



ANALYTICAL REPORT

Montana Environmental Laboratory LLC

1170 N. Meridian Rd., P.O. Box 8900, Kalispell, MT 59904-1900

Phone: 406-755-2131 Fax: 406-257-5359 www.melab.us

Marc Liechti
APEC - Meadow Lake Water
75 Somers Rd.
Somers, MT 59932

PWS ID: 00914
Project:

Client Sample ID: - X1

Matrix: DRINKING WATER

Collected: 11/30/2021 14:00

Lab ID: 2112979-01

Received: 11/30/2021 16:00

<u>Coliform</u>	<u>Result</u>	<u>Units</u>	<u>MDL</u>	<u>MCL</u>	<u>Method</u>	<u>Prepared</u>	<u>Analyzed</u>	<u>Analyst</u>
Coliform Bacteria	Absent	P/A	1	1	SM9223B	12/01/2021 10:25	12/02/2021 10:35	BSB
Coliform, Escherichia - P/A	Absent	P/A	1	1	SM9223B	12/01/2021 10:25	12/02/2021 10:35	BSB



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PUBLIC WATER SUPPLY PUBLIC WATER SUPPLY PUBLIC WATER SUPPLY

12979



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Chain of Custody for Public Water Supply Total Coliform Bacteria Samples

Samples must arrive at the lab within 18 hours of collection.
 Keep sample cool, not frozen. It is important to sample correctly.

Public Water Supply Name: <i>MEADOW LAKE WATERS</i>		PWSID#: _____			914	
Sample Type: (RT, RP, RW)	Sample Location:	Cl ₂ ppm	Sample Date & Time	Lab # Lab Use Only		
<i>R</i>	<i>X-1</i>		<i>11-30-21 2:00 PM</i>			
One copy of the report is included in the price of the test. How would you like to receive this report?						
<input type="checkbox"/> Mail to:						
<input checked="" type="checkbox"/> Email to: <i>APU</i>						
<input type="checkbox"/> Fax to:						

I hereby acknowledge that this sample was collected at the above locations, date and times.
 (Please Print)
 Collected by: *Marc Liechti* Phone #: *406-261-4810*

Operator certification # *5002*

Received by laboratory: _____ Date/Time: *11/30/21 10:00 AM*

Total coliform bacteria and E. coli test: \$25 each: _____
 Extra copies of report, faxes, emails (\$1 each): _____
 Add \$8 if you are using a postage prepaid mailer tube: _____
 Total enclosed: _____

LABORATORY USE ONLY	
Paid by:	
Amount: \$ CC CASH CHK <i>PP</i>	M C DB UPS Shipping charge:
Customer notified:	EPA/DEQ notified: