/30/07 Analyst [Signature]



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## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

### CUSTOMER INFORMATION:

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

### SAMPLE INFORMATION:

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

### ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/25/07 Time 1745 Test Set-up By SB Date 9/26/07 Time 0700  
Condition of Sample Upon Receipt Cool/Intact HT  
Chlorine Test Required:  Yes  No Chlorine Test Results \_\_\_\_\_ ppm Analyst \_\_\_\_\_  
Analyst 24h Sm Date 09/27/07 Time 1400 28h/48h SB Date 9/28/07 Time 0945 72h SB Date 9/29/07 Time 1045 96h SB Date 9/30/07 Time 1200

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

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

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

Date reported 9/30/07 Analyst [Signature]



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**LABORATORY REPORT  
 BACTERIOLOGICAL EXAMINATION OF WATER**

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

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

**ANALYSIS WORKSHEET (Lab Use Only)**

Sample Received By SB Date 9/25/07 Time 1745 Test Set-up By SB Date 9/26/07 Time 0700  
 Condition of Sample Upon Receipt Cool/Intact HT  
 Chlorine Test Required:  Yes  No  
 Analyst 24h Sam Date 09/27/07 Time 1405 28h/48h SB Date 9/28/07 Time 0455 Chlorine Test Results ppm Analyst  
 72h SB Date 9/29/07 Time 1045 96h SB Date 9/30/07 Time 1200

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

**TEST RESULTS**

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

Present Absent  
 Total Coliform    
 E. coli

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

Total Coliform 27  
 Fecal Coliform 22  
 E. coli 22

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

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

Date reported 9/30/07 Analyst [Signature]



# DIAMOND WATER LABORATORY

1660 Old Airport Road  
Auburn, CA 95602

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

16363

## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

### CUSTOMER INFORMATION:

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

### SAMPLE INFORMATION:

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

### ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/25/07 Time 1245 Test Set-up By SB Date 9/26/07 Time 0700  
Condition of Sample Upon Receipt Cool/Intact HT  
Chlorine Test Required:  Yes  No Chlorine Test Results \_\_\_\_\_ ppm Analyst \_\_\_\_\_  
Analyst 24h Jmm Date 09/27/07 Time 1405 28h/48h SB Date 9/28/07 Time 0955 72h SB Date 9/29/07 Time 1045 96h SB Date 9/30/07 Time 1200

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

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

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

Date reported 9/30/07 Analyst [Signature]



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1660 Old Airport Road  
Auburn, CA 95602

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

16364

## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

### CUSTOMER INFORMATION:

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

### SAMPLE INFORMATION:

Owner of Source \_\_\_\_\_ Address of Sampling Point AR  
Point of Collection PC-2 Collected By JA/CO Date 9/25/07 Time 600  
Sample Type:  Well  Ditch  Treated  Spring  Sewage  Surface  Other \_\_\_\_\_  
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A

### ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/26/07 Time 1745 Test Set-up By SB Date 9/26/07 Time 0700  
Condition of Sample Upon Receipt Cool / Intact HT ✓  
Chlorine Test Required:  Yes  No  
Analyst 24h Smn Date 09/27/07 28h/48h SB Date 9/28/07 72h SB Date 9/29/07 96h SB Date 9/30/07  
Time 1416 Time 1020 Time 1045 Time 1200

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

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

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

Date reported 9/30/07

Analyst [Signature]



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

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

16371

**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 RA1(S) Collected By SA/CO Date 9/26/07 Time 1015  
 Sample Type:  Well  Ditch  Treated  Spring  Sewage  Surface  Other \_\_\_\_\_  
 The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A ISE

**ANALYSIS WORKSHEET (Lab Use Only)**

Sample Received By SB Date 9/26/07 Time 1620 Test Set-up By SB Date 9/26/07 Time 1700  
 Condition of Sample Upon Receipt Cool / Intact HT  
 Chlorine Test Required:  Yes  No Chlorine Test Results \_\_\_\_\_ ppm Analyst \_\_\_\_\_  
 Analyst 24h Sam Date 09/27/07 28h/48h SB Date 9/28/07 72h SB Date 9/29/07 96h SB Date 9/30/07  
 Time 1500 Time 1545 Time 1400 Time 1200

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test	24Hr.								+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	48Hr.								+	+	+	-	+	+	+	-	+	-	-	-	-	-	-	-	-	-	-	
Confirmed Test	24Hr.								+	-	-	+	-	-	-	+	-	-	-	-	-	-	-	-	-	-	-	
	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 27  
 Fecal Coliform 2  
 E. coli 2

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

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

Date reported 9/30/07 Analyst [Signature]



# DIAMOND WATER LABORATORY

1660 Old Airport Road  
Auburn, CA 95602

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

16372

## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

### CUSTOMER INFORMATION:

Name Entrix Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

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

### SAMPLE INFORMATION:

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

Point of Collection RA-1 Collected By JA/CO Date 9/26/07 Time 1040

Sample Type:  Well  Ditch  Treated  Spring  Sewage  Surface  Other \_\_\_\_\_

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

### ANALYSIS WORKSHEET (Lab Use Only)

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

Condition of Sample Upon Receipt Cool / Intact HT ✓

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

Analyst 24h Jhm Date 09/27/07 28h/48h SB Date 9/28/07 72h SB Date 9/29/07 96h SB Date 9/30/07  
Time 1500 Time 1545 Time 1400 Time 1200

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

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

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

Date reported 9/30/07 Analyst [Signature]



# DIAMOND WATER LABORATORY

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Auburn, CA 95602

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

16373

## 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 M FAR-7 RM 260 Collected By JA/CO Date 9/26/07 Time 1315  
Sample Type:  Well  Ditch  Treated  Spring  Sewage  Surface  Other \_\_\_\_\_  
The above is true and correct: By [Signature] Requested Analysis (circle) MTF P/A 156

### ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/26/07 Time 1620 Test Set-up By SB Date 9/26/07 Time 1700  
Condition of Sample Upon Receipt Cool/Intact HT  
Chlorine Test Required:  Yes  No Chlorine Test Results \_\_\_\_\_ ppm Analyst \_\_\_\_\_  
Analyst 24h Sm Date 09/27/07 28h/48h SB Date 9/28/07 72h SB Date 9/29/07 96h SB Date 9/30/07  
Time 1505 Time 1600 Time 1400 Time 1200

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

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

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

Date reported 9/30/07

Analyst [Signature]



# DIAMOND WATER LABORATORY

1660 Old Airport Road  
Auburn, CA 95602

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

16374

## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

### CUSTOMER INFORMATION:

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

### SAMPLE INFORMATION:

Owner of Source \_\_\_\_\_ Address of Sampling Point AR  
Point of Collection RR-7 RM 0.0 Collected By JA/CS Date 9/26/07 Time 1345  
Sample Type:  Well  Ditch  Treated  Spring  Sewage  Surface  Other \_\_\_\_\_  
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A LSE

### ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/26/07 Time 1620 Test Set-up By SB Date 9/26/07 Time 1700  
Condition of Sample Upon Receipt Cool / Intact HT  
Chlorine Test Required:  Yes  No Chlorine Test Results \_\_\_\_\_ ppm Analyst \_\_\_\_\_  
Analyst 24h Jmm Date 09/27/07 Time 1510 28h/48h SB Date 9/28/07 Time 1600 72h SB Date 9/29/07 Time 1400 96h SB Date 9/30/07 Time 1200

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

### TEST RESULTS

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

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

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

Total Coliform	<u>170</u>
Fecal Coliform	<u>2</u>
E. coli	<u>2</u>

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

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

Date reported 9/30/07 Analyst [Signature]



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Auburn, CA 95602

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

16375

## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

### CUSTOMER INFORMATION:

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

### SAMPLE INFORMATION:

Owner of Source \_\_\_\_\_ Address of Sampling Point AR  
Point of Collection MEAR-8 Rm 24.5 Collected By JA/CD Date 9/26/07 Time 1415  
Sample Type:  Well  Ditch  Treated  Spring  Sewage  Surface  Other \_\_\_\_\_  
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A

### ANALYSIS WORKSHEET (Lab Use Only)

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

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test	24Hr.								-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	48Hr.								+	+	-	-	+	-	+	+	-	-	-	-	+	-	-	-	-	-	-	
Confirmed Test	24Hr.								-	+																		
	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 9/30/07 Analyst [Signature]



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Auburn, CA 95602

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

16376

## 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 M FAR-9 RM 24.0 Collected By JA/CO Date 9/26/07 Time 1445  
Sample Type:  Well  Ditch  Treated  Spring  Sewage  Surface  Other \_\_\_\_\_  
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A 15E

### ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/26/07 Time 1620 Test Set-up By SB Date 9/26/07 Time 1700  
Condition of Sample Upon Receipt Cool / Intact HT  
Chlorine Test Required:  Yes  No  
Analyst 24h Smm Date 09/27/07 Time 1515 28h/48h SB Date 9/28/07 Time 1615 Chlorine Test Results ppm Analyst  
72h SB Date 9/29/07 Time 1400 96h SB Date 9/30/07 Time 1200

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

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

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

Date reported 9/30/07 Analyst [Signature]



# DIAMOND WATER LABORATORY

1660 Old Airport Road  
Auburn, CA 95602

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

16379

## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

### CUSTOMER INFORMATION:

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

### SAMPLE INFORMATION:

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

### ANALYSIS WORKSHEET (Lab Use Only)

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

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

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

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

Date reported 10/1/07

Analyst [Signature]



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Auburn, CA 95602

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

16380

## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

### CUSTOMER INFORMATION:

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

### SAMPLE INFORMATION:

Owner of Source American River Address of Sampling Point \_\_\_\_\_  
Point of Collection LCC-2 Rm 0.0 Collected By CD/JA Date 9/27/07 Time 1000  
Sample Type:  Well  Ditch  Treated  Spring  Sewage  Surface  Other \_\_\_\_\_  
The above is true and correct: By Sharon M. Meyer Requested Analysis (circle): MTF P/A  
ISE

### ANALYSIS WORKSHEET (Lab Use Only)

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

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



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Auburn, CA 95602

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

16381

## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

### CUSTOMER INFORMATION:

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

### SAMPLE INFORMATION:

Owner of Source American River Address of Sampling Point \_\_\_\_\_  
Point of Collection RR-6 RM-3.0 Collected By CD/JA Date 9/27/07 Time 1020  
Sample Type:  Well  Ditch  Treated  Spring  Sewage  Surface  Other \_\_\_\_\_  
The above is true and correct: By Sharon M. Meyer Requested Analysis (circle): MTF P/A

### ANALYSIS WORKSHEET (Lab Use Only)

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

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

Analyst [Signature]



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

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

16400

**LABORATORY REPORT  
 BACTERIOLOGICAL EXAMINATION OF WATER**

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point American River  
 Point of Collection HH-2 (S) Collected By CD / JA Date 10/1/07 Time 1200  
 Sample Type:  Well  Ditch  Treated  Spring  Sewage  Surface  Other \_\_\_\_\_  
 The above is true and correct: By Sharon M. Meyer Requested Analysis (circle): MTF P/A ISE

**ANALYSIS WORKSHEET (Lab Use Only)**

Sample Received By Smm Date 10/1/07 Time 1730 Test Set-up By Smm Date 10/1/07 Time 1745  
 Condition of Sample Upon Receipt Cool / Intact HTV  
 Chlorine Test Required:  Yes  No Chlorine Test Results \_\_\_\_\_ ppm Analyst \_\_\_\_\_  
 Analyst 24h Smm Date 10/02/07 Time 1610 28h/48h Smm Date 10/03/07 Time 1420 72h SB Date 10/1/07 Time 1500 96h SB Date 10/5/07 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 2  
 Fecal Coliform <2  
 E. coli <2

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

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

Date reported 10/5/07 Analyst [Signature]



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1660 Old Airport Road  
Auburn, CA 95602

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

16401

## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

### CUSTOMER INFORMATION:

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

### SAMPLE INFORMATION:

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

### ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By Shm Date 10/01/07 Time 1730 Test Set-up By Shm Date 10/01/07 Time 1745  
Condition of Sample Upon Receipt Cool / Intact  
Chlorine Test Required:  Yes  No Chlorine Test Results \_\_\_\_\_ ppm Analyst \_\_\_\_\_  
Analyst 24h Shm Date 10/02/07 28h/48h Shm Date 10/03/07 72h SB Date 10/03/07 96h SB Date 10/05/07  
Time 1610 Time 1430 Time 1500 Time 1430

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

### TEST RESULTS

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

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

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

Total Coliform	<u>&lt;2</u>
Fecal Coliform	<u>&lt;2</u>
E. Coli	<u>&lt;2</u>

No Coliform bacteria were detected in sample.

Coliform bacteria were detected in sample.

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

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

Date reported 10/5/07

Analyst [Signature]



# DIAMOND WATER LABORATORY

1660 Old Airport Road  
Auburn, CA 95602

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

16402

## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

### CUSTOMER INFORMATION:

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

### SAMPLE INFORMATION:

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

### ANALYSIS WORKSHEET (Lab Use Only)

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

Tube No.	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 13  
Fecal Coliform <2  
E. coli <2

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

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

Date reported 10/5/07 Analyst [Signature]



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1660 Old Airport Road  
Auburn, CA 95602

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

16403

## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

### CUSTOMER INFORMATION:

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

### SAMPLE INFORMATION:

Owner of Source \_\_\_\_\_ Address of Sampling Point American River  
Point of Collection HH-1 (S) Collected By CD/JA Date 10/01/07 Time 1455  
Sample Type:  Well  Ditch  Treated  Spring  Sewage  Surface  Other \_\_\_\_\_  
The above is true and correct: By Sharon M. Meyer Requested Analysis (circle): MTF P/A

### ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SM Date 10/01/07 Time 1730 Test Set-up By SM Date 10/01/07 Time 1745  
Condition of Sample Upon Receipt Cool / Intact HTL  
Chlorine Test Required:  Yes  No Chlorine Test Results \_\_\_\_\_ ppm Analyst \_\_\_\_\_  
Analyst 24h SM Date 10/02/07 28h/48h SB Date 10/3/07 72h SB Date 10/4/07 96h SB Date 10/5/07  
Time 1620 Time 1500 Time 1500 Time 1430

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



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Auburn, CA 95602

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

16407

## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

### CUSTOMER INFORMATION:

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

### SAMPLE INFORMATION:

Owner of Source \_\_\_\_\_ Address of Sampling Point AR  
Point of Collection HH-3 Collected By JA/CD Date 10/2/07 Time 0900  
Sample Type:  Well  Ditch  Treated  Spring  Sewage  Surface  Other \_\_\_\_\_  
The above is true and correct: By [Signature] Requested Analysis (circle): MTE P/A

### ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 10/2/07 Time 1700 Test Set-up By SB Date 10/2/07 Time 1730  
Condition of Sample Upon Receipt Cool/Intact HT ✓  
Chlorine Test Required:  Yes  No Chlorine Test Results \_\_\_\_\_ ppm Analyst \_\_\_\_\_  
Analyst 24h SB Date 10/3/07 Time 1530 28h/48h SB Date 10/4/07 Time 1500 72h SB Date 10/5/07 Time 1500 96h Sharon Date 10/06/07 Time 1040

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test	24Hr.								-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	48Hr.								+	+	+	-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Confirmed Test	24Hr.								-	-	-	-	-															
	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 10/06/07 Analyst Sharon M. Meyer



# DIAMOND WATER LABORATORY

1660 Old Airport Road  
Auburn, CA 95602

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

16408

## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

### CUSTOMER INFORMATION:

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

### SAMPLE INFORMATION:

Owner of Source \_\_\_\_\_ Address of Sampling Point AR  
Point of Collection LCC-1 RM 0.0 Collected By JA/CD Date 10/2/07 Time 1000  
Sample Type:  Well  Ditch  Treated  Spring  Sewage  Surface  Other \_\_\_\_\_  
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A

### ANALYSIS WORKSHEET (Lab Use Only)

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

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

No Coliform bacteria were detected in sample.  
 Coliform bacteria were detected in sample.  
 Total Coliform only. Water source may not be protected from contamination. See enclosed information.  
 Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.  
Results may be invalid due to:  Sampling in a non-Laboratory container  Presence of chlorine in sample  
 Sample received past hold time  
Date reported 10/06/07 Analyst Sharon M. Meyer



# DIAMOND WATER LABORATORY

1660 Old Airport Road  
Auburn, CA 95602

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

16409

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

### ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 10/2/07 Time 1700 Test Set-up By SB Date 10/2/07 Time 1730  
Condition of Sample Upon Receipt Cool/Intact HT  
Chlorine Test Required:  Yes  No Chlorine Test Results \_\_\_\_\_ ppm Analyst \_\_\_\_\_  
Analyst 24h SB Date 10/3/07 Time 1530 28h/48h SB Date 10/4/07 Time 1500 72h SB Date 10/5/07 Time 1500 96h SMM Date 10/06/07 Time 1040

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test	24Hr.								-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	48Hr.								-	-	-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Confirmed Test	24Hr.																											
	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 10/06/07 Analyst Sharon M. Meyer



# DIAMOND WATER LABORATORY

1660 Old Airport Road  
Auburn, CA 95602

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

16410

## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

### CUSTOMER INFORMATION:

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

### SAMPLE INFORMATION:

Owner of Source \_\_\_\_\_ Address of Sampling Point AR  
Point of Collection NFLCC-3 Collected By JA/CO Date 10/2/07 Time 1110  
Sample Type:  Well  Ditch  Treated  Spring  Sewage  Surface  Other \_\_\_\_\_  
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A

### ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 10/2/07 Time 1700 Test Set-up By SB Date 10/2/07 Time 1730  
Condition of Sample Upon Receipt Cool/Intact HT  
Chlorine Test Required:  Yes  No Chlorine Test Results \_\_\_\_\_ ppm Analyst \_\_\_\_\_  
Analyst 24h SB Date 10/3/07 Time 1530 28h/48h SB Date 10/4/07 Time 1500 72h SB Date 10/5/07 Time 1500 96h \_\_\_\_\_ 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 80  
Fecal Coliform 2  
E. coli 52

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

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

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



# DIAMOND WATER LABORATORY

1660 Old Airport Road  
Auburn, CA 95602

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

16411

## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

### CUSTOMER INFORMATION:

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

### SAMPLE INFORMATION:

Owner of Source \_\_\_\_\_ Address of Sampling Point AR  
Point of Collection SFLCC-3 Collected By JA/CD Date 10/2/07 Time 1120  
Sample Type:  Well  Ditch  Treated  Spring  Sewage  Surface  Other \_\_\_\_\_  
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A

### ANALYSIS WORKSHEET (Lab Use Only)

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

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

No Coliform bacteria were detected in sample.  
 Coliform bacteria were detected in sample.  
 Total Coliform only. Water source may not be protected from contamination. See enclosed information.  
 Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.  
Results may be invalid due to:  Sampling in a non-Laboratory container  Presence of chlorine in sample  
 Sample received past hold time  
Date reported 10/06/07 Analyst Sharon M. Meyer



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

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

16412

**LABORATORY REPORT  
 BACTERIOLOGICAL EXAMINATION OF WATER**

**CUSTOMER INFORMATION:**

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

**SAMPLE INFORMATION:**

Owner of Source \_\_\_\_\_ Address of Sampling Point AR  
 Point of Collection RR-1 Collected By JA/CD Date 10/2/07 Time 1140  
 Sample Type:  Well  Ditch  Treated  Spring  Sewage  Surface  Other \_\_\_\_\_  
 The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A

**ANALYSIS WORKSHEET (Lab Use Only)**

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

Tube No.	P/A	P/A	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100	10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	
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 52  
 E. coli 52

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

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

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



# DIAMOND WATER LABORATORY

1660 Old Airport Road  
Auburn, CA 95602

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

16413

## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

### CUSTOMER INFORMATION:

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

### SAMPLE INFORMATION:

Owner of Source \_\_\_\_\_ Address of Sampling Point AR  
Point of Collection NFLCC-1 RM 2.5 Collected By JA/CD Date 10/2/07 Time 1210  
Sample Type:  Well  Ditch  Treated  Spring  Sewage  Surface  Other \_\_\_\_\_  
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A

### ANALYSIS WORKSHEET (Lab Use Only)

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

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test	24Hr.								-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	48Hr.								+	-	-	+	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Confirmed Test	24Hr.								-			-	+															
	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 52  
E. coli 52

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

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

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



# DIAMOND WATER LABORATORY

1660 Old Airport Road  
Auburn, CA 95602

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

16414

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

### ANALYSIS WORKSHEET (Lab Use Only)

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

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test	24Hr.								+	+	+	+	+	+	+	+	+	+	-	-	-	-	+					
	48Hr.																			-	-	-	-					
Confirmed Test	24Hr.								+	+	+	+	+	+	+	+	+	+					+					
	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 300  
E. coli 300

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

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

Date reported 10/5/07 Analyst [Signature]



# DIAMOND WATER LABORATORY

1660 Old Airport Road  
Auburn, CA 95602

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

16415

## 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 SFLCC-1 RM 2.0 Collected By JAL/CD Date 10/2/07 Time 1300  
Sample Type:  Well  Ditch  Treated  Spring  Sewage  Surface  Other \_\_\_\_\_  
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A

### ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 10/2/07 Time 1700 Test Set-up By SB Date 10/2/07 Time 1730  
Condition of Sample Upon Receipt Cool/Intact HT ✓  
Chlorine Test Required:  Yes  No Chlorine Test Results \_\_\_\_\_ ppm Analyst \_\_\_\_\_  
Analyst 24h Smm Date 10/3/07 28h/48h SB Date 10/4/07 72h \_\_\_\_\_ Date \_\_\_\_\_ 96h \_\_\_\_\_ Date \_\_\_\_\_  
Time 1500 Time 1500 Time \_\_\_\_\_ Time \_\_\_\_\_

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test			24Hr.						+	+	+	+	+	+	+	+	+	+	-	-	-	-	+					
			48Hr.																	-	-	-	-					
Confirmed Test	24Hr.		24Hr.						+	+	+	+	+	+	+	+	+	+					+					
	28Hr.		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 170  
Fecal Coliform 170  
E. coli 170

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

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

Date reported 10/5/07 Analyst [Signature]



DIAMOND WATER LABORATORY

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Auburn, CA 95602

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

16416

LABORATORY REPORT
BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source Address of Sampling Point AR
Point of Collection SFLCC-2 RM 2.5 Collected By SA/CD Date 10/2/07 Time 1320
Sample Type: Well Ditch Treated Spring Sewage Surface Other
The above is true and correct: By Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

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

Table with 25 columns (Tube No. 1-25) and 6 rows (Portions, Presumptive Test, Confirmed Test, E. Coli or Fecal Coliform). Contains handwritten data for each tube.

TEST RESULTS

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

MTF TEST (MPN Per 100ml)

Present Absent
Total Coliform
E. coli

Total Coliform 11
Fecal Coliform 2
E. coli 2

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

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

Date reported 10/05/07 Analyst Sharon M. Meyer



# DIAMOND WATER LABORATORY

1660 Old Airport Road  
Auburn, CA 95602

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

16422

## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

### CUSTOMER INFORMATION:

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

### SAMPLE INFORMATION:

Owner of Source \_\_\_\_\_ Address of Sampling Point AR  
Point of Collection FM 3(S) Collected By JA/CD Date 10/3/07 Time None listed  
Sample Type:  Well  Ditch  Treated  Spring  Sewage  Surface  Other \_\_\_\_\_  
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A 15c

### ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 10/3/07 Time 1525 Test Set-up By SB Date 10/3/07 Time 1630  
Condition of Sample Upon Receipt Cool/Intact HT ✓  
Chlorine Test Required:  Yes  No Chlorine Test Results \_\_\_\_\_ ppm Analyst \_\_\_\_\_  
Analyst 24h SB Date 10/4/07 Time 1530 28h/48h SB Date 10/5/07 Time 1400 72h Sam Date 10/26/07 Time 1135 96h Sam Date 10/27/07 Time 1410

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

### TEST RESULTS

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

Present Absent  
Total Coliform    
E. coli

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

Total Coliform 2  
Fecal Coliform 2  
E. coli 2

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

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

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



# DIAMOND WATER LABORATORY

1660 Old Airport Road  
Auburn, CA 95602

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

16423

## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

### CUSTOMER INFORMATION:

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

### SAMPLE INFORMATION:

Owner of Source \_\_\_\_\_ Address of Sampling Point AR  
Point of Collection FM-1 Collected By JA/CD Date 10/3/07 Time 0900  
Sample Type:  Well  Ditch  Treated  Spring  Sewage  Surface  Other \_\_\_\_\_  
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A 15c

### ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 10/3/07 Time 1525 Test Set-up By SB Date 10/3/07 Time 1630  
Condition of Sample Upon Receipt Cool/Intact HT  
Chlorine Test Required:  Yes  No Chlorine Test Results \_\_\_\_\_ ppm Analyst \_\_\_\_\_  
Analyst 24h SB Date 10/4/07 Time 1530 28h/48h SB Date 10/5/07 Time 1400 72h SM Date 10/06/07 Time 1150 96h SM Date 10/07/07 Time 1410

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

### TEST RESULTS

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

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

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

Total Coliform	<u>2</u>
Fecal Coliform	<u>2</u>
	<u>2</u>

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

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

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



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1660 Old Airport Road  
Auburn, CA 95602

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

16424

## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

### CUSTOMER INFORMATION:

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

### SAMPLE INFORMATION:

Owner of Source \_\_\_\_\_ Address of Sampling Point AR  
Point of Collection FM-1 (S) Collected By JA/CO Date 10/3/07 Time 0930  
Sample Type:  Well  Ditch  Treated  Spring  Sewage  Surface  Other \_\_\_\_\_  
The above is true and correct: By [Signature] Requested Analysis (circle) MTF P/A

### ANALYSIS WORKSHEET (Lab Use Only)

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

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 10/5/07 Analyst [Signature]



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1660 Old Airport Road  
Auburn, CA 95602

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

16425

## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

### CUSTOMER INFORMATION:

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

### SAMPLE INFORMATION:

Owner of Source \_\_\_\_\_ Address of Sampling Point AR  
Point of Collection FM-2 Collected By JA/CO Date 10/3/07 Time 1015  
Sample Type:  Well  Ditch  Treated  Spring  Sewage  Surface  Other \_\_\_\_\_  
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A

### ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 10/3/07 Time 1525 Test Set-up By SB Date 10/3/07 Time 1630  
Condition of Sample Upon Receipt Cool/Intact HT  
Chlorine Test Required:  Yes  No Chlorine Test Results \_\_\_\_\_ ppm Analyst \_\_\_\_\_  
Analyst 24h SB Date 10/4/07 Time 1530 28h/48h SB Date 10/5/07 Time 1400 72h Sam Date 10/06/07 Time 1135 96h Sam Date 10/07/07 Time 1410

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

### TEST RESULTS

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

Present Absent  
Total Coliform    
E. coli

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

Total Coliform 2  
Fecal Coliform 2

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

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

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



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1660 Old Airport Road  
Auburn, CA 95602

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

16426

## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

### CUSTOMER INFORMATION:

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

### SAMPLE INFORMATION:

Owner of Source \_\_\_\_\_ Address of Sampling Point AR  
Point of Collection RR-2 Collected By SA/CO Date 10/3/07 Time 1020  
Sample Type:  Well  Ditch  Treated  Spring  Sewage  Surface  Other \_\_\_\_\_  
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A ISE

### ANALYSIS WORKSHEET (Lab Use Only)

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

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

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

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

Date reported 10/6/07 Analyst Sharon M. Meyer



# DIAMOND WATER LABORATORY

1660 Old Airport Road  
Auburn, CA 95602

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

16427

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

### ANALYSIS WORKSHEET (Lab Use Only)

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

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

### TEST RESULTS

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

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



# DIAMOND WATER LABORATORY

1660 Old Airport Road  
Auburn, CA 95602

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

16428

## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

### CUSTOMER INFORMATION:

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

### SAMPLE INFORMATION:

Owner of Source \_\_\_\_\_ Address of Sampling Point AR  
Point of Collection MEAR-2 RM 46.5 Collected By JLD Date 10/3/07 Time 1125  
Sample Type:  Well  Ditch  Treated  Spring  Sewage  Surface  Other \_\_\_\_\_  
The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A 15E

### ANALYSIS WORKSHEET (Lab Use Only)

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

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

### TEST RESULTS

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

Present Absent  
Total Coliform    
E. coli

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

Total Coliform 13  
Fecal Coliform < 2  
E. coli < 2

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

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

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



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Auburn, CA 95602

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

16429

## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

### CUSTOMER INFORMATION:

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

### SAMPLE INFORMATION:

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

### ANALYSIS WORKSHEET (Lab Use Only)

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

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

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

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

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



# DIAMOND WATER LABORATORY

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Auburn, CA 95602

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

16430

## LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

### CUSTOMER INFORMATION:

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

### SAMPLE INFORMATION:

Owner of Source \_\_\_\_\_ Address of Sampling Point AR  
Point of Collection FM-3 Collected By JA/W Date 10/3/07 Time 1230  
Sample Type:  Well  Ditch  Treated  Spring  Sewage  Surface  Other \_\_\_\_\_  
The above is true and correct: By [Signature] Requested Analysis (circle) MTF P/A

### ANALYSIS WORKSHEET (Lab Use Only)

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

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