



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)
10/21/24	DBP001	SM2	10/23/24	10/26/24	241023056-01A	Chloroform	EPA-524.2	N/A	0.5	42.84
						Bromoform	EPA-524.2	N/A	0.5	BDL
						Bromodichloromethane	EPA-524.2	N/A	0.5	2.16
						Dibromochloromethane	EPA-524.2	N/A	0.5	BDL
						Total Trihalomethanes	EPA-524.2	80	0.5	45.0

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

11/7/24
241023056
1/1
Y

Drinking Water Chain of Custody



Report To Information		Bill To Information (If different from report to)		Project Information	
Company Name: <u>Rogers Mesa Domest</u>		Company Name: <u>RMDWC</u>		PWSID:	
Contact Name: <u>James Fira</u>		Contact Name: <u>Diane Perry</u>		System Name:	
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>Hatchkiss</u> State: <u>CO</u> Zip: <u>81419</u>		City: <u>Hatchkiss</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 241023056 RMB	
Email: <u>badrabit@tds.net</u>		Email: <u>rogersmesadomesticwater@gmail.com</u>			
Sample Collector: <u>JF</u>		PO Number:			
Sample Collector Phone: <u>same</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

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		
10/21/24	12:40	DBP-1 / SM 2													✓	✓															
Instructions:										C/S Info:										Seals Present Yes <input type="checkbox"/> No <input type="checkbox"/> Headspace Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
										Delivered Via: <u>UPS</u>										C/S Charge <input checked="" type="checkbox"/> Temp: <u>8</u> °C/Ice <u>Y</u> Sample Pres. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
Relinquished By: <u>James Fira</u>			Date/Time: <u>10/21/10:45</u>			Received By: _____			Date/Time: _____			Relinquished By: _____			Date/Time: _____			Received By: <u>Adama</u>			Date/Time: <u>10/23/24</u>										

1117