



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)
8/25/22	DBP001	Triple Creek Ranch Dale Drive	8/25/22	8/27/22	220825064-01A	Chloroform	EPA-524.2	N/A	0.5	27.2
						Bromoform	EPA-524.2	N/A	0.5	BDL
						Bromodichloromethane	EPA-524.2	N/A	0.5	1.4
						Dibromochloromethane	EPA-524.2	N/A	0.5	BDL
						Total Trihalomethanes	EPA-524.2	80	0.5	28.6

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

9/8/22
220825064
1/ 1
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>MEADOW MTA WATER SUPPLY</u>		Company Name: _____		PWSID: <u>Co 207504</u>	
Contact Name: <u>ANDREW GRIFFITHS</u>		Contact Name: _____		System Name: _____	
Address: <u>Box 162</u>		Address: _____		Compliance Samples: Yes ☒ No ☐	
City: <u>ALDEN PARK</u> State: <u>CO</u> Zip: <u>80510</u>		City: _____ State: _____ Zip: _____		Send Results to CDPHE: Yes ☒ No ☐	
Phone: <u>(303) 747-2715</u>		Phone: _____		Task Number (Lab Use Only) CAL Task	
Email: <u>candycous@earthlink.net</u>		Email: _____		220825064	
Sample Collector: <u>Andrew Griffiths</u>		Sample Collector: _____		JAK	
Sample Collector Phone: <u>(303) 747-2715</u>		PO Number: _____			

			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	
8/25/22	9:00	TREATMENT PLANT 001	3						X																					
	9:30	DBP 001	3												X															
	9:30	DBP 001	1													X														
	9:00	001	1															X												
DBP001 - Triple Creek Ranch Dale Drive - per mon. schedule. 8/25/22 JAK																														

Instructions:

Relinquished By: M. Gump Date/Time: 8/25 1:05pm

Received By: Adama Date/Time: 8/25/22

C/S Info:

Delivered Via: HD C/S Charge ☒ Temp. 6°C / Ice

Seals Present Yes ☐ No ☐ Headspace Yes ☐ No ☐ Sample Pres. Yes ☒ No ☐