

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

State Certification # 1359
 (209) 586-3400
 Fax: (209) 586-1492

BACTERIOLOGICAL EXAMINATION OF WATER

YOSEMITE ALPINE CSD
 P O BOX 31
 FISH CAMP CA 93623

SWRCB 2210923
 YACSD@HOTMAIL.COM
 mcgintyt@pacbell.net

KAREN C) 559 301 8719 / 642 2893
~~DICK RYON 925 447 8907~~ TIM 415 850 8755

Date: 11/10/2020

Sampler: Tim McGinty

| 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) E. coli |

5337-S 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 | | | | |
| S X#0 | 0850 | Well 2 | 1.05 | | | | 20.0 | 0 | 0 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

Notification/Comments/Transported @ < 10 degree C

Set-Up: Date/Time/By: 11-10 1630 LLJ

Completed: Date/By: 11-12-2020 CAB

These Tests Do Meet State Standards
 Do Not