



Colorado Department
of Public Health
and Environment

Inorganic Chemicals Certified Laboratory Report Form
WQCD - Drinking Water CAS
4300 Cherry Creek Drive South, Denver, CO 80246-1530
Fax: (303) 758-1398; cdphe.drinkingwater@state.co.us

Revised 6/13/2014

IOC

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#: CO0130065				Laboratory ID: CO 0015				
System Name: Indian Hills WD				Laboratory Name: Colorado Analytical Laboratory				
Contact Person: Kristin Waters		Phone #: 303-697-8810		Contact Person: Customer Service		Phone: 303-659-2313		
Comments:		Do Samples Need to be Composited BY THE LAB? <input type="checkbox"/>		Comments:				
Section III (Supplied or Completed by Public Water System)								
Sample Date: 1/6/20		Collector: M Wolf		Facility ID (On Schedule): 014		Sample Pt ID (On Schedule): 014		
Section IV Inorganic Chemicals (Completed by Certified Laboratory)								
Lab Receipt Date	Lab Analysis Date	Lab Sample ID	Analyte Name	CAS No.	Analytical Method	MCL (mg/L)	Lab MRL (mg/L)	Result (mg/L)
1/6/20	1/8/20	200106049-01	Fluoride	7681-49-4	EPA 300.0	4	0.09	0.44

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

mg/L: Milligrams per Liter
 MCL: Maximum Contaminant Level

1/13/20
 200106049-01
 1/1
 Y

Drinking Water Chain of Custody



LABORATORIES, INC.

Commerce City Lab
10411 Heinz Way
Commerce City CO 80640

Lakewood Service Center
12860 W. Cedar Dr., Suite 100A
Lakewood CO 80228

Phone: 303-659-2313

www.coloradolab.com

Report To Information		Bill To Information (If different from report to)		Project Information	
Company Name: <u>Indian Hills Water</u>	Contact Name: <u>Krishn Majers</u>	Company Name:	Contact Name:	PWSID: <u>CO 0130065</u>	System Name: <u>1HWD</u>
Address:	Address:	Address:	Address:	Compliance Samples: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Send Results to CDPHE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____	Task Number (Lab Use Only)	CAL Task No. <u>200106049</u>
Phone: _____	Phone: _____	Phone: _____	Phone: _____	EMN	
Email: <u>Manager@indianhillswater.com</u>	Email: _____	PO Number: _____			
Sample Collector: <u>M. Wolf</u>	Sample Collector Phone: <u>303-921-1413</u>				

PHASE I, II, V Drinking Water Analyses (check requested analysis)

Subcontract Analyses

Date	Time	Client Sample ID / Sample Pr-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
11/6/20	1310	SP014-UVF	2															X	X	X	X							

Instructions: _____

Delivered Via: WV

C/S Charge

Temp. _____

Received By: Y

Seals Present Yes No

Relinquished By: <u>[Signature]</u>	Date/Time: <u>11/6/20 1430</u>	Received By: <u>[Signature]</u>	Date/Time: <u>11/6/20 1430</u>	Relinquished By: <u>[Signature]</u>	Date/Time: <u>11/6/20 1430</u>	Received By: <u>[Signature]</u>	Date/Time: <u>11/6/20 1430</u>	Relinquished By: <u>[Signature]</u>	Date/Time: <u>11/6/20 1430</u>
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