



Inorganic Chemicals Certified Laboratory Report Form
WQCD - Drinking Water CAS
4300 Cherry Creek Drive South, Denver, CO 80246-1530
Fax: (303) 758-1398; cdphe.drinkingwater@state.co.us

Revised 6/13/2014

IOC

Section I (Supplied or Completed by Public Water System)				Section II (Supplied or Completed by Certified Laboratory)				
Public Water System Information				Certified Laboratory Information				
PWSID#: CO0207504				Laboratory ID: CO 0015				
System Name: Meadow Mtn Water Supply				Laboratory Name: Colorado Analytical Laboratory				
Contact Person: Andrew Griffiths			Phone #: 303-747-2066	Contact Person: Customer Service			Phone: 303-659-2313	
Comments:			Do Samples Need to be Composited BY THE LAB? <input type="checkbox"/>	Comments:				
Section III (Supplied or Completed by Public Water System)								
Sample Date: 6/8/20		Collector: Andrew Griffiths		Facility ID (On Schedule): 001			Sample Pt ID (On Schedule): 001	
Section IV Inorganic Chemicals (Completed by Certified Laboratory)								
Lab Receipt Date	Lab Analysis Date	Lab Sample ID	Analyte Name	CAS No.	Analytical Method	MCL (mg/L)	Lab MRL (mg/L)	Result (mg/L)
6/8/20	6/9/20	200608059-01	Fluoride	7681-49-4	EPA 300.0	4	0.09	BDL

NT: Not Tested

Lab MRL: Laboratory Minimum Reporting Level

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

mg/L: Milligrams per Liter

MCL: Maximum Contaminant Level

6/17/20
200608059-01
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>MEADCO Wm. WARR SUPPLY CO.</u>	Company Name: _____	PWSID: <u>CO 707504</u>			
Contact Name: <u>ANDREW COPELAND</u>	Contact Name: _____	System Name: <u>MEADCO Wm. WARR SUPPLY CO.</u>			
Address: <u>Box 162</u>	Address: _____	Address: <u>Box 162</u>			
City: <u>ALDEN</u>	City: _____	City: <u>ALDEN</u>	State: <u>CO</u>	Zip: <u>80510</u>	
Phone: <u>303-747-2715</u>	Phone: _____	County: <u>BOULDER</u>			
Fax: _____	Fax: _____	Compliance Samples: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Email: <u>andrew@meadco.com</u>	Email: _____	Send Forms to State: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Sample Name: <u>ANDREW COPELAND</u>	PO No.: _____				

PHASE I, II, V Drinking Water Analyses (check analysis)

Subcontract Analyses

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
6/6/00	10:00	NITRATE EP001	1															X	X	X									
		INORGANICS	1																										
		PCB/UV 226+228	3																										
		COMBINED INORGANIC	1																										
		GROSS ALPHA	1																										
6/6/00	8:00	HANS LCR001	1														X												
6/5/00	8:00	HANS LCR003	1														X												

Instructions:

Sample Pt 113 + EP code taken from mon. schedule

C/S Info:

Seals Present Yes ☐ No ☒ Headspace Yes ☐ No ☒

Relinquished By:

6/6/00

1:48

Received By:

6/8/00

Delivered Via: HD

C/S Change ☐

Temp. 7

°C/F Y

Sample Pres Yes ☒ No ☐

Date/Time:

1348