



Colorado Department
of Public Health
and Environment

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

FILE

REPORTING FORM FOR BACTERIOLOGICAL ANALYSIS

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

PWSID #: CO0 207504 COUNTY: _____ DATE COLLECTED: 5, 3, 11
 SYSTEM/ESTABLISHMENT NAME: Meadow Mountain Water
 SYSTEM MAILING ADDRESS: P.O. Box 354 Allenspark, CO 80510
 CONTACT PERSON: Steve Tedford STREET ADDRESS/PO BOX CITY STATE ZIP
 PHONE: () _____
 SAMPLE COLLECTED BY: Steve Tedford TIME COLLECTED: 800 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 # 20110209 CLIENT NAME or ID# Meadow Mountain
 LABORATORY NAME: CHDIAGNOSTIC + Consulting LAB PHONE # (970) 532 2078 Water
 DATE RECEIVED IN LABORATORY 5, 3, 11 DATE ANALYZED 5, 4, 11
 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>5/4/11</u>	<u>Colitext 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 OD = Outdated - Please resample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

[Signature] President 5, 12, 11
 Reviewed & Approved by Title Date

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