

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

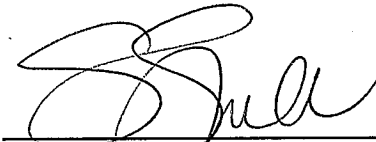
Analytical Results:

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

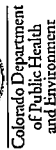
Individual Bacteriological Certified Laboratory Report Form

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: 11/4/2016		Collector: STEVE TEDFORD		Analytical Method: 24 COLILERT			
Lab Receipt Date: 11/4/2016		Lab Analysis Date: 11/5/2016		Section V (Supplied or Completed by Public Water System)			
Sample Type	Sample Time	Facility ID On Schedule	Sample Pt ID On Schedule	Street Address	*Disinfectant Residual	Lab Sample ID	Analyte Name (Code)
RT	8:20AM		NEWTON		0.6	20161111	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)
							Total Coliform (3100)
							<i>E. Coli</i> (3014)
LABORATORY: Please call Hotline with any PRESENT results (Total Coliform, E. Coli, or Fecal).				Present: Coliform / E. Coli / Fecal detected.			
SAMPLE TYPE: RT (Routine), RP (Repeat), SP (Special Purpose).				Absent: Coliform / E. Coli / Fecal not detected.			
*DISINFECTANT RESIDUAL: Report in mg/L.				NT: Not Tested.			
Use separate form if samples collected on different dates.							