

Analytical Results

TASK NO: 260105012

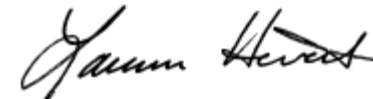
Report To: Richard Hopp
Company: RH Water & Wastewater
3324 Rio Grande Ave.
Evans CO 80620

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

Task No.: 260105012
Client PO: High County Estates
Client Project: High Country Estates CO0135342

Date Received: 1/5/26
Date Reported: 1/7/26
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
260105012-02	RT	DS001	RTOR	9 Wedge Ct	1/4/26 7:40 AM	0.49 mg/L- Free	Total Coliform	Absent	SM 9223	1/6/26
							E. Coli	Absent	SM 9223	1/6/26



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

www.coloradolab.com

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 County 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"/>	

CAL Task

Task Number 260105012

CJF

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

Subcontract Analyses

Date	Time	Client Sample ID / EP Code	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	Uranium
		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"/>	<input type="checkbox"/>
11/4	740	9 Wedge Ct *	1	0.49	<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"/>
		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"/>	<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"/>	<input type="checkbox"/>
		56 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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>
11/4/26	0750	001	1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
		142 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"/>	<input type="checkbox"/>

Instructions: HCEHOA56@gmail.com

FAK & Kne for water

C/S Info:

Seals Present Yes ☐ No ☐ Headspace Yes ☐ No ☐

Delivered Via: Hand

C/S Charge ☐

Temp. 1 °C / Ice Y Sample Pres. Yes ☒ No ☐

Relinquished By:

Date/Time:

Received By:

Date/Time:

Relinquished By:

Date/Time:

Received By:

Date/Time:

KA 11/5/26 085