



Colorado Department
of Public Health
and Environment

Total Trihalomethane Certified Laboratory Report Form
WQCD - Drinking Water CAS
Submit Online at <http://www.wqcdcompliance.com/login>

Revision: 4/13/2015

TTHM

Section I (to be completed by the Public Water Systems only)					Section II (to be completed by Laboratories only)					
Public Water System Information					Laboratory Information					
PWSID#: CO0159119			Facility ID: DS001		Laboratory ID: CO 0015					
System Name: Alpengsee Water District					Laboratory Name: Colorado Analytical Laboratory					
Contact Person: Linda Dibble			Phone #: 970-494-1610		Contact Person: Customer Service			Phone: 303-659-2313		
Comments:					Comments:					
Section III (Supplied or Completed by PWS)			Section IV (Supplied or Completed by Certified Laboratory)							
Sample Date	Sample Pt ID On Schedule	Address - Location	Lab Receipt Date	Lab Analysis Date	Laboratory Sample ID #	Analyte	Analytical Method	MCL (ug/L)	Lab MRL (ug/L)	Result (ug/L)
9/3/20	DBP001	Lot 16	9/3/20	9/11/20	200903078-01A	Chloroform	EPA-524.2	N/A	0.5	4.2
						Bromoform	EPA-524.2	N/A	0.5	BDL
						Bromodichloromethane	EPA-524.2	N/A	0.5	4.9
						Dibromochloromethane	EPA-524.2	N/A	0.5	2.0
						Total Trihalomethanes	EPA-524.2	80	0.5	11.0

NT: Not Tested
Lab MRL: Laboratory Minimum Reporting Level
BDL: Below Laboratory MRL. A less than (<) may also used.

ug/L: Micrograms per Liter
MCL: Maximum Contaminant Level

9/18/20
200903078
1/1
Y

Drinking Water Chain of Custody



Report To Information			Bill To Information (If different from report to)			Project Information		
Company Name: <u>AJWS</u>			Company Name: _____			PWSID: <u>00 0159119</u>		
Contact Name: <u>Linda Dibbte</u>			Contact Name: _____			System Name: <u>Alpensee WD</u>		
Address: _____			Address: _____			Compliance Samples: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
City: _____	State: _____	Zip: _____	City: _____	State: _____	Zip: _____	Send Results to CDPHE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Phone: _____			Phone: _____			Task Number (Lab Use Only) CAL Task 200903078 DEW		
Email: _____			Email: _____					
Sample Collector: <u>Ron Torres</u>			Sample Collector: _____					
Sample Collector Phone: <u>970-219-9282</u>			PO Number: _____					

Commerce City Lab
12811 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

PHASE I, II, V Drinking Water Analyses (check requested analysis)										Subcontract Analyses																				
Date	Time	Client Sample ID / Sample Pt ID	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 Endothal	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	
9-3-20	1000	DS001-DBP 001 - LOT 16	4												X	X														
Instructions: _____										C/S Info: _____										Seals Present Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Headspace Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>										
Relinquished By: <u>Ron Torres</u>										Delivered Via: <u>HD</u>										C/S Charge <input type="checkbox"/> Temp. °C / Ice <u>4</u> Sample Pres. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>										
Date/Time: <u>9-3-20 1430</u>			Received By: <u>[Signature]</u>			Date/Time: <u>9/3/20 1430</u>			Relinquished By: _____			Date/Time: _____			Received By: _____			Date/Time: _____												

Haloacetic Acids Certified Laboratory Report Form
WQCD - Drinking Water CAS
Submit Online at <http://www.wqcdcompliance.com/login>

Revision: 4/13/2015

HAA5

Section I (to be completed by the Public Water Systems only)					Section II (to be completed by Laboratories only)					
Public Water System Information					Laboratory Information					
PWSID#: CO0159119			Facility ID: DS001		Laboratory ID: CO 0015					
System Name: Alpanse Water District					Laboratory Name: Colorado Analytical Laboratory					
Contact Person: Linda Dibble			Phone #: 970-494-1610		Contact Person: Customer Service			Phone: 303-659-2313		
Comments:					Comments:					
Section III (Supplied or Completed by PWS)			Section IV (Supplied or Completed by Certified Laboratory)							
Sample Date	Sample Pt ID On Schedule	Address - Location	Lab Receipt Date	Lab Analysis Date	Laboratory Sample ID #	Analyte	Analytical Method	MCL (ug/L)	Lab MRL (ug/L)	Result (ug/L)
9/3/20	DBP001	Lot 16	9/3/20	9/15/20	200903078-01	Monochloroacetic Acid	EPA 552.2	N/A	2.0	BDL
						Monobromoacetic Acid	EPA 552.2	N/A	1.0	BDL
						Dichloroacetic Acid	EPA 552.2	N/A	1.0	2.3
						Trichloroacetic Acid	EPA 552.2	N/A	1.0	1.3
						Dibromoacetic Acid	EPA 552.2	N/A	1.0	BDL
Total Haloacetic Acids						EPA 552.2	60	1.0	3.6	

NT: Not Tested
 Lab MRL: Laboratory Minimum Reporting Level
 BDL: Below Laboratory MRL. A less than (<) may also used.

ug/L: Micrograms per Liter
 MCL: Maximum Contaminant Level

9/18/20
 200903078
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 Y

Drinking Water Chain of Custody



Report To Information		Bill To Information (If different from report to)		Project Information	
Company Name: <u>AiWWS</u>		Company Name: _____		PWSID: <u>CO 0159119</u>	
Contact Name: <u>Linda Dibbte</u>		Contact Name: _____		System Name: <u>Alpengee WD</u>	
Address: _____		Address: _____		Compliance Samples: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____			Send Results to CDPHE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Phone: _____		Phone: _____		Task Number (Lab Use Only) <div style="font-size: 2em; font-weight: bold;">CAL Task</div> <div style="font-size: 1.5em; font-weight: bold;">200903078</div> DEW	
Email: _____		Email: _____			
Sample Collector: <u>Ron Torres</u>		PO Number: _____			
Sample Collector Phone: <u>970-219-9282</u>					

Commerce City Lab
12411 Heinz Way
Commerce City CO 80640

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

Phone: 303-659-2313

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PHASE I, II, V Drinking Water Analyses (check requested analysis)										Subcontract Analyses																				
Date	Time	Client Sample ID / Sample Pt ID	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 Endothal	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	
9-3-20	1000	DS001-DBP 001-LDT 16	4												X	X														
Instructions: _____										C/S Info: _____					Seals Present Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Headspace Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>															
Relinquished By: <u>Ron Torres</u>										Delivered Via: <u>HD</u>					C/S Charge <input type="checkbox"/> Temp. °C / Ice <u>4</u> Sample Pres. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>															
Date/Time: <u>9-3-20 1430</u>			Received By: <u>[Signature]</u>			Date/Time: <u>9/3/20 1430</u>			Relinquished By: _____			Date/Time: _____			Received By: _____			Date/Time: _____												



Lead and Copper Certified Laboratory Report Form
Submit Online: wqcdcompliance.com/login (preferred); Fax (303) 758-1398
WQCD-B2-Drinking Water CAS
4300 Cherry Creek Drive South; Denver, CO 80246-1530

LCR - Results

Revision: 11/01/2016

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		Facility ID: DS001		Laboratory ID: CO 0015			
System Name: Alpengsee Water District				Laboratory Name: Colorado Analytical Laboratory			
Contact Person: Linda Dibble		Phone #: 970-494-1610		Contact Person: Customer Service		Phone: 303-659-2313	
Comments:				Comments:			

Section III (Supplied or Completed by Public Water System)				Section IV (Supplied or Completed by Certified Laboratory)							
Sample Date	Collector	Sample Pt ID	Address, City, Zip	Lab Receipt Date	Lab Analysis Date	Laboratory Sample ID #	Analyte	Analytical Method	AL (mg/L)	Lab MRL (mg/L)	Result (mg/L)
9/7/20	Ron Torres/Res	LCR001	663 Alpengsee	9/10/20	9/14/20	200910069-01	Copper	EPA 200.8	1.3	0.001	0.288
							Lead	EPA 200.8	0.015	0.001	BDL
9/10/20	Ron Torres/Res	LCR003	475 Alpengsee	9/10/20	9/14/20	200910069-02	Copper	EPA 200.8	1.3	0.001	0.198
							Lead	EPA 200.8	0.015	0.001	0.002
9/5/20	Ron Torres/Res	LCR004	910 Alpengsee	9/10/20	9/14/20	200910069-03	Copper	EPA 200.8	1.3	0.001	0.291
							Lead	EPA 200.8	0.015	0.001	BDL
9/4/20	Ron Torres/Res	LCR005	151 Omaha	9/10/20	9/14/20	200910069-04	Copper	EPA 200.8	1.3	0.001	0.249
							Lead	EPA 200.8	0.015	0.001	0.001
9/10/20	Ron Torres/Res	LCR006	WTP	9/10/20	9/14/20	200910069-05	Copper	EPA 200.8	1.3	0.001	0.042
							Lead	EPA 200.8	0.015	0.001	BDL

NT: Not Tested
 Lab MRL: Laboratory Minimum Reporting Level
 BDL: Below Laboratory MRL. A less than (<) may also used.

mg/L: Milligrams per Liter
 AL: Action Level

200910069 Y

1/1

Drinking Water Chain of Custody



Report To Information			Bill To Information (If different from report to)			Project Information		
Company Name: <u>AWWS</u>			Company Name: _____			PWSID: <u>CO0159119</u>		
Contact Name: <u>Linda Dibble</u>			Contact Name: _____			System Name: <u>Alpensee WD</u>		
Address: _____			Address: _____			Compliance Samples: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
City: _____ State: _____ Zip: _____			City: _____ State: _____ Zip: _____			Send Results to CDPHE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Phone: _____			Phone: _____			CAL Task 200910069 DEW		
Email: _____			Email: _____					
Sample Collector: <u>Ron Torres/Resident's</u>			PO Number: _____					
Sample Collector Phone: <u>970-219-9282</u>								

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

			PHASE I, II, V Drinking Water Analyses (check requested analysis)																	Subcontract Analyses															
Date	Time	Client Sample ID / Sample Pt ID	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 (Circle)	TOC, DOC (Circle)	SUVA, UV 254 (Circle)	Gross Alpha/Beta	Radium 226/228	Radon	Uranium	Chlorite						
9-7-20	0630	LCR001-663 Alpensee	1														X																		
9-10-20	0715	LCR003-475 Alpensee	1														X																		
9-5-20	0800	LCR004-910 Alpensee	1														X																		
9-4-20	0553	LCR005-151 Omaha	1														X																		
9-10-20	0800	LCR006-WTP	1														X																		
			5																																

Instructions:				C/S Info:				Seals Present Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				Headspace Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
				Delivered Via: <u>HD</u>				C/S Charge <input type="checkbox"/>				Temp. °C/Ice <u>5</u>			
Relinquished By: <u>Ron Torres</u>		Date/Time: <u>9-10-20 1255</u>		Received By: <u>[Signature]</u>		Date/Time: <u>9/10/20 1255</u>		Relinquished By: _____		Date/Time: _____		Received By: _____		Date/Time: _____	

Analytical Results

TASK NO: 200910069

Report To: Linda Dibble

Company: Alberts Water/Wastewater Specialists, Inc.
425 John Deere Drive
Suite #5
Fort Collins CO 80524

Bill To: Accounts Payable

Company: Alberts Water/Wastewater Specialists, Inc.
425 John Deere Drive
Suite #5
Fort Collins CO 80524

Task No.: 200910069
Client PO:
Client Project: Alpengsee Water District CO0159119

Date Received: 9/10/20
Date Reported: 9/17/20
Matrix: Water - Drinking

Customer Sample ID 663 Alpengsee
Sample Date/Time: 9/7/20 6:30 AM
Lab Number: 200910069-01

Test	Result	Method	PQL	Date Analyzed	MCL
<i>Total</i>					
Copper (mg/L)	0.288	EPA 200.8	0.001	9/14/20	1.3
Lead (mg/L)	BDL	EPA 200.8	0.001	9/14/20	0.015

Abbreviations/ References:

PQL = Practical Quantification Limit
mg/L = Milligrams Per Liter or PPM
BDL = Below Detectable Levels
Date Analyzed = Date Test Completed



DATA APPROVED FOR RELEASE BY

Analytical Results

TASK NO: 200910069

Report To: Linda Dibble

Company: Alberts Water/Wastewater Specialists, Inc.
425 John Deere Drive
Suite #5
Fort Collins CO 80524

Bill To: Accounts Payable

Company: Alberts Water/Wastewater Specialists, Inc.
425 John Deere Drive
Suite #5
Fort Collins CO 80524

Task No.: 200910069
Client PO:
Client Project: Alpanse Water District CO0159119

Date Received: 9/10/20
Date Reported: 9/17/20
Matrix: Water - Drinking

Customer Sample ID 475 Alpanse
Sample Date/Time: 9/10/20 7:15 AM
Lab Number: 200910069-02

Test	Result	Method	PQL	Date Analyzed	MCL
<i>Total</i>					
Copper (mg/L)	0.198	EPA 200.8	0.001	9/14/20	1.3
Lead (mg/L)	0.002	EPA 200.8	0.001	9/14/20	0.015

Abbreviations/ References:

PQL = Practical Quantification Limit
mg/L = Milligrams Per Liter or PPM
BDL = Below Detectable Levels
Date Analyzed = Date Test Completed



DATA APPROVED FOR RELEASE BY

Analytical Results

TASK NO: 200910069

Report To: Linda Dibble

Company: Alberts Water/Wastewater Specialists, Inc.
425 John Deere Drive
Suite #5
Fort Collins CO 80524

Bill To: Accounts Payable

Company: Alberts Water/Wastewater Specialists, Inc.
425 John Deere Drive
Suite #5
Fort Collins CO 80524

Task No.: 200910069
Client PO:
Client Project: Alpanse Water District CO0159119

Date Received: 9/10/20
Date Reported: 9/17/20
Matrix: Water - Drinking

Customer Sample ID 910 Alpanse
Sample Date/Time: 9/5/20 8:00 AM
Lab Number: 200910069-03

Test	Result	Method	PQL	Date Analyzed	MCL
<i>Total</i>					
Copper (mg/L)	0.291	EPA 200.8	0.001	9/14/20	1.3
Lead (mg/L)	BDL	EPA 200.8	0.001	9/14/20	0.015

Abbreviations/ References:

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mg/L = Milligrams Per Liter or PPM
BDL = Below Detectable Levels
Date Analyzed = Date Test Completed



DATA APPROVED FOR RELEASE BY

Analytical Results

TASK NO: 200910069

Report To: Linda Dibble

Company: Alberts Water/Wastewater Specialists, Inc.
425 John Deere Drive
Suite #5
Fort Collins CO 80524

Bill To: Accounts Payable

Company: Alberts Water/Wastewater Specialists, Inc.
425 John Deere Drive
Suite #5
Fort Collins CO 80524

Task No.: 200910069
Client PO:
Client Project: Alpanse Water District CO0159119

Date Received: 9/10/20
Date Reported: 9/17/20
Matrix: Water - Drinking

Customer Sample ID 151 Omaha
Sample Date/Time: 9/4/20 5:53 AM
Lab Number: 200910069-04

Test	Result	Method	PQL	Date Analyzed	MCL
<i>Total</i>					
Copper (mg/L)	0.249	EPA 200.8	0.001	9/14/20	1.3
Lead (mg/L)	0.001	EPA 200.8	0.001	9/14/20	0.015

Abbreviations/ References:

PQL = Practical Quantification Limit
mg/L = Milligrams Per Liter or PPM
BDL = Below Detectable Levels
Date Analyzed = Date Test Completed



DATA APPROVED FOR RELEASE BY

Analytical Results

TASK NO: 200910069

Report To: Linda Dibble

Company: Alberts Water/Wastewater Specialists, Inc.
425 John Deere Drive
Suite #5
Fort Collins CO 80524

Bill To: Accounts Payable

Company: Alberts Water/Wastewater Specialists, Inc.
425 John Deere Drive
Suite #5
Fort Collins CO 80524

Task No.: 200910069
Client PO:
Client Project: Alpengsee Water District CO0159119

Date Received: 9/10/20
Date Reported: 9/17/20
Matrix: Water - Drinking

Customer Sample ID WTP
Sample Date/Time: 9/10/20 8:00 AM
Lab Number: 200910069-05

Test	Result	Method	PQL	Date Analyzed	MCL
<i>Total</i>					
Copper (mg/L)	0.042	EPA 200.8	0.001	9/14/20	1.3
Lead (mg/L)	BDL	EPA 200.8	0.001	9/14/20	0.015

Abbreviations/ References:

PQL = Practical Quantification Limit
mg/L = Milligrams Per Liter or PPM
BDL = Below Detectable Levels
Date Analyzed = Date Test Completed



DATA APPROVED FOR RELEASE BY

Drinking Water Chain of Custody



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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

Report To Information			Bill To Information (If different from report to)			Project Information		
Company Name: <u>AWWS</u>			Company Name: _____			PWSID: <u>CO0159119</u>		
Contact Name: <u>Linda Dibble</u>			Contact Name: _____			System Name: <u>Alpensee WD</u>		
Address: _____			Address: _____			Compliance Samples: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
City: _____ State: _____ Zip: _____			City: _____ State: _____ Zip: _____			Send Results to CDPHE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Phone: _____			Phone: _____			CAL Task 200910069 DEW		
Email: _____			Email: _____					
Sample Collector: <u>Ron Torres/Resident's</u>			PO Number: _____					
Sample Collector Phone: <u>970-219-9282</u>								

			PHASE I, II, V Drinking Water Analyses (check requested analysis)																	Subcontract Analyses										
Date	Time	Client Sample ID / Sample Pt ID	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 Endothal	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	
9-7-20	0630	LCR001-663 Alpensee	1														X													
9-10-20	0715	LCR003-475 Alpensee	1														X													
9-5-20	0800	LCR004-910 Alpensee	1														X													
9-4-20	0553	LCR005-151 Omaha	1														X													
9-10-20	0800	LCR006-WTP	1														X													
			5																											

Instructions:				C/S Info:				Seals Present Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				Headspace Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
				Delivered Via: <u>HD</u>				C/S Charge <input type="checkbox"/>				Temp. °C/Ice <u>5</u>				Sample Pres. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Relinquished By: <u>Ron Torres</u>		Date/Time: <u>9-10-20 1255</u>		Received By: <u>[Signature]</u>		Date/Time: <u>9/10/20 1255</u>		Relinquished By: _____		Date/Time: _____		Received By: _____		Date/Time: _____					