

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

REPORTING FORM FOR <u>BACTERIOLOGICAL</u> ANALYSIS

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

PWSID #: CO0_0207504					
SYSTEM/ESTABLISHMENT NAME: Meadow Mountain Water Company					
SYSTEM MAILING ADDRESS: P.O. Box 162 Allenspark, Colorado 805109					
Stree	t address/PO Box		CITY	STAT	E ZIP
CONTACT PERSON: Steve Tedford			PHONE: 303-800-2066		
SAMPLE COLLECTED BY: Steve Tedford			TIME COLLECTED: 6:30		
WATER TYPE: RAW (No chlorine or other treatment)			CHLORINATED X OTHER TREATMENT		
SAMPLE POINT (Address)			CHLORINE RESIDUAL in mg/L SAMPLE TYPI		
Fout's					Routine
			1.1		Repeat
Special Purpose					
For Laboratory Use Only Below This Line					
LABORATORY SAMPLE # S100331318 CLIENT NAME or ID# 1115-021					
LABORATORY NAME: Stewart Environmental Consultants, Inc. LAB PHONE # 970-226-5500					
DATE RECEIVED IN LABORATORY 02/01/10 DATE ANALYZED 02/02/10					
COMMENTS:					
PARAMETER	RESULT	UNITS	ANALYSIS DATE	LABORATORY METHOD	
Coliform, TOTAL (Verified)		#/100 mL			
Coliform, FECAL/e. Coli (Verified)		#/100 mL			
Coliform, TOTAL (Absent/Present)	Absent		02/02/10	Ready Cult	
Coliform, FECAL/e. Coli (Absent/Present)					
I ADODATIONAL DISCOURT WATER CONTROL OF THE ADODATE					
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	CG = Confluent Growth - Please resample				
OD = Outdated - Please resample	LA = Lab Accident - Please resample				
<1 = Safe valid sample Absent = Coliform / e.Coli /Fecal not detected Present Coliform / e.Coli /Fecal detected					
Present Comonny e.Con / recar delected					
M Glowarien I			Laboratory Manager 02		5/10
Reviewed & Approved by	Annual Control of the		itle	Date	
MAIL RESULTS TO: CDPHE, WQCD-CADM-B2, 4300 Cherry Creek Drive South, Denver, CO 80246-1530					