

September 28, 2016

CH 1678270:1 **Coliform Bacteria Analysis**

Customer ID : 7011424

Eastern Plumas Rec. Dept.

System Number : N/A

P.O. Box 67

Project Name : Drinking Water Monitoring

Graeagle, CA 96103

Analytical Results

ID	Sample Description	Total	Fecal	E. Coli	Units	Method	Prep	Footnote
1	O/S Tap @ Men's Restroom	Absent	---	Absent	A/P/100ml	SM 9223B	Colilert-P/A 18	

N/R Not Required

MPN Most Probable Number

A/P Absence/Presence

The samples listed above were Acceptable for both Total and Fecal Coliform

Sample Handling Information

ID	Sample Number	System Number	Sample Type/Reason	Sampler	Employed By	Sampled
1	CH 1678270-001	N/A	System-Other	Stephen Semple	FGL Environmental	2016-09-20 10:15

Field Analysis/QA Information

ID	Sample Description	Cl Total/Free mg/l	Temp	Analysis Started	Analysis Completed	Contact	Contacted
1	O/S Tap @ Men's Restroom	---/---	---	2016-09-20 16:41 SMK	2016-09-21 10:50 SMK	N/R	

Analyses were performed at the FGL Chico Laboratory using Standard Methods 20th edition. If you have any questions regarding your results, please call.

Prepared By: GMA

cc:PCEH

Reviewed and Approved By **Raquel R. Harvey**  Digitally signed by Raquel R. Harvey
 Title: Tech Director Microbiology
 Date: 2016-09-28

October 5, 2016

Eastern Plumas Rec. Dept.
 P.O. Box 67
 Graeagle, CA 96103

Lab ID : CH 1678270
 Customer : 7-11424

Laboratory Report

Introduction: This report package contains total of 4 pages divided into 3 sections:

Case Narrative (2 pages) : An overview of the work performed at FGL.
 Sample Results (1 page) : Results for each sample submitted.
 Quality Control (1 page) : Supporting Quality Control (QC) results.

Case Narrative

This Case Narrative pertains to the following samples:

Sample Description	Date Sampled	Date Received	FGL Lab ID #	Matrix
O/S Tap @ Men's Restroom	09/20/2016	09/20/2016	CH 1678270-001	DW

Sampling and Receipt Information: The sample was performed by FGL using the following methods (where applicable):

Bacteriological Sampling - SOP:200900141
 Grab sampling for liquids - SOP:200900137
 Composite sampling for liquids - SOP:200900139
 Grab sampling for solids - SOP:200900142
 Composite sampling for solids - SOP:200900143

All samples were received, prepared and analyzed within the method specified holding times. All samples arrived on ice. All samples were checked for pH if acid or base preservation is required (except for VOAs). For details of sample receipt information, please see the attached Chain of Custody and Condition Upon Receipt Form.

Quality Control: All samples were prepared and analyzed according to the following tables:

Inorganic - Wet Chemistry QC

4500NO3F	09/21/2016:213764 All analysis quality controls are within established criteria
	09/21/2016:211400 All preparation quality controls are within established criteria

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Lab ID : CH 1678270
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Certification:: I certify that this data package is in compliance with ELAP standards, both technically and for completeness, except for any conditions listed above. Release of the data contained in this data package is authorized by the Laboratory Director or his designee, as verified by the following electronic signature.

KD:DMB

Approved By **Kelly A. Dunnahoo, B.S.**



Digitally signed by Kelly A. Dunnahoo, B.S.
Title: Laboratory Director
Date: 2016-10-06



October 5, 2016

Lab ID : CH 1678270-001

Customer ID : 7-11424

Eastern Plumas Rec. Dept.

P.O. Box 67

Graeagle, CA 96103

Sampled On : September 20, 2016-10:15

Sampled By : Stephen Semple

Received On : September 20, 2016-15:15

Matrix : Drinking Water

Description : O/S Tap @ Men's Restroom

Project : Drinking Water Monitoring

Sample Result - Inorganic

Constituent	Result	PQL	Units	MCL/AL	Sample Preparation		Sample Analysis	
					Method	Date/ID	Method	Date/ID
Wet Chemistry ^{P:1}								
Nitrate Nitrogen	0.1	0.1	mg/L	10	4500NO3F	09/21/16:211400	4500NO3F	09/21/16:213764

ND=Non-Detected. PQL=Practical Quantitation Limit. Containers: (P) Plastic Preservatives: N/A ‡Surrogate. * PQL adjusted for dilution. MCL = Maximum Contamination Level. 2 - Secondary Standard. 3 - CDPH Notification Level. AL = Regulatory Action Level.

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Lab ID : CH 1678270
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Quality Control - Inorganic

Constituent	Method	Date/ID	Type	Units	Conc.	QC Data	DQO	Note
Wet Chem Nitrate + Nitrite as N	4500NO3F	(CH 1678270-001)	MS	mg/L	10.00	107 %	5-285	
			MSD	mg/L	10.00	107 %	5-285	
			MSRPD	mg/L	10.00	0.6%	≤30.4	
	4500NO3F	09/21/16:213764JDD	CCB	mg/L		0.071	0.1	
			CCV	mg/L	11.27	94.7 %	90-110	
			CCB	mg/L		0.096	0.1	
CCV			mg/L	11.27	95.0 %	90-110		
Definition								
CCV : Continuing Calibration Verification - Analyzed to verify the instrument calibration is within criteria.								
CCB : Continuing Calibration Blank - Analyzed to verify the instrument baseline is within criteria.								
MS : Matrix Spikes - A random sample is spiked with a known amount of analyte. The recoveries are an indication of how that sample matrix affects analyte recovery.								
MSD : Matrix Spike Duplicate of MS/MSD pair - A random sample duplicate is spiked with a known amount of analyte. The recoveries are an indication of how that sample matrix affects analyte recovery.								
MSRPD : MS/MSD Relative Percent Difference (RPD) - The MS relative percent difference is an indication of precision for the preparation and analysis.								
DQO : Data Quality Objective - This is the criteria against which the quality control data is compared.								

Client: Eastern Plumas Recreation Department Customer Number: 7011424 Address: P.O. Box 67 Graeagle, CA 96103 Phone: (530)394-0920 Fax: Email Address: Contact Person: Dan Gallagher Project Name: Purchase Order Number: Quote Number:				Lab Number: 1678270		TEST DESCRIPTION AND ANALYSES REQUESTED																					
Rush Analysis: <input type="checkbox"/> 5 Day <input type="checkbox"/> 4 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> 2 Day <input type="checkbox"/> 24 hour Rush pre-approval by lab (initials): _____ Electronic Data Transfer: <input type="checkbox"/> No <input type="checkbox"/> State <input type="checkbox"/> Client Other: _____				Method of Sampling: Composite (C) Grab (G) Number of Containers Type of Container: (G) Glass (P) Plastic (V) VOA (MT) Metal Tube Potable (P) Non-Potable (NP) Ag Water (AgW) (SW) Surface Water (HW) Monitoring Well (GW) Ground Water (TB) Travel Blank (WW) Waste Water (DW) Drinking Water (S) Soil (SLG) Sludge (SAD) Seed (O) Oa Bact. (S) System (SRC) Source (W) Waste Bact. (ROUT) Routine (RPT) Repeat (OT) Other (RPL) Replace (LT) Leaf Tissue (PET) Petiole Tissue (PRD) Produce Preservative: (1) NaOH + ZnAc, (2) NaOH, (3) HCl (4) H2SO4, (5) HNO3, (6) Na2S2O3, (7) Other Collet P/A NO3-N Sample Fee \$25.00																							
Sampler(s): Stephen Semple Sampling Fee: _____ Pickup Fee: _____ Compositor Setup Date: _____ Time: _____																											
Samp Num	Location Description	Date Sampled	Time Sampled	G	P	NP	AgW	SW	HW	GW	DW	DT	W	OT	PRD	NaOH	HCl	HNO3	Na2S2O3	Other	Collet P/A	NO3-N	Sample Fee				
1	O/S Tap @ Men's Restroom	9/20/16	1015	G	2	P	P	DW					SYS	OTH		6	X	X	X								
Remarks				Relinquished				Date: 9-20-16				Time: 15:15				Relinquished				Date: 9/20				Time: 17:00			
				Received By: [Signature]				Date: 9/20/16				Time: 10:40				Received By: [Signature]				Date: 9/20/16				Time: 10:40			

1678270

Inter-Laboratory Condition Upon Receipt (Attach to COC)

Sample Receipt at: STK CC

CH VI

1. Number of ice chests/packages received: 1 Shipping tracking # _____

2. Were samples received in a chilled condition? Temps: 20 / 1 / 1 / 1 / 1
Surface water SWTR bact samples: A sample that has a temperature upon receipt of >10° C, whether iced or not, should be flagged unless the time since sample collection has been less than two hours.

- 3. Do the number of bottles received agree with the COC? Yes No N/A
- 4. Were samples received intact? (i.e. no broken bottles, leaks etc.) Yes No
- 5. VOAs checked for Headspace? Yes No N/A
- 6. Were sample custody seals intact? Yes No N/A
- 7. If required, was sample split for pH analysis? Yes No N/A
- 8. Were all analyses within holding times at time of receipt? Yes No
- 9. Verify sample date, time and sampler name Yes No

Sign and date the COC, place in a ziplock and put in the same ice chest as the samples.

Sample Receipt Review completed by (initials): CU

Sample Receipt at SP:

1. Were samples received in a chilled condition? Temps: 6 / 1 / 1 / 1 / 1
Acceptable is above freezing to 6°C. If many packages are received at one time check for tests/H.T.'s/rushes/

2. Shipping tracking numbers:
010011011258098

- 3. Do the number of bottles received agree with the COC? Yes No N/A
- 4. Were samples received intact? (i.e. no broken bottles, leaks etc.) Yes No
- 5. Were sample custody seals intact? Yes No N/A

Sign and date the COC, obtain LIMS sample numbers, select methods/tests and print labels.

Sample Verification, Labeling and Distribution:

- 1. Were all requested analyses understood and acceptable? Yes No
- 2. Did bottle labels correspond with the client's ID's? Yes No
- 3. Were all bottles requiring sample preservation properly preserved? Yes No N/A FGL
[Exception: Oil & Grease, VOA and CrVI verified in lab]
- 4. VOAs checked for Headspace? Yes No N/A
- 5. Have rush or project due dates been checked and accepted? Yes No N/A
- 6. Were all analyses within holding times at time of receipt? Yes No

Attach labels to the containers and include a copy of the COC for lab delivery.

Sample Receipt, Login and Verification completed by (initials): [Signature]

Discrepancy Documentation:

Any items above which are "No" or do not meet specifications (i.e. temps) must be resolved.

1. Person Contacted: _____ Phone Number: _____
Initiated By: _____ Date: _____
Problem: _____
Resolution: _____

2. Person Contacted: _____
Initiated By: _____
Problem: _____
Resolution: _____

(7-11424)
Eastern Plumas Recreation Department

CH 1678270

APB-09/21/2016-08:14:21

(Please use the back of this sheet for additional comments or contacts)

Attach label with ID number here

INVOICE




Invoice # 678270A

Remit To:
 FGL Environmental
 853 Corporation Street
 Santa Paula, CA 93060

Eastern Plumas Rec. Dept.
P.O. Box 67
Graeagle, CA 96103

Account # 7011424	
Date Billed	Amount Due
10/19/2016	\$81.00
Date Due	Amount Paid
11/18/2016	

To ensure that your account is properly credited, please return top portion with payment

Keep bottom portion for your records.

INVOICE



Eastern Plumas Recreation Department	Account # 7011424	Date Sampled 09/20/2016	Lab Number CH 1678270
	Invoice # 678270A	Date Billed 10/19/2016	Amount Due \$81.00
Check Number	Date Paid	Date Due 11/18/2016	Amount Paid
Description of Work	Quantity	Rate	Charge
<u>Bacteriology Analysis</u>			
Coliform-Colilert-P/A	1	27.00	27.00
<u>Inorganic Analysis</u>			
Wet Chemistry - NO3-N;	1	29.00	29.00
<u>Support Analysis</u>			
Sampling - Sampling Fee \$25.00	1	25.00	25.00
Total			81.00

(KDM-NL)