

**Drinking Water Compliance C.o.C. Standard Water Bacteriology (Bac-T)**

To Submit One Sample for a Public Water System: \$38.50; EPA/Special Purpose: \$27.50; or Quanti-Tray: \$39.60

**Instructions for Filling out this Form.:** Complete **all fields in bold** for all regulated Public systems with a Water System ID (PWSID). To submit additional samples with different mailing addresses, use separate forms & label bottles with a unique matching identifier. Sample may not be processed if information is incomplete. See reverse page for additional information.

*Bold information fields in Sections (I) and (II) are mandatory for sample processing. Information must be complete and legible*

**(I) Public Water System Information**

System Name Twin Buttes Pauls Park Swim Pond  
 PWSID COO  (or) EPA \_\_\_\_\_ Facility ID:  DS-001;  Other \_\_\_\_\_  
 Classification  Community  Non-Community ( Transient/  Non-Transient)  Finished

**(II) Sample Information**

*E. coli only*

Sample Type  Routine Original (RT)  Special Purpose (\$27.50)  Repeat (RP) *see additional line., below*  
 Chlorine residual \_\_\_\_\_ (mg/L)  Free  Total Chlorine, (or)  RAW (0.0 mg/L Chlorine)  
 Collection date (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_, by \_\_\_\_\_ (Operator Init)  
 Collection Address Tipple Ave. Durango Operator Phone 970-259-3883  
 Street City County  
 Sample Site ID: Pauls Park Unique identifier assigned for sample collection location.  
 Repeat Sample Info. (if appl.)  RP Upstream  RP Original  RP Downstream  RP Other \_\_\_\_\_  
 Quanti-Tray (\$39.60)  Report MPN result to CDPHE **RELINQUISHED (mm/dd/yy):** \_\_\_\_/\_\_\_\_/\_\_\_\_, by \_\_\_\_\_

**Laboratory Information**

*Lab personnel only – sample will be rejected if this area is marked prior to receipt.*

Procedure (Standard Method 20<sup>th</sup> Ed. 9223B)  
 P/A: Colilert-18  P/A: Colisure-24  
 Enumerated (IDEXX Quanti-Tray)

**RESULTS:** Issued next day **Total Coliform**  Present Absent  **MPN: 1119.9/100 mL**  
 Analysis: 8/20 by LC **E. coli**  Present Absent  **MPN: 37.3/100 mL**

**Lab Receipt: Lab ID, Date & Time**

*Rec'd @ 13:40 on 8/19/24*  
*#594*  
 Intake: LC

Email(s): Willie@Twinbuttesofdurango.com

info@TwinButtesmetrodistrict.org  
 Send a scan of these results to the above recipient(s) - Please include at least one email address for results

Mail a physical copy of these results to (optional - include only customer name if email is preferred)

**Mailing Address:**

Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Billing Information**

Paid at time of service  
 \$27.50 (Special Purpose/EPA)  
 **\$38.50** (CDPHE Compliance)  
 Bill to Water Lab Acct:  
Twin Buttes  
 Acct # \_\_\_\_\_ Acct Name \_\_\_\_\_  
 \$27.50 billed  
 \$38.50 billed  
 **\$39.60 billed**