



Colorado Department
of Public Health
and Environment

Individual Bacteriological Certified Laboratory Report Form

Revision: 12/24/2014

WQCD – Drinking Water CAS

4300 Cherry Creek Drive South; Denver, CO 80246-1530

Fax: (303) 758-1398; cdphe.drinkingwater@state.co.us; **Positive Hotline: (303) 692-3308**

| Section I (Supplied or Completed by Public Water System) | | | | | | Section II (Supplied or Completed by Certified Laboratory) | | | | | |
|--|-------------|-----------------------------------|------------------------------------|---------------------------------|---------------------------|--|--------------------------------|-----------------------|---|--|--|
| Public Water System Information | | | | | | Certified Laboratory Information | | | | | |
| PWS ID: CO0207504 | | | | | | Laboratory ID: CO01020 | | | | | |
| System Name: MEADOW MOUNTAIN WATER | | | | | | Laboratory Name: CHDIAGNOSTIC AND CONSULTING SERVICE, INC. | | | | | |
| Contact Person: STEVE TEDFORD | | | | Phone #: 303-747-2066 | | Contact Person: RHONDA DUNCAN | | Phone #: 970-532-2078 | | | |
| Comments: | | | | | | Comments: | | | | | |
| Section III (Supplied or Completed by Public Water System) | | | | | | | | | | | |
| Sample Date: 3/10/15 | | | | | | Collector: STEVE TEDFORD | | | | | |
| Section IV (Supplied or Completed by Certified Laboratory) | | | | | | | | | | | |
| Lab Receipt Date: 3/10/2015 | | | | Lab Analysis Date: 3/11/2015 | | | Analytical Method: 24 COLILERT | | | | |
| Section V (Supplied or Completed by Public Water System) | | | | | | Section VI (Supplied or Completed by Certified Laboratory) | | | | | |
| Sample Type | Sample Time | Facility ID <i>On Schedule</i> | Sample Pt ID <i>On Schedule</i> | Street Address | *Disinfectant Residual | Lab Sample ID | Analyte Name (Code) | Result | | | |
| RT | 7:45 AM | CO0207504 | Meadow Mountain Wate | PO BOX 354 Allenspark, CO 80510 | 0.2 | 20150082 | Total Coliform (3100) | ABSENT | | | |
| | | | | | | | <i>E. Coli</i> (3014) | | | | |
| | | | | | | | Total Coliform (3100) | | | | |
| | | | | | | | <i>E. Coli</i> (3014) | | | | |
| | | | | | | | Total Coliform (3100) | | | | |
| | | | | | | | <i>E. Coli</i> (3014) | | | | |
| | | | | | | | Total Coliform (3100) | | | | |
| | | | | | | | <i>E. Coli</i> (3014) | | | | |
| | | | | | | | Total Coliform (3100) | | | | |
| | | | | | | | <i>E. Coli</i> (3014) | | | | |
| | | | | | | | Total Coliform (3100) | | | | |
| | | | | | | | <i>E. Coli</i> (3014) | | | | |
| LABORATORY: Please <u>call Hotline with any PRESENT results</u> (Total Coliform, E. Coli, or Fecal). SAMPLE TYPE: RT (Routine), RP (Repeat), SP (Special Purpose). *DISINFECTANT RESIDUAL: Report in mg/L. Use separate form if samples collected on different dates. | | | | | | LA: Lab Accident - Please resample. CG: Confluent Growth - Please resample. TNTC: Too Numerous To Count - Please resample. H: Holding time has been exceeded - Please resample. | | | Present: Coliform / E. Coli / Fecal detected. Absent: Coliform / E. Coli / Fecal not detected. NT: Not Tested. | | |