

LABORATORY ANALYTICAL REPORT

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

Invoice Number: 20140522
Received Date & Time: 9/10/2014 9:40AM
Arrival Temperature: 16.1°C

Sample Identification: Newton

Sample Information:

Sample Date & Time: 9/10/2014 7:30AM

Sampler: Steve Tedford

Volume Sampled: 100ml

Sample Type: Grab

Processing Date & Time: 9/10/2014 11:04AM

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

Start Date & Time: 9/10/2014 11:04AM

Amount Analyzed: 100ml

Stop Date & Time: 9/11/2014 11:04AM

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: 0.4

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 #: CO 0207504 COUNTY: _____ DATE COLLECTED: 9 / 10 / 2014

SYSTEM/ESTABLISHMENT NAME: Meadow Mountain Water

SYSTEM MAILING ADDRESS: PO Box 354
Street address/PO Box CITY STATE ZIP

CONTACT PERSON: Steve Tedford PHONE: _____

SAMPLE COLLECTED BY: Steve Tedford TIME COLLECTED: 7:30 am

WATER TYPE: RAW (No chlorine or other treatment) ☐ CHLORINATED ☒ OTHER TREATMENT ☐

SAMPLE POINT (Address)	CHLORINE RESIDUAL in mg/L	SAMPLE TYPE
NEWTON	0.4	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Special Purpose

For Laboratory Use Only Below This Line

LABORATORY SAMPLE # 20140522 CLIENT NAME or ID# Meadow Mountain Water _____

LABORATORY NAME: CH Diagnostic & Consulting Service, Inc. LAB PHONE # (970) 532 2078

DATE RECEIVED IN LABORATORY 9/10/2014 DATE ANALYZED 9/11/2014

PARAMETER	RESULT	UNITS	ANALYSIS DATE	LABORATORY METHOD
Coliform TOTAL (Verified)		#/100 mL		
Coliform FECAL/E. coli (Verified)		#/100 mL		
Coliform TOTAL (Absent/Present)	ABSENT		9/11/14 11:04 am	24 COLILERT
Coliform FECAL/E. coli (Absent/Present)				

COMMENTS: _____

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 9/25/14

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