

## LABORATORY ANALYTICAL REPORT

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

**Invoice Number:** 20110388  
**Received Date & Time:** 7/11/2011 9:40AM  
**Arrival Temperature:** 7.2°C

<b>Sample Identification:</b> Finished	
<b>Sample Information:</b> Chlorinated; unrec. NTU	
<b>Sample Date &amp; Time:</b> 7/11/2011 6:30AM	<b>Sampler:</b> Steve Tedford
<b>Volume Sampled:</b> 100ml	<b>Sample Type:</b> Grab
<b>Processing Date &amp; Time:</b> 7/11/2011 10:53AM	

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

**Start Date & Time:** 7/11/2011 10:53AM      **Amount Analyzed:** 100ml  
**Stop Date & Time:** 7/12/2011 10:53AM

**Additional Start Date & Time:** N/A      **Dilution factor:** N/A  
**Additional Stop Date & Time:** N/A

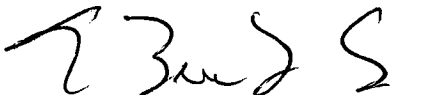
### Analytical Results:


**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

 7/12/11  
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: 7, 11, 11  
SYSTEM/ESTABLISHMENT NAME: Meadow Mountain Water  
SYSTEM MAILING ADDRESS: P.O. Box 354 Allenspark, CO 80510  
CONTACT PERSON: Steve Tedford CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: ( ) \_\_\_\_\_  
SAMPLE COLLECTED BY: Steve Tedford TIME COLLECTED: 6:30 (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 # 20110388 CLIENT NAME or ID# Meadow Mountain Water  
LABORATORY NAME: CHD DIAGNOSTIC LAB PHONE # (970) 538-2078  
DATE RECEIVED IN LABORATORY 7/11/11 DATE ANALYZED 7/12/11  
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>7/12/11</u>	<u>Coli-tek at</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. Burk. G. Pres. Def. 7/12/11  
Reviewed & Approved by Title Date

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

# INVOICE

Invoice Number 20110388  
Invoice Date 7/11/2011  
PO Number  
Contract Number

**Remittance Address:**  
CH Diagnostic & Consulting Service, Inc.  
512 5th Street  
Berthoud, CO 80513  
970-532-2078

**Customer:** 20011350  
Meadow Mountain Water  
Attn: Accounts Payable  
PO Box 162  
Allenspark, CO 80510

**Please include Invoice number with payment.**

**Invoice Due Date: August 20, 2011**

Description of Services		Quantity	Unit Price	Discount	Amount
Total Coliform		1	\$20.00	0.00%	\$20.00
We appreciate your business!					Invoice Total \$20.00