

QUALITY SERVICE, INC.
 water & wastewater operations
 Contractor Lic. # 834488
 27348 e. HWY. 120 ESCALON, CA 95320
 OFFICE: 209-838-7842 Fax: 209-838-0699

Date: 1/6/2010

To: Snug Harbor

Attn: Vicki Vann-Henderson

From: Beth Hellstrom

Fax #: 916-471-0124

Pages: 4 (Including cover sheet)

Regarding: Snug Harbor Monthly Report

Additional information

Attached is the monthly report for Snug Harbor for the month of December 2009.

Please contact our office with any questions or concerns.

Thank you

This fax and any attachments thereto may contain private, confidential, and privileged material for the sole use of the intended recipient. Any review, copying, or distribution of this email (or any attachments thereto) by other than Quality Service, Inc or the intended recipient is strictly prohibited.

If you are not the intended recipient, please contact the sender immediately and permanently delete the original and any copies of this fax and any attachments thereto.

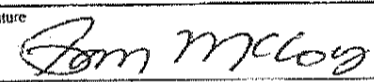
**MONTHLY SUMMARY OF DISTRIBUTION SYSTEM
COLIFORM MONITORING**

System Name Snug Harbor	System Number 4800561
Sampling Period December	Year 2009

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/E.coli Positives
1. Routine Samples (see note 1)	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>
2. Repeat Samples Following Samples Which are Total Coliform Positive and Fecal/E.coli <i>Negative</i> (see notes 5 and 6)		<u>0</u>	<u>0</u>	0
3. Repeat Samples Following Routine Samples Which are Total Coliform <i>Positive</i> and Fecal/E.coli Positive (see notes 5 and 6)		<u>0</u>	0	0
4. MCL Computation For Total Coliform Positive Samples				
a. Totals (sum of columns)	<u>1</u>	<u>4</u>	<u>0</u>	
b. If 40 or more samples collected in month, determine percent of samples that are total coliform positive [(total number positive/total number collected) x 100]	<u>N/A</u>			
c. Is system in compliance. ...with fecal/E. coli MCL? (see notes 2 and 3)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
...with monthly MCL? (see note 4)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		

5. Invalidated Samples
(Note what samples, if any, were invalidated; who authorized the invalidation; and when replacement samples were collected. Attach additional sheets, if necessary.)

6. Summary Completed By:

Signature 	Title Water System Operator	Date 1/4/2010
--	---------------------------------------	-------------------------

- NOTES AND INSTRUCTIONS:
- Routine samples include:
 - Samples required pursuant to 22 CCR Section 64423, and any additional samples required by an approved routine sample siting plan established pursuant to 22 CCR Section 64422.
 - Extra samples required for systems collecting less than five routine samples per month that had one or more total coliform positives in previous month;
 - Extra samples for systems with high source water turbidities that are using surface water or groundwater under direct influence of surface water and do not practice filtration in compliance with regulations;
 - Note: For a repeat sample following a total coliform positive sample, any fecal/E.coli positive repeat (boxed entry) constitutes an MCL violation and requires immediate notification to the department (22, CCR, Section 64426.1).
 - Note: For repeat sample following a fecal/E.coli positive sample, any total coliform positive repeat (boxed entry) constitutes an MCL violation and requires immediate notification to the department (22, CCR, Section 64426.1).
 - Total coliform MCL (Notify Department within 24 hours of MCL violation):
 - For systems collecting less than 40 samples, if two or more samples are total coliform positive, then the MCL is violated.
 - For systems collecting 40 or more samples, if more than 5.0 percent of samples collected are total coliform positive, then the MCL is violated.
 - Positive results and their associated repeat samples must be tracked on the worksheet on the other side.
 - For systems collecting more than one routine sample per month, three repeat samples must be collected for each total coliform positive sample. Repeat samples must be collected within 24 hours of being notified of the positive results.
 - For systems collecting one or less routine samples per month, four repeat samples must be collected for each total coliform positive sample.
- CDP11 8477 (10/2007)



ENVIRONMENTAL

ANALYTICAL CHEMISTS

December 17, 2009

STK0951376:1-5 Coliform Bacteria Analysis

Customer ID : 3013532

Snug Harbor Resort

Nicky Suard

1155 Trancas Street

Napa, CA 94558

System Number : 4800561

Project Name : Water Monitoring-Even

Analytical Results

ID	Sample Description	Total	Fecal *	Units	Method	Prep	Footnote
1	Hosebib @ Space 20/21	<1.0	<1.0	MPN/100ml	SM 9223B	Quanti Tray 18	
2	Hosebib @ Space 20/21	<1.0	<1.0	MPN/100ml	SM 9223B	Quanti Tray 18	
3	Hosebib @ Snuggle Inn #9	<1.0	<1.0	MPN/100ml	SM 9223B	Quanti Tray 18	
4	Hosebib @ Snuggle Inn #3	<1.0	<1.0	MPN/100ml	SM 9223B	Quanti Tray 18	
5	WELL DW-1R	<1.0	<1.0	MPN/100ml	SM 9223B	Quanti Tray 18	

N/R Not Required MPN Most Probable Number A/P Absence/Presence * SM 9223B E. Coli specific for Fecal

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	STK0951376-001	4800561	System-Routine	Jim Kavanaugh	FGL Environmental	2009-12-14 08:48
2	STK0951376-002	4800561	System-Routine	Jim Kavanaugh	FGL Environmental	2009-12-14 08:50
3	STK0951376-003	4800561	System-Routine	Jim Kavanaugh	FGL Environmental	2009-12-14 09:00
4	STK0951376-004	4800561	System-Routine	Jim Kavanaugh	FGL Environmental	2009-12-14 09:07
5	STK0951376-005	4800561-004	Source-Routine	Jim Kavanaugh	FGL Environmental	2009-12-14 09:18

Field Analysis/QA Information

ID	Sample Description	Cl Total/Free	Units	Analysis Started	Analysis Completed	Contact	Contacted
1	Hosebib @ Space 20/21	---/0.58	mg/l	2009-12-14 15:00 CTH	2009-12-15 09:38 SNV	N/R	
2	Hosebib @ Space 20/21	---/---	mg/l	2009-12-14 15:00 CTH	2009-12-15 09:38 SNV	N/R	
3	Hosebib @ Snuggle Inn #9	---/0.52	mg/l	2009-12-14 15:00 CTH	2009-12-15 09:38 SNV	N/R	
4	Hosebib @ Snuggle Inn #3	---/0.51	mg/l	2009-12-14 15:01 CTH	2009-12-15 09:38 SNV	N/R	
5	WELL DW-1R	ND/	mg/l	2009-12-14 15:01 CTH	2009-12-15 09:38 SNV	N/R	

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

Prepared By: KD

Reviewed and Approved By **Kelly A. Dunnahoo, B.S.**Digitally signed by Kelly A. Dunnahoo, B.S.
Title: Laboratory Director
Date: 2009.12.17

Page 1 of 1

Corporate Offices & Laboratory
853 Corporation Street
Santa Paula, CA 93060
TEL: 805/392-2000
FAX: 805/525-4172
CA NELAP Certification No. 01110CA

Office & Laboratory
2500 Stagecoach Road
Stockton, CA 95215
TEL: 209/942-0182
FAX: 209/942-0423
CA ELAP Certification No. 1563

Office & Laboratory
563 E. Lindo Avenue
Chico, CA 95926
TEL: 530/343-5818
FAX: 530/343-3807
CA ELAP Certification No. 2670

Field Office
Visalia, California
TEL: 559/734-9473
Mobile: 559/737-2399
FAX: 559/734-8435