



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#: CO0159119		Laboratory ID: CO 0015	
System Name: Alpengee Water District		Laboratory Name: Colorado Analytical Laboratory	
Contact Person: Linda Dibble		Phone #: 970-494-1610	Contact Person: Customer Service
Comments:		Phone: 303-659-2313	
Comments:		Comments:	

Section III (Supplied or Completed by Public Water System)

Sample Date: **8/21/20** Collector: **RT**

Section IV (Supplied or Completed by Certified Laboratory)

Lab Analysis Date: **8/22/20** 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
RT	10:43 AM	DS001	RTOR
		Street Address	Laboratory Sample ID #
		DS001 RTOR	200821074-01
		*Disinfectant Residual	Analyte Name
		0.97	Total Coliform (3100)
			E. Coli (3014)
			Result
			Absent
			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 Separate 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. HI: 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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Commerce City Lab
10411 Heinz Way
Commerce City CO 80640

Lakewood Service Center
12860 W. Cedar Dr, Suite 100A
Lakewood CO 80228

Phone: 303-659-2313

www.coloradolab.com

Drinking Water Chain of Custody

Report To Information		Bill To Information (If different from report to)		Project Information	
Company Name: <u>Acwis</u>	Company Name:	PWSID: <u>10059119</u>	System Name: <u>Alpensee WRP</u>	Compliance Samples: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Task Number (Lab Use Only) CAL Task 200821074 RNM
Contact Name: <u>Linda Ribble</u>	Contact Name:	Send Results to CDPHE: Yes <input type="checkbox"/> No <input type="checkbox"/>	Address:	City: State: Zip:	
Address:	Address:	City: State: Zip:	Phone:	Email:	PO Number:
Sample Collector: <u>Ron Torres</u>	Sample Collector:	Sample Collector Phone: <u>970-219-9482</u>			

PHASE I, II, V Drinking Water Analyses (check requested analysis)		Subcontract Analyses																													
Date	Time	Client Sample ID / Sample Pt ID	Sample Pt ID	Residual Chlorine (mg/L)	No. of Containers	Total Coliform P/A	504.1 EDB/BCP	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 (Circle)	TOC, DOC (Circle)	SUVA, UV 254 (Circle)	Gross Alpha/Beta	Radium 226/228	Radon	Uranium	Chlorite	
8-21-20	1043	05001-R10R		0.97	1	X																									
Instructions:																															
Relinquished By: <u>Ron Torres</u>		Date/Time: <u>8-21-20 1448</u>	Received By: <u>A. K.</u>	Date/Time: <u>8/21/20</u>	Relinquished Via: <u>Hand</u>		C/S Charge <input type="checkbox"/>		Temp. °C/°F: <u>9.1</u>		Seals Present Yes <input type="checkbox"/> No <input type="checkbox"/>		Headspace Yes <input type="checkbox"/> No <input type="checkbox"/>		Sample Pres. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Date/Time:														