# LABORATORY ANALYTICAL REPORT

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

**Invoice Number:** 20161111
**Received Date & Time:** 11/4/2016 10:40AM
**Arrival Temperature:** 2.4°C

**Sample Identification:** NEWTON
**Sample Information:** unrec.
**Sample Date & Time:** 11/4/2016 8:20AM **Sampler:** Steve Tedford
**Volume Sampled:** 100ml **Sample Type:** Grab
**Processing Date & Time:** 11/4/2016 10:49AM

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

**Start Date & Time:** 11/4/2016 10:49AM **Amount Analyzed:** 100ml
**Stop Date & Time:** 11/5/2016 10:49AM

**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** 11/23/16

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

WQCD – Drinking Water CAS

Submit Online at http://www.wqcdcompliance.com/login

Coliform Positive Hotline: (303) 692-3308

Revision: 4/13/2015

| 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) | |
|---|---|
| Sample Date: 11/4/2016 | Collector: STEVE TEDFORD |

| Section IV (Supplied or Completed by Certified Laboratory) | | |
|---|---|---|
| Lab Receipt Date: 11/4/2016 | Lab Analysis Date: 11/5/2016 | 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 On Schedule | Sample Pt ID On Schedule | Street Address | *Disinfectant Residual | Lab Sample ID | Analyte Name (Code) | Result |
| RT | 8:20AM | | NEWTON | | 0.6 | 20161111 | Total Coliform (3100) | ABSENT |
| | | | | | | | *E. Coli* (3014) | |
| | | | | | | | Total Coliform (3100) | |
| | | | | | | | *E. Coli* (3014) | |
| | | | | | | | Total Coliform (3100) | |
| | | | | | | | *E. Coli* (3014) | |
| | | | | | | | Total Coliform (3100) | |
| | | | | | | | *E. Coli* (3014) | |
| | | | | | | | Total Coliform (3100) | |
| | | | | | | | *E. Coli* (3014) | |

**LABORATORY:** Please **call Hotline with any PRESENT results** (Total Coliform, E. Coli, 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 / E. Coli / Fecal detected.
**Absent:** Coliform / E. Coli / Fecal not detected.
**NT:** Not Tested.