

LABORATORY ANALYTICAL REPORT

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

Invoice Number: 20140437
Received Date & Time: 7/10/2014 11:00AM
Arrival Temperature: 24.4°C

Sample Identification: Morris

Sample Information:

Sample Date & Time: 7/10/2014 7:45AM

Sampler: Steve Tedford

Volume Sampled: 100ml

Sample Type: Grab

Processing Date & Time: 7/10/2014 11:30AM

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

Start Date & Time: 7/10/2014 11:30AM

Amount Analyzed: 100ml

Stop Date & Time: 7/11/2014 11:30AM

Additional Start Date & Time: N/A

Dilution factor: N/A

Additional Stop Date & Time: N/A

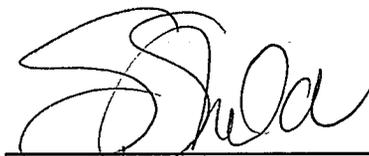
Analytical Results:

Analyte Reporting Limit: 1.0

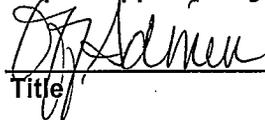
Coliform bacteria: ABSENT

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

8/22/14



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: _____ DATE COLLECTED: 7, 10, 14
 SYSTEM/ESTABLISHMENT NAME: Hollow Mountain Water
 SYSTEM MAILING ADDRESS: PO Box 354 Allenspark CO 80510
 CONTACT PERSON: Steve Tedford STREET ADDRESS/PO BOX CITY STATE ZIP
 PHONE: ()
 SAMPLE COLLECTED BY: Steve Tedford TIME COLLECTED: 7:45 am/pm
 WATER TYPE: RAW (No chlorine or other treatment) CHLORINATED OTHER TREATMENT

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

For Laboratory Use Only Below This Line
 LABORATORY SAMPLE # 20140437 CLIENT NAME or ID# Hollow Mountain Water
 LABORATORY NAME: CHDIAGNOSTIC LAB PHONE # 970 532 2078
 DATE RECEIVED IN LABORATORY 7, 10, 14 DATE ANALYZED 7, 11, 14
 COMMENTS: _____

PARAMETER	RESULT	UNITS	ANALYSIS DATE	LABORATORY METHOD
Coliform. TOTAL (Verified)		#/100 mL		
Coliform. FECAL/e. Coli (Verified)	<u>Absent</u>	#/100 mL	<u>7/11/14</u>	<u>24 Coli/lev</u>
Coliform. TOTAL (Absent/Present)				
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] Date 8, 22, 14
 The

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