

EnviroMatrix



Analytical, Inc.

15 February 2017

Water Sampling Service
Attn: Barbara Keresztury
P.O. Box 301
Julian, CA 92036

EMA Log #: 17B0250

Project Name: WYNOLA WATER DISTRICT

Project Desc./#: PS 3701837

Enclosed are the results of analyses for samples received by the laboratory on 02/08/17 14:17. Samples were analyzed pursuant to client request utilizing EPA or other ELAP approved methodologies. I certify that this data is in compliance both technically and for completeness.

A handwritten signature in black ink, appearing to read 'Dan Verdon', is written over a light gray circular stamp.

Dan Verdon
Laboratory Director

CA ELAP Certification #: 2564

4340 Viewridge Avenue, Suite A - San Diego, California 92123 - (858) 560-7717 - Fax (858) 560-7763
Analytical Chemistry Laboratory

Client Name: Water Sampling Service
Project Name: WYNOLA WATER DISTRICT

EMA Log #: 17B0250

ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
4838 GLENSIDE	17B0250-01	Drinking Water	02/08/17 12:15	02/08/17 14:17

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

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Microbiological Parameters by Standard Methods

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Date Prepared Date Analyzed	Method	Notes
4838 GLENSIDE (17B0250-01) Drinking Water Sampled: 02/08/17 12:15 Received: 02/08/17 14:17								
Total Coliforms	Absent		None	1	7020850	02/08/17 15:38 02/09/17 16:00	SM9223	
E. Coli	Absent		"	"	"	02/08/17 15:38 02/09/17 16:00	"	

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Notes and Definitions

ND Analyte NOT DETECTED at or above the reporting limit
NR Not Reported
RPD Relative Percent Difference

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EnviroMatrix Analytical, Inc.
 4340 Viewridge Ave., Ste. A - San Diego, CA 92123 - Phone (858) 560-7717 - Fax (858) 560-7763

1780250
CHAIN-OF-CUSTODY RECORD

EMA LOG #: _____
WATER SAMPLING SERVICE ATTN: B. KERESZTURY
SAMPLER: " _____
 B.A. Keresztury
 P.O. Box 301, Julian CA 92036
 760.765-0693 Cell: 760.419-9949
 email: h2osmp@nethere.com
 Email: _____
 Billing Address: _____

Project ID: WYNOLA WATER DIST.
Project #: PS CODE 3701837
 PO #: _____

ID #	Client Sample ID	Sample Date	Sample Time	Sample Matrix	Container # / Type
1	4838 GLENSIDE	02-08	12:15	DW	IP
2					
3					
4					
5					
6					
7					
8					
9					
10					

Matrix Codes: A = Air, DW = Drinking Water, GW = Groundwater, SW = Storm Water
 WW = Wastewater, S = Soil, SED = Sediment, SD = Solid, T = Tissue, O = Oil, L = Liquid
Shipped By: Courier UPS FedEx USPS Client Drop Off Other
Turn-Around-Time: Same Day 1 day 2 day 3 day 4 day 5 day 7 day (XSTD)
Reporting Requirements: Fax PDF Excel Geotracker/EDF Hard Copy EDT
Sample Disposal: By Laboratory Return to Client: P/U or Delivery Archive
Sample Integrity
 Containers Properly Preserved: Yes No N/A
 Temp @ Receipt: 10 C
 Sampled By: Client EMA Autosampler

Project/Sample Comments:
 EDT # 3701837
 Pls send to: County Health Dept.
 attn: Gamble McCallough

Requested Analysis

Requested Analysis	DATE/TIME	RECEIVED BY
Oil & Grease <input type="checkbox"/> 413.1 <input type="checkbox"/> 413.2 <input type="checkbox"/> 1664		
8015 (TPH) <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Ext		
625 / 8270 (SVOC) <input type="checkbox"/> PAH only		
608 / 8081 (Organochlorine Pesticides)		
608 / 8082 (Polychlorinated Biphenyls)		
8141 (Organophosphorus Pesticides)		
TBT (Organotin Compounds)		
pH <input type="checkbox"/> EC <input type="checkbox"/> TSS <input type="checkbox"/> TDS		
Nitrate <input type="checkbox"/> Nitrite <input type="checkbox"/> TKN <input type="checkbox"/> NH3		
CAC Title 22/CAM17 Metals <input type="checkbox"/> TLC <input type="checkbox"/> STLC		
TCLP (RCRA) <input type="checkbox"/> Metals <input type="checkbox"/> Organics		
Cd Cr Cu Pb Ni Ag Zn <input type="checkbox"/> Dissolved		
Coliform, <input type="checkbox"/> Total (MTF) <input type="checkbox"/> Fecal (MTF)		
Coli, T+E, Coli <input checked="" type="checkbox"/> P/A <input type="checkbox"/> Enumeration		
Enterococcus, <input type="checkbox"/> MTF <input type="checkbox"/> Enterolert		
Heterotrophic Plate Count (HPC)		
BOD <input type="checkbox"/> COD <input type="checkbox"/> Cyanide		

Signature: B. Keresztury
Print: B. KERESZTURY
Company: EnviroMatrix Analytical, Inc.
Signature: _____
Print: _____
Company: _____

*Additional costs may apply. Please note there is a \$35 minimum charge for all clients.
 *EMA reserves the right to return any samples that do not match our waste profile.
 NOTE: By relinquishing samples to EMA, Inc., client agrees to pay for the services requested on this COC form and any additional analyses performed on this project. Payment for services is due within 30 days from date of invoice. Samples will be disposed of 7 days after report has been finalized unless otherwise noted. All work is subject to EMA's terms and conditions.