



DIAMOND WATER LABORATORY

1660 Old Airport Road
Auburn, CA 95602

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

16056

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrux Phone _____ Fax _____

Street or P.O. Box _____

City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR

Point of Collection FC-1 Collected By JA/CO Date 8/6/07 Time 1500

Sample Type: Well Ditch Treated Spring Sewage Surface Other _____

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

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/6/07 Time 1745 Test Set-up By SB Date 8/6/07 Time 1830

Condition of Sample Upon Receipt Cool / Intact HT

Chlorine Test Required: Yes No

Analyst 24h SB Date 8/7/07 Time 1645 28h/48h SB Date 8/8/07 Time 1600 Chlorine Test Results _____ ppm Analyst _____
72h Imm Date 8/9/07 Time 1330 96h Imm Date 8/10/07 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>50</u>
Fecal Coliform	<u>4</u>
E. coli	<u>4</u>

No Coliform bacteria were detected in sample.

Coliform bacteria were detected in sample.

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

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

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

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



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16111

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point FM-1
 Point of Collection AR Collected By JA/BF Date 8/13/07 Time 1345
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/13/07 Time 1740 Test Set-up By SB Date 8/13/07 Time 1900
 Condition of Sample Upon Receipt Cool/Intact HT
 Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
 Analyst 24h Jmm Date 08/14/07 28h/48h Jmm Date 08/15/07 72h Jmm Date 08/16/07 96h _____ Date _____
 Time 1700 Time 1650 Time 1300 Time _____

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

TEST RESULTS

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

Present Absent
 Total Coliform
 E. coli

MTF TEST (MPN Per 100ml)

Total Coliform 80
 Fecal Coliform 13
 E. coli 13

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

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

Date reported 8/16/07 Analyst [Signature]



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16155

**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 Date 8/20/07 Time 1435
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MPN P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/20/07 Time 1800 Test Set-up By SB Date 8/20/07 Time 1900
 Condition of Sample Upon Receipt Cool / Intact HT
 Chlorine Test Required: Yes No
 Analyst 24h SB Date 8/21/07 Time 1700 28h/48h SB Date 8/22/07 Time 1530
 Chlorine Test Results _____ ppm, Analyst _____
 72h SM Date 8/23/07 Time 1325 96h SB Date 8/24/07 Time 1200

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

TEST RESULTS

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

Present Absent
 Total Coliform
 E. coli

MTF TEST (MPN Per 100ml)

Total Coliform 23
 Fecal Coliform 2
 E. coli 2

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

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

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



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16200

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FL-1 Collected By CO Date 8/27/07 Time 1428
Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/27/07 Time 1755 Test Set-up By SB Date 8/27/07 Time 1900
Condition of Sample Upon Receipt Cool / Intact HT
Chlorine Test Required: Yes No
Analyst 24h SB Date 8/28/07 Time 1700 28h/48h SB Date 8/29/07 Time 1515
Chlorine Test Results _____ ppm Analyst _____
72h SB Date 8/30/07 Time 1400 96h SB Date 8/31/07 Time 1200

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

TEST RESULTS

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

Present Absent
Total Coliform
E. coli

MTF TEST (MPN Per 100ml)

Total Coliform 240
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 8/31/07 Analyst [Signature]



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16243

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 AR FC-1 Collected By CD/SA Date 9/3/07 Time 1330
Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTE P/A

ANALYSIS WORKSHEET (Lab Use Only)

158

Sample Received By SB Date 9/3/07 Time 1645 Test Set-up By SB Date 9/3/07 Time 1900
 Condition of Sample Upon Receipt Cool / Intact HT
 Chlorine Test Required: Yes No
 Analyst 24h Jmm Date 9/04/07 Time 1700 28h/48h Jmm Date 09/05/07 Time 1550
 Chlorine Test Results ppm Analyst
 Date 9/6/07 Time 1630 96h Jmm Date 09/07/07 Time 1100

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

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)			MTF TEST (MPN Per 100ml)		
	Present	Absent			
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>	Total Coliform	<u>170</u>	
E. coli	<input type="checkbox"/>	<input type="checkbox"/>	Fecal Coliform	<u>52</u>	
			E. coli	<u>52</u>	

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

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

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



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16061

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FC-2 Collected By CO/SA Date 8/6/07 Time 1620
Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A 156

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/6/07 Time 1745 Test Set-up By SB Date 8/6/07 Time 1830
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 8/7/07 Time 1655 28h/48h SB Date 8/8/07 Time 1630 72h Sharon Date 8/9/07 Time 1355 96h Sharon Date 8/10/07 Time 1210

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>30</u>
Fecal Coliform	<u>8</u>
E. coli	<u>4</u>

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

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

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



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16109

**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 FM-2
 Point of Collection AR Collected By JA/SF Date 8/13/07 Time 1330
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle) MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

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

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

TEST RESULTS

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

Present Absent
 Total Coliform
 E. coli

MTF TEST (MPN Per 100ml)

Total Coliform 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 8/17/07 Analyst [Signature]



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16160

**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 Date 8/20/07 Time 1550
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MPN P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/20/07 Time 1800 Test Set-up By SB Date 8/20/07 Time 1900
 Condition of Sample Upon Receipt Cool / Intact HT
 Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
 Analyst 24h SB Date 8/21/07 Time 1700 28h/48h SM Date 8/22/07 Time 1530 72h SB Date 8/23/07 Time 1400 96h SB Date 8/24/07 Time 1200

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	1	1	1	1	0.1	0.1	0.1	0.1	0.1	
Presumptive Test	24Hr.								+	-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	48Hr.								+	+	+	-	-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	
Confirmed Test	24Hr.								-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	28Hr.								+	+	+	-	-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	
E. Coli or Fecal Coliform	24Hr.								-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	28Hr.								-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

TEST RESULTS

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

Total Coliform Present Absent
 E. coli Present Absent

MTF TEST (MPN Per 100ml)

Total Coliform 17
 Fecal Coliform 2
 E. coli 2

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

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

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



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16205

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
 Point of Collection FL-2 Collected By CD Date 8/27/07 Time 1557
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MTE P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/27/07 Time 1755 Test Set-up By SB Date 8/27/07 Time 1900
 Condition of Sample Upon Receipt Cool / Intact HT
 Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
 Analyst 24h JM Date 8/28/07 28h/48h SB Date 8/28/07 72h SB Date 8/30/07 96h SB Date 8/31/07
 Time 1700 Time 1515 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	1	1	1	1	1
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 130
 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 8/31/07

Analyst [Signature]



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 www.diamondwelldrilling.com

16247

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
 Point of Collection FL-2 Collected By CO/SA Date 9/3/07 Time 1440
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MTF P/A
ISE

ANALYSIS WORKSHEET (Lab Use Only)

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

Condition of Sample Upon Receipt Cool/Intact HT

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

Analyst 24h Sam Date 09/04/07 Time 1700 28h/48h Sam Date 09/05/07 Time 1500 72h Sam Date 09/06/07 Time 1630 96h Sam Date 09/07/07 Time 1100

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

TEST RESULTS

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

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

MTF TEST (MPN Per 100ml)

Total Coliform 140
 Fecal Coliform <2
 E. coli <2

No Coliform bacteria were detected in sample.

Coliform bacteria were detected in sample.

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

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

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



DIAMOND WATER LABORATORY

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16060

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 FC-3 Collected By JA/CO Date 8/6/07 Time 1610

Sample Type: Well Ditch Treated Spring Sewage Surface Other _____

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

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/6/07 Time 1745 Test Set-up By SB Date 8/6/07 Time 1830

Condition of Sample Upon Receipt Cool / Intact HT

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

Analyst 24h SB Date 8/7/07 Time 1645 28h/48h Smn Date 08/08/07 Time 1615 72h SB Date 8/9/07 Time 1400 96h Smn Date 08/10/07 Time 1115

Tube No.	P/A	P/A	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100	10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	.1	.1	.1	.1	.1	.01	.01	.01	.01	.01
Presumptive Test	24Hr.							+	+	+	+	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	48Hr.												-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Confirmed Test	24Hr.							+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	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>6</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 08/10/07 Analyst Sharon M. Meyer



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16110

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point FM-3
 Point of Collection AR Collected By JA/BF Date 8/13/07 Time 1335
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/13/07 Time 1740 Test Set-up By SB Date 8/13/07 Time 1900
 Condition of Sample Upon Receipt Cool/Intact HT
 Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
 Analyst 24h SB Date 8/14/07 Time 1700 28h/48h smm Date 08/15/07 Time 1610 72h smm Date 08/16/07 Time 1300 96h SB Date 8/17/07 Time 1300

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

TEST RESULTS

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

Present Absent
 Total Coliform
 E. coli

MTF TEST (MPN Per 100ml)

Total Coliform 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 8/17/07

Analyst [Signature]



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16159

**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 Collected By JA Date 8/20/07 Time 1545
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle) MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/20/07 Time 1800 Test Set-up By SB Date 8/20/07 Time 1400
 Condition of Sample Upon Receipt Cool / Intact HT
 Chlorine Test Required: Yes No Chlorine Test Results _____ ppm, Analyst _____
 Analyst 24h SB Date 8/21/07 Time 1700 28h/48h Shm Date 8/22/07 Time 1530 72h Shm Date 8/23/07 Time 1345 96h SB Date 8/24/07 Time 1200

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

TEST RESULTS

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

Present Absent
 Total Coliform
 E. coli

MTF TEST (MPN Per 100ml)

Total Coliform 220
 Fecal Coliform 13
 E. coli 13

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

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

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



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16204

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
 Point of Collection FL-3 Collected By CD Date 8/27/07 Time 1550
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/27/07 Time 1755 Test Set-up By SB Date 8/27/07 Time 1900
 Condition of Sample Upon Receipt Cool/Intact HT
 Chlorine Test Required: Yes No
 Analyst 24h Shm Date 08/28/07 Time 1700 28h/48h SB Date 8/29/07 Time 1555 Chlorine Test Results ppm Analyst
 72h SB Date 8/30/07 Time 1400 96h SB Date 8/31/07 Time 1200

Tube No.	P/A	P/A		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Portions (mL)	100	100		10	10	10	10	10	10	10	10	10	10	1	1	1	1	1	1	1	1	1	0.01	0.01	0.01	0.01	0.01	
Presumptive Test	24Hr.								+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	48Hr.								+	+	+	+	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Confirmed Test	24Hr.								+	+	-	-	-															
	28Hr.										-	+	+	+														
E. Coli or Fecal Coliform	24Hr.								-	+	-	-	-															
	28Hr.																											

TEST RESULTS

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

Present Absent
 Total Coliform
 E. coli

MTF TEST (MPN Per 100ml)

Total Coliform 17
 Fecal Coliform 2
 E. coli 2

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

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

Date reported 8/31/07

Analyst [Signature]



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16248

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
 Point of Collection FC-3 Collected By CD/JA Date 9/3/07 Time 1445
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MPN P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/3/07 Time 1645 Test Set-up By SB Date 9/3/07 Time 1800
 Condition of Sample Upon Receipt Cool / Intact HT
 Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
 Analyst 24h SB Date 9/4/07 Time 1700 28h/48h Sam Date 09/05/07 Time 1500 72h Sam Date 09/06/07 Time 1640 96h Sam Date 09/07/07 Time 1160

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 300
 Fecal Coliform 53
 E. coli 53

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

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

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



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16059

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
 Point of Collection FC-4 Collected By JAKO Date 8/6/07 Time 1600
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/6/07 Time 1600 Test Set-up By SB Date 8/6/07 Time 1830
 Condition of Sample Upon Receipt Cool/Intact HT
 Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
 Analyst 24h SB Date 8/7/07 Time 1650 28h/48h Sam Date 08/08/07 Time 1605 96h Sam Date 08/10/07 Time 1120

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

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)			MTF TEST (MPN Per 100ml)	
	Present	Absent	Total Coliform	Fecal Coliform
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>	<u>7</u>	<u>52</u>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>		<u>52</u>

No Coliform bacteria were detected in sample.
 Coliform bacteria were detected in sample.
 Total Coliform only. Water source may not be protected from contamination. See enclosed information.
 Total and fecal Coliform were present. Potentially dangerous contamination. See enclosed information.
 Results may be invalid due to: Sampling in a non-Laboratory container Presence of chlorine in sample
 Sample received past hold time
 Date reported 08/10/07 Analyst Sharon M. Meyer



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16114

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point FM-4
 Point of Collection AR Collected By JA/BF Date 8/13/07 Time 1445
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

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

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

TEST RESULTS

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

Present Absent
 Total Coliform
 E. coli

MTF TEST (MPN Per 100ml)

Total Coliform 23
 Fecal Coliform 4
 E. coli 4

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

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

Date reported 8/17/07 Analyst [Signature]



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16158

**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 FM-4 Collected By JA Date 8/20/07 Time 1530
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/20/07 Time 1800 Test Set-up By SB Date 8/20/07 Time 1900
 Condition of Sample Upon Receipt Cool / Intact HT
 Chlorine Test Required: Yes No Chlorine Test Results _____ ppm, Analyst _____
 Analyst 24h SB Date 8/21/07 Time 1700 28h/48h Sm Date 08/22/07 Time 1530 72h Sm Date 08/23/07 Time 1340 96h SB Date 8/24/07 Time 1200

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

TEST RESULTS

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

MTF TEST (MPN Per 100ml)

Present Absent
 Total Coliform
 E. coli

Total Coliform 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 08/24/07 Analyst Sharon M. Meyer



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16203

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
 Point of Collection FC-4 Collected By CD Date 8/27/07 Time 1532
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MTE P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/27/07 Time 1755 Test Set-up By SB Date 8/27/07 Time 1900
 Condition of Sample Upon Receipt Cool / Intact HT
 Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
 Analyst 24h SB Date 8/28/07 Time 1700 28h/48h SB Date 8/29/07 Time 1515 72h SB Date 8/30/07 Time 1400 96h SB Date 8/31/07 Time 1200

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

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)			MTF TEST (MPN Per 100ml)		
	Present	Absent			
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>	Total Coliform	<u>11</u>	
E. coli	<input type="checkbox"/>	<input type="checkbox"/>	Fecal Coliform	<u><2</u>	
			E. coli	<u><2</u>	

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

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

Date reported 8/31/07 Analyst [Signature]



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16246

**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 FC-4 Collected By CD/SA Date 9/3/07 Time 1430
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle) MTE P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/3/07 Time 1645 Test Set-up By SB Date 9/3/07 Time 1400
 Condition of Sample Upon Receipt Cool / Intact HT
 Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
 Analyst 24h Shm Date 09/04/07 28h/48h Shm Date 09/05/07 72h SB Date 9/6/07 96h Shm Date 09/07/07
 Time 1700 Time 1530 Time 1630 Time 1100

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

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)			MTF TEST (MPN Per 100ml)	
	Present	Absent	Total Coliform	Fecal Coliform
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>	<u>7</u>	<u>52</u>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>		<u>52</u>

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

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

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



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16057

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
 Point of Collection FC-5 Collected By JA/co Date 8/6/07 Time 1510
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/6/07 Time 1745 Test Set-up By SB Date 8/6/07 Time 1830
 Condition of Sample Upon Receipt Cool/Intact HT
 Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
 Analyst 24h SB Date 8/7/07 Time 1645 28h/48h Imm Date 8/08/07 Time 1625 72h Imm Date 08/09/07 Time 1335 96h _____ Date _____ Time _____

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

TEST RESULTS

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

MTF TEST (MPN Per 100ml)

Present Absent
 Total Coliform
 E. coli

Total Coliform 9
 Fecal Coliform 5
 E. coli 2

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

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

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



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16112

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

Name Entrix Phone _____ Fax _____

Street or P.O. Box _____

City, State, Zip _____

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point FM-5

Point of Collection AR Collected By JA/BF Date 8/13/07 Time 1400

Sample Type: Well Ditch Treated Spring Sewage Surface Other _____

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

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/13/07 Time 1240 Test Set-up By SB Date 8/13/07 Time 1900

Condition of Sample Upon Receipt Cool / Intact HT

Chlorine Test Required: Yes, No Chlorine Test Results _____ ppm, Analyst _____

Analyst 24h Sam Date 08/14/07 Time 1700 28h/48h Sam Date 08/15/07 Time 1650 72h Sam Date 08/16/07 Time 1300 96h SB Date 8/17/07 Time 1300

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

TEST RESULTS

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

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

MTF TEST (MPN Per 100ml)

Total Coliform	<u>4</u>
Fecal Coliform	<u><2</u>
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 8/17/07 Analyst [Signature]



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16157

**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-5 Collected By JA Date 8/20/07 Time 1520
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/20/07 Time 1800 Test Set-up By SB Date 8/20/07 Time 1900
 Condition of Sample Upon Receipt Cool / Intact / HT
 Chlorine Test Required: Yes No
 Analyst 24h SB Date 8/21/07 Time 1200 28h/48h SB Date 8/22/07 Time 1530 72h SM Date 08/23/07 Time 1330 96h SB Date 8/24/07 Time 1200

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

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

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

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



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16201

**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 FLS Collected By CD Date 8/27/07 Time 1435
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/20/07 Time 1755 Test Set-up By SB Date 8/27/07 Time 1900
 Condition of Sample Upon Receipt Cool/Intact HT
 Chlorine Test Required: Yes No
 Analyst 24h Sam Date 08/28/07 28h/48h SB Date 8/29/07 72h SB Date 8/30/07 96h SB Date 8/31/07
 Time 000 Time 1515 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 50
 Fecal Coliform <2
 E. coli <2

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

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

Date reported 8/31/07 Analyst [Signature]



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16244

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
 Point of Collection FC-5 Collected By CD/SA Date 9/3/07 Time 1340
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/3/07 Time 1645 Test Set-up By SB Date 9/3/07 Time 1900
 Condition of Sample Upon Receipt Cool/Intact HT
 Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
 Analyst 24h SM Date 09/04/07 Time 1700 28h/48h SM Date 09/05/07 Time 1560 72h SB Date 9/6/07 Time 1630 96h SM Date 09/07/07 Time 1100

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

TEST RESULTS

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

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

MTF TEST (MPN Per 100ml)

Total Coliform 80
 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 09/07/07 Analyst Sharon M Meyer



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16068

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION: (Entire)

Name JILLIAN ARDEN Phone 916-386-3824 Fax _____
Street or P.O. Box 701 University Ave Ste 200
City, State, Zip Sacramento CA 95825

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection River FC-6 Collected By Jillian Arden Date 8-7-07 Time 0915
Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/7/07 Time 1545 Test Set-up By SB Date 8/7/07 Time 1725
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 8/8/07 Time 1630 28h/48h Sam Date 08/09/07 Time 1340 72h Sam Date 08/10/07 Time 1150 96h SB Date 8/11/07 Time 1400

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



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16115

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point FM-6
 Point of Collection AR Collected By JA/BF Date 8/13/07 Time 1500
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): (MTP) P/A

ANALYSIS WORKSHEET (Lab Use Only)

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

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

TEST RESULTS

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

Present Absent
 Total Coliform
 E. coli

MTF TEST (MPN Per 100ml)

Total Coliform 4
 Fecal Coliform <2
 E. coli <2

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

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

Date reported 8/17/07 Analyst [Signature]



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16162

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-6 Collected By JA Date 8/20/07 Time 600
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

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

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

TEST RESULTS

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

Present Absent
 Total Coliform
 E. coli

MTF TEST (MPN Per 100ml)

Total Coliform 2
 Fecal Coliform <2
 E. Coli <2

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

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

Date reported 8/22/07 Analyst [Signature]



DIAMOND WATER LABORATORY

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16199

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FL-6 Collected By CP Date 8/27/07 Time 1755-1900
Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/27/07 Time 1755 Test Set-up By SB Date 8/27/07 Time 1900
Condition of Sample Upon Receipt Cool / Intact HT ✓
Chlorine Test Required: Yes No
Analyst 24h SB Date 8/28/07 Time 1700 28h/48h SB Date 8/29/07 Time 1515 72h SB Date 9/30/07 Time 1400 96h SB Date 8/31/07 Time 1200

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

TEST RESULTS

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

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

MTF TEST (MPN Per 100ml)

Total Coliform	<u>7</u>
Fecal Coliform	<u>2</u>
E. coli	<u>2</u>

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

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

Date reported 8/31/07

Analyst M



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16250

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
 Point of Collection FC-6 Collected By CO/JA Date 9/3/07 Time 1458
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MTF P/A 150

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/3/07 Time 1645 Test Set-up By SB Date 9/3/07 Time 140
 Condition of Sample Upon Receipt Cool/Intact HT

Chlorine Test Required: Yes No
 Analyst 24h SB Date 9/4/07 Time 1500 28h/48h Sam Date 09/05/07 Time 1500 72h Sam Date 09/06/07 Time 1645 96h Sam Date 09/07/07 Time 1125

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

TEST RESULTS

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

Present Absent
 Total Coliform
 E. coli

MTF TEST (MPN Per 100ml)

Total Coliform 70
 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 09/07/07 Analyst Sharon M. Meyer



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16069

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 FC-7 Collected By JA/CO Date 8/7/07 Time 0930
Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

15E

Sample Received By SB Date 8/7/07 Time 1545 Test Set-up By SB Date 8/7/07 Time 1725
Condition of Sample Upon Receipt Cool/Intact HT
Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
Analyst 24h SB Date 8/8/07 Time 1630 28h/48h smm Date 08/09/07 Time 1340 72h smm Date 08/10/07 Time 1155 96h SB Date 8/11/07 Time 1400

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

TEST RESULTS

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

MTF TEST (MPN Per 100ml)

Present Absent
Total Coliform
E. coli

Total Coliform SB
17
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 8/11/07 Analyst [Signature]



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16116

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point FM-7
 Point of Collection AR Collected By JA/BF Date 8/13/07 Time 1510
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MTP P/A

ANALYSIS WORKSHEET (Lab Use Only)

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

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

TEST RESULTS

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

Present Absent
 Total Coliform
 E. coli

MTF TEST (MPN Per 100ml)

Total Coliform 4
 Fecal Coliform <2
 E. coli <2

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

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

Date reported 8/17/07 Analyst [Signature]



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16163

**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-7 Collected By JA Date 8/20/07 Time 1605
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

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

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

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)			MTF TEST (MPN Per 100ml)	
	Present	Absent		
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>	Total Coliform	<u>4</u>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>	Fecal Coliform	<u>2</u>

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

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

Date reported 08/24/07 Analyst Sharon M Meyer



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16206

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
 Point of Collection FC-7 Collected By CP Date 8/27/07 Time 1605
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): (MTP) P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/27/07 Time 1755 Test Set-up By SB Date 8/27/07 Time 1900
 Condition of Sample Upon Receipt Cool / Intact HT
 Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
 Analyst 24h SB Date 8/28/07 28h/48h SB Date 8/29/07 72h SB Date 8/30/07 96h SB Date 8/31/07
 Time 1700 Time 1515 Time 1400 Time 1200

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

TEST RESULTS

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

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

MTF TEST (MPN Per 100ml)

Total Coliform 4
 Fecal Coliform <2
 E. coli <2

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

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

Date reported 8/31/07

Analyst [Signature]



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16249

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
 Point of Collection FL-7 Collected By CO/SA Date 9/3/07 Time 1455
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle) MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

156

Sample Received By SB Date 9/3/07 Time 1645 Test Set-up By SB Date 9/3/07 Time 1900
 Condition of Sample Upon Receipt Cool / Intact HT
 Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
 Analyst 24h SB Date 9/4/07 Time 1700 28h/48h SM Date 09/05/07 Time 1500 72h SM Date 09/06/07 Time 1645 96h SM Date 09/07/07 Time 1100

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



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16058

LABORATORY REPORT BACTERIOLOGICAL EXAMINATION OF WATER

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
Point of Collection FL-8 Collected By JA/co Date 8/6/07 Time 1535
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)

ISE

Sample Received By SB Date 8/6/07 Time 1745 Test Set-up By SB Date 8/6/07 Time 1830

Condition of Sample Upon Receipt Cool/Intact HT

Chlorine Test Required: Yes No
Analyst 24h SB Date 8/2/07 Time 1645 28h/48h Sam Date 08/08/07 Time 1630 Chlorine Test Results _____ ppm Analyst _____
Date 08/09/07 Time 1335 96h Sam Date 08/10/07 Time 1135

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

TEST RESULTS

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

MTF TEST (MPN Per 100ml)

Present Absent
Total Coliform
E. coli

Total Coliform 7
Fecal Coliform 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 08/10/07 Analyst Sharon M. Meyer



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16113

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point FM-8
 Point of Collection AR Collected By JA/BE Date 8/13/07 Time 1415
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle) MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/13/07 Time 1740 Test Set-up By SB Date 8/13/07 Time 1900
 Condition of Sample Upon Receipt Cod/Intact HT
 Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
 Analyst 24h Jhm Date 08/14/07 Time 1700 28h/48h SB Date 8/15/07 Time 1630 72h Jhm Date 08/16/07 Time 1300 96h SB Date 8/17/07 Time 1300

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

TEST RESULTS

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

Present Absent
 Total Coliform
 E. coli

MTF TEST (MPN Per 100ml)

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

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

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

Date reported 8/17/07 Analyst [Signature]



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16156

**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-8 Collected By JA Date 8/20/07 Time 1500
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/20/07 Time 1800 Test Set-up By SB Date 8/24/07 Time 1900
 Condition of Sample Upon Receipt Cool / Intact HT
 Chlorine Test Required: Yes No Chlorine Test Results _____ ppm, Analyst _____
 Analyst 24h SB Date 8/21/07 Time 1700 28h/48h SB Date 8/22/07 Time 1530 72h Shm Date 08/23/07 Time 1325 96h SB Date 8/24/07 Time 1200

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

TEST RESULTS

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

Present Absent
 Total Coliform
 E. coli

MTF TEST (MPN Per 100ml)

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

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

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

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



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16202

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
 Point of Collection FC-8 Collected By CD Date 8/27/07 Time 1455
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): (MTF) P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/27/07 Time 1755 Test Set-up By SB Date 8/27/07 Time 1900
 Condition of Sample Upon Receipt Cool/Intact HT
 Chlorine Test Required: Yes No
 Analyst 24h SB Date 8/28/07 Time 1700 28h/48h SB Date 8/29/07 Time 1515
 Chlorine Test Results _____ ppm Analyst _____
 72h SB Date 8/30/07 Time 1400 96h SB Date 8/31/07 Time 1200

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

Analyst [Signature]



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16245

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
 Point of Collection FL-8 Collected By CD/SA Date 9/3/07 Time 1400
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MTF P/A
ISE

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/3/07 Time 1645 Test Set-up By SB Date 9/3/07 Time 1400
 Condition of Sample Upon Receipt Cool/Intact HT ✓
 Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
 Analyst 24h Shm Date 09/04/07 Time 1700 28h/48h Shm Date 09/05/07 Time 1500 72h SB Date 9/6/07 Time 1630 96h Shm Date 09/07/07 Time _____

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

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)			MTF TEST (MPN Per 100ml)	
	Present	Absent	Total Coliform	Fecal Coliform
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>	<u>17</u>	<u>2</u>
E. coli	<input type="checkbox"/>	<input type="checkbox"/>	<u>E. coli</u>	<u>2</u>

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

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

Date reported 09/03/07 Analyst Sharon M. Meyer



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16102

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point FM-9
 Point of Collection AR Collected By JA/BF Date 8/13/07 Time 1045
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/13/07 Time 1740 Test Set-up By SB Date 8/13/07 Time 1900
 Condition of Sample Upon Receipt Cool/Intact HT ✓
 Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
 Analyst 24h Smn Date 08/14/07 28h/48h Smn Date 08/15/07 72h Smn Date 08/16/07 96h SB Date 8/17/07
 Time 1700 Time 1620 Time 1300 Time 1300

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

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)			MTF TEST (MPN Per 100ml)		
	Present	Absent			
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>	Total Coliform	<u>30</u>	
E. coli	<input type="checkbox"/>	<input type="checkbox"/>	Fecal Coliform	<u>23</u>	
			E. coli	<u>23</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 field time

Date reported 8/17/07 Analyst [Signature]



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16149

**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-9 Collected By SA Date 8/20/07 Time 1230
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

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

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

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)			MTF TEST (MPN Per 100ml)		
	Present	Absent			
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>	Total Coliform	<u>50</u>	
E. coli	<input type="checkbox"/>	<input type="checkbox"/>	Fecal Coliform	<u>30</u>	
			E. coli	<u>30</u>	

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

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

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



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16198

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
 Point of Collection FC-102 9 Collected By JALCO Date 8/27/07 Time 12:30
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MTF P/A

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 8/27/07 Time 1755 Test Set-up By SB Date 8/27/07 Time 1900
 Condition of Sample Upon Receipt Cool/Intact HT ✓
 Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
 Analyst 24h SB Date 8/28/07 Time 1800 28h/48h Sam Date 08/29/07 Time 1500 72h SB Date 8/30/07 Time 1515 96h SB Date 8/31/07 Time 1200

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

TEST RESULTS

MMO-MUG TEST (P/A Per 100ml)			MTF TEST (MPN Per 100ml)		
	Present	Absent			
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>	Total Coliform	<u>17</u>	
E. coli	<input type="checkbox"/>	<input type="checkbox"/>	Fecal Coliform	<u>17</u>	
			E. coli	<u>17</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 9/3/07 Analyst JA



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16237

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
 Point of Collection FL-9 Collected By CD/JA Date 9/3/07 Time 1135
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By _____ Requested Analysis (circle): MTF PIA

ANALYSIS WORKSHEET (Lab Use Only)

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

Condition of Sample Upon Receipt Cool / Intact HT ✓

Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
 Analyst 24h Sam Date 09/04/07 Time 1700 28h/48h Sam Date 09/05/07 Time 1500 96h Sam Date 09/07/07 Time 1125

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

TEST RESULTS

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

Total Coliform Present Absent
 E. coli Present Absent

MTF TEST (MPN Per 100ml)

Total Coliform 14
 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 09/07/07 Analyst Sharon M. Meyer



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16302

**LABORATORY REPORT
 BACTERIOLOGICAL EXAMINATION OF WATER**

CUSTOMER INFORMATION:

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

SAMPLE INFORMATION:

Owner of Source _____ Address of Sampling Point AR
 Point of Collection FL-9 Collected By CD Date 9/10/07 Time 1525
 Sample Type: Well Ditch Treated Spring Sewage Surface Other _____
 The above is true and correct: By [Signature] Requested Analysis (circle): MTF P/A
152

ANALYSIS WORKSHEET (Lab Use Only)

Sample Received By SB Date 9/10/07 Time 1900 Test Set-up By SB Date 9/10/07 Time 2000
 Condition of Sample Upon Receipt Cool/Intact HT
 Chlorine Test Required: Yes No Chlorine Test Results _____ ppm Analyst _____
 Analyst 24h Jim Date 09/12/07 28h/48h Jim Date 09/13/07 72h SB Date 9/14/07 96h SB Date 9/15/07
 Time 1800 Time 1600 Time 1700 Time 1500

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