



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: - X2

Matrix: DRINKING WATER

Collected: 04/11/2024 10:15

Lab ID: 2403269-01

Received: 04/11/2024 11:55

| <u>Coliform</u> | <u>Result</u> | <u>Units</u> | <u>RL</u> | <u>MCL</u> | <u>Method</u> | <u>Prepared</u> | <u>Analyzed</u> | <u>Analyst</u> |
|-----------------------------|---------------|--------------|-----------|------------|---------------|------------------|-----------------|----------------|
| Coliform Bacteria | Absent | P/A | | | SM9223B | 04/11/2024 14:20 | 04/12/2024 8:40 | BSB |
| Coliform, Escherichia - P/A | Absent | P/A | | | SM9223B | 04/11/2024 14:20 | 04/12/2024 8:40 | BSB |



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 Project:

PUBLIC WATER SUPPLY PUBLIC WATER SUPPLY PUBLIC WATER SUPPLY



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3269

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. Follow correct sampling procedures.

Public Water Supply Name: MEADOW LAKE EST. PWS#: 000 0914

| Sample Type (RT, RP, RW) | Sample Location | Cl ₂ ppm | Sample Date & Time | Lab # Lab Use Only |
|-----------------------------|-----------------|---------------------|--------------------|-----------------------|
| RT | X2 | - | 4-11-24 10:15 | 3269 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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:

Fax to:

I hereby acknowledge that this sample was collected at the above locations, date and times.
 (Please Print)

Collected by: G.C. ALLEN

Phone #: 885-9217

Total coliform bacteria and E. coli test: \$30 each: _____
 Extra copies of report, faxes, emails (\$1 each): _____
 Add \$11 if you are using a postage prepaid mailer tube: _____

Total enclosed: \$ _____

| LAB USE ONLY | | | | |
|---|---------------|-------------------|-------------------------------------|------------------------------|
| Received by lab date/time: <u>RSTB 4-11-24 / 11:55</u> | | w cooler | cooler returned | |
| Paid by: | | M | <input checked="" type="radio"/> DB | UPS Courier |
| Amount: \$ | CC CASH CHK # | PP | mon inv | mail inv Email inv EMAIL ALL |
| Customer notified: | | EPA/DEQ notified: | | |