



Colorado Department
of Public Health
and Environment

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Compliance Assurance & Data Management Unit

REPORTING FORM FOR BACTERIOLOGICAL ANALYSIS

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

PWSID #: CO-0207504 COUNTY: Larimer DATE COLLECTED: 01/05/09

SYSTEM/ESTABLISHMENT NAME: Meadow Mountain Water Company

SYSTEM MAILING ADDRESS P.O Box 162 Allenspark Colorado 80510
Street address/PO Box CITY STATE ZIP

CONTACT PERSON: Steve Tedford PHONE: (303) 800-2066

SAMPLE COLLECTED BY: Steve Tedford TIME COLLECTED: 7:15 am am/pm

WATER TYPE: RAW (No chlorine or other treatment) ☐ CHLORINATED ☒ OTHER TREATMENT ☐

SAMPLE POINT (Address)	CHLORINE RESIDUAL in mg/L	SAMPLE TYPE
<u>Fout's</u>		<input type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Special Purpose

For Laboratory Use Only Below This Line

LABORATORY SAMPLE # 900001 CLIENT NAME or ID# #1115-019

LABORATORY NAME: Stewart Environmental Laboratories LAB PHONE # (970) 226-5500

DATE RECEIVED IN LABORATORY 01/08/09 DATE ANALYZED 01/05/09

COMMENTS: _____

PARAMETER	RESULT	UNITS	ANALYSIS DATE	LABORATORY METHOD
Coliform, TOTAL (Verified)		#/100 mL		
Coliform, FECAL/e. Coli (Verified)		#/100 mL		
Coliform, TOTAL (Absent/Present)	Absent		01/05/09	Readycult
Coliform, FECAL/e. Coli (Absent/Present)				

LABORATORY: Please call Drinking Water Section with any results other than < 1 or ABSENT.

NT = Not Tested for compound

TNTC = Too Numerous To Count - Please resample

OD = Outdated - Please resample

<1 = Safe valid sample

Present Coliform / e.Coli /Fecal detected

#/100 ml = Number of colonies per 100 ml of sample

CG = Confluent Growth - Please resample

LA = Lab Accident - Please resample

Absent = Coliform / e.Coli /Fecal not detected

Handwritten signature of Laboratory Manager

Laboratory Manager

01/07/09

Reviewed & Approved by

Title

Date

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