

Analytical Results

TASK NO: 190627063

Report To: Andrew Griffiths

Company: Meadow Mountain Water Company
P.O. Box 162
Allenspark CO 80510

Bill To: Rachel Barkworth

Company: Meadow Mountain Water Company
P.O. Box 162
Allenspark CO 80510

Task No.: 190627063
Client PO:
Client Project: Meadow Mtn Water Supply CO0207504

Date Received: 6/27/19
Date Reported: 7/8/19
Matrix: Water - Drinking

Customer Sample ID Highline

Sample Date/Time: 6/27/19 6:30 AM

Lab Number: 190627063-01

Test	Result	Method	ML	Date Analyzed	Analyzed By	MCL
<u>Total</u>						
Copper	0.0510 mg/L	EPA 200.8	0.0008 mg/L	7/1/19	DBM	1.3
Lead	0.0094 mg/L	EPA 200.8	0.0001 mg/L	7/1/19	DBM	0.015

Abbreviations/ References:

ML = Minimum Level = LRL = RL

MCL = Maximum Contaminant Level per The EPA

mg/L = Milligrams Per Liter or PPM

ug/L = Micrograms Per Liter or PPB

mpn/100 mls = Most Probable Number Index/ 100 mls

Date Analyzed = Date Test Completed



DATA APPROVED FOR RELEASE BY

10411 Heinz Way / Commerce City, CO 80640 / 303-659-2313
Mailing Address: P.O. Box 507 / Brighton, CO 80601-0507

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>WATKINS LTD WASHDC</u>		Company Name: _____		PWSID: <u>CO 207504</u>	
Contact Name: <u>ANDREA GREENE</u>		Contact Name: _____		System Name: <u>WATKINS LTD. WASTE WATER</u>	
Address: <u>Box 162</u>		Address: _____		Address: <u>Box 162</u>	
City: <u>ALBUQUERQUE</u> State: <u>NM</u> Zip: <u>80510</u>		City: _____ State: _____ Zip: _____		City: <u>ALBUQUERQUE</u> State: <u>NM</u> Zip: <u>80510</u>	
Phone: <u>303-747-2715</u> Fax: _____		Phone: _____ Fax: _____		County: <u>BACA</u>	
Email: <u>andrea@watkinstx.net</u>		Email: _____		Compliance Samples: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Sampler Name: <u>ANDREA GREENE</u>		PO No.: _____		Send Forms to State: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

CAL Task No.
190627063

JML

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
6/27/19	1:30A		HIGHLINE	1														X												
					</																									