

LABORATORY ANALYTICAL REPORT

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

Invoice Number: 20150226
Received Date & Time: 5/1/2015 10:45AM
Arrival Temperature: 18.4°C

Sample Identification: NEWTON

Sample Information: unrec.

Sample Date & Time: 5/1/2015 6:45AM

Sampler: Steve Tedford

Volume Sampled: 100ml

Sample Type: Grab

Processing Date & Time: 5/1/2015 10:48AM

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

Start Date & Time: 5/1/2015 10:48AM

Amount Analyzed: 100ml

Stop Date & Time: 5/2/2015 10:48AM

Additional Start Date & Time: N/A

Dilution factor: N/A

Additional Stop Date & Time: N/A

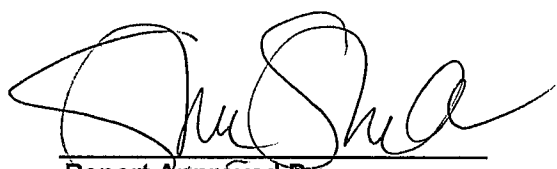
Analytical Results:

Analyte Reporting Limit: 1.0

Coliform bacteria: ABSENT

Chlorine Residual: 0.1

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

5/14/15
Date



Colorado Department
of Public Health
and Environment

Individual Bacteriological Certified Laboratory Report Form

Revision: 4/13/2015

WQCD - Drinking Water CAS

Submit Online at <http://www.wqcdcompliance.com/login>

Coliform 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: CO 0207504		Laboratory ID: CO 01020	
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: 5/11/2015	Collector: STEVE TEDFORD

Section IV (Supplied or Completed by Certified Laboratory)	
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Lab Receipt Date: 5/11/2015	Lab Analysis Date: 5/2/2015	Analytical Method: 24 COLILERT
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Section V (Supplied or Completed by Public Water System)									Section VI (Supplied or Completed by Certified Laboratory)		
Sample Type	Sample Time	Facility ID On Schedule	Sample Pt ID On Schedule	Street Address	*Disinfectant Residual	Lab Sample ID	Analyte Name (Code)	Result			
RT	6:45am	CO 0207504	leadow Mountain-Newitt		0.1	20150226	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)				

LABORATORY: Please call Hotline with any PRESENT results (Total Coliform, E. Coli, or Fecal).	LA: Lab Accident - Please resample.	Present: Coliform / E. Coli / Fecal detected.
SAMPLE TYPE: RT (Routine), RP (Repeat), SP (Special Purpose).	CG: Confluent Growth - Please resample.	Absent: Coliform / E. Coli / Fecal not detected.
*DISINFECTANT RESIDUAL: Report in mg/L.	TNTC: Too Numerous To Count - Please resample.	NT: Not Tested.
Use separate form if samples collected on different dates.		