



Certificate of Analysis

Meadow Mt. Water Supply Co.

PO Box 354

CustID# 10757

Allenspark CO

Attn: Andrew Griffiths

Date Received: 5/1/2018

Date Reported: 5/2/2018

Location Name: CRS001

Batch No: 11611



Sample Date: 5/1/2018

Sample Time: 12:10:00 PM

Sample ID: B181211351



Client Sample ID: CO0207504

Matrix: Water

Analysis	Results	Units	Limit of Quantitation	Method	Invoice
Coliform, E-coli	< 1	MPN	1 MPN	SM 9223	
Coliform, Total	8.5	MPN	1 MPN	SM 9223	

Our Company makes no warranty except that the analysis has been made upon the samples received in accordance with generally accepted testing laboratory principles and practices and by methods approved by the U.S. EPA and State Department of Health. The results of the analysis may not be characteristic of the whole from which the sample was taken.

Results Approved by:

Laboratory/Water Quality Supervisor

Please contact Water Quality Supervisor at 970-577-3624 or via email dcallahan@estes.org if you have any questions regarding the testing above.

Test Note:



ESTES PARK
COLORADO

Town of Estes Park
Water Department
Chain of Custody

Client/Billing Information:

Company: MEADOW Mtn. WATER SUPPLY Co.
Address: Box 162 ALDEN PARK & 80510
Contact: ANDREW GRIFELINS
Phone: (303) 747-2715 e-mail: andyaug@earthlink.net

System Information:

PWSID# 207504
System Address: _____
Contact Person: _____
Phone: _____ e-mail: _____

State Form Information:

State Form Required ☒
Compliance Samples ☒
Submit Forms to State ☒

Yes ☒ No ☐
Yes ☒ No ☐
Yes ☒ No ☐

Water Supply:

Public/Community ☒ Private ☐

Samplers Signature: AT. Gault

Sample Location or ID	Date	Time	Analysis:	
CRS 001	5/1/18	12:00p	☐ Total/E. coli Enum	☐ Other: <u>CL2</u> <u>RAW</u>
RAW SAMPLE			☐ Total/E. coli Enum	☐ Other: <u>CL2</u>
			☐ Total/E. coli Enum	☐ Other: <u>CL2</u>
			☐ Total/E. coli Enum	☐ Other: <u>CL2</u>
			☐ Total/E. coli Enum	☐ Other: <u>CL2</u>
			☐ Total/E. coli Enum	☐ Other: <u>CL2</u>
			☐ Total/E. coli Enum	☐ Other: <u>CL2</u>
			☐ Total/E. coli Enum	☐ Other: <u>CL2</u>
			☐ Total/E. coli Enum	☐ Other: <u>CL2</u>

Relinquished By: AT. Gault

Date: 5/1/18

Time: 1:25p

Received By: _____

Relinquished By: _____

Date: _____

Time: _____

Received By: _____

Notes/Remarks:



Certificate of Analysis

Meadow Mt. Water Supply Co.

PO Box 354

CustID# 10757

Allenspark CO

Attn: Andrew Griffiths

Date Received: 5/16/2018

Date Reported: 5/17/2018

Location Name: CRS001

Batch No: 11646



Sample Date: 5/16/2018

Sample Time: 11:00:00 AM

Sample ID: B181371445



Client Sample ID: CO0207504

Matrix: Water

Analysis	Results	Units	Limit of Quantitation	Method	Invoice
Coliform, E-coli	< 1	MPN	1 MPN	SM 9223	
Coliform, Total	12.1	MPN	1 MPN	SM 9223	

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Results Approved by:

Laboratory/Water Quality Supervisor

Please contact Water Quality Supervisor at 970-577-3624 or via email dcallahan@estes.org if you have any questions regarding the testing above.

Test Note:



ESTES PARK
COLORADO

Town of Estes Park
Water Department
Chain of Custody

Client/Billing Information:

Company: MEADOW Mtn WATER SUPPLY COMPANY
Address: Box 162 ALLEN PARK CO 80510
Contact: ANDREW GRIMMITS
Phone: (303) 747-2715 e-mail: andgrimmits@water.net

System Information:

PWSID# 60207504
System Address: _____
Contact Person: _____
Phone: _____ e-mail: _____

State Form Information:

State Form Required ☒ Yes ☐ No
Compliance Samples ☒ Yes ☐ No
Submit Forms to State ☒ Yes ☐ No

Water Supply:

Public/Community ☒ Private ☐

Samplers Signature: [Signature]

Sample Location or ID	Date	Time	Analysis:	
<u>CRS 001</u>	<u>5/16/18</u>	<u>11:00a</u>	☐ BacT (P/A)	☐ Total/E. coli Enum
			☐ BacT (P/A)	☐ Total/E. coli Enum
			☐ BacT (P/A)	☐ Total/E. coli Enum
			☐ BacT (P/A)	☐ Total/E. coli Enum
			☐ BacT (P/A)	☐ Total/E. coli Enum
			☐ BacT (P/A)	☐ Total/E. coli Enum
			☐ BacT (P/A)	☐ Total/E. coli Enum
			☐ BacT (P/A)	☐ Total/E. coli Enum
			☐ Other:	<u>LR</u> <u>RAW</u>
			☐ Other:	
			☐ Other:	
			☐ Other:	
			☐ Other:	
			☐ Other:	
			☐ Other:	
			☐ Other:	

Relinquished By: <u>AT. Gault</u>	Date: <u>5/16/18</u>	Time: <u>2:30p</u>	Received By: <u>Helen [Signature]</u>
Relinquished By:	Date:	Time:	Received By:

Notes/Remarks:

B181371945



Certificate of Analysis

Meadow Mt. Water Supply Co.
PO Box 354
CustID# 10757
Allenspark CO
Attn: Andrew Griffiths

Date Received: 5/30/2018

Date Reported: 5/31/2018

Location Name: CRS001

Batch No: 11670



Sample Date: 5/30/2018

Sample Time: 9:00:00 AM

Sample ID: B181501241



Client Sample ID: CO0207504

Matrix: Water

Analysis	Results	Units	Limit of Quantitation	Method	Invoice
Coliform, E-coli	< 1	MPN	1 MPN	SM 9223	
Coliform, Total	3.1	MPN	1 MPN	SM 9223	

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Results Approved by:

Laboratory/Water Quality Supervisor

Please contact Water Quality Supervisor at 970-577-3624 or via email dcallahan@estes.org if you have any questions regarding the testing above.

Test Note:



ESTES PARK
COLORADO

Town of Estes Park
Water Department
Chain of Custody

Client/Billing Information:

Company: MEADOW MOUNTAIN WATER SUPPLY CO.
Address: BOX 162 ALDEN PARK CO 80510
Contact: ANDREW GRIFFITHS
Phone: (303) 747-2715 e-mail: andrew@meadowmountainwater.com

System Information:

PWSID# Co 207504
System Address: _____
Contact Person: _____
Phone: _____ e-mail: _____

State Form Information:

State Form Required ☒ Yes
Compliance Samples ☒ Yes
Submit Forms to State ☒ Yes

Water Supply:

Public/Community ☒ Private ☐

Samplers Signature: AD. Griffiths

Sample Location or ID	Date	Time	Analysis:	
<u>CRS 001</u>	<u>5/30/18</u>	<u>9:00a</u>	BacT (P/A) ☐	Total/E. coli Enum ☐ Other: <u>LT2</u> <u>RAW</u>
			BacT (P/A) ☐	Total/E. coli Enum ☐ Other: _____
			BacT (P/A) ☐	Total/E. coli Enum ☐ Other: _____
			BacT (P/A) ☐	Total/E. coli Enum ☐ Other: _____
			BacT (P/A) ☐	Total/E. coli Enum ☐ Other: _____
			BacT (P/A) ☐	Total/E. coli Enum ☐ Other: _____
			BacT (P/A) ☐	Total/E. coli Enum ☐ Other: _____
			BacT (P/A) ☐	Total/E. coli Enum ☐ Other: _____

Relinquished By: AD. Griffiths

Date: 5/30/18 Time: 11:15a

Relinquished By: _____

Date: _____ Time: _____

Notes/Remarks:

B181501241

1. Enable Macros.

2. Enter sample results starting in the row below the column titles.

3. Press the

- button.
4. Name the CSV file.
5. Select a folder to save the CSV file to.

Note: OK to change column order, but not column

Lab Sample ID	Required (*Depends on analyte)																No	Free Chlorine	Total Chlorine
	Yes*	Yes	No	Yes	Yes	Yes	CAS	Result Sign	Result Value	Result Unit Of Measure	Method	Yes*	Tolerance	Minimum Reporting Level	Comments	Address			
B181211351	CO129	05/01/2018	05/01/2018	SS001	CO0207504	SS001	CRS001	E. coli	68583-22-2	<	I	MPN	9223B	I					
B181371445	CO129	05/16/2018	05/16/2018	RT	CO0207504	SS001	CRS001	E. coli	68583-22-2	<	I	MPN	9223B	I					
B181501241	CO129	05/30/2018	05/30/2018	RT	CO0207504	SS001	CRS001	E. coli	68583-22-2	<	I	MPN	9223B	I					