

## 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

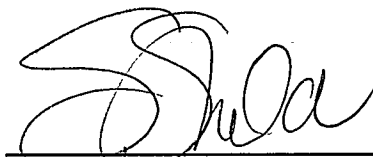
**Analytical Results:**

**Analyte Reporting Limit:** 1.0

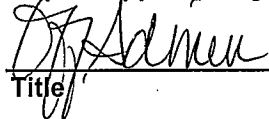
**Coliform bacteria:** ABSENT

**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: Hadow 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: 745 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<br><input type="checkbox"/> Repeat<br><input type="checkbox"/> Special Purpose |

For Laboratory Use Only Below This Line  
LABORATORY SAMPLE # 20140437 CLIENT NAME or ID# Hadow Mountain Water  
LABORATORY NAME: CHD DIAGNOSTIC 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)       |               | #/100 mL |                |                    |
| Coliform. TOTAL (Absent/Present)         | <u>Absent</u> |          | <u>7/11/14</u> | <u>24 Coli/lev</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

Title

Date

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