

Corporate Office & Laboratory: 3801 Automation Way, Suite 200 Fort Collins, Colorado 80525 ph: (970) 226-5500 fax: (970) 226-4946 www.stewartenv.com

MEADOW MOUNTAIN WATER COMPANY P.O. BOX 162 ALLENSPARK, CO 80510

ATTN: ACCOUNTS PAYABLE

12/10/08

INVOICE NO.: 47925 ______

1115-018 : DECEMBER 1, 2008 SAMPLE

INVOICE FOR LABORATORY SERVICES

Total Coliform (CFU/100 ml) 1 SAMPLE(S) @ \$40.00/SAMPLE

\$40.00

CREDIT FROM PREVIOUS INVOICE

-\$40.00

TOTAL:

\$0.00

TO ENSURE PROPER CREDIT, PLEASE RETURN COPY OF THIS INVOICE WITH YOUR PAYMENT, RETAIN THE ORIGINAL COPY FOR YOUR RECORDS.

TERMS: net 30 days; 1.5% late fee per month **

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December 10, 2008

Mr. Steve Tedford Meadow Mountain Water Company P.O. Box 162 Allenspark, Colorado 80510

Subject:

Laboratory Testing Results

Job No.:

1115-018

Dear Mr. Tedford

Please find enclosed the Colorado Department of Public Health and Environment form with the laboratory testing results for the sample received at our laboratory on December 1, 2008. We have filled in only the blanks with information available to us. It is our standard procedure to send the form to you in order that you may see the results and confirm that the information available is correct. Please be certain the form is completed before sending it to the Colorado Department of Public Health and Environment.

We appreciate the opportunity to provide these analytical services and look forward to working with you in the future. If you have any questions, do not hesitate to contact us.

Sincerely,

STEWART ENVIRONMENTAL CONSULTANTS, INC.

Michael A. Glavanovich

Laboratory Manager

Enc.



Colorado Department of Public Health and Environment Compliance Assurance & Data Management Unit

REPORTING FORM FOR BACTERIOLOGICAL ANALYSIS

SAMPLER: FILL OUT ONE FORM - FOR EACH INDIVIDUAL SAMPLING POINT

PWSID #: <u>CO-0207504</u> CO	OUNTY:	Larimer	DATE	COLLECT	ED: <u>12/01/08</u>								
SYSTEM/ESTABLISHMENT NAME	: Meadow Mo	ountain Wat	er Company										
SYSTEM MAILING ADDRESS P.O	O Box 162	Allen	spark Colorado	80510									
Stree	et address/PO Box		CITY	S	TATE ZIP								
CONTACT PERSON: Steve Tedfo	ord		PHONE: (303) 800-2066										
SAMPLE COLLECTED BY: Steve	: Tedford		TIME COLLEC	aman	anı/pm								
WATER TYPE: RAW (No chlo	rine or other treatment)	☐ CI	CHLORINATED ☐ OTHER TREATMENT ☐										
SAMPLE POINT (Address)		CH	LORINE RESIDUAL i	SAMPLE TYPE									
Fout's					Routine Repeat Special Pu	rpose							
	Fon Labor	urtam II.a A	ah. Dalam Thia Lina										
LABORATORY SAMPLE # 809070													
LABORATORY NAME: Stewart F	Environmental	Laboratorie	sLAB PI	HONE# (970) 226-5500								
DATE RECEIVED IN LABORATOR	Y <u>12/01/08</u>	3	DATE	ANALY:	ZED12/	/01/08							
COMMENTS:													
PARAMETER	RESULT	UNITS	ANALYSIS DATE	LABORA	ATORY METHOD								
Coliform, TOTAL (Verified)		#/100 mL											
Coliform, FECAL/e. Coli (Verified)		#/100 mL											
Coliform, TOTAL (Absent/Present)	Absent		12/01/08	Readycult	;								
Coliform, FECAL/e. Coli (Absent/Present)													
LABORATORY: Please call Drinking	g Water Sectio	on with any	results other than < 1	or ABSEN	Γ.								
NT : Not Tested for compound		#/10	00 ml = Number of colonies per 10	00 ml of sample									
TNTC = Too Numerous To Count - Please resample	·												
OD = Outdated - Please resample	LA = Lab Accident - Please resumple												
<1 = Safe valid sample		Abs	ent = Coliform / c.Coli /Fecal not	detected									
Present Coliform / e.Coli /Fecal detected	,												
M. Hlavan	ionil	aboratory M	anager	12/10/08									
Reviewed & Approved by		Tit	le	Date									

CHAIN-OF-CUS. DY RECORD

STEWART ENVIRONMENTAL CONSULTANTS, INC. 3801 Automation Way, Suite 200, Fort Collins, CO 80525

Telephone: Facsimile:

(970) 226-5500 (970) 226-4946

PF. PAGE

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SAMPLER	Name: STRAHTER LTINGE	Signature: 75-7	ANALYSIS REQUESTED	Total Coliform						The state of the s		Please Initial. Yes/record and report temperature. No. temperature incoming temperature is not requested: Leaving this field blank implies the throughtening temperature is not requested.	Report to: 11Yone 303 RTD-2056	Steve Tedford	Meadow Mountain Water Company	Address. P.O. Box 162	Culvishaekkp: Allenspark, CO 80510	Invasice la: Same	Adtress	Clly/Slate/Zip-
			Cont.									ethe terr	Jale		ype.				IYES	
	7504		QC Report Needed								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	d you like	mpletion I		e matrix) Water		Required	
CLIENT	Meadow Mountain Water Company: PWSID # CO-0207504		SAMPLE IDENTIFICATION	Fouts			The second secon		The state of the s		and a few or a second of the s	nuses as usey, arrive in the laboratory signor. Temperature not requested: quested	DATE/IMF Requested Completion Date	\sim	DATE/TIME Please Indicate matrix type.	10 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T	Drinking Water	DATE/TIME	CDRHEREPORT Required YES	Sample Kit Sent
	ountain Water			Water RTOR								nnperalure: No 19 lemperalure is nothe	RECEIVED BY		아마나를 마수	VECENIES BY		RECEIVED BY	U. 1. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	
	dow M	Samole Collection	Time	730							Ser of the	nd report to the incomi	DATETIME	20 20 20 20 20 20 20	MTEATIME	DATIE/FINAS]	DATENTIME		
	Mea	Samole	Date	1/0	1						les may requires	Yes record a lank implies that	<u>a</u>			7()	•	(C)		
CLIENT NO.	1115-018		Stewart Sample No.	2000	`						Compliance samp	Please initial Leaving this field b	RELINGUISHED BY	112	TRELINGUISHED BY	RELINOUISHED BY		RELINQUISHED BY	DATABASE PNTRY BY	