

LABORATORY ANALYTICAL REPORT

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

Invoice Number: 20091460
Received Date & Time: 12/10/2009 9:50AM
Arrival Temperature: 12°C

Sample Identification: Finished

Sample Information: Stream or River, Chlorinated; .24 NTU

Sample Date & Time: 12/10/2009 8:20AM

Sampler: Steve Tedford

Volume Sampled: 100ml

Sample Type: Grab

Processing Date & Time: 12/10/2009 12:23PM

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

Start Date & Time: 12/10/2009 12:23PM

Amount Analyzed: 100ml

Stop Date & Time: 12/11/2009 12:23PM

Additional Start Date & Time: N/A

Dilution factor: N/A

Additional Stop Date & Time: N/A


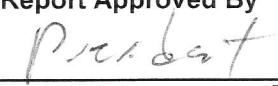
Analytical Results:

Analyte Reporting Limit: 1.0

Coliform bacteria: ABSENT

Chlorine Residual: 1.3

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
 12/30/09
Title **Date**



Colorado Department
of Public Health
and Environment

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 #: CO0 207504 COUNTY: _____ DATE COLLECTED: 12/10/09
SYSTEM/ESTABLISHMENT NAME: Meadow Mountain Water
SYSTEM MAILING ADDRESS: P.O. Box 354 Aitkenspark, CO 80510
CONTACT PERSON: Steve Tedford PHONE: () _____
SAMPLE COLLECTED BY: Steve Tedford TIME COLLECTED: 8:00 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</u>	<u>.24</u>	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Special Purpose

For Laboratory Use Only Below This Line
LABORATORY SAMPLE # 20091460 CLIENT NAME or ID# Meadow Mountain
LABORATORY NAME: CDPH DIAGNOSTIC & CONSULTING LAB PHONE # 970.532.2078 WATER
DATE RECEIVED IN LABORATORY 12/10/09 SERVICE FEE: _____ DATE ANALYZED 12/11/09
COMMENTS: _____

PARAMETER	RESULT	UNITS	ANALYSIS DATE	LABORATORY METHOD
Coliform, TOTAL (Verified)		#/100 mL		
Coliform, FECAL/e. Coli (Verified)		#/100 mL		
Coliform, TOTAL (Absent/Present)	<u>ABSENT</u>		<u>12/11/09</u>	<u>24-Coli-tek</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

9/20/09 Reviewed & Approved by _____ Title Public Health Date 12/30/09

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