

Analytical Results

TASK NO: 260406013

Report To: Richard Hopp
Company: RH Water & Wastewater
3324 Rio Grande Ave.
Evans CO 80620

Bill To: Richard Hopp
Company: RH Water & Wastewater
3324 Rio Grande Ave.
Evans CO 80620

Task No.: 260406013
Client PO: High County Estates
Client Project: High Country Estates CO0135342

Date Received: 4/6/26
Date Reported: 4/7/26
Matrix: Water - Drinking

Lab Number	Sample Type	Facility ID On Schedule	Sample Pt ID On Schedule	Customer Sample ID	Sample Date/Time	Chlorine Residual	Test	Result	Method	Date Analyzed
260406013-01	RT	DS001	RTOR	145 Birdie	4/5/26 8:30 AM	0.89 mg/L- Free	Total Coliform	Absent	SM 9223	4/7/26
							E. Coli	Absent	SM 9223	4/7/26



Lauren Hevert
Laboratory Director

Abbreviations/ References:

Absent = Coliform Not Detected
Present = Coliform Detected - Chlorination Recommended
Date Analyzed = Date Test Completed
Sample Type = RT (Routine), RP (Repeat), SP (Special Purpose)
SM = "Standard Methods for the Examination of Water and Wastewater"; APHA; 19th Edition; 1995

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

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Report To Information	Bill To Information (If different from report to)	State Form / Project Information
Company Name: <u>Rhww</u>	Company Name: <u>Same</u>	PWSID: <u>CO0135342</u>
Contact Name: <u>Richard Hopp</u>	Contact Name: _____	System Name: <u>High Counrty Estates</u>
Address: <u>3324 Rio Grande Ave</u>	Address: _____	System Address: _____
City: <u>Evans</u> State: <u>CO</u> Zip: <u>80620</u>	City: _____ State: _____ Zip: _____	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"/>

Task Number			CAL Task		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 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
Date	Time	Client Sample ID / EP Code																												
<u>4/15/26</u>	<u>0830</u>	<u>145 Birdie</u>	<u>1</u>	<u>.89</u>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>9 Wedge Ct</u>			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>28 Birdie</u>			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>46 Mashie Ct</u>			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>56 Birdie</u>			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>38 Niblick Ct</u>			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>123 Birdie</u>			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>369 Bogie</u>			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>001</u>	<u>(1)</u>		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>142 Mashie Ct</u>			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructions: HCEHOA56@gmail.com										C/S Info:										Seals Present Yes <input type="checkbox"/> No <input type="checkbox"/> Headspace Yes <input type="checkbox"/> No <input type="checkbox"/>										
Relinquished By: _____										Date/Time: <u>4/16/26</u>										Received By: <u>[Signature]</u>										
Date/Time: <u>4/16/26</u>										Relinquished By: <u>[Signature]</u>										Date/Time: <u>4/16/26</u>										

Delivered Via: hand C/S Charge Temp 4 °C / Ice Y Sample Pres. Yes No