

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 \underline{EACH} INDIVIDUAL SAMPLING POINT

| PWSID #: <u>CO-0207504</u> CC | UNTY: | Larimer | DATE | COLLECT | ED: <u>08/08/11</u> | |
|---|--|--------------|-----------------------|----------|---------------------|--|
| SYSTEM/ESTABLISHMENT NAME: Meadow Mountain Water Company | | | | | | |
| SYSTEM MAILING ADDRESS P.O Box 162 Allenspark Colorado 80510 | | | | | | |
| Street address/PO Box | | | CITY | S | STATE ZIP | |
| CONTACT PERSON: Steve Tedford | | | PHONE: (303) 800-2066 | | | |
| SAMPLE COLLECTED BY: Steve Tedford TIME COLLECTED: 7:15 am am/pm | | | | | | |
| WATER TYPE: RAW (No chlorine or other treatment) CHLORINATED OTHER TREATMENT | | | | | | |
| | | | | | | |
| SAMPLE POINT (Address) | | СНІ | LORINE RESIDUAL i | n mg/L | SAMPLE TYPE | |
| | | | | | Routine | |
| Newton's | | | | | Repeat | |
| | | | | | Special Purpose | |
| | | | | | | |
| LABORATORY SAMPLE #S112201624 CLIENT NAME or ID# #1115-022 | | | | | | |
| LABORATORY NAME: Stewart Environmental Laboratories LAB PHONE # (970) 226-5500 | | | | | | |
| DATE RECEIVED IN LABORATORY 08/08/11 DATE ANALYZED 08/08/11 | | | | | | |
| COMMENTS: | | | | | | |
| | | | | | | |
| PARAMETER | RESULT | UNITS | ANALYSIS DATE | LABOR | ATORY METHOD | |
| Coliform, TOTAL (Verified) | | #/100 mL | | | | |
| Coliform, FECAL/e. Coli (Verified) | | #/100 mL | | | | |
| Coliform, TOTAL (Absent/Present) | Absent | | 08/08/11 | Readycul | t | |
| Coliform, FECAL/e. Coli (Absent/Present) | | | | | | |
| TARORAMORY N | | | | | | |
| 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| OD = Outdated - Please resample | LA = Lab Accident - Please resample | | | | | |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 Present Coliform / e.Coli /Fecal detected | Absent = Coliform / e.Coli /Fecal not detected | | | | | |
| | / | | | | | |
| M. Hlavanor | Z L | aboratory Ma | nager 08/08/11 | | | |
| Reviewed & Approved by | | Title | | Date | | |

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