



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#: CO0159119				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)								
Sample Date: 6/26/20				Collector: Jim White				
Section IV (Supplied or Completed by Certified Laboratory)								
Lab Receipt Date: 6/26/20			Lab Analysis Date: 6/27/20			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	Street Address	*Disinfectant Residual	Laboratory Sample ID #	Analyte Name	Result
RT	3:45 PM	DS001	RTOR	DS001 Estates	0.92	200626151-01	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  <b>Use Seperate form if samples are collected on different dates.</b></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>
--	---	---

# Drinking Water Chain of Custody



<b>Report To Information</b>	<b>Bill To Information</b> (If different from report to)	<b>Project Information</b>
Company Name: <u>AWWS</u>	Company Name: _____	PWSID: <u>on file</u>
Contact Name: <u>Linda Dibble</u>	Contact Name: _____	System Name: <u>Alpensee</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)
Email:	Email:	<b>CAL Task</b>
Sample Collector: <u>Jim White</u>		200626151
Sample Collector Phone: <u>220</u>	PO Number:	JML

**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](http://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	
6/26	15:45	D5001 Estates	1	0.92																										
<b>Instructions:</b>													C/S Info:					Seals Present Yes <input type="checkbox"/> No <input type="checkbox"/> Headspace Yes <input type="checkbox"/> No <input type="checkbox"/>												
Relinquished By: <u>Jim White</u>			Date/Time: <u>6/26/20 17:30</u>		Received By: <u>[Signature]</u>			Date/Time: <u>6/26/20 17:30</u>		Relinquished By: _____			Date/Time: _____		Received By: _____			Date/Time: _____												
Delivered Via: <u>HAND</u>													C/S Charge <input type="checkbox"/>					Temp. <u>10</u> C / Ice    Sample Pres. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>												