

LABORATORY ANALYTICAL REPORT

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

Invoice Number: 20150586
Received Date & Time: 9/10/2015 9:00AM
Arrival Temperature: 15.2°C

Sample Identification: Kesson

Sample Information:

Sample Date & Time: 9/10/2015 6:45AM

Sampler: Steve Tedford

Volume Sampled: 100ml

Sample Type: Grab

Processing Date & Time: 9/10/2015 10:00AM

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

Start Date & Time: 9/10/2015 10:00AM

Amount Analyzed: 100ml

Stop Date & Time: 9/11/2015 10:00AM

Additional Start Date & Time: N/A

Dilution factor: N/A

Additional Stop Date & Time: N/A

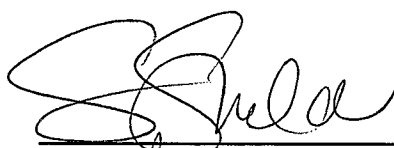
Analytical Results:

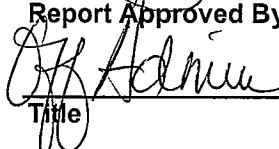
Analyte Reporting Limit: 1.0

Coliform bacteria: ABSENT

Chlorine Residual: 0.8

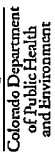
This sample was analyzed for the presence of Escherichia coli (E. coli) by the method outlined in: Standard Methods for the Examination of Water and Wastewater, 20th Edition, 1998, 9223 B, Enzyme Substrate Test. All limitations stated in the method apply.


Report Approved By


Title

Date

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



Revision: 4/13/2015

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: 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)				Section IV (Supplied or Completed by Certified Laboratory)				
Sample Date: 9/10/2015				Collector: STEVE TEDFORD				
Lab Receipt Date: 9/10/2015				Lab Analysis Date: 9/11/2015				
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	001	001		0.8	20150586	Total Coliform (3100) <i>E. Coli</i> (3014)	ABSENT
							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).				Present: Coliform / E. Coli / Fecal detected.				
SAMPLE TYPE: RT (Routine), RP (Repeat), SP (Special Purpose).				Absent: Coliform / E. Coli / Fecal not detected.				
*DISINFECTANT RESIDUAL: Report in mg/L.				NT: Not Tested.				
Use separate form if samples collected on different dates.								