

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

RECEIVED
DEC 0 9 2009

REPORTING FORM FOR BACTERIOLOGICAL ANALYSIS

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

| Decorate de la constant de la consta | OUNTY: | • · · · · · · · · · · · · · · · · · · · | DATE | COLLECTED: | 11,11,2009 |
|--|--------|---|---------------------------------------|--------------------------------|------------|
| SYSTEM/ESTABLISHMENT NAME: MCCCOLL IT OLLVITCH V WATER | | | | | |
| SYSTEM MAILING ADDRESS: $\underline{\psi}$ | 0 BOX | 354 | Altenspark | | 80510 |
| CONTACT PERSON: STEVE TED FORD | | | CITY PHONE: (| STATE) | ZIP |
| SAMPLE COLLECTED BY: STEVE TEDFORD TIME COLLECTED: am/pm | | | | | |
| WATER TYPE: RAW (No chlorine or other treatment) CHLORINATED OTHER TREATMENT | | | | | |
| SAMPLE POINT (Address) | | | CHLORINE RESIDUAL in mg/L SAMPLE TYPE | | |
| FINISHED | | | 1.0 | Routine Repeat Special Purpose | |
| LABORATORY SAMPLE # 2009 1393 CLIENT NAME OF ID# HECKOLD HOUNTALLY WE LABORATORY NAME: (HI) 146 WOST WHO SULTING LAB PHONE # 970 532 2078 DATE RECEIVED IN LABORATORY 11/11/09 DATE ANALYZED 11/12/09 COMMENTS: | | | | | |
| PARAMETER | RESULT | UNITS | ANALYSIS DATE | LABORATOR | Y METHOD |
| Coliform, TOTAL (Verified) | | #/100 mL | | | |
| Coliform, FECAL/e. Coli (Verified) | | #/100 mL | | | |
| Coliform, TOTAL (Absent/Present) | ABSENT | | 11/12/09 | Coliler | + 24 |
| 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 #/100 ml = Number of colonies per 100 ml of sample TNTC = Too Numerous To Count - Please resample | | | | | |
| Present Coliform / e, Coli /Fecal detected | | | | | |
| Reviewed & Approved by Title Date | | | | | |

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: 20091393

Received Date & Time: 11/11/2009 8:50AM

Arrival Temperature: 15.4°C

Sample Identification: Finished

Sample Information: Stream or River, Chlorinated; .20 NTU

Sample Date & Time: 11/11/2009 7:30AM Sampler: Steve Tedford

Volume Sampled: 100ml Sample Type: Grab

Processing Date & Time: 11/11/2009 10:32AM

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

Start Date & Time: 11/11/2009 10:32AM Amount Analyzed: 100ml

Stop Date & Time: 11/12/2009 10:32AM

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: 1

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

Much dest 11/29/05

itle Date

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