

LABORATORY ANALYTICAL REPORT

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

Invoice Number: 20100003
Received Date & Time: 1/5/2010 8:55AM
Arrival Temperature: 10.8°C

Sample Identification: Finished	
Sample Information: Stream or River, Chlorinated; .24 NTU	
Sample Date & Time: 1/5/2010 7:00AM	Sampler: Steve Tedford
Volume Sampled: 100ml	Sample Type: Grab
Processing Date & Time: 1/5/2010 11:44AM	

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

Start Date & Time: 1/5/2010 11:44AM **Amount Analyzed:** 100ml
Stop Date & Time: 1/6/2010 11:44AM

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: 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
P. Davis 1/14/10

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 #: CO0207504 COUNTY: _____ DATE COLLECTED: 1, 5, 10
 SYSTEM/ESTABLISHMENT NAME: Meadow Mountain Water
 SYSTEM MAILING ADDRESS: P.O. Box 354 Allenspark CO 80510
Street address/PO Box CITY STATE ZIP
 CONTACT PERSON: STEVE TEDFORD PHONE: () _____
 SAMPLE COLLECTED BY: STEVE TEDFORD TIME COLLECTED: 7:00 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>1.0</u>	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Special Purpose

For Laboratory Use Only Below This Line

LABORATORY SAMPLE # 20100003 CLIENT NAME or ID# _____
 LABORATORY NAME: CH DIAGNOSTIC + CONSULTING SERVICE INC. LAB PHONE # (970) 532-2078
 DATE RECEIVED IN LABORATORY 1, 5, 10 DATE ANALYZED 1, 6, 10
 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>1/6/10</u>	<u>Coli-ert 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

T. Ben Y. G. President 1, 14, 10
 Reviewed & Approved by Title Date

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