

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

SYSTEM/ESTABLISHMENT NAME SYSTEM MAILING ADDRESS: CONTACT PERSON: SAMPLE COLLECTED BY: SYSTEM/ESTABLISHMENT NAME STEP STEP STEP STEP STEP STEP STEP STE	DUNTY: MEAA P. D. DO et address/PO Box TEAA VE TEA	OW HO CIGA POINT CF	DATE OUTHOUN W ALLUSTA CITY PHONE: (COLLECTED: 8, 4, 09 OHLIC STATE TED: 200 (am/pm) OTHER TREATMENT	-
SAMPLE POINT (Address)			CHLORINE RESIDUAL in mg/L SAMPLE TYPE		
FINISHED			1.0	Routine Repeat Special Purpos	se
LABORATORY SAMPLE # 20090990 CLIENT NAME OF ID# HEALTH HOUNTOWN LABORATORY NAME: CHOING NOST IC + CONSULT LAB PHONE # (90 52) 2078 DATE RECEIVED IN LABORATORY 8/4/09 DATE ANALYZED 8/5/09 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	M7100 MIZ	815109	Colilert 24	
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LABORATORY: Please call Drinkin NT = Not Tested for compound TNTC = Too Numerous To Count - Please resample OD = Outdated - Please resample <i &="" =="" approved="" by<="" coliform="" detected="" e.coli="" fecal="" present="" reviewed="" safe="" sample="" td="" valid=""><td>ng Water Section</td><td>#/10 CG · LA ·</td><td>0 ml = Number of colonies per 10 = Confluent Growth - Please resa = Lab Accident - Please resample ent = Coliform / e.Coli /Fecal not</td><td>00 ml of sample mple</td><td></td></i>	ng Water Section	#/10 CG · LA ·	0 ml = Number of colonies per 10 = Confluent Growth - Please resa = Lab Accident - Please resample ent = Coliform / e.Coli /Fecal not	00 ml of sample mple	

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

LABORATORY ANALYTICAL REPORT

Customer 20011350 Meadow Mountain Water PO Box 354

Allenspark, CO 80510 PWSID: CO 0207504 Invoice Number: 20090990 Received Date & Time: 8/4/2009 9:20AM

Arrival Temperature: 12.2°C

Sample Identification: Finished

Sample Information: Stream or River, Chlorinated; .32 NTU

Sample Date & Time: 8/4/2009 7:00AM

Sampler: Steve Tedford

Volume Sampled: 100ml

Sample Type: Grab

Processing Date & Time: 8/4/2009 1:22PM

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

Start Date & Time: 8/4/2009 1:22PM

Amount Analyzed: 100ml

Stop Date & Time: 8/5/2009 1:22PM

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:

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

Report Approved By

e D:

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