



Colorado Department  
of Public Health  
and Environment

**Nitrate and Nitrite as Nitrogen Certified Laboratory Report Form**  
**WQCD - Drinking Water CAS**  
**Submit Online at <http://www.wqcdcompliance.com/login>**

Revised 4/13/2015

**NOX**

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: 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	Facility ID On Schedule	Sample Pt ID On Schedule	Confirmation?	Lab Receipt Date	Lab Analysis Date	Laboratory Sample ID #	Analyte	Analytical Method	MCL (mg/L)	Lab MRL (mg/L)	Result (mg/L)
1/24/22	Dan Oconnor	004	004	<input type="checkbox"/>	1/24/22	1/25/22	220124053-01	Nitrate Nitrogen	EPA 300.0	10	0.1	<b>0.4</b>

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

mg/L: Milligrams per Liter  
MCL: Maximum Contaminant Level

1/31/22  
220124053-01  
1 / 1  
Y

# Drinking Water Chain of Custody



**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)

<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>CO 0159119</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: _____		Task Number (Lab Use Only)  <b>CAL Task</b>  220124053  JAK	
Email: _____		Email: _____			
Sample Collector: <u>Dan O'Connor</u>		PO Number: _____			
Sample Collector Phone: <u>970 980 7594</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 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	
1-24	11:20	EP-004	1															X												

<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"/>					
Delivered Via: <u>HL</u>				C/S Charge <input type="checkbox"/>				Temp. <u>3</u> °C/Ice <input checked="" type="checkbox"/>					
Sample Pres. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>													
Relinquished By: <u>[Signature]</u>	Date/Time: <u>1-24 13:58</u>	Received By: <u>[Signature]</u>	Date/Time: <u>1/24/22</u>	Relinquished By:	Date/Time:	Received By:	Date/Time:						