

Analytical Results

TASK NO: 210826075

Report To: John Volk

Company: Water Quality Control Professionals
13863 W. La Salle Pl.
Lakewood CO 80228

Bill To: Accounts Payable

Company: Water Quality Control Professionals
13863 W. La Salle Pl.
Lakewood CO 80228

Task No.: 210826075
Client PO: CDOT WWTP
Client Project: CDOT Eisenhower WWTP

Date Received: 8/26/21
Date Reported: 9/7/21
Matrix: Water - Surface

Customer Sample ID CDOT Raw
Sample Date/Time: 8/26/21 1:00 PM
Lab Number: 210826075-01

Test	Result	Method	ML	Date Analyzed	Analyzed By
Bicarbonate	27.0 mg/L as CaCO ₃	SM 2320-B	0.2	9/1/21	DPL
Calcium as CaCO ₃	24.1 mg/L	EPA 200.7	0.1	9/1/21	MBN
Carbonate	< 0.2 mg/L as CaCO ₃	SM 2320-B	0.2	9/1/21	DPL
Hydroxide	< 0.2 mg/L as CaCO ₃	SM 2320-B	0.2	9/1/21	DPL
Langelier Index	-1.48 units	SM 2330-B		9/7/21	SAN
pH	7.42 units	SM 4500-H-B	0.01	8/27/21	AMJ
Temperature	20 °C	SM 4500-H-B	1	8/27/21	AMJ
Total Alkalinity	27.0 mg/L as CaCO ₃	SM 2320-B	4	9/1/21	DPL
Total Dissolved Solids	43 mg/L	SM 2540-C	5	9/1/21	ISG

Abbreviations/ References:

ML = Minimum Level = LRL = RL
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



DATA APPROVED FOR RELEASE BY

Chain of Custody Form



LABORATORIES, INC

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

Report To Information		Bill To Information (If different from report to)		Project Name / Number	
Company Name: <u>W&C</u>		Company Name: _____		<u>COOT EJMT</u>	
Contact Name: <u>John Volk</u>		Contact Name: _____			
Address: _____		Address: _____		Task Number (Lab Use Only)	
City: _____ State: _____ Zip: _____		City: _____ State: _____ Zip: _____		CAL Task 210826075 NAB	
Phone: _____		Phone: _____			
Email: _____		Email: _____			
Sample Collector: <u>John Volk</u>		PO No.: _____			
Sample Collector Phone: <u>920-388-4491</u>					

Sample Matrix (Select One Only)				No. of Containers	Grab or (Check One Only) Composite	Tests Requested													
Waste Water <input type="checkbox"/>	Ground Water <input type="checkbox"/>	Surface Water <input checked="" type="checkbox"/>	Drinking Water <input type="checkbox"/>			Langaker Index	PO-Cl, Ni, Zn	Dis.-Fe, Mn	TR.-Fe	Chloride	Total Hardness	TOC	DOC						
Date: <u>8/28/11</u>	Time: <u>13:00</u>	Sample ID: <u>COOT Raw</u>		<u>7</u> X	X	X	X	X	X	X	X								

Instructions: PH-7.3 Temp-8.1°C

Relinquished By: [Signature] Date/Time: 8/11/11 Received By: [Signature] Date/Time: 8/12/11

C/S Info: (7)

Deliver Via: HD Relinquished By: [Signature]

C/S Charge Date/Time: _____ Temp: 9.7 °C/F 7

Seals Present Yes No Received By: [Signature] Date/Time: _____