



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: - Sink

Matrix: DRINKING WATER

Collected: 05/08/2024 11:30

Lab ID: 2404327-01

Received: 05/08/2024 11:40

<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	05/08/2024 14:30	05/09/2024 11:45	BSB
Coliform, Escherichia - P/A	Absent	P/A	1	1	SM9223B	05/08/2024 14:30	05/09/2024 11:45	BSB



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PUBLIC WATER SUPPLY PUBLIC WATER SUPPLY PUBLIC WATER SUPPLY

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4327

PUBLIC

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#: 000 0914
~~MEADOW LAKE~~

Sample Type <small>(RT, RP, RW)</small>	Sample Location	Cl ₂ ppm	Sample Date & Time	Lab # <small>Lab Use Only</small>
RT	SINK	0	5-8-24 11:30	4327

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 #: 991 35881

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>RSB 5-8-24 / 11:40</u>	w cooler	cooler returned	Shipping charge: \$	
Paid by: <u>prepay</u>	M <input checked="" type="checkbox"/>	DB <input type="checkbox"/>	UPS <input type="checkbox"/>	Courier <input type="checkbox"/>
Amount: \$	CC <input type="checkbox"/>	CASH <input type="checkbox"/>	CHK #	PP <input type="checkbox"/> mon inv <input type="checkbox"/> mail inv <input type="checkbox"/> Email inv <input type="checkbox"/> EMAIL ALL <input type="checkbox"/>
Customer notified:	EPA/DEQ notified:			