



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)
1/16/24	DBP001	SM2 JRoad	1/17/24	1/18/24	240117065-01A	Chloroform	EPA-524.2	N/A	0.5	23.09
						Bromoform	EPA-524.2	N/A	0.5	BDL
						Bromodichloromethane	EPA-524.2	N/A	0.5	6.93
						Dibromochloromethane	EPA-524.2	N/A	0.5	1.22
						Total Trihalomethanes	EPA-524.2	80	0.5	31.2

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

1/31/24
240117065
1/1
Y

Drinking Water Chain of Custody



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 Mesa Water</u>		Company Name: _____		PWSID: <u>C00115685</u>	
Contact Name: <u>James Firov</u>		Contact Name: <u>Diane Perry</u>		System Name: <u>Rogers Mesa Domestic Water</u>	
Address: <u>PO Box 428</u>		Address: <u>PO Box 428</u>		Compliance Samples: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
City: <u>Hatch</u> State: <u>CO</u> Zip: <u>81419</u>		City: <u>Hatch</u> State: <u>CO</u> Zip: <u>81419</u>		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): CAL Task	
Email: <u>badrabit@tds.net</u>		Email: <u>rogersmesadomesticwater@gmail.com</u>		240117065	
Sample Collector: <u>James Firov</u>		PO Number: _____		SLM	
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 Carbarnates	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	Chlorite	
<u>1/16/24</u>		<u>DBP001/B&Q</u>													<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>														

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Per James, time collected was 12:50pm 1/18/24 SLM

Instructions: <u>* Sample ID per monitoring schedule 1/17/24 slm</u>				C/S Info: _____				Seals Present Yes <input type="checkbox"/> No <input type="checkbox"/> Headspace Yes <input type="checkbox"/> No <input type="checkbox"/>							
Relinquished By: <u>Firov</u>		Date/Time: <u>1/16/23/12:50</u>		Received By: <u>KA</u>		Date/Time: <u>1/17/24</u>		Delivered Via: <u>USPS</u>		C/S Charge: <u>K</u>		Temp.: <u>7°C / Ice</u>		Sample Pres.: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	