



Colorado Department
of Public Health
and Environment

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

RECEIVED

AUG 01 2009

REPORTING FORM FOR BACTERIOLOGICAL ANALYSIS

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

PWSID #: CO0 207504 COUNTY: _____ DATE COLLECTED: 7, 8, 09
SYSTEM/ESTABLISHMENT NAME: Meadow Mountain Water
SYSTEM MAILING ADDRESS: P.O. Box 142 Allenspark, CO 80510
CONTACT PERSON: STEVE TEDFORD STREET address/PO Box CITY STATE ZIP
PHONE: ()
SAMPLE COLLECTED BY: STEVE TEDFORD TIME COLLECTED: 1000 am/pm
WATER TYPE: RAW (No chlorine or other treatment) ☐ CHLORINATED ☐ OTHER TREATMENT ☐

| SAMPLE POINT (Address) | CHLORINE RESIDUAL in mg/L | SAMPLE TYPE |
|-------------------------|---------------------------|--|
| <u>FINISHED - FOUTS</u> | <u>0.8</u> | <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Special Purpose |

For Laboratory Use Only Below This Line
LABORATORY SAMPLE # 20090847 CLIENT NAME or ID# Meadow Mountain Water
LABORATORY NAME: CHDIA GASTROCONSULTING SERVICE, INC. LAB PHONE # (719) 532-2078
DATE RECEIVED IN LABORATORY 7, 8, 09 DATE ANALYZED 7, 9, 09
COMMENTS: 258 -> NTU

| PARAMETER | RESULT | UNITS | ANALYSIS DATE | LABORATORY METHOD |
|--|---------------|----------|--------------------|--------------------|
| Coliform, TOTAL (Verified) | | #/100 mL | | |
| Coliform, FECAL/e. Coli (Verified) | | #/100 mL | | |
| Coliform, TOTAL (Absent/Present) | <u>ABSENT</u> | | <u>7/9/09 1018</u> | <u>Coliform-24</u> |
| 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OD = Outdated - Please resample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

7/25/09 Reviewed & Approved by P. J. Jant Title 7, 23 09 Date

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

LABORATORY ANALYTICAL REPORT

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Customer 20011350
Meadow Mountain Water
PO Box 354
Allenspark, CO 80510
PWSID: CO 0207504

Invoice Number: 20090847
Received Date & Time: 7/8/2009 8:20AM
Arrival Temperature: 7.2°C

Sample Identification: Finished

Sample Information: Stream or River, Chlorinated; .28 NTU

Sample Date & Time: 7/8/2009 6:00AM

Sampler: Steve Tedford

Volume Sampled: 100ml

Sample Type: Grab

Processing Date & Time: 7/8/2009 10:18AM

Analytical Method: 9223B, IDEXX Colilert® with QuantiTray® 2000

Start Date & Time: 7/8/2009 10:18AM

Amount Analyzed: 100ml

Stop Date & Time: 7/9/2009 10:18AM

Additional Start Date & Time: N/A

Dilution factor: N/A

Additional Stop Date & Time: N/A

Analytical Results:

Analyte Reporting Limit: 1.0


Coliform bacteria: ABSENT

Chlorine Residual: 0.8

This sample was analyzed for the presence of Escherichia coli (E. coli) by the method outlined in: Standard Methods for the Examination of Water and Wastewater, 20th Edition, 1998, 9223 B, Enzyme Substrate Test. All limitations stated in the method apply.



Report Approved By


Title **Date**

CH Diagnostic Consulting Service, Inc.
512 5th Street, Berthoud CO 80513
PH: (970) 532 2078 FX: (970) 532 3358