



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: 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: 2/6/24				Collector: Aaron Paff				
Section IV (Supplied or Completed by Certified Laboratory)								
Lab Receipt Date: 2/6/24			Lab Analysis Date: 2/7/24			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	10:45 AM	DS001	RTOR	643 Alpengsee	0.50	240206199-01	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 Separate 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>
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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](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>Jade Meyer</u>			Contact Name: _____			System Name: <u>Alpena water District</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> <b>240206199</b>		
Email: _____			Email: _____			JML		
Sample Collector: <u>Adam Ruff</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	
2/6/24	10:45	D5061 RDR 643 Alpena	1	0.50	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>hand</u>										C/S Charge <input type="checkbox"/>					Temp. <u>6°C</u> / Ice <u>4</u> Sample Pres. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>															
<b>Relinquished By:</b>			<b>Date/Time:</b> <u>2/6/24 13:27</u>			<b>Received By:</b>			<b>Date/Time:</b>			<b>Relinquished By:</b>			<b>Date/Time:</b>			<b>Received By:</b> <u>RS</u>			<b>Date/Time:</b> <u>2/6/24</u>									