



Total Coliform Chain of Custody And Laboratory Report Form

Water Department 300 West Fourth Street Craig CO 81625

970-824-6340 Fax: 970-826-2966

The test result below reflects the conditions in the water sample at the time of collection. An "Absent" result indicates that the water was free of total coliform bacteria and is bacterially safe for human consumption; however, an "Absent" result does not imply that the water is free of total coliforms now or will remain so in the future. A "Present" result indicates that total coliforms are detected in the sample and the water is unsafe for human consumption. Conditions change, sometimes rapidly, in aqueous environments and an "Absent" result at any given time can quickly change to a "Present" result. The intent of this statement is to make the sampler aware that the result makes no prediction about the current or future status of the water in question.

By signing below the responsible party acknowledges the above statement.

Acknowledgment Signature: [Signature]

All applicable entries must be completed in full for each sample

Sampler's Name: DAVID Epstein Name of system/Company: Buckethead Ranch

Sample site name &/or location: 20857 CR S3 Hayden County: Koutz

Sample Date: 7-27-25 Sample Time: 11:30 Free Cl₂ (mg/L): _____ or Total Cl₂ (mg/L): _____

For these questions circle Yes or No: Is this sample for drinking water? Yes / No Is this sample from a spring or source water? Yes / No Is this sample from groundwater under direct influence of surface water? Yes / No Is this sample from a well? Yes / No Is the well chlorinated? Yes / No Has the well recently been shock chlorinated? Yes / No

Is this a state compliance sample? Yes / No

If yes, please provide the following information, which can be found by looking at the Drinking Water Monitoring Schedule for the water system on the CDPHE website at <https://cdphe.colorado.gov/dwschedules>. The Facility ID and Sample Point ID are listed towards the bottom of the Monitoring Schedule.

Public Water System ID Number (PWSID#): _____

Facility ID: _____ Sample Point ID: _____

Contact or Sampler's name: Rob Raley Phone number: 970-683-1956

Please send results to: E-mail: _____ or Fax #: _____

For lab use only below this line

Sample ID #: 25-096 Sample received by: JH Date & Time received: 3/27/25 @ 1231

Test set-up by: JD Test Date & Time: 3/27/25 @ 1503

Test read by: JD Date & Time: 3/28/25 @ 1513

Test results: Total Coliform (Circle one) Absent Present E. Coli Absent Present

Operators must notify the State (CO) or EPA (WY) **IMMEDIATELY** by phone for all positive coliform results with a PWSID.

State or EPA Notified by: _____ Date: _____ Time: _____

Customers must be notified immediately by phone of all positive results, no matter if they are public or private.

Customer Notified by: _____ Date: _____ Time: _____

The above test was processed and performed in accordance with procedures certified by the EPA and the Colorado Department of Public Health and Environment. The City of Craig's certification was re-issued on August 1st, 2024 and is valid through July 31st, 2025, under EPA Lab Code number: CO009940. If you have questions, please call 970-824-6340, and speak to Carl R. Ray or available Water Plant Staff. Please note that if not an account-based customer, payment of either cash or check is due when sample is received by the lab.