



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#: CO0128600			Facility ID: DS001		Laboratory ID: CO015					
System Name: Navajo Western Water District (Resorts)					Laboratory Name: Colorado Analytical Laboratory					
Contact Person: Julie Zahringer			Phone #: 719-589-1024		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)
8/17/22	DBP001	Apache Drive	8/18/22	8/23/22	220818041-04A	Chloroform	EPA-524.2	N/A	0.5	BDL
						Bromoform	EPA-524.2	N/A	0.5	29.5
						Bromodichloromethane	EPA-524.2	N/A	0.5	1.6
						Dibromochloromethane	EPA-524.2	N/A	0.5	7.3
						Total Trihalomethanes	EPA-524.2	80	0.5	38.3

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

9/2/22
220818041
1/1
Y

Drinking Water Chain of Custody



Report To Information	Bill To Information (If different from report to)	Project Information
Company Name: <u>SDC Lab, Inc</u>	Company Name: _____	PWSID: <u>CO0128000</u>
Contact Name: <u>Julie Zahninger</u>	Contact Name: <u>same as</u>	System Name: <u>Navajo Western WDResorts</u>
Address: <u>2329 Lava Lane</u>	Address: _____	Compliance Samples: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
City: <u>Alamosa</u> State: <u>CO</u> Zip: <u>81101</u>	City: _____ State: _____ Zip: _____	Send Results to CDPHE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Phone: <u>719-589-1024</u>	Phone: _____	Task Number (Lab Use Only): CAL Task 220818041
Email: <u>juliez@sangrelabs.com</u>	Email: _____	EMN
Sample Collector: <u>Tom Northrup</u>	PO Number: _____	
Sample Collector Phone: <u>719-738-3130</u>		

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

			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															
8/17/22	0800	Navajo Western WDResorts				X	X	X	X	X	X		X	X	X	X																												
		Sample Pt ID: TTHM/HAA5: DAP001 (Apache Drive)																																										
		SOC/VOC: 001																																										
(21)										please do full SOC/VOC suite																																		
Instructions: Location no per mon. schedule. Please send replacement bottles and glyphosate bottles										C/S Info:					Seals Present Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Headspace Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																													
Relinquished By: <u>H Cassius</u>										Date/Time: <u>8/17/22 @ 11:30</u>					Received By: <u>Blawie</u>					Date/Time: <u>8/18/22 8:50</u>					Relinquished By: _____					Date/Time: _____					Received By: _____					Date/Time: _____				
										Delivered Via: <u>UPS</u>					C/S Charge: <u>S</u>					Temp. °C/Ice: <u>14.9</u>					Sample Pres. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																			