



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: - X 2

Matrix: DRINKING WATER

Collected: 12/23/2021 14:10

Lab ID: 2113869-01

Received: 12/23/2021 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	12/24/2021 12:00	12/26/2021 12:00	BSB
Coliform, Escherichia - P/A	Absent	P/A	1	1	SM9223B	12/24/2021 12:00	12/26/2021 12:00	BSB



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Project:

PUBLIC WATER SUPPLY PUBLIC WATER SUPPLY PUBLIC WATER SUPPLY

13869



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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 W¹S</i>				PWSID#: <input type="text"/>				<input type="text"/>				914		
Sample Type: (RT, RP, RW)	Sample Location:	Cl ₂ ppm	Sample Date & Time			Lab # Lab Use Only								
<i>RL</i>	<i>X-2</i>		<i>12-23-21 2:00P</i>			<i>13869</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: <i>Marc Liechti</i>	Phone #: <i>406-261-4810</i>
Operator certification # <i>5002</i>	<i>[Signature]</i> <i>12/23 16⁰⁰</i>
Received by laboratory:	Date/Time:

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: \$		<i>PP</i>	
CC	CASH	CHK	<input checked="" type="checkbox"/> DB UPS Shipping charge:
Customer notified:		EPA/DEQ notified:	