

Chain of Custody: Standard Bacteriology Test (Bac-T) for Drinking Water

To Submit One Sample for a Private Drinking Water Test: \$27.50; or Quanti-Tray: \$39.60

Instructions for Filling out this Form: Use this for for Private and non-regulated water supplies. Public systems (with a PWSID) must use a compliance chain of custody form. To submit more than one sample: use one form per sample; clearly label each bottle with unique, matching identifiers. Sample may not be processed if information is incomplete or not legible. Refer to the back of this form and a separate sheet of sample collection guidelines for additional information.

Submission Information for Private & Non-Regulated Water Supplies: Bold information fields are required.

Check One: **Private** Community, Non-Public (RT) Non-Community, Non-Public (RT)

Sample Collection & Recipient Information: leave (i, ii, & iii) blank if submitting on behalf of your personal water supply.

(i) System Name _____ (ii) Chlorine _____ (mg/L), Free Total

Collection Address Twin Buttes of Durango CO LaPlata
Street City County

Collection Site ID Park Park Pond (Provide a unique identifier to submit multiple samples.)

Collection date (mm/dd/yy) 7/10/24 Time 10:15 AM PM Phone _____

Collected By Michael Greer (Full Name/ Company) (iii) Client/Project ID _____

Type of Test Requested Presence/Absence (\$27.50) Quanti-Tray IDEXX MPN (\$39.60)

RELINQUISHED (mm/dd/yy): 7/10/24, by _____

Laboratory: Lab personnel only – sample will be rejected if this area 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

Analysis: 7/10 by KM

Total Coliform Present

E. coli Present

Lab Receipt: Lab ID, Date & Time

Rec'd @ 10:45 on
#468 07/10/2024
Intake: KM T=19.6°C

Quanti-Tray: MPN

Absent T. Col.: 7249.6/100 mL

Absent E. coli: 365.4/100 mL

Email(s): Willie@TwinButtesofDurango.com

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)

Mailing Address:

Name _____

Street _____

City _____

State _____

ZIP _____

Payment Information

Paid at time of service:

\$27.50 Standard Bac-T

\$39.60 Quanti-Tray

Chk: # _____ Card

Bill to Water Lab Acct:

Twin Buttes Metro

Acct # _____ Account Name

\$27.50 billed

Billing Phone _____

\$39.60 billed