

LABORATORY ANALYTICAL REPORT

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

Invoice Number: 20150829
Received Date & Time: 12/4/2015 8:50AM
Arrival Temperature: 16.4°C

Sample Identification: MORRIS

Sample Information: unrec.

Sample Date & Time: 12/4/2015 6:45AM

Sampler: Steve Tedford

Volume Sampled: 100ml

Sample Type: Grab

Processing Date & Time: 12/4/2015 9:45AM

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

Start Date & Time: 12/4/2015 9:45AM

Amount Analyzed: 100ml

Stop Date & Time: 12/5/2015 9:45AM

Additional Start Date & Time: N/A

Dilution factor: N/A

Additional Stop Date & Time: N/A

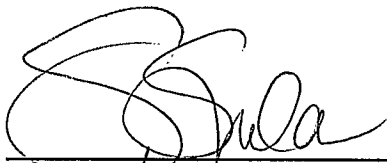
Analytical Results:

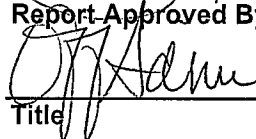
Analyte Reporting Limit: 1.0

Coliform bacteria: ABSENT

Chlorine Residual: 0.6

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

12/8/15

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

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: 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: 12/4/2015				Collector: STEVE TEDFORD					
Lab Receipt Date: 12/4/2015				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	6:45am	DS001	001		0.6	20150829	Total Coliform (3100) <i>E. Coli</i> (3014)	ABSENT	
							Total Coliform (3100) <i>E. Coli</i> (3014)		
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LABORATORY: Please call Hotline with any PRESENT results (Total Coliform, <i>E. Coli</i> , 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 / <i>E. Coli</i> / Fecal detected. Absent: Coliform / <i>E. Coli</i> / Fecal not detected. NT: Not Tested.	