



BABCOCK Laboratories, Inc.
The Standard of Excellence for Over 100 Years

Idyllwild Water District

Jerry Johnson
P.O. Box 397
Idyllwild CA, 92549

Project: Idyllwild WD-DW-CC

Project Number: Quarterly TTHM/HAA

Project Manager: Jerry Johnson

Reported: 6/15/2018

Received: 06/01/18 13:15

Received on Ice (Y/N): Yes

Temperature: 6 ° C

Work Order B8F0039

California Drinking Water regulations require that the results for specific sources be reported to the State in electronic format. The notation "EDT" will appear on the header page of each report if this information has been sent to the State database. Also, enclosed is a copy of the Chain of Custody document (if received with your sample(s)). If you have any questions or concerns regarding this report please contact our client service department.

The following samples are included in this report:

<u>Lab Number</u>	<u>Sample Name</u>	<u>Sampled</u>	<u>Sampled By</u>	<u>Received</u>	<u>Submitted By</u>
B8F0039-01	Zone 3 Station 5	06/01/18 9:45	Jerry Johnson	06/01/18 13:15	Jerry Johnson
B8F0039-02	Zone 3 Station 7	06/01/18 10:05	Jerry Johnson	06/01/18 13:15	Jerry Johnson



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ORGANIC ANALYSIS (9/99)

EDT

Date of Report: 18/06/15

Sample ID No. B8F0039-01

Laboratory

Project Albert Trujillo For Cindy A.

Name: Babcock Laboratories, Inc.

Manager: Waddell

Name of Sampler: Jerry Johnson

Employed By: Client

Date/Time Sample

Date/Time Sample

Date Analyses

Collected: 18/06/01 09:45

Received @ Lab: 18/06/01 13:15

Completed: 18/06/12

System

System 3310019

Name: IDYLLWILD WATER DISTRICT

Number:

Name or Number of Sample Source: S.S. ZONE 3, STATION 5

User ID: WAT

Station Number: 3310019-801

Date/Time of Sample: 18/06/01 09:45
YY MM DD TTTT

Laboratory Code: 4790
YY MM DD

Date Analyses Completed: 18/06/12

Submitted by: _____

Phone #: _____

Table with 6 columns: TEST METHOD, CHEMICAL, ENTRY #, ANALYSES RESULTS, MCL ug/L, DLR. Rows include EPA 524.2 (Total Trihalomethanes, Bromodichloromethane, Bromoform, Chloroform, Dibromochloromethane) and SM 6251B (Haloacetic Acids, Monochloroacetic Acid, Dichloroacetic Acid, Trichloroacetic Acid, Monobromoacetic Acid, Dibromoacetic Acid).



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ORGANIC ANALYSIS (9/99)

EDT

Date of Report: 18/06/15

Sample ID No. B8F0039-02

Laboratory

Project Albert Trujillo For Cindy A.

Name: Babcock Laboratories, Inc.

Manager: Waddell

Name of Sampler: Jerry Johnson

Employed By: Client

Date/Time Sample

Date/Time Sample

Date Analyses

Collected: 18/06/01 10:05

Received @ Lab: 18/06/01 13:15

Completed: 18/06/12

System

System 3310019

Name: IDYLLWILD WATER DISTRICT

Number:

Name or Number of Sample Source: S.S. ZONE 3, STATION 7

User ID: WAT

Station Number: 3310019-802

Date/Time of Sample: 18/06/01 10:05
YY MM DD TTTT

Laboratory Code: 4790
YY MM DD

Date Analyses Completed: 18/06/12

Submitted by: _____

Phone #: _____

Table with 6 columns: TEST METHOD, CHEMICAL, ENTRY #, ANALYSES RESULTS, MCL ug/L, DLR. Rows include EPA 524.2 (Total Trihalomethanes, Bromodichloromethane, Bromoform, Chloroform, Dibromochloromethane) and SM 6251B (Haloacetic Acids, Monochloroacetic Acid, Dichloroacetic Acid, Trichloroacetic Acid, Monobromoacetic Acid, Dibromoacetic Acid).



The following analytical flags and qualifiers are associated with this report:

Table with 5 columns: Lab Number, Flagged Analyte, Method, Flag, Sample Qualifier. Rows include Chloroform and Total Trihalomethanes.

Notes and Definitions

- NHST: The result for this analyte in this sample is consistent with historical data.
Nrnd: The precision and/or accuracy criteria has been met when rounded to the nearest whole percentage value.
<: Analyte NOT DETECTED at or above the DLR
DLR: Detection Limit for Reporting. A result below this level is considered a non-detect
MCL: Maximum Contaminant Level. A result above this level will exceed the compliance limit.
*/'': NELAP does not offer accreditation for this analyte/method/matrix combination

Approval

Enclosed are the analytical results for the submitted sample(s). Babcock Laboratories certify the data presented as part of this report meet the minimum quality standards in the referenced analytical methods. Any exceptions have been noted.

Handwritten signature of Albert Trujillo

Albert Trujillo For Cindy A. Waddell

cc: SDSHD

e-CA Write-On.rpt

This report applies only to the sample(s) analyzed. As a mutual protection to clients, the public, and Babcock Laboratories, Inc., this report is submitted and accepted for the exclusive use of the Client to whom it is addressed.



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E.S. BABCOCK & Sons, Inc.
Environmental Laboratories est. 1905

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Chain of Custody & Sample Information Record

Client: <u>Idyllwild Water Dist</u>		Contact: <u>Jerry Johnson</u>		Fax No.		Additional Reporting Requests																
Phone No. <u>951-659-2143</u>		email:				Include QC Data Package: <input type="checkbox"/> Yes <input type="checkbox"/> No																
Project Name: <u>Quarterly</u>		Turn Around Time: <u>Redline</u> *72 Hour Rush *48 Hour Rush *24 Hour Rush				FAX Results: <input type="checkbox"/> Yes <input type="checkbox"/> No																
Project Location:		*Lab TAT Approval: By:		*Additional Charges Apply		Email Results: <input type="checkbox"/> Yes <input type="checkbox"/> No																
						State EDT: <input type="checkbox"/> Yes <input type="checkbox"/> No																
						(Include Source Number in Notes)																
Sampler Information			# of Containers & Preservatives				Sample Type		Analysis Requested		Matrix		Notes									
Name: <u>Jerry Johnson</u>			Unpreserved	H ₂ SO ₄	HCl	HNO ₃	Na ₂ S ₂ O ₃	NaOH	NaOH/Zn Acetate	NH ₄ Cl	MCAA	Total # of Containers	Routine	Resample	Special	MHW	HAAS	Bact.	PA HPC	DW = Drinking Water WW = Waste Water GW = Ground Water S = Source SG = Sludge L = Liquid M = Miscellaneous		
Employer: <u>FWD</u>																						
Signature: <u>[Signature]</u>																						
Sample ID	Date	Time																				
<u>Zone 3 station 5</u>	<u>6-1-18</u>	<u>9:45</u>																				
<u>Zone 3 station 7</u>	<u>6-1-18</u>	<u>10:05</u>																				
<u>Well #4-010</u>	<u>6-1-18</u>	<u>10:30</u>																				
Relinquished By (sign)			Print Name / Company			Date / Time			Received By (sign)			Print Name / Company										
<u>[Signature]</u>			<u>Jerry Johnson FWD</u>			<u>6-1-18 1:15</u>			<u>[Signature]</u>			<u>JJS-BSS</u>										
(For Lab Use Only)			Sample Integrity Upon Receipt/Acceptance Criteria																			
Sample(s) Submitted on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Sample meets laboratory acceptance criteria? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																			
Custody Seal(s) Intact? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Permission to continue: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																			
Sample(s) Intact? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Deviation/Notes: _____																			
Temperature: <u>6</u> °C <input type="checkbox"/> Cooler Blank			Signature/Date: _____																			
												Lab No. <u>BSE0039 NGU</u>										
												Logged in By/Date: <u>JUN 01 2018</u>										
												Page <u>1</u> of <u>1</u>										