



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: Alpengsee Water District				Laboratory Name: Colorado Analytical Laboratory				
Contact Person: Jade Meyer			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: 3/18/22				Collector: Dan Oconnor				
Section IV (Supplied or Completed by Certified Laboratory)								
Lab Receipt Date: 3/18/22			Lab Analysis Date: 3/19/22			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	12:40 PM	DS001	RTOR	475 Alpengsee Ct	1.24	220318050-01	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



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

Report To Information			Bill To Information (If different from report to)			Project Information		
Company Name: <u>AWWS</u>			Company Name: _____			PWSID: <u>CO 0159119</u>		
Contact Name: <u>Jade Meyer</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 220318050		
Email: _____			Email: _____			CJC		
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 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	
3-18	12:40	DS001 475 Alpensee C+1		1.24	X																									
Instructions:										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>HA</u> C/S Charge <input type="checkbox"/>							Temp. <u>15</u> °C / Ice <u>Y</u> Sample Pres. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
Relinquished By: <u>[Signature]</u>			Date/Time: <u>3-18 14:48</u>			Received By: <u>[Signature]</u>			Date/Time: <u>3/18/08</u>			Relinquished By: _____			Date/Time: _____			Received By: _____			Date/Time: _____									