

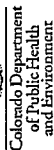
Individual Bacteriological Certified Laboratory Report Form

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: 7/6/2016		Collector: STEVE TEDFORD		Analytical Method: 24 COLILERT				
Section V (Supplied or Completed by Public Water System)				Section VI (Supplied or Completed by Certified Laboratory)				
Lab Receipt Date: 7/6/2016		Lab Analysis Date: 7/7/2016						
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	7:05AM		MORRIS		0.7	20160662	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).				LABORATORY: Please call Hotline with any PRESENT results (Total Coliform, E. Coli, or Fecal).				
SAMPLE TYPE: RT (Routine), RP (Repeat), SP (Special Purpose).				SAMPLE TYPE: RT (Routine), RP (Repeat), SP (Special Purpose).				
*DISINFECTANT RESIDUAL: Report in mg/L.				*DISINFECTANT RESIDUAL: Report in mg/L.				
Use separate form if samples collected on different dates.				Use separate form if samples collected on different dates.				

LABORATORY ANALYTICAL REPORT

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

Invoice Number: 20160662
Received Date & Time: 7/6/2016 9:10AM
Arrival Temperature: 18.4°C

Sample Identification: MORRIS	
Sample Information: unrec.	
Sample Date & Time: 7/6/2016 7:05AM	Sampler: Steve Tedford
Volume Sampled: 100ml	Sample Type: Grab
Processing Date & Time: 7/6/2016 11:00AM	

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

Start Date & Time: 7/6/2016 11:00AM **Amount Analyzed:** 100ml
Stop Date & Time: 7/7/2016 11:00AM

Additional Start Date & Time: N/A **Dilution factor:** N/A
Additional Stop Date & Time: N/A

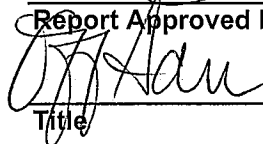
Analytical Results:

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
 **8/5/16**
Title **Date**