

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

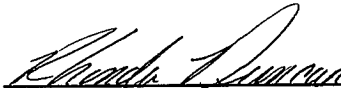
Analytical Results:

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.


Report Approved By


Title **Date** 2/1/2017



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: 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)				Section IV (Supplied or Completed by Certified Laboratory)				
Sample Date: 1/20/2017				Collector: Steve Tedford				
Section V (Supplied or Completed by Public Water System)				Analytical Method: 9223B				
Lab Receipt Date: 1/20/2017		Lab Analysis Date: 1/21/2017						
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
							<i>E. Coli</i> (3014)	ABSENT
							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, <i>E. Coli</i> , or Fecal).				Present: Coliform / <i>E. Coli</i> / Fecal detected.				
SAMPLE TYPE: RT (Routine), RP (Repeat), SP (Special Purpose).				Absent: Coliform / <i>E. Coli</i> / Fecal not detected.				
*DISINFECTANT RESIDUAL: Report in mg/L.				NT: Not Tested.				
Use separate form if samples collected on different dates.								