



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: Cassandra Shenk			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)
10/27/21	DBP001	SM2 J Road	10/29/21	10/29/21	211029020-01A	Chloroform	EPA-524.2	N/A	0.5	BDL
						Bromoform	EPA-524.2	N/A	0.5	BDL
						Bromodichloromethane	EPA-524.2	N/A	0.5	BDL
						Dibromochloromethane	EPA-524.2	N/A	0.5	BDL
						Total Trihalomethanes	EPA-524.2	80	0.5	BDL

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

11/8/21  
211029020  
1/1  
Y

# Drinking Water Chain of Custody



**Commerce City Lab**  
10411 Heinz Way  
Commerce City CO 80640

**Lakewood Service Center**  
12860 W. Cedar Dr, Suite 100A  
Lakewood CO 80228

Phone: 303-659-2313

[www.coloradolab.com](http://www.coloradolab.com)

Report To Information	Bill To Information (If different from report to)	Project Information
Company Name: <u>Rogers Mesa Dom</u>	Company Name: _____	PWSID: <u>CD0115685</u>
Contact Name: <u>C Shenk</u>	Contact Name: <u>Pierre Perry</u>	System Name: <u>RMDWC</u>
Address: <u>PO Box 2</u>	Address: <u>PO Box 2</u>	Compliance Samples: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
City: <u>Lafayette</u> State: <u>CO</u> Zip: <u>81420</u>	City: _____ State: _____ Zip: _____	Send Results to CDPHE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Phone: <u>970 208 7716</u>	Phone: <u>970 424 2250</u>	Task Number (Lab Use Only) <b>CAL Task</b> <b>211029020</b>  EMN
Email: <u>shenkeac@gmail.com</u>	Email: <u>Rogersmesadomestic@gmail.com</u>	
Sample Collector: <u>Cassara Shuk</u>	PO Number: _____	
Sample Collector Phone: <u>970 208 7716</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 EDRB/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			
10/27	2:30	<del>10. Becke</del> DBP 001 DS001  (SM2 J Road)	4																													

<b>Instructions:</b> *HAA red 10/29...	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>Cassara Shuk</u> Date/Time: <u>10/27/21</u>	Received By: <u>[Signature]</u> Date/Time: <u>10/28/21</u>	Delivered Via: <u>US Mail</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"/>