Colorado Department of Public Health and Environment

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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, 9, 13

SYSTEM/ESTABLISHMENT NAME: Meadow Mountain

SYSTEM MAILING ADDRESS: _____
Street address/PO Box CITY STATE ZIP

CONTACT PERSON: Steve Tedford PHONE: ( )

SAMPLE COLLECTED BY: Steve Tedford TIME COLLECTED: 715 am/pm

WATER TYPE: RAW (No chlorine or other treatment) ☐ CHLORINATED ☑ OTHER TREATMENT ☐

SAMPLE POINT (Address)	CHLORINE RESIDUAL in mg/L	SAMPLE TYPE
RUCH	0.5	☒ Routine ☐ Repeat ☐ Special Purpose

For Laboratory Use Only Below This Line

LABORATORY SAMPLE # 2013055 CLIENT NAME or ID# MEADOW MOUNTAIN

LABORATORY NAME: CHEMAGNOSTIC LAB PHONE # 970 532 2078

DATE RECEIVED IN LABORATORY 10, 9, 13 DATE ANALYZED 10, 10, 13

COMMENTS: _____

PARAMETER	RESULT	UNITS	ANALYSIS DATE	LABORATORY METHOD
Coliform, TOTAL (Verified)		#/100 mL		
Coliform, FECAL/e. Coli (Verified)		#/100 mL		
Coliform, TOTAL (Absent/Present)	Absent		10/10/13 10:32 AM	24 Colilert
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OD = Outdated - Please resample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

Reviewed & Approved by _____ Title _____ Date 10, 16, 13

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