LABORATORY ANALYTICAL REPORT

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

Invoice Number: 20150688
Received Date & Time: 10/8/2015 12:00PM
Arrival Temperature: 23.6°C

Sample Identification: Morris
Sample Information:
Sample Date & Time: 10/8/2015 6:15AM **Sampler:** Steve Tedford
Volume Sampled: 100ml **Sample Type:** Grab
Processing Date & Time: 10/8/2015 12:31PM

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

Start Date & Time: 10/8/2015 12:31PM **Amount Analyzed:** 100ml
Stop Date & Time: 10/9/2015 12:31PM

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: 0.7

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** 10/26/15

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

Colorado Department of Public Health and Environment

Individual Bacteriological Certified Laboratory Report Form

WQCD – Drinking Water CAS

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

Coliform Positive Hotline: (303) 692-3308

Revision: 4/13/2015

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: 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: 10/8/2015	Collector: STEVE TEDFORD

Section IV (Supplied or Completed by Certified Laboratory)		
Lab Receipt Date: 10/8/2015	Lab Analysis Date: 10/9/2015	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 On Schedule	Sample Pt ID On Schedule	Street Address	*Disinfectant Residual	Lab Sample ID	Analyte Name (Code)	Result
RT	6:15am	001	001		0.7	20150688	Total Coliform (3100)	ABSENT
							E. Coli (3014)	
							Total Coliform (3100)	
							E. Coli (3014)	
							Total Coliform (3100)	
							E. Coli (3014)	
							Total Coliform (3100)	
							E. Coli (3014)	
							Total Coliform (3100)	
							E. Coli (3014)	

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.

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.