



Colorado Department
of Public Health
and Environment

Haloacetic Acids Certified Laboratory Report Form
WQCD - Drinking Water CAS
Submit Online at <http://www.wqcdcompliance.com/login>

Revision: 4/13/2015

HAA5

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	10/18/23	231012020-01	Monochloroacetic Acid	EPA 552.2	N/A	2.0	2.37
						Monobromoacetic Acid	EPA 552.2	N/A	1.0	BDL
						Dichloroacetic Acid	EPA 552.2	N/A	1.0	17.14
						Trichloroacetic Acid	EPA 552.2	N/A	1.0	14.34
						Dibromoacetic Acid	EPA 552.2	N/A	1.0	BDL
Total Haloacetic Acids	EPA 552.2	60	1.0	33.9						

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

Report To Information		Bill To Information (If different from report to)		Project Information	
Company Name: <u>Rogers Mess Dem.</u>	Company Name: _____	PWSID: <u>C00115685</u>		System Name: <u>Rogers Mess</u>	
Contact Name: <u>James Firoz</u>	Contact Name: <u>Diane Perry</u>	Compliance Samples: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Send Results to CDPHE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Address: <u>PO Box 428</u>	Address: _____	Task Number (Lab Use Only)		Task Number: <u>CAL Task</u>	
City: <u>Hotchkiss</u> State: <u>CO</u> Zip: <u>81419</u>	City: _____ State: _____ Zip: _____	Email: <u>badrabit@tds.net</u>		Email: <u>rogersmess@domestichwater.com</u>	
Phone: <u>970 424-2409</u>	Phone: _____	Sample Collector: <u>JF</u>		Sample Collector Phone: <u>970 424 2409</u>	
PO Number: _____		Sample Collector: <u>JF</u>		Sample Collector Phone: <u>970 424 2409</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 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 ^{sample} 10/12/23 * DBOOD1 (SM2 J Road) per monitoring sheet 10/12/23 8AM			(4)			C/S Info:		Delivered Via: <u>NPS</u>		C/S Change: <input checked="" type="checkbox"/>		Temp. <u>3</u> C/Ice <u>✓</u>		Seals Present Yes <input type="checkbox"/> No <input type="checkbox"/>		Headspace Yes <input type="checkbox"/> No <input type="checkbox"/>		Sample Pres. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reinquinished By: <u>JF</u>		Date/Time: <u>10/11/23</u>		Received By: <u>WJ</u>		Date/Time: <u>10/12/23</u>		Reinquinished By: <u>JF</u>		Date/Time: <u>10/11/23</u>	