



Colorado Department  
of Public Health  
and Environment

**Total Trihalomethane Certified Laboratory Report Form**  
**WQCD - Drinking Water CAS**  
**Submit Online at <http://www.wqcdcompliance.com/login>**

Revision: 4/13/2015

**TTHM**

Section I (to be completed by the Public Water Systems only)					Section II (to be completed by Laboratories only)					
Public Water System Information					Laboratory Information					
PWSID#: CO0107236			Facility ID:DS001		Laboratory ID: CO015					
System Name: East Boulder County WD					Laboratory Name: Colorado Analytical Laboratory					
Contact Person: Pete Obrien			Phone #: 303-442-1911		Contact Person: Customer Service			Phone: 303-659-2313		
Comments:					Comments:					
Section III (Supplied or Completed by PWS)			Section IV (Supplied or Completed by Certified Laboratory)							
Sample Date	Sample Pt ID On Schedule	Address - Location	Lab Receipt Date	Lab Analysis Date	Laboratory Sample ID #	Analyte	Analytical Method	MCL (ug/L)	Lab MRL (ug/L)	Result (ug/L)
2/8/23	DBP002	7542 Panorama	2/8/23	2/11/23	230208226-01A	Chloroform	EPA-524.2	N/A	0.5	28.52
						Bromoform	EPA-524.2	N/A	0.5	BDL
						Bromodichloromethane	EPA-524.2	N/A	0.5	11.37
						Dibromochloromethane	EPA-524.2	N/A	0.5	3.09
						Total Trihalomethanes	EPA-524.2	80	0.5	43.0

NT: Not Tested  
Lab MRL: Laboratory Minimum Reporting Level  
BDL: Below Laboratory MRL. A less than (<) may also used.

ug/L: Micrograms per Liter  
MCL: Maximum Contaminant Level

2/22/23  
230208226  
1/1  
Y

Drinking Water Chain of Custody



LABORATORIES, INC.

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>BWR</u>	Company Name: _____	PWSID: <u>107236</u>	System Name: <u>EBLWD</u>	Compliance Samples: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Send Results to CDPHE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Contact Name: <u>Pete</u>	Contact Name: _____	Address: _____	City: _____ State: _____ Zip: _____	Task Number (Lab Use Only)	<b>CAL Task</b>
Address: <u>1901 S. 120th St. STE A</u>	Address: _____	City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____	230208226	
City: <u>Lafayette State CO zip: 80226</u>	City: _____ State: _____ Zip: _____	Phone: <u>3442-1911</u>	Phone: _____		
Phone: <u>3442-1911</u>	Phone: _____	Email: <u>office@waterwell.co</u>	Email: _____		
Sample Collector: <u>Pete</u>	Sample Collector: _____	PO Number: _____	PO Number: _____		
Sample Collector Phone: <u>389-4462</u>	Sample Collector Phone: _____				

				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		
2-8-23	14:30	(DB, P002	4												X	X															
	1445	7542 Paolonia Dr 7274 Paolonia Dr	1	0.95	X																										
Instructions:																															

Relinquished By: [Signature] Date/Time: 2-8-23 Received By: VA Date/Time: 2-8-23 Relinquished Via: HD C/S Change  Date/Time: \_\_\_\_\_ Temp. 7 °C/°F Received By: [Signature] Sample Pres. Yes  No  Date/Time: \_\_\_\_\_

Delivered Via: HD C/S Info: \_\_\_\_\_ Seals Present Yes  No  Headspace Yes  No