



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: Vanessa Mancill			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: 10/18/23				Collector: Aaron Paff				
Section IV (Supplied or Completed by Certified Laboratory)								
Lab Receipt Date: 10/18/23			Lab Analysis Date: 10/19/23			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	9:35 AM	DS001	RTOR	DS001 RTOR 475 Alpengsee	1.16	231018137-01	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 Seperate 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
610 Garrison Street, Unit E
Lakewood CO 80215

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>Alpense</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 231018137 SLM
Email: _____	Email: _____	
Sample Collector: <u>Aaron Puff</u>	PO Number: _____	
Sample Collector Phone: <u>970-219-9281</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	
10/18/23	9:35	D5001 RDR 475 Alpense	1	1.16	X																									
Instructions:										C/S Info: <u>hand</u>										Seals Present Yes <input type="checkbox"/> No <input type="checkbox"/> Headspace Yes <input type="checkbox"/> No <input type="checkbox"/>										
										Delivered Via: _____ C/S Charge <input type="checkbox"/>										Temp. <u>6.1</u> °C/Ice <u>Y</u> Sample Pres. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										
Relinquished By:			Date/Time: <u>10/18/23 14:30</u>			Received By: <u>JM/LS</u>			Date/Time: <u>10/18/23</u>			Relinquished By: _____			Date/Time: _____			Received By: _____			Date/Time: _____									