

AquaLab Water Analysis
 P.O. Box 356
 Twain Harte CA 95383

State Certification # 1359
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BACTERIOLOGICAL EXAMINATION OF WATER

YOSEMITE ALPINE CSD
 P O BOX 31
 FISH CAMP CA 93623

SWRCB 2210923
 YACSD@HOTMAIL.COM

KAREN C) 559 301 8719 / 642 2893
 DICK RYON 925 447 8907

Date: 2-19-19

Sampler: LEP

Source		Reason	Type
1) Surface/ Spring	4) Reservoir	A) Routine	C) Total Coliform
2) Well Head	5) Distribution	B) Repeat	F) Fecal Coliform
3) Well Distribution	6) Treatment Plant	C) Special	H) Heterotrophic Plate Count E) <i>E. coli</i>

Collection Data
Five Portions sm 9221
Presence/Absence sm 9223B

Lab ID Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	# Positive Tubes							Coliform			CFU mL 35 C @ 48HR	
								Prsmp		Confirmed					P/A or MPN				
								24	48	24	24	48	48	#	Total	Fecal	E.coli		
								24	48	24	24	48	48	#	Total	Fecal	E.coli		
*		OT @ 1193 SILVERTIP		3	A	C	20.0												

Notification/Comments/Transported @ < 10 degree C

*OT Frozen, Tap Under ladder
 dripping

Set-Up: Date/Time/By:

Completed: Date/By:

These Tests () Do Meet State Standards
 () Do Not