



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)
7/15/24	DBP001	SM2	7/16/24	7/19/24	240716121-01A	Chloroform	EPA-524.2	N/A	0.5	58.47
						Bromoform	EPA-524.2	N/A	0.5	BDL
						Bromodichloromethane	EPA-524.2	N/A	0.5	3.77
						Dibromochloromethane	EPA-524.2	N/A	0.5	BDL
						Total Trihalomethanes	EPA-524.2	80	0.5	62.2

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

7/29/24
240716121
1/1
Y

Drinking Water Chain of Custody



Report To Information Company Name: <u>Rogers Mesa Water</u> Contact Name: <u>James Firor</u> Address: <u>PO Box 428</u> City: <u>Hotchkiss</u> State: <u>CO</u> Zip: <u>81419</u> Phone: <u>970 424-2409</u> Email: <u>badrabit@tds.net</u> Sample Collector: <u>JF</u> Sample Collector Phone: <u>970 424-2409</u>	Bill To Information (If different from report to) Company Name: <u>RMDWC</u> Contact Name: <u>Diane Perry</u> Address: <u>PO Box 428</u> City: <u>Hotchkiss</u> State: <u>CO</u> Zip: <u>81419</u> Phone: <u>970 424-2250</u> Email: <u>rogersmesadomesticwater@gmail.com</u> PO Number:	Project Information PWSID: System Name: Compliance Samples: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Send Results to CDPHE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Task Number (Lab Use Only) <div style="text-align: center; font-size: 1.2em; font-weight: bold;">CAL Task</div> <div style="text-align: center; font-size: 1.2em;">240716121</div> <div style="text-align: center; font-weight: bold;">CJF</div>
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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

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		
7/15/24	2:40	DPB-1 / SM 2													✓																
7/15/24	2:40	DPB-1 / SM 2													✓																
			(4)																												
Instructions:												C/S Info:					Seals Present Yes <input type="checkbox"/> No <input type="checkbox"/> Headspace Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>														
Relinquished By: <u>James Firor</u>												Delivered Via: <u>usmail</u>					C/S Charge <input checked="" type="checkbox"/> Temp. °C/Ice <u>19.1</u> Sample Pres. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>														
Date/Time: <u>7/15/24/2:55</u>			Received By: _____			Date/Time: _____			Relinquished By: _____			Date/Time: _____			Received By: <u>C. Amz</u>			Date/Time: <u>7/16/24/12:57</u>													