

Total Trihalomethane Certified Laboratory Report Form WQCD - Drinking Water CAS 4300 Cherry Creek Drive South, Denver, CO 80246-1530 Fax: (303) 758-1398; cdphe.drinkingwater@state.co.us

Revision: 6/13/2014 **TTHM**

Section I (to be completed by the Public Water System Information)		Section II (to be completed by Laboratories only) Laboratory Information					
PWSID#: CO0207504	Facility ID:DS001	Laboratory ID: CO 0015					
System Name: Meadow Mtn Water Supply		Laboratory Name: Colorado Analytical Laboratory					
Contact Person: Steve Tedford	Phone #: 303-747-2066	Contact Person: Customer Service Phone: 303-659-2313					
Comments:		Comments:					

Sec	tion III (Supplied or	Completed by PWS)	Section IV (Supplied or Completed by Certified Laboratory)									
Sample Date	Sample Pt ID On Schedule	Address - Location	Lab Receipt Lab Analys Date Date		Laboratory Sample ID #	Analyte	Analytical Method	MCL (ug/L)	Lab MRL (ug/L)	Result (ug/L)		
8/9/16	DBP001	Newton	8/9/16 8/11/16		160809028-01A	Chloroform	EPA-524.2	N/A	0.5	43.1		
				Bromoform		Bromoform	EPA-524.2	N/A	0.5	BDL		
						Bromodichloromethane	EPA-524.2	N/A	0.5	1.9		
						Dibromochloromethane	EPA-524.2	N/A	0.5	BDL		
						Total Trihalomethanes	EPA-524.2	80	0.5	45.0		

NT: Not Tested Lab MRL: Laboratory Minimum Reporting Level BDL: Below Laboratory MRL. A less than (<) may also used. ug/L: Micrograms per Liter
MCL: Maximum Contaminant Level

8/22/16 160809028

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Drinking Water Chain of Custody

Bill To Information (If different from report to)

State Form / Project Information

PWSID: System Name:

Address:

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ABORATORIES INC	olytica alytica

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LABORATORIES, INC.	Analyt	Color	ı
ES, INC.	Sign	obc	

Brighton, CO 80601 Brighton Lab 240 South Main Street

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

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

www.coloradolab.com

Compliance Samples: Yes No

Email:

Phone: 303-747-7066

Fax:

Email: Phone: City ALL EKS PANIC State CO Zip

505

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City

State

Zip

City

State

Zip

Fax:

County: Bankley

Address: Do. Box

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Contact Name:

Contact Name:

Address:

Report To Information

Company Name: 78 + Now Hour THE With Company Name:

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