

Corporate Office & Laboratory: 3801 Automation Way, Suite 200 Fort Collins, Colorado 80525 ph: (970) 226-5500 fax: (970) 226-4946 www.stewartenv.com

January 7, 2009

Mr. Steve Tedford Meadow Mountain Water Company P.O. Box 162 Allenspark, Colorado 80510

Subject:

**Laboratory Testing Results** 

Job No.:

1115-019

Dear Mr. Tedford

Please find enclosed the Colorado Department of Public Health and Environment form with the laboratory testing results for the sample received at our laboratory on January 5, 2009. We have filled in only the blanks with information available to us. It is our standard procedure to send the form to you in order that you may see the results and confirm that the information available is correct. Please be certain the form is completed before sending it to the Colorado Department of Public Health and Environment.

We appreciate the opportunity to provide these analytical services and look forward to working with you in the future. If you have any questions, do not hesitate to contact us.

Sincerely,

STEWART ENVIRONMENTAL CONSULTANTS, INC.

Michael A. Glavanovich

M. Slavarional

Laboratory Manager

Enc.



## 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 #: <u>CO-0207504</u> CC			· · · · · ·	COLLECTED:	01/05/09
SYSTEM/ESTABLISHMENT NAME	: Meadow Mo	ountain Wate	r Company		
SYSTEM MAILING ADDRESS P.C	) Box 162	Allens	park Colorado	80510	
	t address/PO Box		CITY	STATE	ZlP
CONTACT PERSON: Steve Tedfo	rd		PHONE:(30)	3) 800-2066	·
SAMPLE COLLECTED BY:Steve	Tedford		TIME COLLEC	TED: <u>7:15 am</u>	am/pm
WATER TYPE: RAW (No chilot	ine or other treatment)	□ СН	ILORINATED 🗷	OTHER TREA	ATMENT [
SAMPLE POINT (Address)		CHI	LORINE RESIDUAL	in mg/L SA	MPLE TYPE
Fout's					Routine Repeat Special Purpose
LABORATORY SAMPLE # 900001 C LABORATORY NAME: Stewart E DATE RECEIVED IN LABORATORY COMMENTS:	CLIENT NAM  Chvironmental  Y 01/08/09	IE or ID# Laboratories	#1115-019 LAB PI DATE	HONE # ( 970)	
PARAMETER	RESULT	UNITS	ANALYSIS DATE	LABORATOR	RY METHOD
Coliform, TOTAL (Verified)		#/100 mL			
Coliform, FECAL/e. Coli (Verified)		#/100 mL			
Coliform, TOTAL (Absent/Present)	Absent		01/05/09	Readycult	
Coliform, FECAL/e. Coli (Absent/Present)					
LABORATORY: Please call Drinking	g Water Sectio	on 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		CG = LA =	O ml = Number of colonies per 1 F Confluent Growth - Please resample Lab Accident - Please resample at = Coliform / e.Coli /Fecal not	ample	
M. Slavanus L	L	aboratory Ma	mager	01/07/09	
Reviewed & Approved by		Titl	е	Date	

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

## CHAIN-OF-CUSTODY RECORD

3801 Automation Way, Suite 200, Fort Collins, CO 80525 STEWART ENVIRONMENTAL CONSULTANTS, INC.

(970) 226-5500 Telephone: Facsimile:

(970) 226-4946

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ANALYSIS REQUESTED (2) 1/2) SAMPLER MECHERA **Total Coliform** Name: 5 Signature: Compilance's amples may require you to'report the temperature of samples, as they arrive in the Jaboratory. Would you like the temperature.

Please juiral

Yes: record and apport temperature.

No, temperature not requested the second and the forming temperature is not requested to Total No. Of Cont. QC Report Needed Meadow Mountain Water Company: PWSID # CO-0207504 SAMPLE IDENTIFICATION Fouts CLIENT Comp / Grab Water RTOR Sample Collection からいし Time これ、から Date 1115-019 Stewart Sample No. CLIENT NO. Poppol

EATE/TIME Requested Completion Date DATE/TIME RECEIVED BY RELINGUISHED BY

DATEITIME RECEIVED BY  DATEITIME RECEIVED BY  DATEITIME  DATEITIME  DATEITIME  DATEITIME  CDPHEREPORT Required YES  Sample Kit Sent	,		0 0 0			Nepol to.	Prione: 303-800-2056
DATE/TIME RECEIVED BY DATE/TIME  DATE/TIME RECEIVED BY DATE/TIME  BY DATE	2/1		1000	1-5-09	SI	Steve Tedford	Fax:
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DATE-TIME RECEIVED BY DATE-TIME CDPHEREQUIRE YES				DATE/TIME		City/State/Zip: Allenspark. CO 80510	
DATE-TIME RECEIVED BY DATE-TIME CDPHE Report Required YE  CDPHE Report Required YE  Sample Kit Sent						voice to:	
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DATE Sample Kit Sent				*	CDPHE Report Required YES	ddress:	
Sample Kit Sent	DATABASE ENTRY BY		DATE		io The second se	ty/State/Zip:	
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