

FILE

## LABORATORY ANALYTICAL REPORT

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

**Invoice Number:** 20100158  
**Received Date & Time:** 3/3/2010 3:40PM  
**Arrival Temperature:** 12.4°C

**Sample Identification:** Finished

**Sample Information:** Stream or River, Chlorinated; .28 NTU

**Sample Date & Time:** 3/3/2010 5:45AM

**Sampler:** Steve Tedford

**Volume Sampled:** 100ml

**Sample Type:** Grab

**Processing Date & Time:** 3/3/2010 3:42PM

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

**Start Date & Time:** 3/3/2010 3:42PM

**Amount Analyzed:** 100ml

**Stop Date & Time:** 3/4/2010 3:42PM

**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



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: 3.3.10  
SYSTEM/ESTABLISHMENT NAME: Meadow Mountain Water  
SYSTEM MAILING ADDRESS: P.O. Box 354  
CONTACT PERSON: Steve Tedford STREET ADDRESS/PO BOX CITY STATE ZIP  
PHONE: ( )  
SAMPLE COLLECTED BY: Steve Tedford TIME COLLECTED: 545 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 # 20100158 CLIENT NAME or ID# Service Tax  
LABORATORY NAME: DIAGNOSTIC + CONSULTING SERVICE LAB PHONE # 970 532 2078  
DATE RECEIVED IN LABORATORY 3.3.10 DATE ANALYZED 3.4.10  
COMMENTS: NTU = 0.28

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>3/4/10</u>	<u>Quantitray 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

Terzag Proceed 3.9.10  
Reviewed & Approved by Title Date

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