



**Lead and Copper Certified Laboratory Report Form**  
**Submit Online: [wqcdcompliance.com/login](http://wqcdcompliance.com/login) (preferred); Fax (303) 758-1398**  
**WQCD-B2-Drinking Water CAS**  
**4300 Cherry Creek Drive South; Denver, CO 80246-1530**

**LCR - Results**

Revision: 11/01/2016

Section I (Supplied or Completed by Public Water System)				Section II (Supplied or Completed by Certified Laboratory)			
Public Water System Information				Certified Laboratory Information			
PWSID#: CO0247326		Facility ID: DS001		Laboratory ID: CO015			
System Name: Guffey Charter School				Laboratory Name: Colorado Analytical Laboratory			
Contact Person: Jacob Sampson			Phone #:	Contact Person: Customer Service		Phone: 303-659-2313	
Comments:				Comments:			

Section III (Supplied or Completed by Public Water System)				Section IV (Supplied or Completed by Certified Laboratory)							
Sample Date	Collector	Sample Pt ID	Address, City, Zip	Lab Receipt Date	Lab Analysis Date	Laboratory Sample ID #	Analyte	Analytical Method	AL (mg/L)	Lab MRL (mg/L)	Result (mg/L)
9/10/24	K. Maguire	LCR001	LCR001	9/12/24	9/19/24	240912135-01	Copper	EPA 200.8	1.3	0.001	<b>1.06</b>
							Lead	EPA 200.8	0.015	0.001	<b>BDL</b>
9/10/24	K. Maguire	LCR002	LCR002	9/12/24	9/19/24	240912135-02	Copper	EPA 200.8	1.3	0.001	<b>0.239</b>
							Lead	EPA 200.8	0.015	0.001	<b>BDL</b>
9/10/24	K. Maguire	LCR003	LCR003	9/12/24	9/19/24	240912135-03	Copper	EPA 200.8	1.3	0.001	<b>0.128</b>
							Lead	EPA 200.8	0.015	0.001	<b>0.002</b>
9/10/24	K. Maguire	LCR004	LCR004	9/12/24	9/19/24	240912135-04	Copper	EPA 200.8	1.3	0.001	<b>0.347</b>
							Lead	EPA 200.8	0.015	0.001	<b>0.003</b>
9/10/24	K. Maguire	LCR005	LCR005	9/12/24	9/19/24	240912135-05	Copper	EPA 200.8	1.3	0.001	<b>0.221</b>
							Lead	EPA 200.8	0.015	0.001	<b>0.001</b>

NT: Not Tested  
 Lab MRL: Laboratory Minimum Reporting Level  
 BDL: Below Laboratory MRL. A less than (<) may also used.

mg/L: Milligrams per Liter  
 AL: Action Level

240912135 Y

# Drinking Water Chain of Custody



LABORATORIES, INC.

Commerce City Lab  
10411 Heinz Way  
Commerce City CO 80640

Lakewood Service Center  
610 Garrison Street, Unit E  
Lakewood CO 80215

Phone: 303-659-2313

[www.coloradolab.com](http://www.coloradolab.com)

<b>Report To Information</b>		<b>Bill To Information</b> (If different from report to)		<b>Project Information</b>	
Company Name: <u>SURETY CHARTER SWAN</u>	Contact Name: <u>CHERYL KRAMP</u>	Address: <u>639 FOREST GLEN TAL</u>	City: <u>FOSSIL</u> State: <u>CO</u> Zip: <u>80816</u>	Company Name: <u>SURETY CHARTER SWAN</u>	Contact Name: <u>KELLI MAGUIRE BURKE</u>
Address: <u>639 FOREST GLEN TAL</u>	City: <u>FOSSIL</u> State: <u>CO</u> Zip: <u>80816</u>	Address: <u>1459 MAIN ST</u>	City: <u>SURETY</u> State: <u>CO</u> Zip: <u>80820</u>	PWSID: <u>00 0341326</u>	System Name: <u>SURETY CHARTER SWAN</u>
Phone: <u>719-659-1084</u>	Email: <u>ckramp@sol.com</u>	Phone: <u>719-602-9378</u>	Email: <u>kburke@gulfyschol.org</u>	Compliance Samples: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Send Results to CDPHE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sample Collector: <u>K MAGUIRE</u>	Sample Collector Phone: _____	Task Number (Lab Use Only): <u>CAL Task</u>	PO Number: _____	240912135	JAK

PHASE I, II, V Drinking Water Analyses (check requested analysis)				Subcontract Analyses	
Date	Time	Client Sample ID / Sample Pt ID	No. of Containers	Residual Chlorine (mg/L) P/A Samples Only	Total Coliform P/A
9/10/24	0605	L00001-L00005	5		504.1 EDB/DBCP
					505 Pests/PCBs
					515.4 Herbicides
					524.2 VOCs
					525.2 SOCs-Pest
					531.1 Carbamates
					547 Glyphosate
					548.1 Endothall
					549.2 Diquat
					524.2 TTHMs
					552.2 HAA5s
					Lead/Copper
					Nitrate
					Nitrite
					Fluoride
					Inorganics
					Alk./Lang. Index (Circle)
					TOC, DOC (Circle)
					SUVA, UV 254 (Circle)
					Gross Alpha/Beta
					Radium 226/228
					Radon
					Uranium
					Chlorite

Instructions: Date/Time of collection on all bottles is 9/10 @ 0605. JK 9/12/24

Relinquished By: <u>Cheryl A Kramp</u>	Date/Time: <u>9/10/24</u>	Received By: _____	Date/Time: _____	Delivered Via: <u>HAND</u>	Relinquished By: _____	Date/Time: _____	C/S Charge <input type="checkbox"/>	Temp. <u>4</u> °C / <u>N</u> °F	Received By: <u>JK</u>	Sample Pres. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date/Time: <u>9/12/24</u>
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