



Colorado Department
of Public Health
and Environment

Total Trihalomethane Certified Laboratory Report Form
WQCD - Drinking Water CAS
Submit Online at <http://www.wqcdcompliance.com/login>

Revision: 4/13/2015

TTHM

Section I (to be completed by the Public Water Systems only)						Section II (to be completed by Laboratories only)				
Public Water System Information						Laboratory Information				
PWSID#: CO0207504			Facility ID:			Laboratory ID: CO 0015				
System Name: Meadow Mtn Water Supply						Laboratory Name: Colorado Analytical Laboratory				
Contact Person: Steve Tedford			Phone #: 303-747-2066			Contact Person: Customer Service		Phone: 303-659-2313		
Comments:						Comments:				
Section III (Supplied or Completed by PWS)			Section IV (Supplied or Completed by Certified Laboratory)							
Sample Date	Sample Pt ID On Schedule	Address - Location	Lab Receipt Date	Lab Analysis Date	Laboratory Sample ID #	Analyte	Analytical Method	MCL (ug/L)	Lab MRL (ug/L)	Result (ug/L)
8/8/18	DBP001	Newton	8/8/18	8/11/18	180808098-01A	Chloroform	EPA-524.2	N/A	0.5	33.2
						Bromoform	EPA-524.2	N/A	0.5	BDL
						Bromodichloromethane	EPA-524.2	N/A	0.5	2.1
						Dibromochloromethane	EPA-524.2	N/A	0.5	BDL
						Total Trihalomethanes	EPA-524.2	80	0.5	35.4

NT: Not Tested

Lab MRL: Laboratory Minimum Reporting Level

BDL: Below Laboratory MRL. A less than (<) may also used.

ug/L: Micrograms per Liter

MCL: Maximum Contaminant Level

8/21/18

180808098

1/1

Y

Drinking Water Chain of Custody



LABORATORIES, INC.

Brighton Lab
240 South Main Street
Brighton, CO 80601

Lakewood Lab
12860 W. Cedar Dr, Suite 100A
Lakewood CO 80228

Phone: 303-659-2313
Fax: 303-659-2315

www.coloradolab.com

Report To Information		Bill To Information (if different from report to)		State Form / Project Information	
Company Name: <u>1234 Dew Lakeview</u>		Company Name: _____		PWSID: <u>207504</u>	
Contact Name: <u>WATTS</u>		Contact Name: _____		System Name: <u>1234 Dew Lakeview</u>	
Address: _____		Address: <u>1234 Dew Lakeview</u>		Address: _____	
City <u>1234</u> State <u>CO</u> Zip <u>80512</u>		City _____ State _____ Zip _____		City _____ State _____ Zip _____	
Phone: _____ Fax: _____		Phone: _____ Fax: _____		County: <u>Jefferson</u>	
Email: _____		Email: _____		Compliance Samples: Yes ☒ No ☐	
Sampler Name: <u>CTC</u>		PO No.: _____		Send Forms to State: Yes ☒ No ☐	

CAL Task No. er
180808098

RNL

Date	Time	Client Sample ID / EP Code	No. of Containers	Residual Chlorine (mg/L) P/A Samples Only	Total Coliform P/A	504.1 EDB/DBCP	505 Pests/PCBs	515.4 Herbicides	524.2 VOCs	525.2 SOCs-Pest	531.1 Carbamates	547 Glyphosate	548.1 Endothall	549.2 Diquat	524.2 TTHMs	552.2 HAA5s	Lead/Copper	Nitrate	Nitrite	Fluoride	Inorganics	Alk./Lang. Index	TOC, DOC (Circle)	SUVA, UV 254 (Circle)	Gross Alpha/Beta	Radium 226	Radium 228	Radon	Uranium
8-8-18	10:15	NBUT-01	1																										
8-8-18	10:15	NBUT-01	3																										

Instructions:

C/S Info:

Seals Present Yes ☐ No ☒ Headspace Yes ☐ No ☒

Relinquished By: <u>SK</u>	Date/Time: <u>8-8-18 12:55P</u>	Received By: <u>SK</u>	Date/Time: <u>8/8/18 13:01</u>	Delivered Via: <u>Hand</u>	C/S Charge ☒	Date/Time: _____	Temp: <u>22.6</u> °C/lce <u>Y</u>	Sample Pres. Yes ☒ No ☐