

LABORATORY ANALYTICAL REPORT

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

Invoice Number: 20140001
Received Date & Time: 1/3/2014 9:00AM
Arrival Temperature: 17.8°C

Sample Identification: RUCH

Sample Information: unrec. NTU

Sample Date & Time: 1/3/2014 unrec.

Sampler: Steve Tedford

Volume Sampled: 100ml

Sample Type: Grab

Processing Date & Time: 1/3/2014 11:10AM

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

Start Date & Time: 1/3/2014 11:10AM

Amount Analyzed: 100ml

Stop Date & Time: 1/4/2014 11:10AM

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: 0.3

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: Meadow Mountain DATE COLLECTED: 1, 3, 14
SYSTEM/ESTABLISHMENT NAME: P.O. Box 354
SYSTEM MAILING ADDRESS: _____
CONTACT PERSON: Steve Tedford STREET ADDRESS/PO BOX CITY STATE ZIP
PHONE: ()
SAMPLE COLLECTED BY: Steve Tedford TIME COLLECTED: _____ am/pm
WATER TYPE: RAW (No chlorine or other treatment) ☐ CHLORINATED ☐ OTHER TREATMENT ☐

SAMPLE POINT (Address)	CHLORINE RESIDUAL in mg/L	SAMPLE TYPE
<u>Ruch</u>	<u>0.3</u>	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Special Purpose

LABORATORY SAMPLE # 20140001 For Laboratory Use Only Below This Line CLIENT NAME or ID# Meadow Mountain
LABORATORY NAME: CHDIAGNOSTIC LAB PHONE # 870 5322078
DATE RECEIVED IN LABORATORY 1, 3, 14 DATE ANALYZED 1, 4, 14
COMMENTS: _____

PARAMETER	RESULT	UNITS	ANALYSIS DATE	LABORATORY METHOD
Coliform. TOTAL (Verified)		#/100 mL		
Coliform. FECAL/e. Coli (Verified)	<u>Absent</u>	#/100 mL		
Coliform. TOTAL (Absent/Present)			<u>1/4/14 1110</u>	<u>24 Colilert</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

Reviewed & Approved by [Signature]

Title [Signature]

Date 1, 4, 14

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