



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 #: CO-0207504 CO	UNTY:	Larimer	DATE	COLLECT	ED: <u>03/04/08</u>
SYSTEM/ESTABLISHMENT NAME	: Meadow N	lountain Wate	r Company		
SYSTEM MAILING ADDRESS P.C	Box 162	Allens			
Street address PO Box			CITY STATE ZIP		
CONTACT PERSON: Steve Tedfo					
SAMPLE COLLECTED BY: Steve Tedford			TIME COLLECTED: 7:00 am am/pm		
WATER TYPE: RAW (No chilor	ine or other treatment	CI	ILORINATED 🗆	OTHER	TREATMENT [
SAMPLE POINT (Address)			CHLORINE RESIDUAL in mg/L SAMPLE TYPE		
Fout's					Routine Repeat Special Purpose
LABORATORY SAMPLE # 801422 C LABORATORY NAME: Stewart F DATE RECEIVED IN LABORATOR' [COMMENTS:	CLIENT NAME Invironmentary 03/04/0	ME or ID# Il Laboratories 08	#1115-018 LAB P DATE	HONE# (
PARAMETER	RESULT	UNITS	ANALYSIS DATE	LABORATORY METHOD	
Coliform, TOTAL (Verified)		#/100 mL			
Coliform, FECAL/e. Coli (Verified)		#/100 mL			
Coliform, TOTAL (Absent/Present)	Absent		03/04/08	Readycult	
Coliform, FECAL/e. Coli (Absent/Present)					
LABORATORY: Please call Drinkin NT - Not Tested for compound TNTC = Too Numerous To Count - Please resample OD - Outdated - Please resample <1 - Safe valid sample Present Coliform / e.Coli /Feeal detected MM. Allanaman		#/IC CG LA	io ml = Number of colonies per = Confluent Growth - Please res = 1.ab Accident - Please resamp sent = Coliform / e.Coli /Fecal no	100 ml of samp ample ie	le
Reviewed & Approved by		Title		Date	

MAIL RESULTS TO: CDPHE, WQCD-CADM-B2, 4300 Cherry Creek Drive South, Denver, CO 80246-1530