



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)
5/3/23	DBP002	DBP002	5/3/23	5/4/23	230503165-01A	Chloroform	EPA-524.2	N/A	0.5	34.10
						Bromoform	EPA-524.2	N/A	0.5	BDL
						Bromodichloromethane	EPA-524.2	N/A	0.5	11.54
						Dibromochloromethane	EPA-524.2	N/A	0.5	2.89
						Total Trihalomethanes	EPA-524.2	80	0.5	48.5

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

5/15/23
230503165
1/1
Y

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>BW</u>	Company Name: _____	PWSID: <u>107236</u>
Contact Name: <u>Pete</u>	Contact Name: _____	System Name: <u>EBW</u>
Address: <u>1901 S. 120th St. Ste A</u>	Address: <u>Same</u>	Compliance Samples: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
City: <u>Lafayette</u> State: <u>CO</u> Zip: <u>80026</u>	City: _____ State: _____ Zip: _____	Send Results to CDPHE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Phone: <u>3 442-1911</u>	Phone: _____	Task Number (Lab Use Only): CAL Task
Email: <u>office@waterwell.ca</u>	Email: _____	230503165
Sample Collector: <u>Pete</u>	PO Number: _____	JML
Sample Collector Phone: <u>3 819-4462</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 Endothal	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		
5-3-23	11:40	DBP002	4												X	X															
5-3-23	12:50	7435 Spring Dr.	1	1.19	X																										

Instructions: <u>VOC time marked 11:00- logged in per COC info. W</u>				C/S Info: <u>HD</u>				Seals Present Yes <input type="checkbox"/> No <input type="checkbox"/> Headspace Yes <input type="checkbox"/> No <input type="checkbox"/>							
Relinquished By: <u>[Signature]</u>		Date/Time: <u>5-3-23 16:14</u>		Received By: <u>[Signature]</u>		Date/Time: <u>5/13/23 10:20</u>		Delivered Via: <u>HD</u>		C/S Charge <input type="checkbox"/>		Temp. °C / Ice <u>4.3</u>		Sample Pres. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	