



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: 07/09/2024 9:00

Lab ID: 2406935-01

Received: 07/09/2024 12:40

<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	1	1	SM9223B	07/09/2024 14:00	07/10/2024 12:00	BSB
Coliform, Escherichia - P/A	Absent	P/A	1	1	SM9223B	07/09/2024 14:00	07/10/2024 12:00	BSB



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PUBLIC WATER SUPPLY PUBLIC WATER SUPPLY PUBLIC WATER SUPPLY



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6935

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 PWS/EPA#: 0000914

Sample Type** RT, RP, RW, SP	Sample Location	Cl ₂ ppm	Sample Date & Time	Lab # Lab Use Only
<u>RT</u>	<u>X2</u>	<u>0</u>	<u>7-9-24 9:00</u>	

** Sample Type: RT=routine, RP=repeat, RW=raw water (well), SP=special including season startup

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>JB 7-9-24 12:40</u>		w cooler	cooler returned	Shipping charge:\$	
Paid by:		M <input checked="" type="checkbox"/>	DB	UPS	Courier
Amount: \$	CC	CASH	CHK #	<u>PP</u>	mon inv mail inv Email inv EMAIL ALL
Customer notified:		EPA/DEQ notified:			