



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: 1/29/24				Collector: RH				
Section IV (Supplied or Completed by Certified Laboratory)								
Lab Receipt Date: 1/30/24			Lab Analysis Date: 1/31/24			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	10:35 AM	DS001	RTOR	9 Wedge Ct	0.39	240130014-01	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 Seperate 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		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 Country 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"/>	

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

Subcontract Analyses

Task Number 240130014		Client Sample ID / EP Code RMB		Subcontract Analyses	
Date	Time	Client Sample ID / EP Code	No. of Containers	Residual Chlorine (mg/L) P/A Samples Only	Total Coliform P/A
		145 Birdie			<input type="checkbox"/>
		9 Wedge C1	1	0.35	<input checked="" type="checkbox"/>
		28 Birdie			<input type="checkbox"/>
		46 Mashie C1			<input type="checkbox"/>
		56 Birdie			<input type="checkbox"/>
		38 Niblick C1			<input type="checkbox"/>
		123 Birdie			<input type="checkbox"/>
		369 Bogie			<input type="checkbox"/>
		001			<input type="checkbox"/>
		142 Mashie C1			<input type="checkbox"/>
Instructions:		C/S Info:			
Retinquished By: _____		Date/Time: <u>10/15</u>		Received By: <u>RA</u>	
Date/Time: <u>11/30/14</u>		Date/Time: <u>1/30/14</u>		Date/Time: <u>1/30/14</u>	
Retinquished Via: <u>HAND</u>		C/S Charge <input type="checkbox"/>		Temp <u>2</u> °C / Ice <u>Y</u>	
Date/Time: _____		Seals Present Yes <input type="checkbox"/> No <input type="checkbox"/>		Sample Pres. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Date/Time: _____		Headspace Yes <input type="checkbox"/> No <input type="checkbox"/>		Date/Time: _____	