

LABORATORY ANALYTICAL REPORT

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

Invoice Number: 20110588
Received Date & Time: 10/18/2011 9:15PM
Arrival Temperature: 8.4°C

Sample Identification: Finished, Foust

Sample Information: Chlorinated; unrec. NTU

Sample Date & Time: 10/18/2011 8:15AM

Sampler: Steve Tedford

Volume Sampled: 100ml

Sample Type: Grab

Processing Date & Time: 10/18/2011 11:05AM

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

Start Date & Time: 10/18/2011 11:05AM

Amount Analyzed: 100ml

Stop Date & Time: 10/19/2011 11:05AM

Additional Start Date & Time: N/A

Dilution factor: N/A

Additional Stop Date & Time: N/A

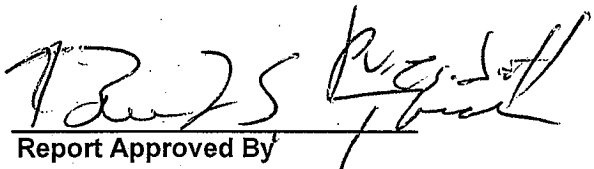
Analytical Results:

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: 10/18/2011
SYSTEM/ESTABLISHMENT NAME: MEADOW MOUNTAIN WATER
SYSTEM MAILING ADDRESS: P.O. Box 354 Allenspark, CO 80510
CONTACT PERSON: Steve Tedford PHONE: () _____
SAMPLE COLLECTED BY: Steve Tedford TIME COLLECTED: 8:15 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, FOUST</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 # 20110588 CLIENT NAME or ID# Meadow Mountain Water
LABORATORY NAME: CHLORAGNOSTIC LAB PHONE # 970 532 2078
DATE RECEIVED IN LABORATORY 10/18/11 DATE ANALYZED 10/19/11
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>10/19/11 1105AM</u>	<u>COLICERT 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

Steve Tedford President 10/27/11
Reviewed & Approved by Title Date

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