

# Aqualab

P.O. BOX 356  
Twain Harte, CA 95383  
(209) 586-3400

February 02, 2022

Tim  
Yosemite Alpine CSD  
PO Box 31  
Fish Camp, CA 93623

Project Name: Dist

Enclosed are the results of analyses for samples received by our laboratory on 1/11/2022. The Samples were transported and received under documented Chain of Custody and stored at four (4) degrees C until analysis was performed. Sample were analyzed pursuant to client request utilizing EPA or other ELAP approved methodologies.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

A handwritten signature in blue ink, appearing to read "Lindsay Parnala".

Lindsay Parnala For Jonathan H.V. Le  
Laboratory Director

CA ELAP Accreditation Number 1359

**Attention:** Tim  
**Yosemite Alpine CSD**  
PO Box 31  
Fish Camp, CA 93623

### Microbiological Parameters by APHA Standard Methods Analytical Report Sample Results

#### Sample Information

**Laboratory ID:** A2A1118-01  
**Sample ID:** outside tap@ 7691 Forrest Rd  
**Date/ Time Sampled Received:** 1/11/2022 4:15:00PM  
**Project Name & No.:** Dist - 2210923

**Sample Type:** Grab  
**Sample Matrix:** Water  
**Date/ Time Sampled Begin:**  
**Date/ Time Sampled:** 11-Jan-2022 11:33 By Michelle Jones

Test Parameter	Result	DLR	Unit	Dilution	Batch	Prepared	Analysis Date	Method	Notes
Residual Chlorine	ND	0.020	mg/L	1	AA21116	01/11/2022	01/11/2022	Hach (Field Measur.)	
Total Coliforms	<1.1	1.1	MPN/100 ml	1	AA21121	01/11/2022	01/13/2022	SM 9221 B,C	
Total E. Coli	<1.1	1.1	MPN/100 ml	1	AA21121	01/11/2022	01/13/2022	SM 9221 B,C	
Fecal Coliforms	<1.1	1.1	MPN/100 ml	1	AA21121	01/11/2022	01/13/2022	SM 9221 B,C	

MMO-MUG-P/A - Total Coliform and E.Coli Test in Drinking Water by MMO-MUG, using Standard Method 22nd Edition.

The State Board of Health requires that bacteriological results must be 'ABSENCE' or less than 1.1 (for MTF method) to meet drinking water requirements.

*The contents of this report apply to the sample(s) analyzed in accordance with the chain of custody document.*

RESPECTFULLY SUBMITTED,



Jonathan H.V. Le, Laboratory Director

# Aqualab

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## ***CERTIFICATE OF ANALYSIS***

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**Attention:** Tim  
**Yosemite Alpine CSD**  
PO Box 31  
Fish Camp, CA 93623

### **Notes and Definitions**

<b>Item</b>	<b>Definition</b>
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Dry - Sample results reported on a dry weight basis.

ND - Analyte NOT DETECTED at or below the reporting limit.

DLR - Detection Limit for Purpose of Reporting. Exceptional sample matrices or interferences may result in higher detection limits.

RPD - Relative Percent Difference

%REC - Percent Recovery

Source - Sample that was matrix spiked or duplicated.

*The contents of this report apply to the sample(s) analyzed in accordance with the chain of custody document.*

RESPECTFULLY SUBMITTED,



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Jonathan H.V. Le, Laboratory Director

# CHAIN OF CUSTODY A2A1118

**AqualLab**  
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 Twain Harte, CA 95383

Page 1 of 1  
 Work Order No.

<b>Client Name</b> Yosemite Alpine CSD	<b>Project Name</b> Dist	<b>Requested Analysis</b>	<b>Requested Turn Around</b>
<b>Client Contact</b> Dick Ryan	<b>Project Number</b> 2210923	<b>EDD Requirement</b> <input type="checkbox"/> Excel EDD <input type="checkbox"/> Geotracker <input type="checkbox"/> DWQ upload <input type="checkbox"/> QA/QC	<input type="checkbox"/> Rush requests subject to additional charge. <input type="checkbox"/> Rush requests subject to lab approval.
<b>Address</b> PO Box 31 City Fish Camp State/Zip CA, 93623	<b>Project Description</b> PO Number Shipped By Pick-Up	<input type="checkbox"/> Regulator <input type="checkbox"/> State Specific: Specify: Global ID System ID	Standard (days) Expedited (days) Due Date
<b>Phone</b> (925) 447-8907 /	<b>Matrix</b> <input type="checkbox"/> Sediment <input type="checkbox"/> Soil <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Potable <input type="checkbox"/> Waste W <input type="checkbox"/> Surface <input type="checkbox"/>		
<b>Fax</b> Sampler Signature <i>Mylones</i>	<b>Sampler</b> Lindsay Parnala <i>Michelle</i>		

Laboratory Work Order No. / ID	Sampled Date	Time Sampled	Sample Type Code	Matrix Code	Container Count	Preservation Code	Sample Condition Temperature	Laboratory Work Order No. / Sample ID
outside tap @ #199-Silver-Tap <i>silver tap frozen</i>	1-11-22	1:35	G	W	1		4.0	01

<b>Relinquished By</b> <i>Mylones</i>	<b>Received By</b> <i>Mylones</i>	<b>Date/Time</b> 1-11-22 16:15
<b>Relinquished By</b>	<b>Received By</b>	<b>Date/Time</b>
<b>Relinquished By</b>	<b>Received By</b>	<b>Date/Time</b>
<b>Cooler Numbers and Temperatures</b>		
Matrix Codes: W-Ground Water-Potable      Cont. Codes      g-100 mL Bacti		

SAMPLING	Special Instruction
<b>COMPOSITE SAMPLER SETUP:</b> Sampler (s) _____ Date Setup _____ Time _____ comment: _____	