

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 COUNTY: Larimer			DATE COLLECTED: 02/02/09			
SYSTEM/ESTABLISHMENT NAME: Meadow Mountain Water Company						
SYSTEM MAILING ADDRESS P.O) Box 162	Allens	park Colorado	80510		
Street address/PO Box			CITY		STATE ZIP	_
CONTACT PERSON: Steve Tedford			PHONE: <u>(30</u> :	3) 800-2060	5	_
SAMPLE COLLECTED BY: Steve Tedford TIME COLLECTED: 7:10 am am/1						
WATER TYPE: RAW (No chlorine or other treatment) CHLORINATED OTHER TREATMENT						
SAMPLE POINT (Address)		CH	LORINE RESIDUAL	in mg/L	SAMPLE TYPE	
, , , , , , , , , , , , , , , , , , ,					⊠ Routine	
Fout's		1.0			Repeat Special Purpo	vce.
<u> </u>	 				<u> </u>	
LABORATORY SAMPLE # 900601 CLIENT NAME or ID# #1115-019						
DATE RECEIVED IN LABORATORY 02/02/09 DATE ANALYZED 02/02/09						
COMMENTS:						
	<u> </u>	1	1			
PARAMETER	RESULT	UNITS	ANALYSIS DATE	LABORA	ATORY METHOD	
Coliform, TOTAL (Verified)		#/100 mL				
Coliform, FECAL/c. Coli (Verified)		#/100 mL				
Coliform, TOTAL (Absent/Present)	Absent		02/02/09	Readycult	t	
Coliform, FECAL/e. Coli (Absent/Present)		[-	
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LABORATORY: Please call Drinking Water Section with any results other than < 1 or ABSENT.						
NT = Not Tested for compound	#/100 ml ➡ Number of colonies per 100 ml of sample					
TNTC = Too Numerous To Count - Please resample	CG = Confluent Growth - Please resample					
OD = Outdated - Please resample	$LA = Lab \ Accident - Please \ resample$					
<1 = Safe valid sample Absent = Coliforn / e.Coli /Fecal not detected						
Present Coliform / e.Coli /Fecal detected						
M. Slavarunid	Laboratory Manager			02/04/09	· · · · · · · · · · · · · · · · · · ·	
Reviewed & Approved by		Title		Date		