

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

Title

Date

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



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: 1, 5, 10
SYSTEM/ESTABLISHMENT NAME: Meadow Mountain Water
SYSTEM MAILING ADDRESS: P.O. Box 354 Allenspark CO 80510
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: CHDIAGNOSTIC + 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-tek 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