



Colorado Department
of Public Health
and Environment

Colorado Department of Public Health and Environment
Compliance Assurance & Data Management Unit

REPORTING FORM FOR ORGANIC CHEMICALS ANALYSES

SAMPLER: FILL OUT ONE FORM - FOR EACH INDIVIDUAL SAMPLING POINT or COMPOSITE SET

Are these results to be used to fulfill compliance monitoring requirements? YES ☒ or NO ☐

Is this a check or confirmation sample? ☐ YES ☒ NO

PWSID #: 207504 COUNTY: Boulder DATE COLLECTED: 4 / 22 / 03

SYSTEM/ESTABLISHMENT NAME: Meadow Mountain Water Company

SYSTEM MAILING ADDRESS: P.O. Box 162, Allenspark, CO 80510
Street address/PO Box CITY STATE ZIP

CONTACT PERSON: Steve Tedford PHONE: (303) 747-2066

SAMPLE COLLECTED BY: Steve Tedford TIME COLLECTED: 8:00 am am/pm

WATER TYPE: RAW (No chlorine or other treatment) ☐ CHLORINATED ☐ OTHER TREATMENT ☐

SAMPLE POINT:

LOCATION: Address

SOURCE(S) REPRESENTED:

EPTDS- 125 Meadow Mountain Drive

DO SAMPLES NEED TO BE COMPOSITED BY THE LABORATORY? YES ☐ NO ☒

CHECK OR CONFIRMATION SAMPLES CANNOT BE COMPOSITED

For Laboratory Use Only Below This Line

LABORATORY SAMPLE # 302179 CLIENT NAME or ID# Meadow Mountain Water Co. (1115-002)

LABORATORY NAME Stewart Environmental Consultants, Inc. LAB PHONE # (970) 226-5500

DATE RECEIVED IN LABORATORY 4 / 22 / 03 DATE ANALYZED 4 / 22 / 03

COMMENTS: _____

STATE OF COLORADO

Bill Owens, Governor
Douglas H. Benevento, Executive Director

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S.
Denver, Colorado 80246-1530
Phone (303) 692-2000
TDD Line (303) 691-7700
Located in Glendale, Colorado

Laboratory Services Division
8100 Lowry Blvd.
Denver, Colorado 80230-6928
(303) 692-3090

<http://www.cdphe.state.co.us>



Colorado Department
of Public Health
and Environment

October 3, 2003

FAxBO

11-903

PWSID# 207504 /WATER PLANT/ Boulder
MEADOW MOUNTAIN WS
PO BOX 162
ALLENSPARK, CO 80510-0162

Dear Water Purveyor,

As of this date, this office does not have a copy of your total coliform drinking water sample result(s) for the month of August 2003.

Please fax a copy to me at (303)782-0390 by Friday October 10, 2003.

If your establishment was closed during August 2003, please notify me by fax or electronic mail.

If you have any questions, please call me at 303-692-3543 or by electronic mail at Erica.Kannely@state.co.us.

Sincerely,

Erica Kannely
Engineering Physical Sciences Technician
Compliance Monitoring & Data Management Unit
Water Quality Control Division

STATE OF COLORADO

Bill Owens, Governor
Douglas H. Benevento, Executive Director

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Colorado Department
of Public Health
and Environment

August 22, 2003

PWSID# CO0207504
Meadow Mountain WC
ATTN: Donald Landwer
PO Box 162
Allenspark, CO 80510-0162

RE: Compliance Advisory –Required Inorganic Parameters for Meadow Mountain WTP

Dear Donald Landwer:

The Inorganic results, dated April 22, 2003, for Meadow Mountain WC have been received and reviewed for compliance with the requirements of the *Colorado Primary Drinking Water Regulations* (CPDWR); however, the results for arsenic, fluoride and sodium were not included.

Meadow Mountain WC is now required to a sample for arsenic, fluoride and sodium no later than September 6, 2003.

If you have any questions, please contact me at (303) 692-3538 or by electronic mail at desiree.griffin@state.co.us. Thank you.

Sincerely,

Desiree Griffin
Engineering/Physical Science Technician
Compliance Assurance & Data Management Unit
Water Quality Control Division

cc: County Health Department
DW File (5)

STATE OF COLORADO

Bill Owens, Governor
Douglas H. Benevento, Executive Director

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Colorado Department
of Public Health
and Environment

October 15, 2003

PWS ID: CO0207504
LANDWER, DONALD
MEADOW MOUNTAIN WS
PO BOX 162
ALLENSPARK, CO 80510-0162

Subject: Microbiological Failure to Monitor Violation

Dear Public Water System Owner / Operator:

Your water system has an on-going obligation to monitor for microbiological contaminants in your water supply. Article 3 of the Colorado Primary Drinking Water Regulations specifies the required number of microbiological samples and sampling frequency for all public water supplies.

The required valid microbiological sample(s) was not received by this office for the AUG2003 monitoring period; therefore, this water system is in violation of Article 3 of the Colorado Primary Drinking Water Regulations.

The supplier of water shall report to the state the results of any test measurement or analysis required within the first ten days following the month in which the result is received, or the first ten days following the end of the required monitoring period, as stipulated by the Water Quality Control Division, whichever of these is shorter.

If the required monitoring was performed, results must be submitted to this office as soon as possible. The fax number for the Division is (303) 782-0390.

If the required monitoring was not performed, you are now required to issue a public notice, according to the enclosed instructions, to inform those persons supplied by your water system of this failure to monitor violation.

Continued failure to monitor violations may be cause for the issuance of a formal enforcement action, which may include the assessment of penalties.

*Steve
Are we current
on all samples?
Did you test for
your license yet?*

*Rich
Call me Monday
nite please*

If you have any questions, you may contact me by e-mail at erica.kannely@state.co.us, or you can call me at (303) 692-3543 or (800) 886-7689 ext 3543.

Sincerely,

A handwritten signature in cursive script that reads "Erica Kannely".

Erica Kannely
Engineering/Physical Sciences Technician
Compliance Assurance & Data Management Unit
WATER QUALITY CONTROL DIVISION

cc: Boulder County Environmental Health Department
Consumer Protection Division
Drinking Water File, Section 5

Enclosure

Steve

Client Name: Meadow Mountain Water Company
Project Number: 1115-012
Sample Name: Plant
Sample Matrix: Water
Sample Number: 302774
Sample Date: 05/18/03
Date Received: 05/19/03
Analysts: DJL

PARAMETER	TESTED VALUE	DETECT LIMIT	METHOD NUMBER	DATE OF ANALYSIS
INORGANICS				
Tannin	ND	1.0	5550B/2	06/09/03

Values are reported in parts per million (ppm) unless otherwise noted.
ND = Not Detected

NOTE: Results in mg/L of the compound known to be present or as "substances reducing Folin phenol reagent" in mg phenol/L.

/2 Standard Methods for the Examination of Water and Wastewater, 18th Edition, 1992



Colorado Department
of Public Health
and Environment

Colorado Department of Public Health and Environment
Compliance Assurance & Data Management Unit

REPORTING FORM FOR TOTAL TRIHALOMETHANES ANALYSIS
FOR SYSTEMS NOT SUBJECT TO THE DDBP RULE.

SAMPLER: FILL OUT ONE FORM - FOR EACH INDIVIDUAL SAMPLING POINT or COMPOSITE SET

Are these results to be used to fulfill compliance monitoring requirements? YES ☒ or NO ☐

Is this a check or confirmation sample? ☐ YES ☐ NO

PWSID #: 207504 COUNTY: Boulder DATE COLLECTED: 8 / 3 / 03

SYSTEM/ESTABLISHMENT NAME: Meadow Mountain Water Company

SYSTEM MAILING ADDRESS: P.O. Box 162, Allenspark, CO 80510

CONTACT PERSON: Steve Tedford PHONE: (303) 747-2066

SAMPLE COLLECTED BY: Steve Tedford TIME COLLECTED: 6:30 pm am/pm

WATER TYPE: CHLORINATED ☐ OTHER TREATMENT ☐

(Check the appropriate column)

	Address	DS	WTP
Sample # 1		<input type="checkbox"/>	<input type="checkbox"/>
Sample # 2		<input type="checkbox"/>	<input type="checkbox"/>
Sample # 3		<input type="checkbox"/>	<input type="checkbox"/>
Sample # 4		<input type="checkbox"/>	<input type="checkbox"/>

PLANT NAME / NUMBER: _____

☐ Check here if you have written permission from CDPHE to perform reduced sampling.

For Laboratory Use Only Below This Line

LABORATORY SAMPLE # 304350 CLIENT NAME or ID# Meadow Mountain Water Co. (1115-012)

LABORATORY NAME Stewart Environmental Consultants, Inc. LAB PHONE # (970) 226-5500

DATE RECEIVED IN LABORATORY 8 / 4 / 03 DATE ANALYZED 8 / 15 / 03

COMMENTS: _____

CONTAMINANT	CAS#	AVERAGE of RESULTS in ug/L	STANDARD METHOD in ug/L	Lab MDL in ug/L	BLANK RESULT in ug/L
Chloroform	67-66-3	36.6	524.2	2.0	BDL
Bromodichloromethane	75-27-4	BDL	524.2	2.0	BDL
Chlorodibromomethane	124-48-1	BDL	524.2	2.0	BDL
Bromoform	75-25-2	BDL	524.2	2.0	BDL

TOTAL of Averages: 36.6

TOTAL Number of Sample Points: 1

NT = Not Tested for compound.

ug/L = Micrograms per Liter

Lab MDL = Laboratory Method Detection Limit

J = Indicates the presence of a compound that meets the identification criteria but the result is less than the sample quantization limit and greater than the Lab MDL.
(Above the Lab MDL but below the PQL.)

B = The analyte is found in the associated blank as well as in the sample.

MCL = Maximum Contaminant Level

BDL = Compound was analyzed for but was below the Lab MDL

inf. B. Patten
Reviewed & Approved by _____ Title _____

8 / 20 / 03
Date _____

MAIL RESULTS TO: CDPHE, WQCD-CADM-B2, 4300 Cherry Creek Drive South, Denver, CO 80246-1530



Colorado Department
of Public Health
and Environment

Colorado Department of Public Health and Environment
Compliance Assurance & Data Management Unit

REPORTING FORM FOR TOTAL TRIHALOMETHANES ANALYSIS
FOR SYSTEMS NOT SUBJECT TO THE DDBP RULE.

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Are these results to be used to fulfill compliance monitoring requirements? YES ☒ or NO ☐

Is this a check or confirmation sample? ☐ YES ☐ NO

PWSID #: 207504 COUNTY: Boulder DATE COLLECTED: 8 / 3 / 03

SYSTEM/ESTABLISHMENT NAME: Meadow Mountain Water Company

SYSTEM MAILING ADDRESS: P.O. Box 162, Allenspark, CO 80510
Street address/PO Box CITY STATE ZIP

CONTACT PERSON: Steve Tedford PHONE: (303) 747-2066

SAMPLE COLLECTED BY: Steve Tedford TIME COLLECTED: 6:30 pm am/pm

WATER TYPE: CHLORINATED ☐ OTHER TREATMENT ☐

(Check the appropriate column)

	Address	DS	WTP
Sample # 1		<input type="checkbox"/>	<input type="checkbox"/>
Sample # 2		<input type="checkbox"/>	<input type="checkbox"/>
Sample # 3		<input type="checkbox"/>	<input type="checkbox"/>
Sample # 4		<input type="checkbox"/>	<input type="checkbox"/>

PLANT NAME / NUMBER: _____

☐ Check here if you have written permission from CDPHE to perform reduced sampling.

For Laboratory Use Only Below This Line

LABORATORY SAMPLE # 304350 CLIENT NAME or ID# Meadow Mountain Water Co. (1115-012)

LABORATORY NAME Stewart Environmental Consultants, Inc. LAB PHONE # (970) 226-5500

DATE RECEIVED IN LABORATORY 8 / 4 / 03 DATE ANALYZED 8 / 15 / 03

COMMENTS: _____

CONTAMINANT	CAS#	AVERAGE of RESULTS in ug/L	STANDARD METHOD in ug/L	Lab MDL in ug/L	BLANK RESULT in ug/L
Chloroform	67-66-3	36.6	524.2	2.0	BDL
Bromodichloromethane	75-27-4	BDL	524.2	2.0	BDL
Chlorodibromomethane	124-48-1	BDL	524.2	2.0	BDL
Bromoform	75-25-2	BDL	524.2	2.0	BDL

TOTAL of Averages: 36.6

TOTAL Number of Sample Points: 1

NT = Not Tested for compound.

ug/L = Micrograms per Liter

Lab MDL = Laboratory Method Detection Limit

J = Indicates the presence of a compound that meets the identification criteria but the result is less than the sample quantization limit and greater than the Lab MDL.
(Above the Lab MDL but below the PQL.)

B = The analyte is found in the associated blank as well as in the sample.

MCL = Maximum Contaminant Level

BDL = Compound was analyzed for but was below the Lab MDL

inf. b. Patten
Reviewed & Approved by Operations Manager
Title

8 / 20 / 03
Date

MAIL RESULTS TO: CDPHE, WQCD-CADM-B2, 4300 Cherry Creek Drive South, Denver, CO 80246-1530



Colorado Department
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and Environment

Colorado Department of Public Health & Environment
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REPORTING FORM FOR INORGANIC CHEMICALS ANALYSES

SAMPLER: FILL OUT ONE FORM - FOR EACH INDIVIDUAL SAMPLING POINT or COMPOSITE SET

Are these results to be used to fulfill compliance monitoring requirements? YES ☒ or NO ☐

Is this a check or confirmation sample? ☐ YES ☒ NO

PWSID #: 207504 COUNTY: Boulder DATE COLLECTED: 4 / 22 / 03

SYSTEM/ESTABLISHMENT NAME: Meadow Mountain Water Company

SYSTEM MAILING ADDRESS: P.O. Box 162, Allenspark, CO 80510

Street address/PO Box

CITY

STATE

ZIP

CONTACT PERSON: Steve Tedford PHONE: (303) 747-2066

SAMPLE COLLECTED BY: Steve Tedford TIME COLLECTED: 8:00 am am/pm

WATER TYPE: RAW (No chlorine or other treatment) ☐ CHLORINATED ☐ OTHER TREATMENT ☐

SAMPLE POINT: LOCATION: Address SOURCE(S) REPRESENTED:

EPTDS- 125 Meadow Mountain Drive

DO SAMPLES NEED TO BE COMPOSITED BY THE LABORATORY? YES ☐ NO ☒

CHECK OR CONFIRMATION SAMPLES CANNOT BE COMPOSITED

For Laboratory Use Only Below This Line

LABORATORY SAMPLE # 302179 CLIENT NAME or ID# Meadow Mountain Water Co. (1115-012)

LABORATORY NAME Stewart Environmental Consultants, Inc. LAB PHONE # (970) 226-5500

DATE RECEIVED IN LABORATORY 4 / 22 / 03 DATE ANALYZED 4 / 29, 5 / 2, 6, 7, 8, & 9 / 03

COMMENTS: _____

PARAMETER	RESULT in (mg/L)	MCL in (mg/L)	STANDARD METHOD	Lab MDL in (mg/L)
ANTIMONY	BDL	0.006	3113-B	0.005
ARSENIC	NT	0.010	3113-B	
BARIUM	0.002	2.0	200.7	0.001
BERYLLIUM	BDL	0.004	200.7	0.0005
CADMIUM	BDL	0.005	3113-B	0.001
CHROMIUM	BDL	0.1	200.7	0.02
CYANIDE	NT	0.2	4500CN-C-E	
FLUORIDE	NT	4.0	4500F-C	
MERCURY	BDL	0.002	245.1	0.0002
NICKEL	BDL	**	200.7	0.02
SELENIUM	BDL	0.05	3113-B	0.005
SODIUM	NT	**	200.7	
THALLIUM	BDL	0.002	279.2	0.002

BDL = Indicates that the compound was analyzed for, but was below the Lab MDL.

NT = Not Tested for Compound

mg/L = Milligrams per Liter

MCL = Maximum Contaminant Level

H = Holding time has been exceeded

* = NOT an MCL, "Action Level"

** = NOT an MCL, "Monitoring Requirement Only"

Lab MDL = Laboratory Method Detection Limit

M. B. Patton
Reviewed & Approved by

Operations Manager
Title

5 / 14 / 03
Date

MAIL RESULTS TO: CDPHE, WQCD-CADM-B2, 4300 Cherry Creek Drive South, Denver, CO 80246-1530



Colorado Department
of Public Health
and Environment

Colorado Department of Public Health Environment
Compliance Assurance & Data Management Unit

REPORTING FORM FOR INORGANIC CHEMICALS ANALYSES

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Are these results to be used to fulfill compliance monitoring requirements? YES ☒ or NO ☐

Is this a check or confirmation sample? ☐ YES ☒ NO

PWSID #: 207504 COUNTY: Boulder DATE COLLECTED: 4 / 22 / 03

SYSTEM/ESTABLISHMENT NAME: Meadow Mountain Water Company

SYSTEM MAILING ADDRESS: P.O. Box 162, Allenspark, CO 80510
Street address/PO Box CITY STATE ZIP

CONTACT PERSON: Steve Tedford PHONE: (303) 747-2066

SAMPLE COLLECTED BY: Steve Tedford TIME COLLECTED: 8:00 am am/pm

WATER TYPE: RAW (No chlorine or other treatment) ☐ CHLORINATED ☐ OTHER TREATMENT ☐

SAMPLE POINT: LOCATION: Address SOURCE(S) REPRESENTED:

EPTDS- 125 Meadow Mountain Drive

DO SAMPLES NEED TO BE COMPOSITED BY THE LABORATORY? YES ☐ NO ☒

CHECK OR CONFIRMATION SAMPLES CANNOT BE COMPOSITED

For Laboratory Use Only Below This Line

LABORATORY SAMPLE # 302179 CLIENT NAME or ID# Meadow Mountain Water Co. (1115-012)

LABORATORY NAME Stewart Environmental Consultants, Inc. LAB PHONE # (970) 226-5500

DATE RECEIVED IN LABORATORY 4 / 22 / 03 DATE ANALYZED 4 / 29, 5 / 2, 6, 7, 8, 9, 6 / 12, & 13 / 03

COMMENTS: _____

PARAMETER	RESULT in (mg/L)	MCL in (mg/L)	STANDARD METHOD	Lab MDL in (mg/L)
ANTIMONY	BDL	0.006	3113-B	0.005
ARSENIC	BDL	0.010	3113-B	0.005
BARIUM	0.002	2.0	200.7	0.001
BERYLLIUM	BDL	0.004	200.7	0.0005
CADMIUM	BDL	0.005	3113-B	0.001
CHROMIUM	BDL	0.1	200.7	0.02
CYANIDE	NT	0.2	4500CN-C-E	
FLUORIDE	BDL	4.0	4500F-C	0.5
MERCURY	BDL	0.002	245.1	0.0002
NICKEL	BDL	**	200.7	0.02
SELENIUM	BDL	0.05	3113-B	0.005
SODIUM	5.9	**	200.7	0.3
THALLIUM	BDL	0.002	279.2	0.002

BDL = Indicates that the compound was analyzed for, but was below the Lab MDL.

NT = Not Tested for Compound

mg/L = Milligrams per Liter

MCL = Maximum Contaminant Level

H = Holding time has been exceeded

* = NOT an MCL, "Action Level"

** = NOT an MCL, "Monitoring Requirement Only"

Lab MDL = Laboratory Method Detection Limit

Reviewed & Approved by *R. G. Patton* Operations Manager 6 / 16 / 03
Title Date

MAIL RESULTS TO: CDPHE, WQCD-CADM-B2, 4300 Cherry Creek Drive South, Denver, CO 80246-1530

REGULATED PHASE I,II,V ORGANIC CHEMICALS--SOCs

ALL RESULTS SHOULD BE REPORTED IN µg/L

CONTAMINANT	CAS#	RESULT in µg/L	MCL in µg/L	STANDARD METHOD	Lab MDL in µg/L	BLANK RESULT in µg/L
Dioxin	1746-01-6		0.00003			
2,4,-D	94-75-7		70			
2,4,5,-TP	93-72-1		50			
Alachlor	15972-60-8		2			
Atrazine	1912-24-9		3			
Benzo(a)pyrene	50-32-8		0.2			
Carbofuran	1563-66-2		40			
Chlordane	57-74-9		2			
Dalapon	75-99-0		200			
Dibromochloropropane	96-12-8		0.2			
Dinoseb	85-85-7		7			
Diquat	85-00-7		20			
Di(2-ethylhexyl)adipate	103-23-1		400			
Di(2-ethylhexyl)phthalate	117-81-7		6			
Endothall	145-73-3		100			
Endrin	72-20-8		2			
Ethylene dibromide	106-93-4		0.05			
Glyphosate	1071-83-6		700			
Heptachlor	76-44-8		0.4			
Heptachlor epoxide	1024-57-3		0.2			
Hexachlorobenzene	118-74-1		1			
Hexachlorocyclopentadiene	77-47-4		50			
Lindane	58-89-9		0.2			
Methoxychlor	72-43-5		40			
Oxamyl	23135-22-0		200			
Pentachlorophenol	87-86-5		1			
Picloram	1918-02-1		500			
Polychlorinated biphenyl's	1336-36-3		0.5			
Simazine	122-34-9		4			
Toxaphene	8001-35-2		3			

Codes used:

NT = Not tested for compound

µg/L = Micrograms per liter

Lab MDL = Laboratory Method Detection Limit

J = Indicates the presence of a compound that meets the identification criteria but the result is less than the sample quantitation limit and greater than the Lab MDL.
(Above the Lab MDL but below the PQL.)

B = The analyte is found in the associated blank as well as in the sample

MCL = Maximum Contaminant Level

BDL = Indicates that the compound was analyzed for, but was below the Lab MDL.



Reviewed & Approved by

Operations Manager

Title

5 / 14 / 03

Date

MAIL RESULTS TO: CDPHE, WQCD-CMDM-B2, 4300 Cherry Creek Drive South, Denver, CO 80246-1530



Colorado Department
of Public Health
and Environment

Colorado Department of Public Health Environment
Compliance Assurance & Data Management Unit

REPORTING FORM FOR NITRATE OR NITRITE AS NITROGEN ANALYSES

SAMPLER: FILL OUT ONE FORM - FOR EACH INDIVIDUAL SAMPLING POINT or COMPOSITE SET

Are these results to be used to fulfill compliance monitoring requirements? YES ☒ or NO ☐

Is this a check or confirmation sample? ☐ YES ☒ NO

PWSID #: 207504 COUNTY: Boulder DATE COLLECTED: 4/22/03

SYSTEM/ESTABLISHMENT NAME: Meadow Mountain Water Company

SYSTEM MAILING ADDRESS: P.O. Box 162, Allenspark, CO 80510
Street address/PO Box CITY STATE ZIP

CONTACT PERSON: Steve Tedford PHONE: (303) 747-2066

SAMPLE COLLECTED BY: Steve Tedford TIME COLLECTED: 8:00 am am/pm

WATER TYPE: RAW (No chlorine or other treatment) ☐ CHLORINATED ☐ OTHER TREATMENT ☐

SAMPLE POINT: LOCATION: Address SOURCE(S) REPRESENTED:

EPTDS- 125 Meadow Mountain Drive

DO SAMPLES NEED TO BE COMPOSITED BY THE LABORATORY? YES ☐ NO ☒
CHECK OR CONFIRMATION SAMPLES CANNOT BE COMPOSITED

For Laboratory Use Only Below This Line

LABORATORY SAMPLE # 302179 CLIENT NAME or ID# Meadow Mountain Water Co. (1115-012)

LABORATORY NAME Stewart Environmental Consultants, Inc. LAB PHONE # (970) 226-5500

DATE RECEIVED IN LABORATORY 4/22/03 DATE ANALYZED 5/2/03

COMMENTS: _____

PARAMETER	RESULT in (mg/L)	MCL in (mg/L)	STANDARD METHOD	Lab MDL in (mg/L)
NITRATE-N	NT	10.0	4500NO3-E	
NITRITE-N	NT	1.0	4500NO3-E	
NITRATE/NITRITE-N	BDL	10.0	4500NO2-B	0.5

BDL = Indicates that the compound was analyzed for, but was below the Lab MDL.
mg/L = Milligrams per Liter
MCL = Maximum Contaminant Level

NT = Not Tested for compound
Lab MDL = Laboratory Method Detection Limit
H = Holding Time has been exceeded

Neil G. Patten
Reviewed & Approved by Operations Manager
Title

5/14/03
Date

MAIL RESULTS TO: CDPHE, WQCD-CMDM-B2, 4300 Cherry Creek Drive South, Denver, CO 80246-1530

DAYTIME PHONE: (303) 78-7666

PWSID# 00207584

CERTIFIED OPERATOR SIGNATURE: [Signature]

NAME OF WATER SYSTEM: Maitow Hecur Tide Water

OPER. NAME PRINTED: J. FLATT

COUNTY: Boulder

Plant Number or Name: # 1 - NAME:

MONTH/YEAR: 5/14/03

II. A. CHLORINATION - DISTRIBUTION SYSTEM

- A Number of Chlorine Residual measurements taken from the distribution system this month 30
- B Number of Chlorine Residual measurements in the distribution where NO Chlorine was Detected 0
- C Percent of Chlorine Residual measurements with NO Chlorine detected (Note: C = B/A X 100) 0%
- D Are the measurements as TOTAL or FREE chlorine? FREE

NOTE: (A) An undetectable residual disinfectant concentration within the distribution system in more than 5% of the samples per month for any two consecutive months is considered a treatment technique violation. (B) Whenever you collect a routine bacteriological water sample, you must always determine the chlorine level, using a DPD chlorine test kit, and record the value on the bacteriological lab form.

II. B. CHLORINATION - TREATMENT PLANT

NOTE: If the filter plant is SHUT OFF but treated water is still entering the distribution system from a clear well, you must CONTINUE to take chlorine residual readings and continue to maintain a minimum chlorine residual of .2 mg/l at all times at the entry point to the distribution system.

Day	Lowest Residual Reading	Number of Measurements per day	Check if Residual is < .2 mg/l	CDH Notified YES or NO	If CDH Notified, Date & Time	COMMENTS For Chlorine or Turbidity
1	1.3	1				
2	.2	1				
3	.6	1				
4	.4	1				
5	.4	1				
6	.4	1				
7	.4	1				
8	.8	1				
9	.4	1				
10	.4	1				
11	.9	1				
12	.4	1				
13	.6	1				
14	.4	1				
15	.3	1				
16	.3	1				
17	.3	1				
18	.3	1				
19	.9	1				
20	.4	1				
21	.4	1				
22	.9	1				
23	.4	1				
24	.5	1				
25	.8	1				
26	.6	1				
27	1.0	1				
28	.4	1				
29	1.0	1				
30	.4	1				
31						

- INSTRUCTIONS:
- 1. Enter the level of the lowest residual disinfectant entering the distribution system into the first column.
 - 2. Enter "Continuous" into the "Number of Measurements per day" column if you are using continuous monitoring equipment.

TURBIDITY & DISINFECTION REPORT

Return completed form to:

Colorado Department of Public
Health & Environment
WQCD-CMDM-B2
4300 Cherry Creek Drive South
Denver, CO 80246-1530

(303) 692-3500

PWSID# Co 0207504
NAME OF WATER SYSTEM: MEADOW MOUNTAIN WATER
COUNTY: BOULDER
MONTH/YEAR: JUN 14/03
FILTER PLANT NUMBER
OR FILTER PLANT NAME: # - NAME:
CERTIFIED
OPERATOR SIGNATURE: [Signature]

PLEASE FILL IN ALL FIELDS (both sides)

I. TURBIDITY SECTION

Point of Measurement: PLANT Type of Filtration: BAG
eg. conventional, direct, slow sand, DE, etc.

Required number of Turbidity readings per day 1 Check One: ☐ Continuous ☒ Grab Samples

Turbidity MCL 1.0 NTU (1.0 or 0.5 or other MCL per written notification from this Department)

A Total number of Turbidity readings this month 30 Do NOT count PO entries (Maximum = 186 from 6 columns)

B Number of Turbidity measurements which are greater than the MCL 3

C Percent of Turbidity measurements which are greater than the MCL (Note: C = B/A x 100) 10 %

D If C is greater than 5%, notify this Department and attach proof of Public Notice.

E Did any readings exceed 5.0 NTU? ☐ Yes ☒ No If yes, was CDH Notified? ☐ Yes ☐ No

☐ CHECK here if filter plant was OFF THE ENTIRE MONTH.

You must turn in a turbidity report for every WTP even if the report is to tell us the plant did not operate.

TURBIDITY MEASUREMENTS									
	Time:	Time:	Time:	Time:	Time:	Time:		HIGHEST	
DAY	Midnight - 4: a.m.	4 - 8 a.m.	8 - Noon	Noon - 4 p.m.	4 - 8 p.m.	8 - Midnight	Check if > MCL	Readings for the DAY	Highest Reading TIME
1						1.34		1.34	9:00p
2			1.70					1.70	8:00A
3				1.39				1.39	3:00P
4			.71					.71	11:15 A
5				.80				.80	2:45A
6					.82			.82	7:15P
7			.69					.69	10:30A
8					.56			.56	10:30A 5:25
9				.42				.42	12:05P
10				.74				.74	1:30P
11			.44					.44	10: A
12			.56					.56	11: A
13				.52				.52	1:00A
14					.55			.55	4:00P
15					.46			.46	6:15P
16					.58			.58	7:30P
17					.59			.59	4:30P
18					.66			.66	5:00P
19			.41					.41	11:45A
20				.42				.42	3:30P
21					.43			.43	7:00P
22			.43					.43	11:30A
23					.50			.50	4:00P
24			.36					.36	11:00 A
25			.69					.69	10:45 A
26			.55					.55	11:30 A
27			.34					.34	10:30 A
28					.42			.42	4:30P
29			.44					.44	10:50A
30				.23				.23	8:15P
31									
HIGHEST READING OF THE MONTH:								1.70	6.2.03

INSTRUCTIONS:

1. If you use a CONTINUOUS monitoring turbidimeter, record the value at the same times each day.
2. If you perform GRAB sampling, collect your grab samples at the same time each day.
3. Record the TIME you take your readings at the TOP of the appropriate column.
4. Record the highest turbidity reading recorded over the day. If you use a continuous monitoring turbidimeter, the reading could occur at ANY time during the day, not just your designated four hour reading.
5. Enter PO for plant off if the treatment plant did not operate within the designated 4 hour block.
6. If turbidity readings are greater than the MCL refer to the 'TURBIDITY MCL RESPONSE POLICY'

TURBIDITY & DISINFECTION REPORT

Return completed form to:

Colorado Department of Public
Health & Environment
WQCD-CMDM-B2
4300 Cherry Creek Drive South
Denver, CO 80246-1530

(303) 692-3500

PWSID#

NAME OF WATER SYSTEM:

COUNTY:

MONTH/YEAR:

FILTER PLANT NUMBER
OR FILTER PLANT NAME:

CERTIFIED

OPERATOR SIGNATURE:

CO 0207504

MEADOW MOUNTAIN WTP, B2

BOULDER

JULY/03

#4 - NAME:

Signature

PLEASE FILL IN ALL FIELDS (both sides)

I. TURBIDITY SECTION

Point of Measurement: PLANT Type of Filtration: BAG
eg. conventional, direct, slow sand, DE, etc.

Required number of Turbidity readings per day 1 Check One: ☐ Continuous ☒ Grab Samples

Turbidity MCL 1 NTU (1.0 or 0.5 or other MCL per written notification from this Department)

A Total number of Turbidity readings this month 31 Do NOT count PO entries (Maximum = 186 from 6 columns)

B Number of Turbidity measurements which are greater than the MCL 0

C Percent of Turbidity measurements which are greater than the MCL (Note: C = B/A x 100) 0 %

D If C is greater than 5%, notify this Department and attach proof of Public Notice.

E Did any readings exceed 5.0 NTU? ☐ Yes ☒ No If yes, was CDH Notified? ☐ Yes ☐ No

☐ CHECK here if filter plant was OFF THE ENTIRE MONTH.

You must turn in a turbidity report for every WTP even if the report is to tell us the plant did not operate.

TURBIDITY MEASUREMENTS									
	Time:	Time:	Time:	Time:	Time:	Time:		HIGHEST	
DAY	Midnight - 4: a.m.	4 - 8 a.m.	8 - Noon	Noon - 4 p.m.	4 - 8 p.m.	8 - Midnight	Check if > MCL	Readings for the DAY	Highest Reading TIME
1				.37				.37	2:00 P
2			.67					.67	11:00 A
3				.41				.41	3:45 P
4				.66				.66	2:00 P
5				.55				.55	3:30 P
6			.34					.34	11:30 A
7				.32				.32	12:00 P
8				.38				.38	1:20 P
9					.40			.40	4:45 P
10				.41				.41	3:00 P
11					.35			.35	4:00 P
12				.48				.48	11:50 A
13			.36					.36	11:45 A
14			.40					.40	10:00 A
15						.65		.65	9:30 P
16			.41					.41	11:30 A
17				.33				.33	3:30 P
18				.32				.32	1:30 P
19				.59				.59	3:30 P
20				.40				.40	12:40 P
21				.44				.44	4:45 P
22				.20				.20	1:00 P
23					.60			.60	4:15 P
24				.26				.26	12:00 P
25					.92			.92	7:00 P
26				.67				.67	2:00 P
27					.42			.42	5:00 P
28				.76				.76	2:00 P
29			.72					.72	9:00 A
30			.67					.67	11:00 A
31			.96					.96	11:00 A
HIGHEST READING OF THE MONTH:								.96	7:31:03

INSTRUCTIONS:

1. If you use a CONTINUOUS monitoring turbidimeter, record the value at the same times each day.
2. If you perform GRAB sampling, collect your grab samples at the same time each day.
3. Record the TIME you take your readings at the TOP of the appropriate column.
4. Record the highest turbidity reading recorded over the day. If you use a continuous monitoring turbidimeter, the reading could occur at ANY time during the day, not just your designated four hour reading.
5. Enter PO for plant off if the treatment plant did not operate within the designated 4 hour block.
6. If turbidity readings are greater than the MCL refer to the 'TURBIDITY MCL RESPONSE POLICY'.

DAYTIME PHONE: (303) 74 -2066
CERTIFIED OPERATOR SIGNATURE: [Signature]
OPER. NAME PRINTED: J. FLATT
Plant Number or Name: # 2 - NAME:

PWSID# 00207504
NAME OF WATER SYSTEM: MEADOW MOUNTAIN
COUNTY: BOULDER
MONTH/YEAR: JULY 03

II. A. CHLORINATION - DISTRIBUTION SYSTEM

- A Number of Chlorine Residual measurements taken from the distribution system this month 31
- B Number of Chlorine Residual measurements in the distribution where NO Chlorine was Detected 2
- C Percent of Chlorine Residual measurements with NO Chlorine detected (Note: C = B/A X 100) 2 %
- D Are the measurements as TOTAL or FREE chlorine? FREE

NOTE: (A) An undetectable residual disinfectant concentration within the distribution system in more than 5% of the samples per month for any two consecutive months is considered a treatment technique violation.
(B) Whenever you collect a routine bacteriological water sample, you must always determine the chlorine level, using a DPD chlorine test kit, and record the value on the bacteriological lab form.

II. B. CHLORINATION - TREATMENT PLANT

NOTE: If the filter plant is SHUT OFF but treated water is still entering the distribution system from a clear well, you must CONTINUE to take chlorine residual readings and continue to maintain a minimum chlorine residual of .2 mg/l at all times at the entry point to the distribution system.

Day	Lowest Residual Reading	Number of Measurements per day	Check if Residual is < .2 mg/l	CDH Notified YES or NO	If CDH Notified, Date & Time	COMMENTS For Chlorine or Turbidity
1	.5	1				
2	.4	1				
3	.4	1				
4	.8	1				
5	.5	1				
6	.6	1				
7	.4	1				
8	.4	1				
9	.5	1				
10	.4	1				
11	.6	1				
12	1.1	1				
13	.4	1				
14	1.0	1				
15	.4	1				
16	1.4	1				
17	.4	1				
18	.7	1				
19	.5	1				
20	.5	1				
21	.5	1				
22	1.0	1				
23	.5	1				
24	1.2	1				
25	1.2	1				
26	.5	1				
27	.6	1				
28	.4	1				
29	.5	1				
30	.4	1				
31	.4	1				

INSTRUCTIONS:
1. Enter the level of the lowest residual disinfectant entering the distribution system into the first column.
2. Enter "Continuous" into the "Number of Measurements per day" column if you are using continuous monitoring equipment.

Client Name: Meadow Mountain Water Company
Project Number: 1115-012
Sample Name: Fouts
Sample Matrix: Water
Sample Number: 304349
Sample Date: 08/03/03
Date Received: 08/04/03
Analysts: CVB

20550V

PARAMETER	TESTED VALUE	DETECT LIMIT	METHOD NUMBER	DATE OF ANALYSIS
MICROBIOLOGY				
Total Coliform (CFU/100 ml)	Absent	1	9222B/2	08/04/03

Values are reported in colony forming units/100 ml.

/2 Standard Methods for the Examination of Water and Wastewater, 18th Edition, 1992

TURBIDITY & DISINFECTION REPORT

Return completed form to:

Colorado Department of Public
Health & Environment
WQCD-CMDM-B2
4300 Cherry Creek Drive South
Denver, CO 80246-1530

(303) 692-3500

PWSID# 20750Y

NAME OF WATER SYSTEM: MESA MOUNTAIN WATER

COUNTY: BOULDER

MONTH/YEAR: AUG/03

FILTER PLANT NUMBER
OR FILTER PLANT NAME: # - NAME:

CERTIFIED
OPERATOR SIGNATURE: [Signature]

PLEASE FILL IN ALL FIELDS (both sides)

I. TURBIDITY SECTION

Point of Measurement: PLANT Type of Filtration: CARTA EDGE eg. conventional, direct, slowsand, DE, etc.

Required number of Turbidity of readings per day 1 Check One: [] Continuous [X] Grab Samples

Turbidity MCL 10 NTU (1.0 or 0.5 or other MCL per written notification from this Department)

A Total number of Turbidity readings this month 31 Do NOT count PO entries (Maximum = 186 from 6 columns)

B Number of Turbidity measurements which are greater than the MCL 8

C Percent of Turbidity measurements which are greater than the MCL (Note: C = B/A x 100) 25 %

D If C is greater than 5%, notify this Department and attach proof of Public Notice.

E Did any readings exceed 5.0 NTU? [] Yes [X] No If yes, was CDH Notified? [] Yes [] No

[] CHECK here if filter plant was OFF THE ENTIRE MONTH.

You must turn in a turbidity report for every WTP even if the report is to tell us the plant did not operate.

TURBIDITY MEASUREMENTS									
	Time:	Time:	Time:	Time:	Time:	Time:		HIGHEST	
			10:00	2:00	6:00			of all	
DAY	Midnight - 4:00 a.m.	4:00 a.m. - 8:00 a.m.	8:00 a.m. - Noon	Noon - 4:00 p.m.	4:00 p.m. - 8:00 p.m.	8:00 p.m. - Midnight	Check if > MCL	Readings for the DAY	Highest Reading TIME
1					.69			.69	4:00P
2				.62				.62	2:00P
3				.46				.46	12:10P
4			.59					.59	11:45A
5				.37				.37	2:00P
6			.87					.87	11:15A
7					.61			.61	4:30P
8					.24			.24	4:30P
9				.28				.28	12:15P
10			.34					.34	10:30A
11				.34				.34	12:30P
12					.52			.52	5:15P
13				.39				.39	12:15P
14			.60					.60	10:50A
15				.53				.53	3:40P
16				.48				.48	1:40P
17					.48			.48	4:00P
18				.40				.40	2:45P
19				.33				.33	12:30P
20					.41			.41	4:00P
21			.68					.68	11:45A
22				.58				.58	3:30P
23					.29			.29	4:00P
24				.33				.33	1:45P
25					.64			.64	5:00P
26					.47			.47	5:00P
27					.25			.25	4:00P
28			.46					.46	11:45A
29				.55				.55	12:40P
30				.36				.36	2:30P
31					.36			.36	4:00P
HIGHEST READING OF THE MONTH:								.87	11:15A

INSTRUCTIONS:

- If you use a CONTINUOUS monitoring turbidimeter, record the value at the same times each day.
- If you perform GRAB sampling, collect your grab samples at the same time each day.
- Record the TIME you take your readings at the TOP of the appropriate column.
- Record the highest turbidity reading recorded over the day. If you use a continuous monitoring turbidimeter, the reading could occur at ANY time during the day, not just your designated four hour reading.
- Enter PO for plant off if the treatment plant did not operate within the designated 4 hour block.
- If turbidity readings are greater than the MCL refer to the 'TURBIDITY MCL RESPONSE POLICY'

DAYTIME PHONE: (303) 506-2066

PWSID# 207504

CERTIFIED OPERATOR SIGNATURE: [Signature]

NAME OF WATER SYSTEM: MEADOW MOUNTAIN WATER

OPER. NAME PRINTED: J. FLATT

COUNTY: Boulder

Plant Number or Name: # - NAME:

MONTH/YEAR: Aug/03

II. A. CHLORINATION - DISTRIBUTION SYSTEM

- A Number of Chlorine Residual measurements taken from the distribution system this month
- B Number of Chlorine Residual measurements in the distribution where NO Chlorine was Detected
- C Percent of Chlorine Residual measurements with NO Chlorine detected (Note: C = B/A X 100) %
- D Are the measurements as TOTAL or FREE chlorine?

NOTE: (A) An undetectable residual disinfectant concentration within the distribution system in more than 5% of the samples per month for any two consecutive months is considered a treatment technique violation. (B) Whenever you collect a routine bacteriological water sample, you must always determine the chlorine level, using a DPD chlorine test kit, and record the value on the bacteriological lab form.

II. B. CHLORINATION - TREATMENT PLANT

NOTE: If the filter plant is SHUT OFF but treated water is still entering the distribution system from a clear well, you must CONTINUE to take chlorine residual readings and continue to maintain a minimum chlorine residual of .2 mg/l at all times at the entry point to the distribution system.

Day	Lowest Residual Reading	Number of Measurements per day	Check if Residual is < .2 mg/l	CDH Notified YES or NO	If CDH Notified, Date & Time	COMMENTS For Chlorine or Turbidity
1	.5	1				
2	.4	1				
3	.6	1				
4	.4	1				
5	.4	1				
6	1.2	1				
7	.4	1				
8	.4	1				
9	.9	1				
10	.3	1				
11	.4	1				
12	.6	1				
13	.4	1				
14	.5	1				
15	.5	1				
16	.7	1				
17	.6	1				
18	.4	1				
19	.4	1				
20	.4	1				
21	.7	1				
22	.4	1				
23	.4	1				
24	.6	1				
25	.4	1				
26	.7	1				
27	.5	1				
28	1.1	1				
29	.4	1				
30	.5	1				
31	.4	1				

- INSTRUCTIONS:
- 1. Enter the level of the lowest residual disinfectant entering the distribution system into the first column.
 - 2. Enter "Continuous" into the "Number of Measurements per day" column if you are using continuous monitoring equipment.

Client Name: Meadow Mountain Water Company
Project Number: 1115-012
Sample Name: Well
Sample Matrix: Water
Sample Number: 304944
Sample Date: 09/03/03
Date Received: 09/03/03
Analysts: ERL

PARAMETER	TESTED VALUE	DETECT LIMIT	METHOD NUMBER	DATE OF ANALYSIS
MICROBIOLOGY				
Total Coliform (CFU/100 ml)	Absent	1	9222B/2	09/03/03

Values are reported in colony forming units/100 ml.

/2 Standard Methods for the Examination of Water and Wastewater, 18th Edition, 1992

TURBIDITY & DISINFECTION REPORT

Return completed form to:

Colorado Department of Public
Health & Environment
WQCD-CMDM-B2
4300 Cherry Creek Drive South
Denver, CO 80246-1530

(303) 692-3500

PWSID#

207504

NAME OF WATER SYSTEM:

MEADOW MOUNTAIN WATER

COUNTY:

Boulder

MONTH/YEAR:

SEP 7/03

FILTER PLANT NUMBER
OR FILTER PLANT NAME:

1 - NAME:

CERTIFIED
OPERATOR SIGNATURE:

Joe

PLEASE FILL IN ALL FIELDS (both sides)

I. TURBIDITY SECTION

Point of Measurement:

PLANT

Type of Filtration

BA6

eg. conventional, direct, slowsand, DE, etc.

Required number of Turbidity of readings per day

2

Check One: ☐ Continuous ☒ Grab Samples

Turbidity MCL 1.0 NTU (1.0 or 0.5 or other MCL per written notification from this Department)

A Total number of Turbidity readings this month 30 Do NOT count PO entries (Maximum = 186 from 6 columns)

B Number of Turbidity measurements which are greater than the MCL 2

C Percent of Turbidity measurements which are greater than the MCL (Note: C = B/A x 100) 2 %

D If C is greater than 5%, notify this Department and attach proof of Public Notice.

E Did any readings exceed 5.0 NTU? ☐ Yes ☒ No If yes, was CDH Notified? ☐ Yes ☐ No

☐ CHECK here if filter plant was OFF THE ENTIRE MONTH.

You must turn in a turbidity report for every WTP even if the report is to tell us the plant did not operate.

TURBIDITY MEASUREMENTS									
	Time: 2:00	Time: 6:00	Time: 10:00	Time: 2:00	Time: 6:00	Time: 10:00		HIGHEST of all	
DAY	Midnight - 4: a.m.	4 - 8 a.m.	8 - Noon	Noon - 4 p.m.	4 - 8 p.m.	8 - Midnight	Check if > MCL	Readings for the DAY	Highest Reading TIME
1				.25				.25	2:30 P
2			.32					.32	10:00 A
3			.35					.35	11:15 A
4				.41				.41	3:40 P
5					.66			.66	4:45 P
6					.52			.52	5:00 P
7			.61					.61	9:30 A
8			.69					.69	9:30 A
9			.68					.68	10:00 A
10					.39			.39	4:15 P
11					.39			.39	4:00 P
12				.45				.45	2:30 P
13					.44			.44	4:30 P
14				.58				.58	12:10 P
15				.30				.30	12:30 P
16				.29				.29	2:30 P
17			.25					.25	10:00 A
18			.27					.27	11:15 A
19			.28					.28	11:30 A
20					.26			.26	5:00 P
21			.26					.26	10:00 A
22				.31				.31	12:30 P
23				.24				.24	3:00 P
24					.27			.27	5:00 P
25			.22					.22	11:30 A
26				.25				.25	3:30 P
27				.21				.21	1:30 P
28				.23				.23	12:40 P
29						.20		.20	8:20 P
30				.22				.22	1:00 P
31									
HIGHEST READING OF THE MONTH:								.69	9:30 A

INSTRUCTIONS:

- If you use a CONTINUOUS monitoring turbidimeter, record the value at the same times each day.
- If you perform GRAB sampling, collect your grab samples at the same time each day.
- Record the TIME you take your readings at the TOP of the appropriate column.
- Record the highest turbidity reading recorded over the day. If you use a continuous monitoring turbidimeter, the reading could occur at ANY time during the day, not just your designated four hour reading.
- Enter PO for plant off if the treatment plant did not operate within the designated 4 hour block.
- If turbidity readings are greater than the MCL refer to the 'TURBIDITY MCL RESPONSE POLICY'.

DAYTIME PHONE: (303) 71-7066

PWSID# 207504

CERTIFIED OPERATOR SIGNATURE: [Signature]

NAME OF WATER SYSTEM: MEADOW MOUNTAIN WATER

OPER. NAME PRINTED: STEVE TEOFORO

COUNTY: BOULDER

Plant Number or Name: # 2 - NAME:

MONTH/YEAR: SEPT/03

II. A. CHLORINATION - DISTRIBUTION SYSTEM

- A Number of Chlorine Residual measurements taken from the distribution system this month 30
- B Number of Chlorine Residual measurements in the distribution where NO Chlorine was Detected 2
- C Percent of Chlorine Residual measurements with NO Chlorine detected (Note: C = B/A X 100) 2%
- D Are the measurements as TOTAL or FREE chlorine? FREE

NOTE: (A) An undetectable residual disinfectant concentration within the distribution system in more than 5% of the samples per month for any two consecutive months is considered a treatment technique violation.
(B) Whenever you collect a routine bacteriological water sample, you must always determine the chlorine level, using a DPD chlorine test kit, and record the value on the bacteriological lab form.

II. B. CHLORINATION - TREATMENT PLANT

NOTE: If the filter plant is SHUT OFF but treated water is still entering the distribution system from a clear well, you must CONTINUE to take chlorine residual readings and continue to maintain a minimum chlorine residual of .2 mg/l at all times at the entry point to the distribution system.

Day	Lowest Residual Reading	Number of Measurements per day	Check if Residual is < .2 mg/l	CDH Notified YES or NO	If CDH Notified, Date & Time	COMMENTS For Chlorine or Turbidity
1	.5	1				
2	.4	1				
3	.6	1				
4	.6	1				
5	.5	1				
6	.6	1				
7	.3	1				
8	.3	1				
9	.4	1				
10	.4	1				
11	.5	1				
12	.8	1				
13	.8	1				
14	.8	1				
15	.3	1				
16	.3	1				
17	.3	1				
18	.3	1				
19	.6	1				
20	.8	1				
21	.6	1				
22	.3	1				
23	.6	1				
24	.5	1				
25	.5	1				
26	.5	1				
27	.4	1				
28	.5	1				
29	.7	1				
30	.4	1				
31						

INSTRUCTIONS:

- Enter the level of the lowest residual disinfectant entering the distribution system into the first column.
- Enter "Continuous" into the "Number of Measurements per day" column if you are using continuous monitoring equipment.

Client Name: Meadow Mountain Water Company
Project Number: 1115-012
Sample Name: Foots
Sample Matrix: Water
Sample Number: 305632
Sample Date: 10/06/03
Date Received: 10/06/03
Analysts: CVB

PARAMETER	TESTED VALUE	DETECT LIMIT	METHOD NUMBER	DATE OF ANALYSIS
MICROBIOLOGY				
Total Coliform (CFU/100 ml)	Absent	1	9222B/2	10/06/03

Values are reported in colony forming units/100 ml.

/2 Standard Methods for the Examination of Water and Wastewater, 18th Edition, 1992

TURBIDITY & DISINFECTION REPORT

Return completed form to:

Colorado Department of Public
Health & Environment
WQCD-CMDM-B2
4300 Cherry Creek Drive South
Denver, CO 80246-1530

(303) 692-3500

PWSID# CO-0707501

NAME OF WATER SYSTEM: MEADOW MOUNTAIN WATER

COUNTY: Boulder

MONTH/YEAR: 10/2003

FILTER PLANT NUMBER
OR FILTER PLANT NAME: # - NAME:

CERTIFIED
OPERATOR SIGNATURE: [Signature]

PLEASE FILL IN ALL FIELDS (both sides)

I. TURBIDITY SECTION

Point of Measurement: PLANT 7 Type of Filtration: BAG
eg. conventional, direct, slow sand, DE, etc.

Required number of Turbidity readings per day 1 Check One: ☐ Continuous ☒ Grab Samples

Turbidity MCL 1 NTU (1.0 or 0.5 or other MCL per written notification from this Department)

A Total number of Turbidity readings this month 31 Do NOT count PO entries (Maximum = 196 from 6 columns)

B Number of Turbidity measurements which are greater than the MCL 0

C Percent of Turbidity measurements which are greater than the MCL (Note: C = B/A x 100) 0 %

D If C is greater than 5%, notify this Department and attach proof of Public Notice.

E Did any readings exceed 5.0 NTU? ☐ Yes ☒ No If yes, was CDH Notified? ☐ Yes ☐ No

☐ CHECK here if filter plant was OFF THE ENTIRE MONTH.

You must turn in a turbidity report for every WTP even if the report is to tell us the plant did not operate.

TURBIDITY MEASUREMENTS									
	Time:	Time:	Time:	Time:	Time:	Time:		HIGHEST	
			10:00	2:00	6:00	10:00		of all	
DAY	Midnight - 4 a.m.	4 - 8 a.m.	8 - Noon	Noon - 4 p.m.	4 - 8 p.m.	8 - Midnight	Check if > MCL	Readings for the DAY	Highest Reading TIME
1				.22				.22	1:00 P
2				.24				.24	2:00 P
3			.31					.31	11:00 A
4			.32					.32	11:00 A
5			.34					.34	11:45 A
6			.34	.34				.34	12:05 P
7			.33					.33	9:45 A
8				.26				.26	3:00 P
9			.23					.23	11:20 A
10					.25			.25	4:00 P
11				.27				.27	2:00 P
12						.26		.26	9:00 P
13			.24					.24	11:45 A
14				.19				.19	1:30 P
15					.23			.23	4:30 P
16			.32					.32	11:30 A
17				.33				.33	2:30 P
18					.33			.33	5:30 P
19				.42				.42	12:45 P
20				.26				.26	12:50 P
21			.26					.26	11:30 A
22			.25					.25	10:20 A
23			.25					.25	11:15 A
24					.21			.21	4:20 P
25				.20				.20	2:30 P
26					.37			.37	5:40 P
27			.20	.20				.20	11:45 A
28				.19				.19	12:45 P
29					.20			.20	4:40 P
30			.25					.25	10:45 A
31					.23			.23	4:00 P
HIGHEST READING OF THE MONTH:								.42	12:45 P

INSTRUCTIONS:

- If you use a CONTINUOUS monitoring turbidimeter, record the value at the same times each day.
- If you perform GRAB sampling, collect your grab samples at the same time each day.
- Record the TIME you take your readings at the TOP of the appropriate column.
- Record the highest turbidity reading recorded over the day. If you use a continuous monitoring turbidimeter, the reading could occur at ANY time during the day, not just your designated four hour reading.
- Enter PO for plant off if the treatment plant did not operate within the designated 4 hour block.
- If turbidity readings are greater than the MCL refer to the 'TURBIDITY MCL RESPONSE POLICY'.

DAYTIME PHONE: (303) 745-7066
CERTIFIED OPERATOR SIGNATURE: [Signature]
OPER. NAME PRINTED: J. FLATT
Plant Number or Name: # _____ - NAME: _____

PWSID# CB-0707504
NAME OF WATER SYSTEM: Norwood Mountain Water
COUNTY: Boulder
MONTH/YEAR: OCT/03

II. A. CHLORINATION - DISTRIBUTION SYSTEM

- A Number of Chlorine Residual measurements taken from the distribution system this month 31
B Number of Chlorine Residual measurements in the distribution where NO Chlorine was Detected 0
C Percent of Chlorine Residual measurements with NO Chlorine detected (Note: C = B/A X 100) 0 %
D Are the measurements as TOTAL or FREE chlorine? FREE

NOTE: (A) An undetectable residual disinfectant concentration within the distribution system in more than 5% of the samples per month for any two consecutive months is considered a treatment technique violation.
(B) Whenever you collect a routine bacteriological water sample, you must always determine the chlorine level, using a DPD chlorine test kit, and record the value on the bacteriological lab form.

II. B. CHLORINATION - TREATMENT PLANT

NOTE: If the filter plant is SHUT OFF but treated water is still entering the distribution system from a clear well, you must CONTINUE to take chlorine residual readings and continue to maintain a minimum chlorine residual of .2 mg/l at all times at the entry point to the distribution system.

Day	Lowest Residual Reading	Number of Measurements per day	Check if Residual is < .2 mg/l	CDH Notified YES or NO	If CDH Notified, Date & Time	COMMENTS For Chlorine or Turbidity
1	.6	1				
2	.8	1				
3	.6	1				
4	.7	1				
5	.6	1				
6	.4	1				
7	.4	1				
8	.4	1				
9	.4	1				
10	.5	1				
11	.6	1				
12	.5	1				
13	.4	1				
14	.4	1				
15	.4	1				
16	.4	1				
17	.4	1				
18	.4	1				
19	.8	1				
20	.4	1				
21	.4	1				
22	.5	1				
23	.5	1				
24	.7	1				
25	.7	1				
26	.7	1				
27	.8	1				
28	1.2	1				
29	1.2	1				
30	1.1	1				
31	.9	1				

INSTRUCTIONS:
1. Enter the level of the lowest residual disinfectant entering the distribution system into the first column.
2. Enter "Continuous" into the "Number of Measurements per day" column if you are using continuous monitoring equipment.

Client Name: Meadow Mountain Water Company
Project Number: 1115-012
Sample Name: Fouts
Sample Matrix: Water
Sample Number: 306446
Sample Date: 11/06/03
Date Received: 11/06/03
Analysts: CVB

PARAMETER	TESTED VALUE	DETECT LIMIT	METHOD NUMBER	DATE OF ANALYSIS
MICROBIOLOGY				
Total Coliform (CFU/100 ml)	Absent	1	9222B/2	11/06/03

Values are reported in colony forming units/100 ml.

/2 Standard Methods for the Examination of Water and Wastewater, 18th Edition, 1992

TURBIDITY & DISINFECTION REPORT

Return completed form to:

Colorado Department of Public
Health & Environment
WQCD-CMDM-B2
4300 Cherry Creek Drive South
Denver, CO 80246-1530

(303) 692-3500

PWSID# CO 0707504

NAME OF WATER SYSTEM: Meadow Mountain Water

COUNTY: Boulder

MONTH/YEAR: Nov. 2003

FILTER PLANT NUMBER
OR FILTER PLANT NAME: # - NAME:

CERTIFIED
OPERATOR SIGNATURE: [Signature]

PLEASE FILL IN ALL FIELDS (both sides)

I. TURBIDITY SECTION

Point of Measurement Plant 7 Type of Filtration BAG
eg. conventional, direct, slow sand, DE, etc.

Required number of Turbidity readings per day 1 Check One: ☐ Continuous ☒ Grab Samples

Turbidity MCL 1 NTU (1.0 or 0.5 or other MCL per written notification from this Department)

A Total number of Turbidity readings this month 30 Do NOT count PO entries (Maximum = 186 from 6 columns)

B Number of Turbidity measurements which are greater than the MCL 0

C Percent of Turbidity measurements which are greater than the MCL (Note: C = B/A x 100) 0 %

D If C is greater than 5%, notify this Department and attach proof of Public Notice.

E Did any readings exceed 5.0 NTU? ☐ Yes ☒ No If yes, was CDH Notified? ☐ Yes ☐ No

☐ CHECK here if filter plant was OFF THE ENTIRE MONTH.

You must turn in a turbidity report for every WTP even if the report is to tell us the plant did not operate.

TURBIDITY MEASUREMENTS									
	Time:	Time:	Time:	Time:	Time:	Time:		HIGHEST	
DAY	Midnight - 4:00 A.M.	4:00 A.M. - 8:00 A.M.	8:00 A.M. - Noon	Noon - 4: P.M.	4:00 P.M. - 8:00 P.M.	8:00 P.M. - Midnight	Check if > MCL	Readings for the DAY	Highest Reading TIME
1					.25			.25	8:00P
2				.26				.26	3:00P
3				.34				.34	12:30P
4			.20					.20	11:30A
5			.18					.18	9:00A
6					.21			.21	5:00P
7					.20			.20	6:00P
8				.36				.36	12:30P
9				.23				.23	3:30P
10				.29				.29	11:15P
11				.24				.24	12:00P
12				.19				.19	2:00P
13			.19					.19	11:15A
14				.19				.19	2:30P
15			.20					.20	9:00A
16			.28					.28	10:30A
17			.19					.19	9:30A
18					.21			.21	7:00P
19			.20					.20	11:00A
20			.21					.21	11:20A
21				.19				.19	7:30P
22					.19			.19	4:20P
23			.25					.25	11:30A
24			.19					.19	10:00A
25			.20					.20	10:50A
26			.24					.24	8:00A
27					.21			.21	4:00P
28			.19					.19	11:00A
29					.20			.20	5:30P
30					.31			.31	5:40P
31									
HIGHEST READING OF THE MONTH:								.36	

INSTRUCTIONS:

- If you use a CONTINUOUS monitoring turbidimeter, record the value at the same times each day.
- If you perform GRAB sampling, collect your grab samples at the same time each day.
- Record the TIME you take your readings at the TOP of the appropriate column.
- Record the highest turbidity reading recorded over the day. If you use a continuous monitoring turbidimeter, the reading could occur at ANY time during the day, not just your designated four hour reading.
- Enter PO for plant off if the treatment plant did not operate within the designated 4 hour block.
- If turbidity readings are greater than the MCL refer to the 'TURBIDITY MCL RESPONSE POLICY'.

DAYTIME PHONE: (303) 747-7066
CERTIFIED OPERATOR SIGNATURE: J. Flatty
OPER. NAME PRINTED: J. FLATT
Plant Number or Name: # _____ - NAME: _____

PWSID# Co 020758X
NAME OF WATER SYSTEM: Meadow-Mountain Water
COUNTY: Boulder
MONTH/YEAR: Nov. 2003

II. A. CHLORINATION - DISTRIBUTION SYSTEM

- A Number of Chlorine Residual measurements taken from the distribution system this month 30
B Number of Chlorine Residual measurements in the distribution where NO Chlorine was Detected 0
C Percent of Chlorine Residual measurements with NO Chlorine detected (Note: C = B/A X 100) 0%
D Are the measurements as TOTAL or FREE chlorine? FREE

NOTE: (A) An undetectable residual disinfectant concentration within the distribution system in more than 5% of the samples per month for any two consecutive months is considered a treatment technique violation.
(B) Whenever you collect a routine bacteriological water sample, you must always determine the chlorine level, using a DPD chlorine test kit, and record the value on the bacteriological lab form.

II. B. CHLORINATION - TREATMENT PLANT

NOTE: If the filter plant is SHUT OFF but treated water is still entering the distribution system from a clear well, you must CONTINUE to take chlorine residual readings and continue to maintain a minimum chlorine residual of .2 mg/l at all times at the entry point to the distribution system.

Day	Lowest Residual Reading	Number of Measurements per day	Check if Residual is < .2 mg/l	CDH Notified YES or NO	If CDH Notified, Date & Time	COMMENTS For Chlorine or Turbidity
1	.6	1				
2	.6	1				
3	.6	1				
4	.8	1				
5	.8	1				
6	.8	1				
7	.8	1				
8	.4	1				
9	.5	1				
10	.6	1				
11	.5	1				
12	1.0	1				
13	1.1	1				
14	.9	1				
15	.8	1				
16	.9	1				
17	1.4	1				
18	1.1	1				
19	1.1	1				
20	.5	1				
21	.8	1				
22	.8	1				
23	.8	1				
24	1.0	1				
25	1.1	1				
26	1.0	1				
27	1.0	1				
28	1.0	1				
29	1.0	1				
30	1.0	1				
31						

- INSTRUCTIONS:
1. Enter the level of the lowest residual disinfectant entering the distribution system into the first column.
2. Enter "Continuous" into the "Number of Measurements per day" column if you are using continuous monitoring equipment.

Client Name: Meadow Mountain Water Company
Project Number: 1115-012
Sample Name: Fouts
Sample Matrix: Water
Sample Number: 306922
Sample Date: 12/02/03
Date Received: 12/02/03
Analysts: CVB

PARAMETER	TESTED VALUE	DETECT LIMIT	METHOD NUMBER	DATE OF ANALYSIS
MICROBIOLOGY				
Total Coliform (CFU/100 ml)	Absent	1	9222B/2	12/02/03

Values are reported in colony forming units/100 ml.

/2 Standard Methods for the Examination of Water and Wastewater, 18th Edition, 1992

TURBIDITY & DISINFECTION REPORT

Return completed form to:

Colorado Department of Public
Health & Environment
WCCD-CMDM-B2
4300 Cherry Creek Drive South
Denver, CO 80246-1530

(303) 692-3500

PWSID#

207584

NAME OF WATER SYSTEM:

Meadow Mountain

COUNTY:

Boulder

MONTH/YEAR:

12/03

FILTER PLANT NUMBER
OR FILTER PLANT NAME:

- NAME:

CERTIFIED
OPERATOR SIGNATURE:

[Signature]

PLEASE FILL IN ALL FIELDS (both sides)

I. TURBIDITY SECTION

Point of Measurement

PLANT

Type of Filtration

Bag

eg. conventional, direct, slow sand, DE, etc.

Required number of Turbidity readings per day

2

Check One: ☐ Continuous

☒ Grab Samples

Turbidity MCL

2.0

NTU (1.0 or 0.5 or other MCL per written notification from this Department)

- A Total number of Turbidity readings this month 31 Do NOT count PO entries (Maximum = 186 from 6 columns)
- B Number of Turbidity measurements which are greater than the MCL 0
- C Percent of Turbidity measurements which are greater than the MCL (Note: $C = B/A \times 100$) 0 %
- D If C is greater than 5%, notify this Department and attach proof of Public Notice.
- E Did any readings exceed 5.0 NTU? ☐ Yes ☒ No If yes, was CDH Notified? ☐ Yes ☐ No
- ☐ CHECK here if filter plant was OFF THE ENTIRE MONTH.
You must turn in a turbidity report for every WTP even if the report is to tell us the plant did not operate.

TURBIDITY MEASUREMENTS									
	Time:	Time:	Time:	Time:	Time:	Time:		HIGHEST	
		6:00	10:00	2:00	6:00	10:00		of all	
DAY	Midnight - 4:00 a.m.	4:00 a.m. - 8:00 a.m.	8:00 a.m. - Noon	Noon - 4: p.m.	4:00 p.m. - 8:00 p.m.	8:00 p.m. - Midnight	Check if > MCL	Readings for the DAY	Highest Reading TIME
1			.49					.49	9:00 A
2				.30				.30	2:00 P
3				.28				.28	3:00 P
4			.26					.26	11:00 A
5				.25				.25	3:00 P
6					.28			.28	5:30 P
7						.30		.30	10:00 P
8			.38					.38	11:00 A
9		.34						.34	6:30 A
10				.28				.28	1:30 P
11				.20				.20	2:00 P
12				.20				.20	3:00 P
13					.19			.19	4:00 P
14				.24				.24	12:30 P
15			.28					.28	8:30 A
16						.24		.24	9:00 P
17			.20					.20	10:00 A
18			.19					.19	11:30 A
19				.24				.24	1:30 P
20			.23					.23	11:30 A
21					.32			.32	6:30 P
22				.25				.25	12:30 P
23			.26					.26	11:30 A
24				.34				.34	1:30 P
25					.32			.32	7:30 P
26				.23				.23	3:00 P
27			.20					.20	11:00 A
28			.33					.33	11:00 A
29			.22					.22	10:30 A
30			.21					.21	10:30 A
31			.21					.21	8:45 A
HIGHEST READING OF THE MONTH:								.49	9:00 A

INSTRUCTIONS:

- If you use a CONTINUOUS monitoring turbidimeter, record the value at the same times each day.
- If you perform GRAB sampling, collect your grab samples at the same time each day.
- Record the TIME you take your readings at the TOP of the appropriate column.
- Record the highest turbidity reading recorded over the day. If you use a continuous monitoring turbidimeter, the reading could occur at ANY time during the day, not just your designated four hour reading.
- Enter PO for plant off if the treatment plant did not operate within the designated 4 hour block.
- If turbidity readings are greater than the MCL refer to the 'TURBIDITY MCL RESPONSE POLICY'.

DAYTIME PHONE: (303) 547-2066

CERTIFIED OPERATOR SIGNATURE: [Signature]

OPER. NAME PRINTED: STEPHAN L TRAPERO

Plant Number or Name: # _____ - NAME: _____

PWSID# 207504

NAME OF WATER SYSTEM: Meadow Mountain Water

COUNTY: Boulder

MONTH/YEAR: 12/03

II. A. CHLORINATION - DISTRIBUTION SYSTEM

- A Number of Chlorine Residual measurements taken from the distribution system this month 31
- B Number of Chlorine Residual measurements in the distribution where NO Chlorine was Detected 0
- C Percent of Chlorine Residual measurements with NO Chlorine detected (Note: C = B/A X 100) 0 %
- D Are the measurements as TOTAL or FREE chlorine? FREE

NOTE: (A) An undetectable residual disinfectant concentration within the distribution system in more than 5% of the samples per month or any two consecutive months is considered a treatment technique violation.

(B) Whenever you collect a routine bacteriological water sample, you must always determine the chlorine level, using a DPD chlorine test kit, and record the value on the bacteriological lab form.

II. B. CHLORINATION - TREATMENT PLANT

NOTE: If the filter plant is SHUT OFF but treated water is still entering the distribution system from a clear well, you must CONTINUE to take chlorine residual readings and continue to maintain a minimum chlorine residual of .2 mg/l at all times at the entry point to the distribution system.

Day	Lowest Residual Reading	Number of Measurements per day	Check if Residual is < .2 mg/l	CDH Notified YES or NO	If CDH Notified, Date & Time	COMMENTS For Chlorine or Turbidity
1	.6	1				
2	.5	1				
3	.4	1				
4	.5	1				
5	.5	1				
6	.5	1				
7	.8	1				
8	.9	1				
9	.8	1				
10	1.0	1				
11	1.1	1				
12	1.0	1				
13	1.0	1				
14	1.0	1				
15	1.1	1				
16	1.1	1				
17	.8	1				
18	.5	1				
19	.5	1				
20	.9	1				
21	.8	1				
22	.8	1				
23	.5	1				
24	.9	1				
25	.8	1				
26	.9	1				
27	1.0	1				
28	1.0	1				
29	1.2	1				
30	1.2	1				
31	1.2	1				

INSTRUCTIONS:

1. Enter the level of the lowest residual disinfectant entering the distribution system into the first column.

2. Enter "Continuous" into the "Number of Measurements per day" column if you are using continuous monitoring equipment.