LABORATORY ANALYTICAL REPORT

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

Invoice Number: 20170100
Received Date & Time: 1/20/2017 11:15AM
Arrival Temperature: 11.4°C

Sample Identification: MORRIS
Sample Information:
Sample Date & Time: 1/20/2017 **Sampler:** Steve Tedford
Volume Sampled: 100 ml **Sample Type:** Grab
Processing Date & Time: 1/20/2017 11:28AM

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

Start Date & Time: 1/20/2017 11:28AM **Amount Analyzed:** 100 ml
Stop Date & Time: 1/21/2017 11:28AM

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: 0.8

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.

Rhonda L. Duncan
Report Approved By

Laboratory Director 2/1/2017
Title **Date**

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: CO069	
System Name: Meadow Mountain Water		Laboratory Name: CH Diagnostic and Consulting Services, Inc.	
Contact Person: Steve Tedford/Rachel Barkworth	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: 1/20/2017	Collector: Steve Tedford

Section IV (Supplied or Completed by Certified Laboratory)		
Lab Receipt Date: 1/20/2017	Lab Analysis Date: 1/21/2017	Analytical Method: 9223B

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		DS001	RTOR	MORRIS	0.8	20170100	Total Coliform (3100)	ABSENT
							E. Coli (3014)	ABSENT
							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.