



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#: CO0115685			Facility ID:DS001		Laboratory ID: CO015					
System Name: Rogers Mesa Domestic Water					Laboratory Name: Colorado Analytical Laboratory					
Contact Person: James Firor			Phone #:		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)
7/18/23	DBP001	SM2 J Road	7/19/23	7/26/23	230719093-01A	Chloroform	EPA-524.2	N/A	0.5	36.41
						Bromoform	EPA-524.2	N/A	0.5	BDL
						Bromodichloromethane	EPA-524.2	N/A	0.5	3.26
						Dibromochloromethane	EPA-524.2	N/A	0.5	BDL
						Total Trihalomethanes	EPA-524.2	80	0.5	39.7

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

8/3/23  
230719093  
1/1  
Y

# Drinking Water Chain of Custody



<b>Report To Information</b>	<b>Bill To Information</b> (If different from report to)	<b>Project Information</b>
Company Name: <u>Rogers Mesa Water</u>	Company Name: _____	PWSID: <u>C00115685</u>
Contact Name: <u>James Firoz</u>	Contact Name: <u>Diane Perry</u>	System Name: <u>Rogers Mesa Domestic Water</u>
Address: <u>PO Box 428</u>	Address: _____	Compliance Samples: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
City: <u>Hotchkiss</u> State: <u>CO</u> Zip: <u>81419</u>	City: _____ State: _____ Zip: _____	Send Results to CDPHE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Phone: <u>970 424-2409</u>	Phone: <u>970 424-2250</u>	Task Number (Lab Use Only)  <b>CAL Task</b>  <b>230719093</b>  <b>RMB</b>
Email: <u>badrabt@tds.net</u>	Email: <u>rogersmesadomesticwater@gmail.com</u>	
Sample Collector: <u>JF</u>	PO Number: _____	
Sample Collector Phone: <u>970424.249</u>		

**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)

			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	
<u>7/18</u>	<u>1:05</u>	<u>DWS 001 / Hardins</u>	<u>3</u>												<input checked="" type="checkbox"/>															
<u>7/18</u>	<u>1:05</u>	<u>DWS 001 / Hardins</u>	<u>1</u>												<input checked="" type="checkbox"/>															
<div style="font-size: 2em; border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">4</div>																														

<b>Instructions:</b> <u>MON. Schedule Say's ID is 'SM2 J Road' logged per MON. Schedule. -RB</u>				<b>C/S Info:</b>				<b>Seals Present</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Headspace</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
<b>Relinquished By:</b> <u>JF</u>		<b>Date/Time:</b>		<b>Received By:</b>		<b>Date/Time:</b>		<b>Delivered Via:</b> <u>JPS</u>		<b>C/S Charge:</b> <u>K RD</u>		<b>Temp:</b> <u>5°C / Ice</u>		<b>Sample Pres.:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>Relinquished By:</b> <u>JF</u>		<b>Date/Time:</b>		<b>Received By:</b> <u>KA</u>		<b>Date/Time:</b> <u>7/18 1:55</u>		<b>Relinquished By:</b> <u>JF</u>		<b>Date/Time:</b> <u>7/19/23</u>		<b>Received By:</b>		<b>Date/Time:</b>	

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