



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: DS001			Laboratory ID: CO015				
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:						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)
8/12/21	DBP001	Triple Creek Ranch Dale Drive	8/12/21	8/14/21	210812124-01A	Chloroform	EPA-524.2	N/A	0.5	62.8
						Bromoform	EPA-524.2	N/A	0.5	BDL
						Bromodichloromethane	EPA-524.2	N/A	0.5	2.7
						Dibromochloromethane	EPA-524.2	N/A	0.5	BDL
						Total Trihalomethanes	EPA-524.2	80	0.5	65.5

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

8/20/21

210812124

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Y

Drinking Water Chain of Custody



Commerce City Lab
10411 Heinz Way
Commerce City CO 80640

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

Phone: 303-659-2313

www.coloradolab.com

Report To Information		Bill To Information (If different from report to)		Project Information	
Company Name: <u>NEADCO MTD WATER SUPPLY CO</u>		Company Name: _____		PWSID: <u>Co 207504</u>	
Contact Name: <u>ANDREO GRIFFITHS</u>		Contact Name: _____		System Name: _____	
Address: <u>Box 162</u>		Address: _____		Compliance Samples: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
City: <u>ALDEN</u> State: <u>Co</u> Zip: <u>80510</u>		City: _____ State: _____ Zip: _____		Send Results to CDPHE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Phone: <u>(303) 747-2715</u>		Phone: _____		Task Number (Lab Use Only)	
Email: <u>andygus@coloradolab.net</u>		Email: _____		CAL Task 210812124 JAK	
Sample Collector: <u>AK</u>		PO Number: _____			
Sample Collector Phone: <u>(303) 747-2715</u>					

PHASE I, II, V Drinking Water Analyses (check requested analysis)										Subcontract Analyses																				
Date	Time	Client Sample ID / Sample Pt ID	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 (Circle)	TOC, DOC (Circle)	SUVA, UV 254 (Circle)	Gross Alpha/Beta	Radium 226/228	Radon	Uranium	Chlorite	
8/12/21	11:30a	DSP001	3												✓															
		DSP001	3													✓														
		DSP001	3						✓																					
		EP001	1															✓												

Instructions:
DBP - Triple Creek Ranch Dale Drive - per monitoring schedule.
VOCs - EP001 per Andrew.

C/S Info: _____
Delivered Via: Hand C/S Charge ☐ Temp. 16 °C / Ice Y
Seals Present Yes ☐ No ☐ Headspace Yes ☐ No ☒ Sample Pres. Yes ☒ No ☐

Relinquished By: <u>[Signature]</u>	Date/Time: <u>8/12/21 3pm</u>	Received By: <u>[Signature]</u>	Date/Time: <u>8/12/21 1500</u>
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