

Individual Bacteriological Certified Laboratory Report Form WQCD - Drinking Water CAS Submit Online at http://www.wqcdcompliance.com/login Coliform Positive Hotline: (303) 692-3308

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#: CO0130015 Laboratory ID: CO015 System Name: Buffalo Creek W.D. Laboratory Name: Colorado Analytical Laboratory Contact Person: Jim Green Contact Person: Customer Service Phone: 303-659-2313 Phone #: 303-838-5312 Comments: Comments: Section III (Supplied or Completed by Public Water System) Collector: Jim Green Sample Date: 2/27/24 Section IV (Supplied or Completed by Certified Laboratory) Lab Receipt Date: 2/27/24 Lab Analysis Date: 2/28/24 Analytical Method: SM 9223 Section V (Supplied or Completed by Public Water System) Section VI (Supplied or Completed by Certified Lab) Sample Pt ID Sample Time Facility ID On Street Address Laboratory Analyte Name Result Sample Type *Disenfectant Schedule On Schedule Residual Sample ID # RT 11:00 AM DS001 RTOR 0.55 240227063-01 Total Coliform (3100) Site 1 Absent E. Coli (3014) Absent

Laboratory: Please call Hotline with any PRESENT results (Total Coliform, E. Coli or Fecal). Sample Type: RT (Routine), RP (Repeat), SP (Special Purpose). *Disenfectant Residual: Report in mg/L Use Seperate form if samples are collected on different dates.	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.	Present: Coliform / E. Coli / Fecal detected Absent: Coliform / E. Coli / Fecal not detected NT: Not Tested
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