



Colorado Department
of Public Health
and Environment

Individual Bacteriological Certified Laboratory Report Form
WQCD - Drinking Water CAS
 Submit Online at <http://www.wqcdcompliance.com/login>
 Coliform Positive Hotline: (303) 692-3308

Revised 4/13/2015

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#: CO0135342				Laboratory ID: CO015				
System Name: High Country Estates				Laboratory Name: Colorado Analytical Laboratory				
Contact Person: Richard Hopp			Phone #: 970-371-0919	Contact Person: Customer Service			Phone: 303-659-2313	
Comments:				Comments:				
Section III (Supplied or Completed by Public Water System)								
Sample Date: 5/25/21				Collector: RH				
Section IV (Supplied or Completed by Certified Laboratory)								
Lab Receipt Date: 5/25/21			Lab Analysis Date: 5/26/21			Analytical Method: SM 9223		
Section V (Supplied or Completed by Public Water System)						Section VI (Supplied or Completed by Certified Lab)		
Sample Type	Sample Time	Facility ID On Schedule	Sample Pt ID On Schedule	Street Address	*Disinfectant Residual	Laboratory Sample ID #	Analyte Name	Result
RT	10:38 AM	DS001	RTOR	142 Mashie	0.78	210525099-01	Total Coliform (3100)	Absent
							E. Coli (3014)	Absent

<p>Laboratory: Please call Hotline with any PRESENT results (Total Coliform, E. Coli or Fecal). Sample Type: RT (Routine), RP (Repeat), SP (Special Purpose). *Disinfectant Residual: Report in mg/L Use Separate form if samples are collected on different dates.</p>	<p>LA: Lab Accident - Please resample. CG: Confluent Growth - Please resample. TNTC: Too Numerous To Count - Please resample. H: Holding time has been exceeded - Please resample.</p>	<p>Present: Coliform / E. Coli / Fecal detected Absent: Coliform / E. Coli / Fecal not detected NT: Not Tested</p>
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CAL Task
210525099

Drinking Water Chain of Custody



Brighton Lab
240 South Main Street
Brighton, CO 80601

Lakewood Lab
12860 W. Cedar Dr, Suite 101
Lakewood CO 80228

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

www.coloradolab.com

Report To Information Company Name: <u>Rhww</u> Contact Name: <u>Richard Hopp</u>	Bill To Information (If different from report to) Company Name: <u>Same</u> Contact Name: _____	State Form / Project Information PWSID: <u>CO0135342</u> System Name: <u>High County Estates</u>
Address: <u>3324 Rio Grande Ave</u> City: <u>Evans</u> State: <u>CO</u> Zip: <u>80620</u>	Address: _____ City: _____ State: _____ Zip: _____	System Address: _____ City: _____ State: _____ Zip: _____
Phone: <u>970-371-0919</u> Fax: <u>9703309523</u>	Phone: _____ Fax: _____	County: _____
Email: <u>richard@rhww.net</u>	Email: _____	Compliance Samples: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sampler Name: <u>Rh</u>	PO No.: _____	Send Forms to State: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

Subcontract Analyses

Task Number			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 Endothal	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
Date	Time	Client Sample ID / EP Code																											
		145 Birdie			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		9 Wedge Ct			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		28 Birdie			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		46 Mashie Ct			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		56 Niblick Ct			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		38 Niblick Ct			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		123 Birdie			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		369 Bogie			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5/25/11	1039	142 Mashie	1	0.78	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		57 Driver Ct			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Instructions: _____ C/S Info: _____ Seals Present Yes No Headspace Yes No

Delivered Via: wp C/S Charge Temp. 6-8 °C/Ice Sample Pres. Yes No

Relinquished By: <u>Richard Hopp</u>	Date/Time: <u>5/25/11 15:57</u>	Received By: <u>Elise Beck</u>	Date/Time: <u>5/25/11 15:57</u>	Relinquished By: _____	Date/Time: _____	Received By: _____	Date/Time: _____
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