



Colorado Department
of Public Health
and Environment

Nitrate and Nitrite as Nitrogen Certified Laboratory Report Form
WQCD - Drinking Water CAS
Submit Online at <http://www.wqcdcompliance.com/login>

Revised 4/13/2015

NOX

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)					Section IV (Supplied or Completed by Certified Laboratory)							
Sample Date	Collector	Facility ID On Schedule	Sample Pt ID On Schedule	Confirmation?	Lab Receipt Date	Lab Analysis Date	Laboratory Sample ID #	Analyte	Analytical Method	MCL (mg/L)	Lab MRL (mg/L)	Result (mg/L)
1/2/24	RH	001	001	<input type="checkbox"/>	1/2/24	1/2/24	240102149-01	Nitrate Nitrogen	EPA 300.0	10	0.1	3.8

NT: Not Tested
Lab MRL: Laboratory Minimum Reporting Level
BDL: Below Laboratory MRL. A less than (<) may also used.

mg/L: Milligrams per Liter
MCL: Maximum Contaminant Level

1/9/24
240102149-01
1/1
Y

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 Cournty 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

240102149

JML

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 JTTHMs	552.2 HAA5s	Lead/Copper	Nitrate	Nitrite	Fluoride	Inorganics	Alk./Lang. Index	TOC, DOC (Cirete)	SUVA, UV 254 (Cirele)		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"/>	<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"/>	<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"/>	
7/2/24	0620	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:	C/S Info: hd	Seals Present Yes <input type="checkbox"/> No <input type="checkbox"/> Headspace Yes <input type="checkbox"/> No <input type="checkbox"/>
	Delivered Via: _____	C/S Charge <input type="checkbox"/> Temp. °C / Ice Sample Pres. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Relinquished By: <i>Richard Hopp</i>	Date/Time: <i>11/2/24</i>	Received By: <i>[Signature]</i>	Date/Time: <i>11/2/24</i>	Relinquished By: <i>[Signature]</i>	Date/Time: <i>11/2/24</i>	Received By: <i>[Signature]</i>	Date/Time: <i>11/2/24</i>
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