

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

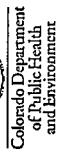
This sample was analyzed for the presence of Escherichia coli (E. coli) by the method outlined in: Standard Methods for the Examination of Water and Wastewater, 20th Edition, 1998, 9223 B, Enzyme Substrate Test. All limitations stated in the method apply.

Report Approved By

Title

Date

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 III (Supplied or Completed by Public Water System)	Collector: STEVE TEDFORD
Sample Date: 10/8/2015	

Lab Receipt Date: 10/8/2015	Lab Analysis Date: 10/9/2015	Analytical Method: 24 COLLERT
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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	6:15am	001	001		0.7	20150688	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).

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.