



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: CO 0015				
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: 8/30/20				Collector: RH				
Section IV (Supplied or Completed by Certified Laboratory)								
Lab Receipt Date: 8/31/20			Lab Analysis Date: 9/1/20			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	12:10 PM	DS001	RTOR	369 Bogie	0.59	200831015-01	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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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> Address: <u>3324 Rio Grande Ave</u> _____ City: Evans State: CO Zip: 80620 Phone: 970-371-0919 Fax: 970-330-9523 Email: richard@rhww.net Sampler Name: Rh	Bill To Information (If different from report to) Company Name: <u>Same</u> Contact Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ Email: _____ PO No.: _____	State Form / Project Information PWSID: <u>CO0135342</u> System Name: <u>High County Estates</u> System Address: _____ City: _____ State: _____ Zip: _____ County: _____ Compliance Samples: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Send Forms to State: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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CAL Task

200831015

JML

Task Number			PHASE I, II, V Drinking Water Analyses (check analysis)																			Subcontract Analyses							
			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																											
		9 Wedge Ct																											
		28 Birdie																											
		46 Mashie Ct																											
		56 Niblick Ct																											
		38 Niblick Ct																											
		123 Birdie																											
5/30/08	12:10	369 Bogie	1	0.59	<input checked="" type="checkbox"/>																								
		001																											
			1																										
Instructions:										C/S Info:							Seals Present Yes <input type="checkbox"/> No <input type="checkbox"/> Headspace Yes <input type="checkbox"/> No <input type="checkbox"/>												
										Delivered Via: <u>Hand</u> C/S Charge <input type="checkbox"/>							Temp. <u>5.6</u> °C/Ice <u>Y</u> Sample Pres. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>												
Relinquished By:	Date/Time:	Received By:	Date/Time:	Relinquished By:	Date/Time:	Received By:	Date/Time:	Received By:	Date/Time:																				
<u>Richard Hopp</u>	<u>8/31/08</u>	<u>J. Lu</u>	<u>8/31</u>							Page 2 of 2																			