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

State Certification # 1359
(209) 586-3400
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# 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: 8-10-21

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) *E. coli* |

AIH1025- Collection Data | Five Portions sm 9221 | Presence/Absence sm 9223B

| Lab ID / Bottle ID | Time | Location | CL2 | Source | Reason | Type | Vol mL | # Positive Tubes Prsmp 24 | Prsmp 48 | Confirmed 24 | Confirmed 24 | Confirmed 48 | Confirmed 48 | # | Coliform P/A or MPN Total | Fecal | E.coli | CFU mL 35 C @ 48HR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 01 / 739 | 0934 | OT @ 1193 SILVERTIP | 1.05 | 3 | A | C | 20.0 | Ø | Ø | | | | | Ø | <1.1 | | | |
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Notification/Comments/Transported @ < 10 degree C

Set-Up: Date/Time/By: 8-10 1615 LLJ

Completed: Date/By: 8-12-2021 LEP

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