



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)				
<b>Public Water System Information</b>				<b>Certified Laboratory Information</b>				
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: 7/21/24				Collector: RH				
Section IV (Supplied or Completed by Certified Laboratory)								
Lab Receipt Date: 7/22/24			Lab Analysis Date: 7/23/24			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	11:45 AM	DS001	RTOR	142 Mashie Ct	0.51	240722040-01	Total Coliform (3100)	Absent
							E. Coli (3014)	Absent

<p><b>Laboratory:</b> Please call Hotline with any PRESENT results (Total Coliform, E. Coli or Fecal).  <b>Sample Type:</b> RT (Routine), RP (Repeat), SP (Special Purpose).  <b>*Disinfectant Residual:</b> Report in mg/L        Use Seperate form if samples are collected on different dates.</p>	<p><b>LA:</b> Lab Accident - Please resample.  <b>CG:</b> Confluent Growth - Please resample.  <b>TNTC:</b> Too Numerous To Count - Please resample.  <b>H:</b> Holding time has been exceeded - Please resample.</p>	<p><b>Present:</b> Coliform / E. Coli / Fecal detected  <b>Absent:</b> Coliform / E. Coli / Fecal not detected  <b>NT:</b> 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](http://www.coloradolab.com)

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

**240722040**

**CJF**

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 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																										
		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"/>
		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"/>
		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"/>
		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"/>
		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"/>
		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"/>
		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"/>
		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"/>
		001			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7/21/24	1145	142 Mashie Ct	1	0.51	<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"/>
Instructions: <u>HCEHOA56@gmail.com</u>										C/S Info: _____					Seals Present Yes <input type="checkbox"/> No <input type="checkbox"/> Headspace Yes <input type="checkbox"/> No <input type="checkbox"/>													
Relinquished By: _____										Delivered Via: <u>HAND</u>					C/S Charge <input type="checkbox"/> Temp. <u>1</u> °C / Ice <u>Y</u> Sample Pres. Yes <input type="checkbox"/> No <input type="checkbox"/>													
Relinquished By: _____			Date/Time: <u>1040</u> <u>7/22/24</u>			Received By: _____			Date/Time: _____			Relinquished By: _____			Date/Time: _____			Received By: <u>KA</u>			Date/Time: <u>7/22/24</u>							

1043