



209-966-4461

yosemitefalls@sti.net

P.O. Box 1808, Mariposa, CA 95338

Your one call, fix all water company!

Invoice

Date	Invoice #
7/15/2026	17592

Bill To
Gary Pearson 5691 Buckskin Rd. Mariposa, Ca. 95338

Location
5627 Buckskin Rd. Mariposa, CA 95338

P.O. No.	Terms	Due Date	Project
	Due on receipt	7/15/2026	

Description	Qty
Well Test - GPM and Potability	1

There is a 3% processing fee for paying with a credit / debit card.

Thank you! We appreciate your business!

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

WELL REPORT

DATE: 7/8/26

LAB: MARIPOSA PUBLIC UTILITY DEPARTMENT

REPORT: PRODUCTIVITY REPORT

ESCROW#:

OWNER NAME: Pearson

PROPERTY ADDRESS: 5627 Buckskin Rd.

GALLONS PER MINUTE:

Time	Gallons per minute
10:50 AM	14.00
11:00 AM	13.50
11:10 AM	13.50
11:20 AM	13.50
11:30 AM	13.50
11:40 AM	13.50
11:50 AM	13.50

As of this time, results are at ___13.5 *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. BONDISH
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
www.mariposapud.org

water

wastewater

Environmental Laboratory Accreditation Program Certification No.1872

July 10, 2026

Yosemite Falls Well Drilling
PO Box 1808
Mariposa, CA 95338

RE: Lab ID No(s): 26-592

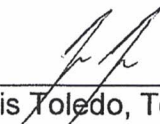
To Whom It May Concern,

Included are the test results for the sample(s) submitted to our laboratory on 07/08/2026.
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

Reported Results

Water System #:
Company/Client Name: Yosemite Falls Well Drilling
Sample Location Address: 5627 Buckskin Rd
Sample Description: Well Head
Sampler Name: Bradley Chambers
Sample Date and Time: 07/08/2026; 10:40 AM
Analyst: ES
Completed by: ES
Prepared by: MB

<u>Lab ID Number</u>	<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Analyzed</u>	<u>Qualifiers</u>
26-592	Total Coliform, P/A	SM 9223 B Colilert	Absent	07/08/2026	
26-592	E. coli, P/A	SM 9223 B Colilert	Absent	07/08/2026	

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

☐ E-mail: yosemitefalls@sti.net

Fee Schedule

☒ Standard Processing (10 Business Days)

☐ Rush Processing (5 Business Days)

2x Standard Processing Fee

Water System # 0

Company/Client Name: Yosemite Falls Well Drilling Phone No.: 209-966-4461

Mailing Address (City, State, Zip): P.O. Box 1808 Mariposa, CA 95338

Sampler Name: Print: Bradley Chambers Signature: [Signature]

Sample Location Address: 5627 Buckskin Rd

- SOURCE**
1. Surface
2. Wellhead
3. Well Distribution
4. Reservoir
5. Distribution
6. Treatment Plant

REASON
A. Routine
B. Repeat
C. Special

TYPE
C. Total Coliform
E. E. coli
F. Fecal Coliform
H. HPC
Q. Quanti-Tray

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

Date Sample Taken	Time Sample Taken	Sample Description	Bottle Number	Free Cl2 Res.	Source	Reason	Type	Coliform	E. coli	Fecal Coliform	HPC 48 hr. @ 35° C
26-592	07/08/20	Well Head	0-117	0	2	c	ce	A	A		
26-											
26-											
26-											
26-											

Was temperature within range? Microbiology <10° C
If samples were taken today, is there evidence that chilling has begun?
Did all bottles arrive unbroken and intact?
Did all bottle labels agree with COC?

Yes No
Yes No
Yes No
Yes No

Were correct containers and preservatives received for the tests requested?
Was a sufficient amount of sample received?
Was TM notified of discrepancies?
TM: By/Time:

Yes No
Yes No
Yes No
Yes No

Samples Arrived at Lab Date/Time: 7-8-20 1225 Received By: ES
Set Up Date/Time/Temp (° C): 7-8-20 1230 35.1
Completed Date/Time/Temp (° C): 7-9-20 1300 35.0-6.5
Analyst: ES

Comments: Temperatures are adjusted with Correction Factor
Hold Times: Drinking water: 30 hrs., Non-potable water: ≤8 hrs.,
HPC: 8 hrs. @ <10° C, cold but unfrozen
Incubator ID: Coliform incubator Therm. ID & Temp: A-1 7.8 °C

Requested or Relinquished by: [Signature] Signature

Printed Name: Bradley Chambers

Date & Time: 07/08/20 12:25 pm

Effective January 1, 2026