



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: - X3

Matrix: DRINKING WATER

Collected: 11/13/2024 13:00

Lab ID: 2412062-01

Received: 11/13/2024 13:55

<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	1	1	SM9223B	11/13/2024 14:10	11/14/2024 9:20	BSB
Coliform, Escherichia - P/A	Absent	P/A	1	1	SM9223B	11/13/2024 14:10	11/14/2024 9:20	BSB



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PUBLIC WATER SUPPLY PUBLIC WATER SUPPLY PUBLIC WATER SUPPLY

12062

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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. 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>X3</u>	<u>0</u>	<u>11-13-24 1:00</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 #: 985-9217

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>11/13/24 1355</u>	w cooler <u>M</u>	cooler returned <u>(C)</u>	Shipping charge:\$
Paid by:			
Amount: \$	CC	CASH	CHK #
	<u>(P)</u>	mon inv	mail inv Email inv EMAIL ALL
Customer notified:	EPA/DEQ notified:		