

## LABORATORY ANALYTICAL REPORT

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

**Invoice Number:** 20160972  
**Received Date & Time:** 10/7/2016 8:45AM  
**Arrival Temperature:** 15.8°C

**Sample Identification:** MORRIS

**Sample Information:** unrec.

**Sample Date & Time:** 10/7/2016 7:15AM

**Sampler:** Steve Tedford

**Volume Sampled:** 100ml

**Sample Type:** Grab

**Processing Date & Time:** 10/7/2016 9:30AM

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

**Start Date & Time:** 10/7/2016 9:30AM

**Amount Analyzed:** 100ml

**Stop Date & Time:** 10/8/2016 9:30AM

**Additional Start Date & Time:** N/A

**Dilution factor:** N/A

**Additional Stop Date & Time:** N/A

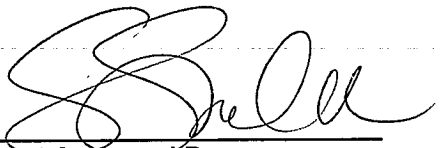
### Analytical Results:

**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

10/26/16



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: 10/7/2016                                                                                          |             |                            |                             | Collector: STEVE TEDFORD                                       |                           |                       |                       |        |
| Lab Receipt Date: 10/7/2016                                                                                     |             |                            |                             | 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<br>On Schedule | Sample Pt ID<br>On Schedule | Street Address                                                 | *Disinfectant<br>Residual | Lab Sample ID         | Analyte Name (Code)   | Result |
| RT                                                                                                              | 7:15AM      |                            | MORRIS                      |                                                                | 0.6                       | 20160972              | 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) |        |
| <b>LABORATORY: Please call Hotline with any PRESENT results</b><br>(Total Coliform, <i>E. Coli</i> , or Fecal). |             |                            |                             | <b>Present:</b> Coliform / <i>E. Coli</i> / Fecal detected.    |                           |                       |                       |        |
| <b>SAMPLE TYPE:</b> RT (Routine), RP (Repeat), SP (Special Purpose).                                            |             |                            |                             | <b>Absent:</b> Coliform / <i>E. Coli</i> / Fecal not detected. |                           |                       |                       |        |
| <b>*DISINFECTANT RESIDUAL:</b> Report in mg/L.                                                                  |             |                            |                             | <b>NT:</b> Not Tested.                                         |                           |                       |                       |        |
| Use separate form if samples collected on different dates.                                                      |             |                            |                             |                                                                |                           |                       |                       |        |