

**Analytical Results**

**TASK NO: 221222037**

**Report To:** Dan Jones  
**Company:** Town of Wellington  
PO Box 127  
Wellington CO 80549

**Bill To:** Accounts Payable  
**Company:** Town of Wellington  
PO Box 127  
Wellington CO 80549

**Task No.:** 221222037  
**Client PO:**  
**Client Project:** Town of Wellington CO0135838

**Date Received:** 12/22/22  
**Date Reported:** 12/30/22  
**Matrix:** Water - Drinking

**Customer Sample ID** BOV16  
**Sample Date/Time:** 12/22/22 10:32 AM  
**Lab Number:** 221222037-01

| Test          | Result       | Method    | RL    | MCL   | Date Analyzed | QC Batch ID | Analyzed By |
|---------------|--------------|-----------|-------|-------|---------------|-------------|-------------|
| <i>Total</i>  |              |           |       |       |               |             |             |
| Copper (mg/L) | <b>0.001</b> | EPA 200.8 | 0.001 | 1.3   | 12/29/22      | QC61856     | MBN         |
| Lead (mg/L)   | <b>BDL</b>   | EPA 200.8 | 0.001 | 0.015 | 12/29/22      | QC61856     | MBN         |

**Abbreviations/ References:**

RL = Reporting Limit = Minimum Level  
mg/L = Milligrams Per Liter or PPM  
ug/L = Micrograms Per Liter or PPB  
mpn/100 mls = Most Probable Number Index/ 100 mls  
Date Analyzed = Date Test Completed

(d) RPD acceptable due to low duplicate and sample concentrations.  
(s) Spike amount low relative to the sample amount.  
BDL = Not Detected at Reporting Limit.

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**Company:** Town of Wellington  
PO Box 127  
Wellington CO 80549

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Wellington CO 80549

**Task No.:** 221222037  
**Client PO:**  
**Client Project:** Town of Wellington CO0135838

**Date Received:** 12/22/22  
**Date Reported:** 12/30/22  
**Matrix:** Water - Drinking

**Customer Sample ID** BOV5  
**Sample Date/Time:** 12/22/22 10:42 AM  
**Lab Number:** 221222037-02

| Test          | Result       | Method    | RL    | MCL   | Date Analyzed | QC Batch ID | Analyzed By |
|---------------|--------------|-----------|-------|-------|---------------|-------------|-------------|
| <i>Total</i>  |              |           |       |       |               |             |             |
| Copper (mg/L) | <b>0.003</b> | EPA 200.8 | 0.001 | 1.3   | 12/29/22      | QC61856     | MBN         |
| Lead (mg/L)   | <b>BDL</b>   | EPA 200.8 | 0.001 | 0.015 | 12/29/22      | QC61856     | MBN         |

**Abbreviations/ References:**

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Date Analyzed = Date Test Completed

(d) RPD acceptable due to low duplicate and sample concentrations.  
(s) Spike amount low relative to the sample amount.  
BDL = Not Detected at Reporting Limit.

**Analytical QC Summary**

**TASK NO: 221222037**

**Report To:** Dan Jones  
**Company:** Town of Wellington

**Receive Date:** 12/22/22  
**Project Name:** Town of Wellington CO0135838

| Test   | QC Batch ID | QC Type      | Result | Method    |  |  |
|--------|-------------|--------------|--------|-----------|--|--|
| Copper | QC61856     | Method Blank | ND     | EPA 200.8 |  |  |
| Lead   | QC61856     | Method Blank | ND     | EPA 200.8 |  |  |

  

| Test   | QC Batch ID | QC Type | Limits   | % Rec | RPD | Method    |
|--------|-------------|---------|----------|-------|-----|-----------|
| Copper | QC61856     | LCS     | 90 - 110 | 99.2  | -   | EPA 200.8 |
|        |             | MS      | 70 - 130 | 101.8 | -   |           |
|        |             | MSD     | 0 - 10   | -     | 0.4 |           |
| Lead   | QC61856     | LCS     | 90 - 110 | 97.5  | -   | EPA 200.8 |
|        |             | MS      | 70 - 130 | 80.7  | -   |           |
|        |             | MSD     | 0 - 10   | -     | 3.0 |           |

All analyses were performed in accordance with approved methods under the latest revision to 40 CFR Part 136 unless otherwise identified. Based on my inquiry of the person or persons directly responsible for analyzing the wastewater samples and generating the report (s), the analyses, report, and information submitted are, to the best of my knowledge and belief, true, accurate, and complete.



DATA APPROVED FOR RELEASE BY

**Abbreviations/ References:**

RL = Reporting Limit = Minimum Level  
 mg/L = Milligrams Per Liter or PPM  
 ug/L = Micrograms Per Liter or PPB  
 mpn/100 mls = Most Probable Number Index/ 100 mls  
 Date Analyzed = Date Test Completed

(d) RPD acceptable due to low duplicate and sample concentrations.  
 (s) Spike amount low relative to the sample amount.  
 BDL = Not Detected at Reporting Limit.

### Drinking Water Chain of Custody



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

**Lakewood Service Center**  
 610 Garrison Street, Unit E  
 Lakewood CO 80215

Phone: 303-659-2313

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

|   |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| <b>Report To Information</b>                                |  |  | <b>Bill To Information</b> (If different from report to) |  |  | <b>Project Information</b>   |  |  |
| Company Name: <u>Town of Wellington</u>                     |  |  | Company Name: _____                                      |  |  | PWSID: <u>CO0135838</u>  |  |  |
| Contact Name: <u>Jesse T.</u>                               |  |  | Contact Name: _____ <u>Same</u>                          |  |  | System Name: <u>Town of Wellington</u>   |  |  |
| Address: <u>P.O. Box 127</u><br><u>Wellington, CO 80549</u> |  |  | Address: _____   |  |  | Compliance Samples: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>    |  |  |
| City: _____ State: _____ Zip: _____                         |  |  | City: _____ State: _____ Zip: _____                      |  |  | Send Results to CDPHE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |  |
| Phone: <u>970-690-0378</u>                                  |  |  | Phone: _____   |  |  | Task Number (Lab Use Only)   |  |  |
| Email: <u>tollefp@wellingtoncolorado.gov</u>                |  |  | Email: _____   |  |  | <b>CAL Task</b><br><b>221222037</b><br><br><b>JML</b>                                      |  |  |
| Sample Collector: <u>Brandon K.</u>                         |  |  | Sample Collector: _____                                  |  |  |  |  |  |
| Sample Collector Phone: <u>970-219-0698</u>                 |  |  | PO Number: _____   |  |  |  |  |  |

#### 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)<br>P/A Samples Only | PHASE I, II, V Drinking Water Analyses (check requested analysis) |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          | Subcontract Analyses      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|----------|----------|---------------------------------|-------------------|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|          |          |                                 |                   |  | 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 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                 |                          |                          |                          |                          |                          |                          |                          |
| 12-22-22 | 10:32 AM | BOVIG                           | 1                 |  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12-22-22 | 10:42 AM | BOVS                            | 1                 |  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
|          |          | 2                               |                   |  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |

|  |  |  |   |  |                        |  |                            |  |                          |   |  |                                     |  |                                  |  |  |  |                    |  |                            |  |
|--|--|--|---|--|------------------------|--|----------------------------|--|--------------------------|---|--|-------------------------------------|--|----------------------------------|--|--|--|--------------------|--|----------------------------|--|
| <b>Instructions:</b>                     |  |  |   |  | C/S Info:              |  |                            |  |                          | Seals Present Yes <input type="checkbox"/> No <input type="checkbox"/> Headspace Yes <input type="checkbox"/> No <input type="checkbox"/> |  |                                     |  |                                  |  |  |  |                    |  |                            |  |
| Relinquished By: <u>JESSE TOLLEFSRUD</u> |  |  | Date/Time: <u>12-22-22</u><br><u>12:13 PM</u> |  | Received By: <u>WA</u> |  | Date/Time: <u>12-22-22</u> |  | Delivered Via: <u>HO</u> |   |  | C/S Charge <input type="checkbox"/> |  | Temp. <u>4</u> °C / Ice <u>Y</u> |  | Sample Pres. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  | Received By: _____ |  | Date/Time: <u>12-22-22</u> |  |