

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

REPORTING FORM FOR $\underline{BACTERIOLOGICAL}$ ANALYSIS

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

•					_	_
PWSID #: CO0 201350 COUNTY:			$\underline{}$, date collected: $\underline{3}$, $\underline{2}$, $\underline{12}$			
SYSTEM/ESTABLISHMENT NAMI	: Heade	We HOT	untaur		\	
	P.D 2	N 254	7 Allema	2WV.	0 80	50
SYSTEM MAILING ADDRESS:	1-0. 1)	01-00	7 7 7 1 1 1 1 2 2	ar LI		210
(110.10-	et address/PO-Box		CITY PHONE: ())	TATE	ZIP
CONTACT PERSON: STOYT	CUC TOD	And		Or	\(\sigma\)	
SAMPLE COLLECTED BY: SPECIE PARTON TIME COLLECTED: Com/pm						
WATER TYPE: RAW (No chlorine or other treatment) CHLORINATED OTHER TREATMENT						
			,			
TALE TO DO TO TO THE CALL TO THE CALL TO THE CALL THE CAL		Ch	LORINE RESIDUAL is	n ma/L	SAMPLE '	TYPE
SAMPLE POINT (Address)		CH	LOMINE MEDIDOAE II	I IIIg/ D		outine
FOUST, FINI	SHRIN		1 Q			epeat
10001,710			<i>U</i> , (St	pecial Purpose
	For Labore	atory Use On	nly Below This Line 📥 JENT NAME or ID#_	HUMA	DIN HO	MINTAIN
LABORATORY SAMPLE # 2010	001)	T. A		/	271 172	2070
LABORATORY NAME: CHOLAGNOSTIC LAB PHONE # (9/0 532 00/8						
DATE RECEIVED IN LABORATORY $3/2/12$ DATE ANALYZED $5/3/12$						
COMMENTS:						
						THE P
PARAMETER	RESULT	UNITS	ANALYSIS DATE	LABORA	TORY MET	HOD.
Coliform, TOTAL (Verified)		#/100 mL				
Coliform, FECAL/e. Coli (Verified)		#/100 mL	•			
	DISPIT		3/3/12/130	Colil	PP 7	<i>t</i>
Coliform, TOTAL (Absent/Present)	10000		1910000			
Coliform, FECAL/e. Coli (Absent/Present)			<u></u>			
LABORATORY: Please call Drinkin	~ Water Centin	n with ony	results other than < 1 o	r ABSEN	Γ.	
LABORATORY: Please can Drinkin	g water bectio	HI AATIN WIT	Court Children Children 1. 0		~ '	
NT = Not Tested for compound		#/100	() ml = Number of colonies per 100	0 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OD = Outdated - Please resample LA = Lab Accident - Please resample						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 Absent = Coliform / e.Coli /Feeal not detected						
Present Coliform / c.Coli /Fccal detected						
		Pr.	: 1 4			
1 Jan 1 7		180	s. ocal		313	7 12
Reviewed & Approved by		Titl	е	D	ate	

LABORATORY ANALYTICAL REPORT

Customer 20011350

Meadow Mountain Water

PO Box 354

Allenspark, CO 80510

PWSID:

CO 0207504

Invoice Number: 20120073

Received Date & Time: 3/2/2012 1:00PM

Arrival Temperature: 11.2°C

Sample Identification: Finished, Foust

Sample Information: Chlorinated; unrec. NTU

Sample Date & Time: 3/2/2012 8:00AM Sampler: Steve Tedford

Volume Sampled: 100ml Sample Type: Grab

Processing Date & Time: 3/2/2012 1:30PM

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

Start Date & Time: 3/2/2012 1:30PM

Amount Analyzed: 100ml

Stop Date & Time: 3/3/2012 1:30PM

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:

0.9

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.