



Colorado Department
of Public Health
and Environment

Nitrate and Nitrite as Nitrogen Certified Laboratory Report Form
WQCD - Drinking Water CAS
Submit Online at <http://www.wqcdcompliance.com/login>

Revised 4/13/2015

NOX

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:					Comments:							
Section III (Supplied or Completed by Public Water System)					Section IV (Supplied or Completed by Certified Laboratory)							
Sample Date	Collector	Facility ID On Schedule	Sample Pt ID On Schedule	Confirmation?	Lab Receipt Date	Lab Analysis Date	Laboratory Sample ID #	Analyte	Analytical Method	MCL (mg/L)	Lab MRL (mg/L)	Result (mg/L)
1/6/20	M Wolf	014	014	<input type="checkbox"/>	1/6/20	1/8/20	200106049-01	Nitrate Nitrogen	EPA 300.0	10	0.1	7.8
1/6/20	M Wolf	014	014	<input type="checkbox"/>	1/6/20	1/8/20	200106049-01	Nitrite Nitrogen	EPA 300.0	1	0.1	BDL

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>	Company Name: _____	PWSID: <u>CO 01300065</u>	System Name: <u>1HWD</u>	Compliance Samples: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Contact Name: <u>Krishn Majers</u>	Contact Name: _____	Send Results to CDPHE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Task Number (Lab Use Only)	CAL Task No.
Address: _____	Address: _____	City: _____	State: _____	Zip: _____	200106049
City: _____	City: _____	State: _____	State: _____	Zip: _____	EMN
Phone: _____	Phone: _____	Email: _____	PO Number: _____		
Email: <u>Manager@indianhillswater.com</u>	Sample Collector Phone: <u>303-921-1413</u>				
Sample Collector: <u>M. Wolf</u>	Sample Collector Name: _____				

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
11/6/20	1310	SPO14-UVF	2															X	X	X	X							

Instructions: _____

Relinquisher By: [Signature] Date/Time: 11/6/20 1430 Received By: [Signature] Date/Time: 11/6/20 1430

Delivered Via: WV Relinquished By: [Signature] C/S Charge Temp. 8.9 °C/Ice Y Received By: [Signature] Sample Pres. Headspace Yes No

Seals Present Yes No

Subcontract Analyses: _____

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