



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)
4/10/24	DBP001	SM2 J Road	4/11/24	4/17/24	240411070-01	Monochloroacetic Acid	EPA 552.2	N/A	2.0	BDL
						Monobromoacetic Acid	EPA 552.2	N/A	1.0	BDL
						Dichloroacetic Acid	EPA 552.2	N/A	1.0	20.03
						Trichloroacetic Acid	EPA 552.2	N/A	1.0	15.98
						Dibromoacetic Acid	EPA 552.2	N/A	1.0	BDL
Total Haloacetic Acids						EPA 552.2	60	1.0	36.0	

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

4/24/24
240411070
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 Water</u>	Company Name: _____	PWSID: _____
Contact Name: <u>James Fiori</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</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: _____ State: _____ Zip: _____	Send Results to CDPHE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Phone: <u>970-424-2409</u>	Phone: _____	Task Number (Lab Use Only) CAL Task
Email: <u>badrabit@tds.net</u>	Email: <u>rogersmesadomesticwater@gmail.com</u>	240411070
Sample Collector: <u>J. Fiori</u>	PO Number: _____	JAK
Sample Collector Phone: <u>970 424 2409</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 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>4/10/24</u>	<u>3:15</u>	<u>DS001 / ROTR</u>	<u>3</u>	<u>1.2</u>											<u>*</u>															
			<u>1</u>	<u>1.2</u>												<u>X</u>														

Instructions: <u>Sample point Id per man. schedule. 4/11/24 JK</u>			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>J. Fiori</u>		Date/Time: <u>4/10/24 3:40</u>	Received By: _____		Date/Time: _____	Delivered Via: <u>UPS</u>		C/S Charge <input checked="" type="checkbox"/>	Temp: <u>4</u> °C / Ice <u>Y</u>	Sample Pres. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
			Relinquished By: _____			Date/Time: _____			Received By: <u>Adams</u>			Date/Time: <u>4/11/24</u>		

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