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: - 490 St Andrews Dr., Columbia Falls **Lab ID:** 2605758-01
Matrix: DRINKING WATER **Collected:** 06/08/2026 15:02 **Received:** 06/08/2026 15:45

Coliform	Result	Units	RL	MCL	Method	Prepared	Analyzed	Analyst
Coliform Bacteria	**Absent**	P/A	1	1	SM9223B	06/09/2026 10:30	06/10/2026 11:40	BSB
Coliform, Escherichia - P/A	**Absent**	P/A	1	1	SM9223B	06/09/2026 10:30	06/10/2026 11:40	BSB

MCL = Maximum Contaminant Limit ND = Not Detected
RL = Reporting Limit

MEL REVIEW:

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:

PUBLIC WATER SUPPLY PUBLIC WATER SUPPLY PUBLIC WATER SUPPLY 5758

Montana Environmental Laboratory LLC
1170 N. Meridian Rd., P.O. Box 8900, Kalispell, MT 59904
Phone: 406-755-2131 Fax: 406-257-5359 www.melab.us

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#:** MT0000914

Sample Type** RT, RP, RW, SP	Sample Location	Cl_2 ppm	Sample Date	Sample Time	Lab # Lab Use Only
RT	490 st Andrews Dr, Columbia Falls, MT, 59912		6.8.26	3:02p	

**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: APU (Alpine Pacific Utilities)
- ☐ Fax to:

I hereby acknowledge that this sample was collected at the above locations, date and times.
(Please Print)
Collected by: Marc Liechti **Operator ID#:** 5002 **Phone #:** 406-261-4810

Total coliform bacteria and E. coli test: $32 each: _____
Extra copies of report, faxes, emails ($1 each): _____
Add $12 if you are using a postage prepaid mailer tube: _____

Total enclosed: $ _____

LAB USE ONLY		
Received by lab date/time: OB 6-8-26 15:45	w cooler M (Y) DB UPS Courier / cooler returned	Shipping charge:$
Paid by:		
Amount: $ CC CASH CHK #	PP mon inv mail inv Email inv EMAIL ALL	
Customer notified:	EPA/DEQ notified:	

MCL = Maximum Contaminant Limit ND = Not Detected
RL = Reporting Limit

MEL REVIEW: _____