

**Report To:** Julie Sorensen  
**Company:** ORC Water Professionals, Inc.  
11919 W. I-70 Frontage Rd  
Unit #116A  
Wheat Ridge CO 80033

**Bill To:** Accounts Payable  
**Company:** ORC Water Professionals, Inc.  
11919 W. I-70 Frontage Rd  
Unit #116A  
Wheat Ridge CO 80033

<b>Task No.:</b> 210831047	<b>Date Received:</b> 8/31/21
<b>Client PO:</b> Clear Creek High Sc	<b>Date Reported:</b> 9/1/21
<b>Client Project:</b> Clear Creek High School	<b>Matrix:</b> Water - Drinking

Lab Number	Customer Sample ID	Sample Date/Time	Test	Result	Method	Date Analyzed
210831047-01	Downstairs WB Filler	8/31/21 9:25 AM	Total Coliform	<b>Absent</b>	SM 9223	9/1/21
			E-Coli	<b>Absent</b>	SM 9223	9/1/21
	<i>Chlorine Residual 1.19 mg/L (Reported by Sampler)</i>					
210831047-02	Downstairs WB Filler #2	8/31/21 11:00 AM	Total Coliform	<b>Absent</b>	SM 9223	9/1/21
			E-Coli	<b>Absent</b>	SM 9223	9/1/21
	<i>Chlorine Residual 1.19 mg/L (Reported by Sampler)</i>					
210831047-03	Boiler Room	8/31/21 10:50 AM	Total Coliform	<b>Absent</b>	SM 9223	9/1/21
			E-Coli	<b>Absent</b>	SM 9223	9/1/21
	<i>Chlorine Residual 1.10 mg/L (Reported by Sampler)</i>					
210831047-04	Upstairs WB Filler	8/31/21 10:29 AM	Total Coliform	<b>Absent</b>	SM 9223	9/1/21
			E-Coli	<b>Absent</b>	SM 9223	9/1/21
	<i>Chlorine Residual 1.47 mg/L (Reported by Sampler)</i>					
210831047-05	Kitchen Bathroom	8/31/21 10:45 AM	Total Coliform	<b>Absent</b>	SM 9223	9/1/21
			E-Coli	<b>Absent</b>	SM 9223	9/1/21
	<i>Chlorine Residual 1.18 mg/L (Reported by Sampler)</i>					

**Abbreviations/ References:**

Absent = Coliform Not Detected  
Present = Coliform Detected - Chlorination Recommended  
Date Analyzed = Date Test Completed  
SM = "Standard Methods for the Examination of Water and Wastewater"; APHA; 19th Edition; 1995



DATA APPROVED FOR RELEASE BY

# Drinking Water Chain of Custody



<b>Report To Information</b>			<b>Bill To Information (If different from report to)</b>			<b>Project Information</b>		
Company Name: <u>ORC</u>			Company Name: _____			PWSID: _____ System Name: <u>Clear Creek County High School</u>		
Contact Name: <u>M. C.</u>			Contact Name: _____					
Address: _____			Address: _____			Compliance Samples: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Send Results to CDPHE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
City: _____	State: _____	Zip: _____	City: _____	State: _____	Zip: _____			
Phone: _____			Phone: _____			Task Number (Lab Use Only) <b>CAL Task</b>  <b>210831047</b>  <b>NAB</b>		
Email: _____			Email: _____					
Sample Collector: <u>7208295067</u>								
Sample Collector Phone: <u>Mike</u>			PO Number: _____					

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

	PHASE I, II, V Drinking Water Analyses (check requested analysis)	Subcontract Analyses
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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		
8/31	0925	Downstairs WB Filler	1	1.19	X																										
	1100	Downstairs WB Filler #2	1	1.19																											
	1050	Boiler Room	1	1.16																											
	1029	UPstairs WB Filler	1	1.47																											
	1045	Kitchen Bathroom	1	1.18	X																										

<b>Instructions:</b>				C/S Info:				Seals Present Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Headspace Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Relinquished By: <u>Mike C.</u>				Date/Time: _____				Received By: <u>A. Forth</u>				Date/Time: <u>8/31/21 1147</u>			
Delivered Via: <u>Hand</u>				C/S Charge <input type="checkbox"/>				Temp. <u>22.1</u> °C / Ice <u>N</u>				Sample Pres. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			