

Individual Bacteriological Certified Laboratory Report Form WQCD - Drinking Water CAS

4300 Cherry Creek Drive South, Denver, CO 80246-1530

Fax: (303) 758-1398; cdphe.drinkingwater@state.co.us

			pleted by Public System Informa	: Water System) tion	Section II (Supplied or Completed by Certified Laboratory) Certified Laboratory Information							
PWSID#: C	CO0159119		•		Laboratory ID: CO 0015							
System Nan	ne: Alpensee	Water District			Laboratory Name: Colorado Analytical Laboratory							
Contact Per	son: Linda D	ibble		Phone #: 970-494-1610	Contact Person: Customer Service Phone: 303-659-2313							
Comments:					Comments:							
				Section III (Supplied or Com	pleted by Public Water System)							
Sample Date	e: 2/18/15				Collector: Al Vigil							
Section IV (Supplied or Completed by Certified Laboratory)												
Lab Receipt	Date: 2/19/1	5		Lab Analysis Date: 2/20/	Analytical Method: SM 9223							
		Section V (S	Supplied or Com	pleted by Public Water Syster	n)	Section VI (Supplied or Completed by Certified Lab)						
Sample Type	Sample Time	Facility ID On Schedule	Sample Pt ID On Schedule	Street Address		*Disenfectant Residual	Laboratory Sample ID #	Analyte Name	Result			
RT	1:30 PM	DS001	RTOR	Alpensee		0.47	150219018-01	Total Coliform (3100)	Absent			
								E. Coli (3014)	Absent			

 ${\bf Laboratory:\ Please\ call\ Hotline\ with\ any\ PRESENT\ results}$

(Total Coliform, E. Coli or Fecal).

Sample Type: RT (Routine), RP (Repeat), SP (Special Purpose).

*Disenfectant Residual: Report in mg/L

Use Seperate form if samples are collected on different dates.

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.

Present: Coliform / E. Coli / Fecal detected Absent: Coliform / E. Coli / Fecal not detected

NT: Not Tested

Drinking Water Chain of Custody

LABORATORIES, INC.	Colorc
S, INC.	S Q

Sampler Name: AL VIGIL	Email:	Phone: Fax:	City State Zip	Ft. COLLINS, CO	Address:	Contact Name: LINDH DIBBLE	Company Name: AWWS	Report To Information
PO No.:	Email:	Phone: Fax:	City State Zip		Address:	Contact Name:	Company Name:	Bill To Information (If different from report to)
Send Forms to State: Yes 🛛 No 🗌	Compliance Samples: Yes ⊠No □	County:	City State Zip		Address:	System Name: ALPENSEE WD	PWSID: CO 0/59/19	State Form / Project Information

12860 W. Cedar Dr, Suite 100A Lakewood CO 80228 Phone: 303-659-2313 Fax: 303-659-2315

www.coloradolab.com

	May D. Va il 2/19/5-1008	Relinquished By: Date/Time: Receiv	FP = 004 for the membrane	こ フ	Instructions:						2-18-15 1330 ALPENSEE	2-18-15 1330 ALPENSEE	Date Time Client Sample ID / EP Code	Task Number 150219018	
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