

November 14, 2022

SP 2217418:1 **Coliform Bacteria Analysis**

Customer ID : 2021676

**Meadowlark Ranches Mutual Water Co.**

Attn: Mike Hadley

System Number : 4200612

P.O. Box 606

Project Name : Routine Bacteriological

Santa Ynez, CA 93460-0606

### Analytical Results

ID	Sample Description	Total	Fecal	E. Coli	Units	Method	Prep	Footnote
1	SS at White Oak	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	SP 2217418-001	4200612	System-Routine	Matthew Jimenez	FGL Environmental	2022-11-01 10:50

### Field Analysis/QA Information

ID	Sample Description	Cl Total/Free mg/l	Temp	Analysis Started	Analysis Completed	Contact	Contacted
1	SS at White Oak	---/0.83	---	2022-11-01 15:44 lm	2022-11-02 11:55 lm	N/R	

Analyses were performed at the FGL Santa Paula Laboratory using Standard Methods 20th edition. If you have any questions regarding your results, please call. The FGL Santa Paula Laboratory is certified by California ELAP #1573 and accredited to ISO/IEC 17025:2017 by PJLA certificate #75605, Testing.

Prepared By: RRH


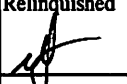
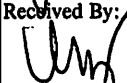
cc:SBCEH

Reviewed and  
Approved By

**Raquel R. Harvey**



Digitally signed by Raquel R. Harvey  
Title: Tech Director Microbiology  
Date: 2022-11-14

				1677:11/21/2022				TEST DESCRIPTION - See Reverse side for Container, Preservative and Sampling information										L215			
<b>Client:</b> Meadowlark Ranches Mutual Water Co. <b>Address:</b> Attn: Mike Hadley P.O. Box 606 Santa Ynez, CA 93460-0606  <b>Phone:</b> (805)688-3132 <b>Fax:</b> <b>Contact Person:</b> Mike Hadley <b>Project Name:</b> <b>Routine Bacteriological</b> <b>Purchase Order Number:</b> <b>Quote Number:</b>  <b>Sampler(s)</b> M. J. Menez  <b>Sampling Fee:</b> _____ <b>Pickup Fee:</b> _____ <b>Compositor Setup Date:</b> ____/____/____ <b>Time:</b> ____/____  <b>Lab Number:</b> <b>SP</b> <u>2217412</u> <b>2-21676</b>				Method of Sampling: Composite(C) Grab(G)	Type of Sample **SEE REVERSE SIDE**	Potable(P) Non-Potable(NP) Ag Water(AgW)	Bacti Type: Other(O) System(SYS) Source(SR) Waste(W)	Bacti Reason: Routine(ROUT) Repeat(RPT) Replace(RPL) Other(O) Special(SPL)	Coliform - Colilert-P/A 120ml(PBa)-Na2S2O3	Field Test-Field CI Free	Sampling Fee										
Samp Num	Location Description	Date Sampled	Time Sampled																		
1	SS at White Oak	11/1/22	1650	G	DW				1	0.83	X										
Remarks:				Relinquished		Date:		Time:		Relinquished		Date:		Time:		Relinquished		Date:		Time:	
				 Received By:		11/1/22 Date:		1430 Time:													
				 Received By:		11/1/22 Date:		1430 Time:													

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