



Colorado Department  
of Public Health  
and Environment

**Organic Chemicals Certified Laboratory Report Form**  
**WQCD - Drinking Water CAS**  
Submit Online at <http://www.wqcdcompliance.com/login>

Revised 4/13/2015

**VOC/SOC**

Section I (Supplied or Completed by Public Water System)		Section II (Supplied or Completed by Certified Laboratory)	
Public Water System Information		Certified Laboratory Information	
PWSID#: CO0128625		Laboratory ID: CO015	
System Name: Navajo Western Water District (Estates)		Laboratory Name: Colorado Analytical Laboratory	
Contact Person: Julie Zahringer	Phone #: 719-589-1024	Contact Person: Customer Service	Phone: 303-659-2313
Comments:	Do Samples Need to be Composited BY THE LAB? <input type="checkbox"/>	Comments:	

Section V (Supplied or Completed by Public Water System)	
PWSID#: CO0128625	
Sample Date: 8/18/21	Collector: Tom Northup
Facility ID (On Schedule): 003	Sample Pt ID (On Schedule): 003

Section VI Synthetic Organic Chemicals (Supplied or Completed by Certified Laboratory)								
Lab Receipt Date	Lab Analysis Date	Lab Sample ID	Analyte Name	CAS No.	Analytical Method	MCL (ug/L)	Lab MRL (ug/L)	Result (ug/L)
8/19/21	8/31/21	210819074-01	Di(2-ethylhexyl)phthalate	117-81-7	EPA 525.2	6	0.6	<b>BDL</b>

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)

<b>Report To Information</b>		<b>Bill To Information (If different from report to)</b>		<b>Project Information</b>	
Company Name: <u>SDC Lab, Inc.</u>		Company Name: <u>SDC Lab</u>		PWSID: <u>CO0128625</u>	
Contact Name: <u>Julie Zahringer</u>		Contact Name: <u>J. Zahringer</u>		System Name: <u>Navajo Western WD Estates</u>	
Address: <u>2329 Lava Ln</u>		Address: <u>P.O. Box 642</u>		Compliance Samples: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
City: <u>Alamosa</u> State: <u>CO</u> Zip: <u>81101</u>		City: <u>Alamosa</u> State: <u>CO</u> Zip: <u>81101</u>		Send Results to CDPHE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Phone: <u>(719) 589-1024</u>		Phone: <u>(719) 589-1024</u>		Task Number (Lab Use Only)	
Email: <u>juliez@sangrelabs.com</u>		Email: <u>julie@sangrelabs.com</u>		<b>CAL Task</b>	
Sample Collector: <u>Tom Northup</u>				<b>210819074</b>	
Sample Collector Phone:		PO Number:		<b>JML</b>	

			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	
8-18-21	9:16	Navajo Western W. Dist. Estates CO 0128625 Entry Point 003	2							<input checked="" type="checkbox"/>																				
<p><b>SANGRE DE CRISTO LABORATORY</b>                  Sample ID: Navajo Water Dist. Estates                  PWSID: CO0128625                  Sampled by: TN                  Date and time: 008/18/21 @ 0916                  Location: 003 EP</p>																														
Instructions: <u>Please send replacement bottles.</u>										C/S Info:				Seals Present Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Headspace Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																
Relinquished By: <u>[Signature]</u>										Delivered Via: <u>UPS</u>				C/S Charge <input type="checkbox"/> Temp. <u>18.0</u> °C / <u>4</u> Sample Pres. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																
Date/Time: <u>8-18-21 4:00 pm</u>			Received By: <u>[Signature]</u>			Date/Time: <u>8/18/21 10:00</u>			Relinquished By: <u>[Signature]</u>			Date/Time:			Received By:			Date/Time:												