



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

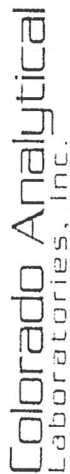
HAA5

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.

Company Name: Stewart Environmental Cons.		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		LABORATORY USE ONLY	
Address: 3801 Automation Way, Ste 200		Project ID/Description:		NO.			
City/ST/ZIP: Fort Collins CO 80525		Sampled by:		LAB # 140827055			
Telephone: 970-226-5500		P.O. NO: 1333		ARF			
FAX: 970-226-4946		Sample Matrix (Circle One):		LGN			
DRINKING WATER GROUND SURFACE SOIL SLUDGE WATER WATER WATER OTHER (Specify):		# OF CONTAINERS		LOC			
		GRAB or (Check One Only)		QC			
		RESIDUAL CHLORINE (MG/L) (Drinking Water Only)		DISP			
		HAAs 552.2		DUE			
Date		Client Sample ID		REPORT RESULTS TO CDH: Y or N			
8/25/14 6:00		238-1303		(Drinking Water Only)			
				PUBLIC WATER SUPPLY INFO.			
				PWSID:			
				SYS NAME:			
				ADDRESS:			
				CITY & STATE:			
				ZIP:			
				COUNTY:			
Comments: Delivered By: 400 Relyingquished By: 15:30 Received By: 15:30 Relinquished By: 15:30							

240 S. Main St. • Brighton, CO 80601 • (303) 659-2313

Mailing Address: P.O. Drawer 507 • Brighton, CO 80601