



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)				
Public Water System Information				Certified Laboratory Information				
PWSID#: CO0159119				Laboratory ID: CO015				
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 Public Water System)								
Sample Date: 10/4/21				Collector: Ron Torres				
Section IV (Supplied or Completed by Certified Laboratory)								
Lab Receipt Date: 10/4/21			Lab Analysis Date: 10/5/21			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	9:50 AM	DS001	RTOR	131 Silverdollar dr	0.93	211004101-01	Total Coliform (3100)	Absent
							E. Coli (3014)	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. H: 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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Drinking Water Chain of Custody

Report To Information		Bill To Information (If different from report to)		Project Information	
Company Name: <u>Atkins</u>	Company Name: _____	Company Name: _____	PWSID: <u>002159119</u>	Compliance Samples: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Comm 104111 Comm Laker 12860 Laker Phone
Contact Name: <u>Linda Pibble</u>	Contact Name: _____	Contact Name: _____	System Name: <u>Apensee WD</u>	Send Results to CDPHE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Address: _____	Address: _____	Address: _____	Task Number (Lab Use Only) <u>UAL 1 DSK</u>		www. ARF
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____	<u>211004101</u>		
Phone: _____	Phone: _____	Phone: _____			
Email: _____	Email: _____	Email: _____			
Sample Collector: <u>Ron Torres</u>	Sample Collector: _____	Sample Collector: _____			
Sample Collector Phone: <u>970-219-9282</u>	Sample Collector Phone: _____	Sample Collector Phone: _____			

			PHASE I, II, V Drinking Water Analyses (check requested analysis)																				
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)	
10-4-21	0950	D5001-131 S. Silverdale Dr.	1	0.93																			

Instructions:		C/S Info:		Seals Present Y	
Relinquished By: <u>Ron Torres</u>	Date/Time: <u>10-4-21</u>	Received By: <u>[Signature]</u>	Date/Time: <u>10/14/21</u>	Delivered Via: <u>HD</u>	C/S Charge <input type="checkbox"/>
					Temp. <u>11.2</u> °C / <u>52</u> °F
					Receiver: _____



LABORATORIES, INC.

Mercede City Lab
 Heinz Way
 Mercede City CO 80640

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

TEL: 303-659-2313

coloradolab.com

Subcontract Analyses	
<input type="checkbox"/>	TOC, DOC (Circle)
<input type="checkbox"/>	SUVA, UV 254 (Circle)
<input type="checkbox"/>	Gross Alpha/Beta
<input type="checkbox"/>	Radium 226/228
<input type="checkbox"/>	Radon
<input type="checkbox"/>	Uranium
<input type="checkbox"/>	Chloride

No Headspace Yes No No

Sample Pres. Yes No No

Date/Time: