



# 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: -

Matrix: DRINKING WATER

Collected: 01/31/2022 16:00

Lab ID: 2200980-01

Received: 02/01/2022 10:00

<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	<b>Absent</b>	P/A	1	1	SM9223B	02/01/2022 11:20	02/02/2022 9:15	BSB
Coliform, Escherichia - P/A	<b>Absent</b>	P/A	1	1	SM9223B	02/01/2022 11:20	02/02/2022 9:15	BSB



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

PWS ID: 00914  
 Project:

980

PUBLIC WATER SUPPLY PUBLIC WATER SUPPLY PUBLIC WATER SUPPLY



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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 W/S</i>		PWSID#: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											
Sample Type: (RT, RP, RW)	Sample Location:	Cl <sub>2</sub> ppm	Sample Date & Time	Lab # <small>Lab Use Only</small>									
			<i>1/31/22 16:00</i>										

One copy of the report is included in the price of the test. How would you like to receive this report?

Mail to:

Email to: *APU*

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: *2/1/22 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: \$ <i>PP</i>	M <input type="checkbox"/> C <input checked="" type="checkbox"/> DB/ UPS Shipping charge: _____
CC CASH CHK	
Customer notified: _____	EPA/DEQ notified: _____