



P.O. Box 1808
Mariposa, CA 95338

Phone (209)966-4461
Fax (209)966-4484

yosemitefalls@sti.net
www.yosemitewell.com

Date: 8/14/2025
Escrow #: _____
of pages : 2

To: David Putonen
Email: david-putonen@yahoo.com
Fax #: _____
Phone#: _____

To: _____
Email: _____
Fax #: _____
Phone#: _____

To: _____
Attn: _____
Fax #: _____
Phone#: _____

FROM: Heath Harris

Comments: Invoice and Well Test Report – 3109 Wild Dove Ln.



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Contractors License# 691117

WELL REPORT

DATE: 8/11/25

LAB: MARIPOSA PUBLIC UTILITY DEPARTMENT

REPORT: PRODUCTIVITY REPORT

ESCROW#:

OWNER NAME: Robert Morris

PROPERTY ADDRESS: 3109 Wild Dove Ln.

GALLONS PER MINUTE:

| Time | Gallons per minute |
|----------|--------------------|
| 10:30 AM | 13.25 |
| 10:40 AM | 13.00 |
| 10:50 AM | 13.00 |
| 11:00 AM | 13.00 |
| 11:10 AM | 13.00 |
| 11:20 AM | 13.00 |
| 11:30 AM | 13.00 |

As of this time, results are at 13.0 GPM . Well tests are valid only the date tested and not beyond this time and date.

Comments:

Heath Harris
Manager

MARIPOSA PUBLIC UTILITY DISTRICT

DIRECTORS:
WILLIAM H. BONDISHU
GORDON DULCICH
MIKE WICHMANN
FRANK MOCK
MIKE CLEARY

SUSAN A. WAGES,
GENERAL MANAGER
CLERK, EX-OFFICIO,
SECRETARY

P.O. Box 494
Mariposa, CA 95338
209-966-2515 FAX (209) 966-6615
www.mariposapud.org

water
wastewater

Environmental Laboratory Accreditation Program Certification No.1872

August 13, 2025

Yosemite Falls WD
PO Box 1808
Mariposa, CA 95338

RE: Lab ID No(s): 25-549

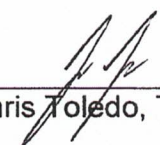
To Whom It May Concern,

Included are the test results for the sample(s) submitted to our laboratory on 08/11/2025. The results have been approved for release by our Technical Manager as indicated by the authorizing signature below.

The sample(s) were analyzed for the test(s) indicated on the Chain of Custody (see attached) and the results relate only to the samples analyzed. Mariposa Public Utility District's laboratory certifies that the testing was performed in accordance with the quality system requirements specified in the Environmental Laboratory Accreditation Program. Any deviations from this standard or from the method requirements for each test procedure performed will be annotated alongside the analytical result. The sample results are reported on an "as received" basis, unless otherwise noted.

Thank you for allowing us to serve your water testing needs.

Sincerely,


Chris Toledo, Technical Manager

Effective January 1, 2025

Mariposa Public Utility District
 Environmental Laboratory Accreditation Program
 Certification No. 1872
 4956 Miller Road, Mariposa

Certificate of Analysis

Water System #:
 Company/Client Name: Yosemite Falls WD
 Sample Location Address: 3101 Wild Dove
 Sample Description: Wellhead
 Sampler Name: Scott Ewen
 Sample Date and Time: 08/11/2025, 10:30
 Sample Type: Grab
 Analyst: ES
 Completed by: ES
 Prepared by: SS

| <u>Lab ID Number</u> | <u>Analyte</u> | <u>Method</u> | <u>Result</u> | <u>Analyzed</u> | <u>Qualifiers</u> |
|--------------------------|---------------------|--------------------|---------------|-----------------|-------------------|
| 25-549 | Total Coliform, P/A | SM 9223 B Colilert | Absent | 08/12/2025 | |
| 25-549 | E. coli, P/A | SM 9223 B Colilert | Absent | 08/12/2025 | |

MPUD WATER SAMPLE COLLECTION SHEET - BACTERIA

SM 9215 B, SM 9223 B, SM 9221 B.C, SM 9221 B.E

MARIPOSA PUBLIC UTILITY DISTRICT ELAP No. 1872

P.O. BOX 494
MARIPOSA, CA 95338
(209)-966-2515

Use Black Ink Only

Notifications:
 Mail Phone Fax Mariposa EH
 YE-mail: yosemitefalls@sf.net

Fee Schedule
 Standard Processing (10 Business Days)
 Rush Processing (5 Business Days)
 2x Standard Processing Fee

Water System # _____
 Company/Client Name: Yosemite Falls WB Phone No.: 209-966-4461
 Mailing Address (City, State, Zip): PO Box 1808 Mariposa Ca 95338
 Sampler Name: Print: Scott Ewen Signature: [Signature]
 Sample Location Address: 3101 Redwood Drive

- SOURCE REASON TYPE
- 1. Surface A. Routine C. Total Coliform
 - 2. Wellhead B. Repeat E. E. coli
 - 3. Well Distribution C. Special F. Fecal Coliform
 - 4. Reservoir H. HPC
 - 5. Distribution O. Quanti-Tray
 - 6. Treatment Plant

Test Result Key: Present (P) Absent (A) MPN (#)

| LAB USE ONLY | LAB USE ONLY ID # | Date Sample Taken MM/DD/YYYY | Time Sample Taken | Sample Description | Bottle Number | Free Cl2 Res. | Source | Reason | Type | Coliform | E. coli | Fecal Coliform | HPC 48 hr. @ 35° C |
|--------------|-------------------|------------------------------|-------------------|--------------------|---------------|---------------|--------|--------|------|----------|---------|----------------|--------------------|
| | 25-549 | 08/11/2025 | 10:50 | well head | H42 | Yes | 2 | C | CE | A | A | | |
| | 25- | | | | | | | | | | | | |
| | 25- | | | | | | | | | | | | |
| | 25- | | | | | | | | | | | | |

LAB USE ONLY

Was temperature within range? Microbiology <10° C
 Yes No NA

If samples were taken today, is there evidence that chilling has begun?
 Yes No NA

Did all bottles arrive unbroken and intact?
 Yes No NA

Did all bottle labels agree with COC?
 Yes No NA

Were correct containers and preservatives received for the tests requested? Yes No NA

Was a sufficient amount of sample received? Yes No NA

Was TM notified of discrepancies? By/Time: Yes No NA

Samples Arrived at Lab Date/Time: 8-11-25 1750 Received By: E-S
 Set Up Date/Time/Temp (° C): 8-12-25 0645 35.2
 Completed Date/Time/Temp (° C): 8-13-25 1000 35.0 - 35.2
 Analyst: E-S

Requested or Relinquished by: [Signature] Signature
 Date & Time: 3:50 08/11/2025
 Printed Name: Scott Ewen

Effective January 1, 2025

CA Lic.# 691117

Yosemite Falls
WELL DRILLING
& PUMP SERVICE

209-966-4461

yosemitefalls@sti.net

P.O. Box 1808 - Mariposa, CA 95338

Your one call, fix all water company!

Invoice

| Date | Invoice # |
|-----------|-----------|
| 8/14/2025 | 16983 |

| Bill To |
|---|
| Robert Morris 4846 Peg Leg Mariposa, CA 95338 |

| Location |
|--|
| 3109 Wild Dove Ln. Mariposa, CA 95338 |

| P.O. No. | Terms | Due Date | Project |
|----------|----------------|-----------|---------|
| | Due on receipt | 8/14/2025 | |

| Description | Qty |
|--------------------------------|-----|
| Well Test - GPM and Potability | 1 |

Thank you! We appreciate your business!

| | |
|-------------------------|----------|
| Total | \$600.00 |
| Payments/Credits | \$0.00 |
| Balance Due | \$600.00 |