

## 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)  Public Water System Information					Section II (Supplied or Completed by Certified Laboratory)  Certified Laboratory Information					
PWSID#: CO0130015						Laboratory ID: CO015				
System Name: Buffalo Creek W.D.						Laboratory Name: Colorado Analytical Laboratory				
Contact Person: Jim Green				Phone #: 303-838-5312	Contact Person: Customer Service Phone: 303-659-2313					
Comments:						Comments:				
				Section III (Supplied or Comp	oleted by	y Public Water Sys	tem)			
Sample Date: 4/24/24						Collector: Jim Green				
				Section IV (Supplied or Com	pleted b	y Certified Laborat	tory)			
Lab Receipt Date: 4/24/24 Lab Analysis Date: 4/25/						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		*Disenfectant Residual	Laboratory Sample ID #	Analyte Name	Result	
RT	10:00 AM	DS001	RTOR	23906 Logan Ave		0.42	240424057-01	Total Coliform (3100)	Absent	
								E. Coli (3014)	Absent	

 ${\bf Laboratory:}\ \ {\bf Please}\ \ {\bf call}\ \ {\bf Hotline}\ \ {\bf with}\ \ {\bf any}\ \ {\bf PRESENT}\ \ {\bf results}$ 

(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

