## Individual Bacteriological Certified Laboratory Report Form

detected. not detected.	Present: Coliform / E. Coli / Fecal detected. Absent: Coliform / E. Coli / Fecal not detected. NT: Not Tested.		le. sample. - Please resample. d - Please resampl	Please resampl wth - Please res ous To Count - been exceeded	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.	LABORATORY: Please call Hotline with any PRESENT results (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.	LABORATORY: Please call Hotline with any PRESE (Total Coliform, E. Coli, or Fecal).  SAMPLE TYPE: RT (Routine), RP (Repeat), SP (Speci*DISINFECTANT RESIDUAL: Report in mg/L.  Use separate form if samples collected on different dates.	LABORATORY: Please call Hot (Total Coliform, E. Coli, or Fecal). SAMPLE TYPE: RT (Routine), R*DISINFECTANT RESIDUAL: Use separate form if samples collections.	LABORATOI (Total Coliform SAMPLE TY) *DISINFECT Use separate ft
	E. Coli (3014)								-
:	Total Coliform (3100)								-
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	E. Coli (3014)		0.2		80510	001	100	0.45411	×
ABSENT	Total Coliform (3100)	20150573	0 0	NSPARK, CO	PO BOX 354 ALLENSPARK, CO	001	201	6.45000	ያ የ
Result	Analyte Name (Code)	Lab Sample ID	*Disinfectant Residual	lress	Street Address	Sample Pt ID On Schedule	Facility ID On Schedule	Sample Time	Sample Type
Laboratory)	Section VI (Supplied or Completed by Certified Laboratory)	Section VI (Supplied o			ıblic Water System)	Section V (Supplied or Completed by Public Water System)	Section V (Supp		
	COLILERT	Analytical Method: 24 COLILERT	Α	15	Lab Analysis Date: 8/7/2015	Lab	٠	ite: 8/6/2015	Lab Receipt Date: 8/6/2015
			ed Laboratory)	eted by Certific	Section IV (Supplied or Completed by Certified Laboratory)	Section 1			
			Collector: STEVE TEDFORD	Collector:				/6/2015	Sample Date: 8/6/2015
			Water System)	leted by Public	Section III (Supplied or Completed by Public Water System)	Section ]			
				Comments:					Comments:
	Phone #: 970-532-2078	DA DUNCAN	son: RHON	Contact Per	17-2066	Phone #: 303-747-2066	Ð	Contact Person: STEVE TEDFORD	Contact Person:
	TING SERVICE, INC.	aboratory Name: CHDIAGNOSTIC AND CONSULTING SERVICE, INC.	Name: CHDIAGN	Laboratory			TAIN WATER	System Name: MEADOW MOUNTAIN WATER	System Name: N
			aboratory ID: CO01020	Laboratory				7504	PWS ID: C00207504
	nformation	Certified Laboratory Information				tem Information	Public Water System Information		
	II (Supplied or Completed by Certified Laboratory)	pplied or Completed b	Section II (Su		stem)	Section I (Supplied or Completed by Public Water System)	applied or Comple	Section I (Sı	
			692-3308	tline: (303) (	Coliform Positive Hotline: (303) 692-3308	Coli			of Public Health and Environment
		<b>z</b> in	oliance.com/log	w.wqcdcomp	Submit Online at http://www.wqcdcompliance.com/login	Submit Or			Colorado Department
5/2015	Kevision: 4/15/2015		AS	ing Water C	WQCD – Drinking Water CAS				
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## LABORATORY ANALYTICAL REPORT

Customer 20011350 Meadow Mountain Water

PO Box 354

Allenspark, CO 80510

**PWSID:** 

CO 0207504

Invoice Number: 20150573 Received Date & Time: 8/6/2015 9:00AM

Arrival Temperature: 19.6°C

Sample Identification: Morris

Sample Information: unrec.

**Sample Date & Time:** 8/6/2015 6:45AM Sampler: Steve Tedford

Volume Sampled: 100ml Sample Type: Grab

**Processing Date & Time:** 8/6/2015 12:06PM

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

Start Date & Time: 8/6/2015 12:06PM

Amount Analyzed: 100ml

**Stop Date & Time:** 8/7/2015 12:06PM

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:

0.2

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

CH Diagnostic Consulting Service, Inc. 512 5th Street, Berthoud CO 80513 PH: (970) 532 2078 FX: (970) 532 3358