



Colorado Department of Public Health and Environment
Compliance Assurance and Data Management Unit

REPORTING FORM FOR CORROSIVITY ANALYSES

SAMPLER: PLEASE FILL OUT ONE FORM FOR EACH INDIVIDUAL SAMPLING POINT

Are these results to be used to fulfill compliance monitoring requirements? Yes ☒ or No ☐

Is this a check or confirmation sample? Yes ☐ No ☒

PWSID: CO0207504 COUNTY: Boulder DATE COLLECTED: 2/22/16

SYSTEM/ESTABLISHMENT NAME: Meadow Mountain Water Company

SYSTEM ADDRESS: P.O. BOX 162 Allenspark CO 80510
Street address/ PO Box CITY STATE ZIP

CONTACT PERSON: Steve Tedford PHONE: 303-747-2066

SAMPLE COLLECTED BY: TIME COLLECTED: 7:15 AM

WATER TYPE: RAW (No chlorine or other treatment) ☐ or CHLORINATED ☒ or OTHER TREATMENT ☐

Sample Point:

LOCATION: Address

SOURCE(S) REPRESENTED

Plant

CORROSIVITY SAMPLES CANNOT BE COMPOSITED

For Laboratory Use Only Below This Line

LABORATORY SAMPLE # 160222027-01 CLIENT NAME or ID# MEADOW

LABORATORY NAME Colorado Analytical Laboratory

LAB PHONE #: (303) 659-2313 DATE RECEIVED IN LABORATORY: 2/22/16

COMMENTS:

PARAMETER	RESULT in (mg/L)	MCL in (mg/L)	STANDARD METHOD	Lab MDL in (mg/L)	Date Analyzed
Langlier Index	-2.91	***	SM 2330-B		2/25/16
Calcium as CaCO3	5.1	N/A	SM 3111-B	0.1	2/25/16
Total Dissolved Solids	5	N/A	SM 2540-C	5	2/24/16
pH	7.06	N/A	SM 4500-H-B	0.01	2/22/16
Total Alkalinity	10.6	N/A	SM 2320-B	0.1	2/24/16
Temperature	20	N/A	SM 4500-H-B	1	2/22/16

NT = Not Tested for compound

mg/L = Milligrams per Liter

Lab MDL = Laboratory Method Detection Limit

N/A = Not Applicable

MCL = Maximum Contaminate Level

H = Holding Time has been exceeded.

*** IF LANGLIER INDEX IS A NEGATIVE NUMBER, WATER IS CORROSIVE.

IF LANGLIER INDEX IS ZERO, WATER IS BALANCED.

IF LANGLIER INDEX IS A POSITIVE NUMBER, WATER IS SCALE FORMING.

Laboratory Manager

2/26/16

Reviewed Approved by

TITLE

DATE

Colorado Department of Public Health and Environment
WQCD-CADM
4300 Cherry Creek Drive South
Denver, CO 80246-1530

160222027

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Colorado Department of Public Health and Environment
Compliance Assurance and Data Management Unit

REPORTING FORM FOR CORROSIVITY ANALYSES

SAMPLER: PLEASE FILL OUT ONE FORM FOR EACH INDIVIDUAL SAMPLING POINT

Are these results to be used to fulfill compliance monitoring requirements? Yes ☒ or No ☐

Is this a check or confirmation sample? Yes ☐ No ☒

PWSID: CO0207504 COUNTY: Boulder DATE COLLECTED: 2/22/16

SYSTEM/ESTABLISHMENT NAME: Meadow Mountain Water Company

SYSTEM ADDRESS: P.O. BOX 162 Allenspark CO 80510
Street address/ PO Box CITY STATE ZIP

CONTACT PERSON: Steve Tedford PHONE: 303-747-2066

SAMPLE COLLECTED BY: TIME COLLECTED: 7:15 AM

WATER TYPE: RAW (No chlorine or other treatment) ☐ or CHLORINATED ☒ or OTHER TREATMENT ☐

Sample Point:

LOCATION: Address

SOURCE(S) REPRESENTED

Newton

CORROSIVITY SAMPLES CANNOT BE COMPOSITED

For Laboratory Use Only Below This Line

LABORATORY SAMPLE # 160222027-02 CLIENT NAME or ID# MEADOW

LABORATORY NAME Colorado Analytical Laboratory

LAB PHONE #: (303) 659-2313 DATE RECEIVED IN LABORATORY: 2/22/16

COMMENTS:

PARAMETER	RESULT in (mg/L)	MCL in (mg/L)	STANDARD METHOD	Lab MDL in (mg/L)	Date Analyzed
Langlier Index	-2.92	***	SM 2330-B		2/25/16
Calcium as CaCO3	5.2	N/A	SM 3111-B	0.1	2/25/16
Total Dissolved Solids	5	N/A	SM 2540-C	5	2/24/16
pH	7.05	N/A	SM 4500-H-B	0.01	2/22/16
Total Alkalinity	10.5	N/A	SM 2320-B	0.1	2/24/16
Temperature	20	N/A	SM 4500-H-B	1	2/22/16

NT = Not Tested for compound

mg/L = Milligrams per Liter

Lab MDL = Laboratory Method Detection Limit

N/A = Not Applicable

MCL = Maximum Contaminate Level

H = Holding Time has been exceeded.

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IF LANGLIER INDEX IS ZERO, WATER IS BALANCED.

IF LANGLIER INDEX IS A POSITIVE NUMBER, WATER IS SCALE FORMING.

Laboratory Manager

2/26/16

Reviewed Approved by

TITLE

DATE

Colorado Department of Public Health and Environment
WQCD-CADM
4300 Cherry Creek Drive South
Denver, CO 80246-1530

160222027

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Drinking Water Chain of Custody



LABORATORIES, INC.

Brighton Lab
240 South Main Street
Brighton, CO 80601

Lakewood Lab
12860 W. Cedar Dr, Suite 100A
Lakewood CO 80228

Phone: 303-659-2313
Fax: 303-659-2315

www.coloradolab.com

Report To Information		Bill To Information (If different from report to)	
Company Name: <u>Waters</u>	Company Name: <u>Same</u>	State Form / Project Information	
Contact Name: <u>Waters</u>	Contact Name: <u>Same</u>	PWSID: <u>207504</u>	
Address:	Address:	System Name:	
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____	Address:	
Phone: _____ Fax: _____	Phone: _____ Fax: _____	City: _____ State: _____ Zip: _____	
Email: _____	Email: _____	County: _____	
Sampler Name:	PO No.:	Compliance Samples: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		Send Forms to State: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

CAL Task No. <u>160222027</u>		PHASE I, II, V Drinking Water Analyses (check analysis)														Subcontract Analyses														
ARF																														
Date	Time	Client Sample ID / EP Code	No. of Containers	Residual Chlorine (mg/L) P/A Samples Only	Total Coliform P/A	504.1 EDB/DBCP	505 Pests/PCBs	515.4 Herbicides	524.2 VOCs	525.2 SOCs-Pest	531.1 Carbamates	547 Glyphosate	548.1 Endothall	549.2 Diquat	524.2 TTHMs	552.2 HAA5s	Lead/Copper	Nitrate	Nitrite	Fluoride	Inorganics	Alk/Lang. Index	TOC, DOC (Circle)	SUVA, UV 254 (Circle)	Gross Alpha/Beta	Radium 226	Radium 228	Radon	Uranium	
2/22	7:15 A	1 PLANT	1																											
		2 PLANT	1																											
		3 PLANT	1																											
		4 PLANT	1																											
		5 PLANT	1																											
		6 PLANT	1																											
Instructions:		C/S Info: <u>hand</u>																												
Relinquished By: <u>Sta</u>		Date/Time: <u>2-22-16</u>		Received By: <u>[Signature]</u>		Date/Time: <u>2/22/16</u>		Relinquished Via: <u>hand</u>		C/S Charge <input type="checkbox"/>		Temp. <u>10</u> °C/lc		Sample Pres. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Seals Present Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Headspace Yes <input type="checkbox"/> No <input type="checkbox"/>		Date/Time:		Received By: <u>[Signature]</u>		Date/Time:		Sample Pres. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Date/Time:		