

EnviroMatrix



Analytical, Inc.

10 January 2022

Canebrake County Water District

EMA Log #: 22A0171

Attn: Jerry Bucheit

140 Smoketree Lane

Julian, CA 92036

Project: January 5, 2022

Enclosed are the results of analyses for samples received by the laboratory on 01/06/22 10:30. 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 that reads "Leland S. Pitt". The signature is written in a cursive, flowing style.

Leland S. Pitt

Laboratory Director

CA ELAP Certification #: 2564

PLEASE NOTE OUR NEW LOCATION:

9590 Chesapeake Dr. - San Diego, California 92123 - (858) 560-7717 - Fax (858) 560-7763

Analytical Chemistry Laboratory

Client Name: Canebrake County Water District
Project Name: January 5, 2022

EMA Log #: 22A0171

ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
120 Palo Verde	22A0171-01	Drinking Water	01/05/22 12:00	01/06/22 10:30
330 Canyon	22A0171-02	Drinking Water	01/05/22 12:10	01/06/22 10:30

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	MDL	Reporting Limit	Units	Dilution	Analyst	Batch	Sample Prepared Sample Analyzed	Method	Notes
120 Palo Verde (22A0171-01) Drinking Water Sampled: 01/05/22 12:00 Received: 01/06/22 10:30										
Total Coliforms	Absent			None	1	CC	2010704	01/06/22 15:00 01/07/22 15:00	SM9223	
E. Coli	Absent			"	"	CC	"	01/06/22 15:00 01/07/22 15:00	"	
330 Canyon (22A0171-02) Drinking Water Sampled: 01/05/22 12:10 Received: 01/06/22 10:30										
Total Coliforms	Absent			None	1	CC	2010704	01/06/22 15:00 01/07/22 15:00	SM9223	
E. Coli	Absent			"	"	CC	"	01/06/22 15:00 01/07/22 15:00	"	

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Notes and Definitions

A-03 Absent

ND Analyte NOT DETECTED at or above the reporting limit (or method detection limit when specified)

NR Not Reported

dry Sample results reported on a dry weight basis (if indicated in units column)

RPD Relative Percent Difference

MDL Method detection limit (indicated per client's request)

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Analytical, Inc.

22A0171

CHAIN-OF-CUSTODY RECORD



EnviroMatrix Analytical, Inc.

9590 Chesapeake Dr. Suite 5 - San Diego, CA 92123 - Phone (619) 474-8548

EMA LOG #: _____

Client: Cavebrake County water Dist

Attn: Jenny Bucheit

Samplers(s): Dean kuns

Address: 140 Smoke tree by via Jellan CA 92020

Phone: 1-619-212-3959 Fax: _____

Email: bucheitjenny@gmail.com

Billing Address: Small Business Services

2443 La Mangrove St, SD, Cal. 92109

Project ID: _____

Project #: _____ PO #: _____

ID #	Client Sample ID	Sample Date	Sample Time	Sample Matrix	Container # / Type
1	<u>120 Palo Verde</u>	<u>1-5</u>	<u>12:00</u>	<u>GW</u>	
2	<u>330 Canyon</u>	<u>1-5</u>	<u>12:10</u>	<u>GW</u>	
3	<u>140 Smoke tree by</u>	<u>1-5</u>	<u>12:25</u>		
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 STD (7-business days)

Reporting Requirements: PDF Excel Geotracker/EDF Hard Copy EDT CEDEN SIDWIS

Sample Disposal: By Laboratory Return to Client: P/U or Delivery Archive

Correct Containers: Yes No N/A

Custody Seals Intact: Yes No N/A

COC/Labels Agree: Yes No N/A

Temp @ Receipt: 46

Sampled By: Jenny Bucheit EMA Autosampler

Containers Properly Preserved: Yes No N/A

Project/Sample Location/Address: _____

Project/Sample Comments: _____

Requested Analysis

Requested Analysis	DATE/TIME	RECEIVED BY
<input type="checkbox"/> Oil & Grease <input type="checkbox"/> 413.1 <input type="checkbox"/> 413.2 <input type="checkbox"/> 1664		
<input type="checkbox"/> 8015 (TPH) <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Ext		
<input type="checkbox"/> 624/8260 (VOC) Full BTXE MTBE Oxy Nap		
<input type="checkbox"/> 625 / 8270 (SVOC) <input type="checkbox"/> PAH only		
<input type="checkbox"/> pH <input type="checkbox"/> EC <input type="checkbox"/> TSS <input type="checkbox"/> TDS <input type="checkbox"/> NH3		
<input type="checkbox"/> Nitrate <input type="checkbox"/> Nitrite <input type="checkbox"/> N-N <input type="checkbox"/> TKN <input type="checkbox"/> Total Nitrogen		
<input type="checkbox"/> CAC Title 22/CAM17 Metals <input type="checkbox"/> TLC <input type="checkbox"/> STLC		
<input type="checkbox"/> TCLP (RCRA) <input type="checkbox"/> Metals		
<input type="checkbox"/> Cd <input type="checkbox"/> Cr <input type="checkbox"/> Cu <input type="checkbox"/> Pb <input type="checkbox"/> Ni <input type="checkbox"/> Ag <input type="checkbox"/> Zn <input type="checkbox"/> Dissolved		
<input checked="" type="checkbox"/> Coliform <input checked="" type="checkbox"/> Total (MTF) <input type="checkbox"/> Fecal (MTF)	<u>1/6/21</u>	<u>Jenny Bucheit</u>
<input type="checkbox"/> Colifert, T+E, Coli <input type="checkbox"/> P/A <input type="checkbox"/> Enumeration		
<input type="checkbox"/> Enterococcus, <input type="checkbox"/> MTF <input type="checkbox"/> Enterolert		
<input type="checkbox"/> Heterotrophic Plate Count (HPC)		
<input type="checkbox"/> BOD <input type="checkbox"/> COD <input type="checkbox"/> Cyanide		
<input type="checkbox"/> Color <input type="checkbox"/> Odor <input type="checkbox"/> Turbidity		
<input type="checkbox"/> Phosphorus <input type="checkbox"/> Orthophosphate		
<input type="checkbox"/> Chloride <input type="checkbox"/> Sulfate		

Signature: _____ DATE/TIME: _____ RECEIVED BY: _____

Print: Jenny Bucheit Signature: _____

Company: Cavebrake w.d. Company: _____

Signature: _____ DATE/TIME: _____ RECEIVED BY: _____

Print: _____ Signature: _____

Company: _____ Company: _____

Signature: _____ DATE/TIME: _____ RECEIVED BY: _____

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Print: _____ Signature: _____

Company: _____ Company: _____

Signature: _____ DATE/TIME: _____ RECEIVED BY: _____

Print: _____ Signature: _____

Company: _____ 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.