Colorado Department of Public Health and Environment

Haloacetic Acids Certified Laboratory Report Form
WQCD - Drinking Water CAS
4300 Cherry Creek Drive South, Denver, CO 80246-1530
Fax: (303) 758-1398; cdphe.drinkingwater@state.co.us

Revision: 6/13/2014

HAA5

Section I (to be completed by the Public Water Systems only)		Section II (to be completed by Laboratories only)
Public Water System Information		**Laboratory Information**
PWSID#:	Facility ID:	Laboratory ID: CO 0015
System Name:		Laboratory Name: Colorado Analytical Laboratory
Contact Person: Michael Glavanovich	Phone #: 970-226-5500	Contact Person: Customer Service Phone: 303-659-2313
Comments:		Comments:

Section III (Supplied or Completed by PWS)			Section IV (Supplied or Completed by Certified Laboratory)							
Sample Date	Sample Pt ID On Schedule	Address - Location	Lab Receipt Date	Lab Analysis Date	Laboratory Sample ID #	Analyte	Analytical Method	MCL (ug/L)	Lab MRL (ug/L)	Result (ug/L)
8/25/14		238-1303	8/27/14	9/9/14	140827055-01	Monochloroacetic Acid	EPA 552.2	N/A	0.501	BDL
						Monobromoacetic Acid	EPA 552.2	N/A	0.343	BDL
						Dichloroacetic Acid	EPA 552.2	N/A	0.27	BDL
						Trichloroacetic Acid	EPA 552.2	N/A	0.435	17.03
						Dibromoacetic Acid	EPA 552.2	N/A	0.299	BDL
						Total Haloacetic Acids	EPA 552.2	60	N/A	17.03

NT: Not Tested
Lab MRL: Laboratory Minimum Reporting Level
BDL: Below Laboratory MRL. A less than (<) may also used.

ug/L: Micrograms per Liter
MCL: Maximum Contaminant Level

Colorado Analytical Laboratories, Inc.

CHAIN OF CUSTODY RECORD

Company Name: Stewart Environmental Cons. LLC	Contact Person: Michael Glavanovich	Colorado Analytical Laboratories, Inc. P.O. Drawer 507 240 South Main Street Brighton, Colorado 80601 303-659-2313 FAX: 303-659-2315
Address: 3801 Automation Way, Ste 200	Project ID/Description:	
City/ST/ZIP: Fort Collins CO 80525		
Telephone: 970-226-5500	Sampled by:	
FAX: 970-226-4946	P.O. NO: 1333	

LABORATORY USE ONLY

NO.

LAB # 140827055

ARF

LGN

LOC

QC

DISP

DUE

Sample Matrix (Circle One):

DRINKING WATER | WASTE WATER | GROUND WATER | SURFACE WATER | SOIL | SLUDGE

OTHER (Specify):

Tests Requested

Date	Time	Client Sample ID	# OF CONTAINERS	GRAB or (Check One Only) COMPOSITE	RESIDUAL CHLORINE (MG/L) (Drinking Water Only)	HAA5 552.2							
8/25/14	6:00	238-1303	1	X		X							

REPORT RESULTS TO CDH: Y or N

(Drinking Water Only)

PUBLIC WATER SUPPLY INFO.

PWSID:

SYS NAME:

ADDRESS:

CITY & STATE:

ZIP:

COUNTY:

Comments:

Delivered By: UPS air ace

Relinquished By:	Date/Time	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:	Date/Time
	15:30		8/27/14 11:20				