



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)
10/11/23	DBP001	SM2 J Road	10/12/23	10/14/23	231012020-01A	Chloroform	EPA-524.2	N/A	0.5	31.24
						Bromoform	EPA-524.2	N/A	0.5	BDL
						Bromodichloromethane	EPA-524.2	N/A	0.5	3.55
						Dibromochloromethane	EPA-524.2	N/A	0.5	BDL
						Total Trihalomethanes	EPA-524.2	80	0.5	34.8

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

10/26/23  
231012020  
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>Rogers Mess Dem.</u>	Company Name: _____	Company Name: <u>James Firoz</u>	Company Name: _____	PWSID: <u>C00115685</u>	
Contact Name: <u>James Firoz</u>	Contact Name: <u>Diane Perry</u>	Contact Name: <u>Diane Perry</u>	Contact Name: _____	System Name: <u>Rogers Mess</u>	
Address: <u>PO Box 428</u>	Address: _____	Address: _____	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: _____	City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____	Send Results to CDPHE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Phone: <u>970 424-2409</u>	Phone: _____	Phone: _____	Phone: _____	Task Number (Lab Use Only)	
Email: <u>badrabit@tds.net</u>	Email: <u>rogersmess@domestichwater</u>	Email: <u>rogersmess@domestichwater</u>	Email: _____	<u>CAL Task</u>	
Sample Collector: <u>JF</u>	Sample Collector: <u>JF</u>	Sample Collector: <u>JF</u>	Sample Collector: _____	231012020	
Sample Collector Phone: <u>970 424 2409</u>	Sample Collector Phone: <u>970 424 2409</u>	Sample Collector Phone: <u>970 424 2409</u>	Sample Collector Phone: _____	SLM	

## 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 THMs	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
10/11/23	2:45	DWS 001															✓	✓											

**Instructions:**  
 \* time taken from bottles <sup>sample</sup> 10/12/23  
 \* DRP001 (SM2 J Road) per monitoring sheet 10/12/23 8AM

**Relinquished By:** JF **Date/Time:** 10/11/23 **Received By:** WA **Date/Time:** 10/12/23

**Delivered Via:** NPS **Relinquished By:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**C/S Change:**  **Date/Time:** 10/12/23

**Temp. Received By:** 3 **Temp. Sample Pres. Yes:**  **No:**

**Seals Present Yes:**  **No:**  **Headspace Yes:**  **No:**

**Sample Pres. Yes:**  **No:**  **Date/Time:** \_\_\_\_\_