

Drinking Water Compliance C.o.C. Standard Water Bacteriology (Bac-T)

To Submit One Sample for a Public Water System: \$38.50; EPA/Special Purpose: \$27.50; or Quanti-Tray: \$39.60

Instructions for Filling out this Form.: Complete **all fields in bold** for all regulated Public systems with a Water System ID (PWSID). To submit additional samples with different mailing addresses, use separate forms & label bottles with a unique matching identifier. Sample may not be processed if information is incomplete. See reverse page for additional information.

Bold information fields in Sections (I) and (II) are mandatory for sample processing. Information must be complete and legible

(I) Public Water System Information

System Name Twin Buttes Pauls Park Swim Pond

PWSID COO (or) EPA _____ Facility ID: DS-001; Other _____

Classification Community Non-Community (Transient/ Non-Transient) Finished

(II) Sample Information

E. Coli only

Sample Type Routine Original (RT) Special Purpose (\$27.50) Repeat (RP) *see additional line., below*

Chlorine residual _____ (mg/L) Free Total Chlorine, (or) RAW (0.0 mg/L Chlorine)

Collection date (mm/dd/yy) 1/1/ Time _____, by _____ (Operator Init)

Collection Address Tipple Ave. Durango Operator Phone 970-259-3883
Street City County

Sample Site ID: Pauls Park Unique identifier assigned for sample collection location.

Repeat Sample Info. (if appl.) RP Upstream RP Original RP Downstream RP Other _____

Quanti-Tray (\$39.60) Report MPN result to CDPHE **RELINQUISHED (mm/dd/yy):** 1/1/, by _____

Laboratory Information

Lab personnel only – sample will be rejected if this area is marked prior to receipt.

Procedure (Standard Method 20th Ed. 9223B)

P/A: Colilert-18 P/A: Colisure-24

Enumerated (IDEXX Quanti-Tray)

RESULTS: Issued next day **Total Coliform** Present Absent **MPN:** 1413.6/100 mL

Analysis: _____ by _____ **E. coli** Present Absent **MPN:** 26.2/100 mL

Lab Receipt: Lab ID, Date & Time

519 Received 07/29/24
@ 11:40 am

Intake: KM

Email(s): Willie@Twinbuttesofdurango.com
info@TwinButtesmetrodistrict.org
Send a scan of these results to the above recipient(s) - Please include at least one email address for results

Mail a physical copy of these results to (optional - include only customer name if email is preferred)

Mailing Address:

Name _____

Street _____

City _____ State _____ ZIP _____

Billing Information

Paid at time of service

\$27.50 (Special Purpose/EPA)

\$38.50 (CDPHE Compliance)

Bill to Water Lab Acct:

Twin Buttes Metro

Acct # _____ Acct Name _____

Billing Phone _____ \$27.50 billed

\$38.50 billed

\$39.60 billed