



Colorado Department of Public Health and Environment
Compliance Assurance Data Management Unit

REPORTING FORM FOR BACTERIOLOGICAL ANALYSIS

SAMPLER: PLEASE FILL OUT ONE FORM - FOR EACH INDIVIDUAL SAMPLE SUBMITTED

PWSID#: CO0159119 COUNTY: Summit DATE COLLECTED: 1/21/15

SYSTEM/ESTABLISHMENT NAME: Alpensee Water District

SYSTEM ADDRESS: PO Box 2204 Frisco CO 80443
Street address/ PO Box CITY STATE ZIP

CONTACT PERSON: Linda Dibble PHONE: 970-494-1610

SAMPLE COLLECTED BY: TIME COLLECTED: 11:00 AM

WATER TYPE: RAW (No chlorine or other treatment) or CHLORINATED or OTHER TREATMENT

Table with 3 columns: SAMPLE POINT (Address), CHLORINE RESIDUAL in mg/L, SAMPLE TYPE. Row 1: Alpensee, 0.52, Routine (checked), Repeat, Special Purpose.

For Laboratory Use Only Below This Line

LABORATORY SAMPLE # 150121024-01 CLIENT NAME or ID# ALBERTS

LABORATORY NAME Colorado Analytical Laboratory LAB PHONE: (303) 659-2313

DATE RECEIVED IN LABORATORY: 1/21/15

COMMENTS:

Table with 5 columns: PARAMETER, RESULT, UNITS, ANALYSIS DATE, LABORATORY METHOD. Rows include Coliform, TOTAL (Verified), Coliform, FECAL (Verified), Coliform, Total (Absent/Present), Coliform, Fecal/e. Coli (Absent/Present).

LABORATORY: Please call Drinking Water Section with any results other than <1 or ABSENT.

- NT = Not Tested for compound #100/ml = Number of colonies per 100 ml of sample
TNTC = Too numerous To Count - Please resample CG = Confluent Growth - Please resample
OD = Outdated - Please resample LA = Lab Accident - Please Resample
<1 = Safe valid Sample Absent = Coliform not detected
Present = Coliform detected

Handwritten signature of Steve Niebo

Laboratory Manager

1/23/15

Reviewed Approved by

TITLE

DATE

Colorado Department of Public Health and Environment
WQCD-CADM-B2
4300 Cherry Creek Drive South
Denver, CO 80246-1530

Drinking Water Chain of Custody



LABORATORIES, INC.

Brighton Lab
240 South Main Street
Brighton, CO 80601

Lakewood Lab
12860 W. Cedar Dr., Suite 100A
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>Alberts water</u>	Company Name: _____	Company Name: _____	Address: _____	PWSID: <u>0159119</u>	System Name: <u>Alpensee</u>
Contact Name: <u>Linda</u>	Contact Name: _____	Contact Name: _____	Address: _____	Address: _____	Address: _____
Address: _____	Address: _____	Address: _____	City: _____	City: _____	City: _____
City: _____	City: _____	City: _____	State: _____	State: _____	State: _____
State: _____	State: _____	State: _____	Zip: _____	Zip: _____	Zip: _____
Phone: _____	Phone: _____	Phone: _____	Fax: _____	Fax: _____	County: _____
Email: _____	Email: _____	Email: _____	Email: _____	Compliance Samples: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Send Forms to State: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sampler Name: _____	Sampler Name: _____	Sampler Name: _____	Sampler Name: _____	Sampler Name: _____	Sampler Name: _____

Task Number 150121024		ARF		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		
1/2/15	1000	Alpensee	1	0.52	X																										
Instructions:				C/S Info:				Delivered Via: <u>HD</u>				C/S Charge <input type="checkbox"/>				Temp. <u>16.1</u> °C/ice <u>y</u>				Seals Present Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Headspace Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
Relinquished By: <u>[Signature]</u>		Date/Time: <u>1/2/15 1147</u>		Received By: <u>[Signature]</u>		Date/Time: <u>1/2/15 1147</u>		Relinquished By: _____		Date/Time: _____		Received By: _____		Date/Time: _____		Sample Pres. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Date/Time: _____		Date/Time: _____		Date/Time: _____		Date/Time: _____		Date/Time: _____		Date/Time: _____			