

Jorado Department of Public Health d 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 X 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. Street address/PO Box P.O. Box 162, Allenspark, CO 80510 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-1 125 Meadow Mountain Drive DO SAMPLES NEED TO BE COMPOSITED BY THE LABORATORY? YES NO \boxtimes 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 <u>Stewart Environmental Consultants, Inc.</u> LAB PHONE # <u>(970)226-5500</u> 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



October 3, 2003

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.

FAXED 11-9-03

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

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

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)

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

Laboratory Services Division 8100 Lowry Blvd. Denver, Colorado 80230-6928

(303) 692-3090

TDD Line (303) 691-7700 Located in Glendale, Colorado

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

October 15, 2003

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

Monitor Violation 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.



Colorado Department of Public Health and Environment

cal ne 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,

Érica 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

Water

Sample Matrix:

Sample Number:

302774

Sample Date:

05/18/03

Date Received:

05/19/03

Analysts:

DJL

PARAMETER	TESTED DETECT VALUE 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 Compliance Assurance & Data Management Unit

REPORTING FORM FOR <u>TOTAL TRIHALOMETHANES</u> ANALYSIS FOR SYSTEMS NOT SUBJECT TO THE DDBP RULE.

SAMPLER: FILL OUT	ONE FORM - I	FOR <u>EACH</u> INDIVIDUA	AL SAMPLING POINT	01 COMPOSIT	L SEI	
Are these results to be Is this a check or confi	used to fulfill c rmation sample	ompliance monitoring	requirements? YES	⊠ or NO □		
PWSID #: 207	504 COUN	ITY: Boulder	DATE COLLEC	TED:8/	3 / 03	
SYSTEM/ESTABLISHI						
SYSTEM MAILING AD	Street a	address/PO Box	CITY	STATE	ZIP	
CONTACT PERSON:_	www.	Steve Tedford	PH	ONE: <u>(303) 74</u>	7-2066	
SAMPLE COLLECTED) BY:	Steve Tedford	TIME	COLLECTED:	6:30 pm	am/pm
WATER TYPE:						
				(Check the approp	oriate column)	
	Address			DS	WTP	
Sample # 1						
Sample # 2						
Sample # 3						
Sample # 4						
LABORATORY SAMPL LABORATORY NAME DATE RECEIVED IN L. COMMENTS:	E# 3043 Stewart Enviro ABORATORY	50 CL nmental Consultants, 8 / 4 / 03	IENT NAME or ID#_ Inc LAB Ph	Meadow Mour	ntain Water Co. (1 226-5500	<u>115-012</u>)
CONTAMINANT	CAS#	AVERAGE of RESULTS in ug/L	STANDARD METHOD in ug/L	Lab MDL in ug/L	BLANK RESUI in ug/L	_T
Chloroform	67-66-3	36.6	524.2	2.0	BDL	
Bromodichloromethane		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: _ NT = Not Tested for compound. ug/L = Micrograms per Liter Lab MDL = Laboratory Method De U = Indicates the presence of a co	etection Limit	B = The : MCL = M BDL = Ca	L Number of Sample analyte is found in the associa aximum Contaminant Level ompound was analyzed for but	ted blank as well as in	MDL	
(Above the Lab MDL but below		ne lucitimeation differia but the	result is loss than the sample	quartitization mine an	_ g. said: Mair tile Edb 191	
jef b. Pa	the	Operations Mar	nager	8 / 20 / 03		
Reviewed & Approved b)V	Titl		Date	e	

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



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

REPORTING FORM FOR <u>TOTAL TRIHALOMETHANES</u> 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 Is this a check or confir			equirements? YES [⊠ or NO □		
PWSID #: 2075	04 COUN	TY: Boulder	DATE COLLEC	TED: 8/	3 / 03	
SYSTEM/ESTABLISHN						
						14
SYSTEM MAILING ADD	Street ac	ldress/PO Box	CITY	STATE	ZIP	
CONTACT PERSON:_						
SAMPLE COLLECTED	BY:	Steve Tedford	TIME	COLLECTED:	6:30 pm	_am/pm
WATER TYPE:	CHLORINATI	ED OTHER TR	REATMENT	(Check the approp	oriate column)	
	Address			DS	WTP	
Sample # 1						
Sample # 2						
Sample # 3						
Sample # 4						
Check here if you have LABORATORY SAMPL LABORATORY NAME	e written permission	For Laboratory Us CL	reduced sampling. se Only Below This Line JENT NAME or ID#_	Meadow Mour	ntain Water Co. (1	1115-012)
DATE RECEIVED IN L						
				ANALTZED	8 / 15 / 03	
COMMENTS:	***************************************					
CONTAMINANT	CAS#	AVERAGE of	STANDARD	Lab MDL in	BLANK RESU	LT
CONTAMINANT		RESULTS in ug/L	METHOD in ug/L	ug/L	in ug/L	
Chloroform	67-66-3	36.6	524.2	2.0	BDL	
Bromodichloromethane		BDL	524.2	2.0	BDL	
Chlorodibromomethan		BDL	524.2	2.0	BDL	
Bromoform	75-25-2	BDL	524.2	2.0	BDL	
TOTAL of Averages:	36.6	ТОТА	L Number of Sample	e Points:1_		
NT = Not Tested for compound. ug/L = Micrograms per Liter Lab MDL = Laboratory Method D J = Indicates the presence of a c (Above the Lab MDL but below	ompound that meets	MCL = M BDL = C	analyte is found in the associa laximum Contaminant Level ompound was analyzed for bu result is less than the sample	t was below the Lab	MDL	MDL.
rif b. fa	el	Operations Ma	naner	8/20/03		
Paviouad & Approved						
Reviewed & Approved	by	Tit		Dat	е	



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

REPORTING FORM FOR <u>INORGANIC CHEMICALS</u> ANALYSES

DITICID 4.	eck or confirmation sample 207504 COUN			DATE COLLECTED). 4/22/03	
	ESTABLISHMENT NAM					
SYSTEM 1	MAILING ADDRESS:	P.O. Box 162	<u>2. Allenspark, CO 80</u> city)51() st	ATE ZIP	
	r person:				7-2066	
	COLLECTED BY:					
	YPE: RAW (No ch					
				SOURCE(S) H		
SAMPLE I	901N1:	LOCATIO	v. Autiless	300NCL(3) 1	CI RESERVIED.	
EPTDS-		125 Meadow M	Mountain Drive			
	DO SAMDITS N	FED TO RE COM	POSITED RV TH	E LABORATORY? YI	S NO ×	
				CANNOT BE COMPOS ow This Line		
			•			
	ORY SAMPLE #					
	ORY NAME <u>Stewart En</u>					
	CEIVED IN LABORATOR			ANALYZED <u>4/29,5/2</u>	. 6. 7. 8. & 9/03	
	TC.					
COMMEN	15:					
COMMEN		RESULT in		STANDARD	Lab MDL in	
COMMEN	PARAMETER			STANDARD METHOD	Lab MDL in (mg/L)	
COMMEN		RESULT in	MCL in			4
COMMEN	PARAMETER	RESULT in (mg/L)	MCL in (mg/L) 0.006 0.010	METHOD 3113-B 3113-B	(mg/L) 0.005	4
COMMEN	PARAMETER ANTIMONY	RESULT in (mg/L) BDL NT 0.002	MCL in (mg/L) 0.006 0.010 2.0	METHOD 3113-B 3113-B 200.7	(mg/L) 0.005 0.001	4
COMMEN	PARAMETER ANTIMONY ARSENIC	RESULT in (mg/L) BDL NT	MCL in (mg/L) 0.006 0.010 2.0 0.004	METHOD 3113-B 3113-B 200.7 200.7	0.005 0.001 0.0005	
COMMEN	PARAMETER ANTIMONY ARSENIC BARIUM BERYLLIUM CADMIUM	RESULT in (mg/L) BDL NT 0.002 BDL BDL BDL	MCL in (mg/L) 0.006 0.010 2.0 0.004 0.005	METHOD 3113-B 3113-B 200.7 200.7 3113-B	(mg/L) 0.005 0.001 0.0005 0.001	
COMMEN	PARAMETER ANTIMONY ARSENIC BARIUM BERYLLIUM CADMIUM CHROMIUM	RESULT in (mg/L) BDL NT 0.002 BDL BDL BDL BDL	MCL in (mg/L) 0.006 0.010 2.0 0.004 0.005 0.1	METHOD 3113-B 3113-B 200.7 200.7 3113-B 200.7	0.005 0.001 0.0005	
COMMEN	PARAMETER ANTIMONY ARSENIC BARIUM BERYLLIUM CADMIUM CHROMIUM CYANIDE	RESULT in (mg/L) BDL NT 0.002 BDL BDL BDL BDL NT	MCL in (mg/L) 0.006 0.010 2.0 0.004 0.005 0.1 0.2	METHOD 3113-B 3113-B 200.7 200.7 3113-B 200.7 4500CN-C-E	(mg/L) 0.005 0.001 0.0005 0.001	
COMMEN	PARAMETER ANTIMONY ARSENIC BARIUM BERYLLIUM CADMIUM CHROMIUM CYANIDE FLUORIDE	RESULT in (mg/L) BDL NT 0.002 BDL BDL BDL BDL NT NT	MCL in (mg/L) 0.006 0.010 2.0 0.004 0.005 0.1 0.2 4.0	METHOD 3113-B 3113-B 200.7 200.7 3113-B 200.7 4500CN-C-E 4500F-C	(mg/L) 0.005 0.001 0.0005 0.001 0.002	
COMMEN	PARAMETER ANTIMONY ARSENIC BARIUM BERYLLIUM CADMIUM CHROMIUM CYANIDE FLUORIDE MERCURY	RESULT in (mg/L) BDL NT 0.002 BDL BDL BDL NT NT NT BDL	MCL in (mg/L) 0.006 0.010 2.0 0.004 0.005 0.1 0.2 4.0 0.002	METHOD 3113-B 3113-B 200.7 200.7 3113-B 200.7 4500CN-C-E 4500F-C 245.1	(mg/L) 0.005 0.001 0.0005 0.001 0.002	
COMMEN	PARAMETER ANTIMONY ARSENIC BARIUM BERYLLIUM CADMIUM CHROMIUM CYANIDE FLUORIDE MERCURY NICKEL	RESULT in (mg/L) BDL NT 0.002 BDL BDL BDL NT NT NT BDL BDL BDL	MCL in (mg/L) 0.006 0.010 2.0 0.004 0.005 0.1 0.2 4.0 0.002 **	METHOD 3113-B 3113-B 200.7 200.7 3113-B 200.7 4500CN-C-E 4500F-C 245.1 200.7	(mg/L) 0.005 0.001 0.0005 0.001 0.002 0.0002 0.002	
COMMEN	PARAMETER ANTIMONY ARSENIC BARIUM BERYLLIUM CADMIUM CHROMIUM CYANIDE FLUORIDE MERCURY NICKEL SELENIUM	RESULT in (mg/L) BDL NT 0.002 BDL BDL BDL NT NT NT BDL BDL BDL BDL BDL	MCL in (mg/L) 0.006 0.010 2.0 0.004 0.005 0.1 0.2 4.0 0.002 ** 0.05	METHOD 3113-B 3113-B 200.7 200.7 3113-B 200.7 4500CN-C-E 4500F-C 245.1 200.7 3113-B	(mg/L) 0.005 0.001 0.0005 0.001 0.002	
COMMEN	PARAMETER ANTIMONY ARSENIC BARIUM BERYLLIUM CADMIUM CHROMIUM CYANIDE FLUORIDE MERCURY NICKEL SELENIUM SODIUM	RESULT in (mg/L) BDL NT 0.002 BDL BDL BDL NT NT NT BDL BDL BDL NT NT NT BDL BDL BDL BDL	MCL in (mg/L) 0.006 0.010 2.0 0.004 0.005 0.1 0.2 4.0 0.002 ** 0.05 **	METHOD 3113-B 3113-B 200.7 200.7 3113-B 200.7 4500CN-C-E 4500F-C 245.1 200.7 3113-B 200.7	0.005 0.001 0.0005 0.001 0.002 0.0002 0.002 0.002 0.005	
COMMEN	PARAMETER ANTIMONY ARSENIC BARIUM BERYLLIUM CADMIUM CHROMIUM CYANIDE FLUORIDE MERCURY NICKEL SELENIUM	RESULT in (mg/L) BDL NT 0.002 BDL BDL BDL NT NT NT BDL BDL BDL BDL BDL	MCL in (mg/L) 0.006 0.010 2.0 0.004 0.005 0.1 0.2 4.0 0.002 ** 0.05	METHOD 3113-B 3113-B 200.7 200.7 3113-B 200.7 4500CN-C-E 4500F-C 245.1 200.7 3113-B	(mg/L) 0.005 0.001 0.0005 0.001 0.002 0.0002 0.002	
BDL = Indicates th NT = Not Tested fo ng/L = Milligrams ;	PARAMETER ANTIMONY ARSENIC BARIUM BERYLLIUM CADMIUM CHROMIUM CYANIDE FLUORIDE MERCURY NICKEL SELENIUM SODIUM THALLIUM It the compound was analyzed for, but was a compound	RESULT in (mg/L) BDL NT 0.002 BDL BDL BDL NT NT NT BDL BDL BDL BDL NT NT BDL BDL BDL BDL BDL BDL BDL BD	MCL in (mg/L) 0.006 0.010 2.0 0.004 0.005 0.1 0.2 4.0 0.002 ** 0.05 **	METHOD 3113-B 3113-B 200.7 200.7 3113-B 200.7 4500CN-C-E 4500F-C 245.1 200.7 3113-B 200.7	(mg/L) 0.005 0.001 0.0005 0.001 0.002 0.002 0.002 0.005 0.0002	



MAIL RESULTS TO:

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

REPORTING FORM FOR <u>INORGANIC CHEMICALS</u> ANALYSES

	check or confirmation sampl		NO			
	#:207504 COU					
SYSTEM	M/ESTABLISHMENT NAM	IE: Meadow Mo	untain Water Comp	any		
SYSTEN	M MAILING ADDRESS:	P.O. Box 16	2, Allenspark, CO 8	0510	ATE ZIP	
	CT PERSON:				7-2066	
	E COLLECTED BY:): 8:00 am	
	TYPE: RAW (No. 6)					
SAMPLE	E POINT:	LOCATIO	N: Address	SOURCE(S) R	REPRESENTED:	
EPTDS-		125 Meadow 1	Mountain Drive			
	DO CAMBIECA	TED TO DE COM	DOCKED DV TI	T I ADODATODNA VE	SC NO X	
	DO SAMPLES N	EED TO BE COM	POSITED BY TH	E LABORATORY? YE	S L NO 🗠	
				CANNOT BE COMPOSI		
				ow This Line ====		
LABORA	TORY SAMPLE #3021	79 CL	IENT NAME or ID	# Meadow Mountain W	Vater Co. (1115-012)	
LABORA	TORY NAME <u>Stewart Er</u>	vironmental Consult	tants, Inc. LAF	3 PHONE # <u>(970) 226-5</u>	500	
DATE RE	CEIVED IN LABORATOR	RY 4/22/03	DATE	ANALYZED 4/29,5/2.	6, 7, 8, 9, 6 / 12, & 13	/ 03
	CCEIVED IN LABORATOF NTS:			ANALYZED <u>4/29, 5/2,</u>	6, 7, 8, 9, 6 / 12, & 13	/ 03
	CCEIVED IN LABORATOR					/03
			MCL in	ANALYZED 4/29, 5/2, STANDARD	6, 7, 8, 9, 6 / 12, & 13 Lab MDL in	/ 03
	NTS:					/ 03
	NTS:	RESULT in	MCL in	STANDARD	Lab MDL in	/ 03
	PARAMETER	RESULT in (mg/L)	MCL in (mg/L)	STANDARD METHOD	Lab MDL in (mg/L)	/ 03
	PARAMETER ANTIMONY	RESULT in (mg/L) BDL	MCL in (mg/L) 0.006	STANDARD METHOD 3113-B	Lab MDL in (mg/L) 0.005	/ 03
	PARAMETER ANTIMONY ARSENIC	RESULT in (mg/L) BDL BDL	MCL in (mg/L) 0.006 0.010	STANDARD METHOD 3113-B 3113-B	Lab MDL in (mg/L) 0.005 0.005	/ 03
	PARAMETER ANTIMONY ARSENIC BARIUM	RESULT in (mg/L) BDL BDL 0.002 BDL	MCL in (mg/L) 0.006 0.010 2.0 0.004	STANDARD METHOD 3113-B 3113-B 200.7 200.7	Lab MDL in (mg/L) 0.005 0.005 0.001 0.0005	/ 03
	PARAMETER ANTIMONY ARSENIC BARIUM BERYLLIUM	RESULT in (mg/L) BDL BDL 0.002 BDL BDL BDL	MCL in (mg/L) 0.006 0.010 2.0 0.004 0.005	STANDARD METHOD 3113-B 3113-B 200.7 200.7 3113-B	Lab MDL in (mg/L) 0.005 0.005 0.001 0.0005 0.001	/ 03
	PARAMETER ANTIMONY ARSENIC BARIUM BERYLLIUM CADMIUM CHROMIUM	RESULT in (mg/L) BDL BDL 0.002 BDL BDL BDL BDL	MCL in (mg/L) 0.006 0.010 2.0 0.004 0.005 0.1	STANDARD METHOD 3113-B 3113-B 200.7 200.7 3113-B 200.7	Lab MDL in (mg/L) 0.005 0.005 0.001 0.0005	/ 03
	PARAMETER ANTIMONY ARSENIC BARIUM BERYLLIUM CADMIUM CHROMIUM CYANIDE	RESULT in (mg/L) BDL BDL 0.002 BDL BDL BDL BDL NT	MCL in (mg/L) 0.006 0.010 2.0 0.004 0.005 0.1 0.2	STANDARD METHOD 3113-B 3113-B 200.7 200.7 3113-B 200.7 4500CN-C-E	Lab MDL in (mg/L) 0.005 0.005 0.001 0.0005 0.001 0.002	/ 03
	PARAMETER ANTIMONY ARSENIC BARIUM BERYLLIUM CADMIUM CHROMIUM CYANIDE FLUORIDE	RESULT in (mg/L) BDL BDL 0.002 BDL BDL BDL BDL BDL BDL BDL NT BDL	MCL in (mg/L) 0.006 0.010 2.0 0.004 0.005 0.1 0.2 4.0	STANDARD METHOD 3113-B 3113-B 200.7 200.7 3113-B 200.7 4500CN-C-E 4500F-C	Lab MDL in (mg/L) 0.005 0.005 0.001 0.0005 0.001 0.002	/ 03
	PARAMETER ANTIMONY ARSENIC BARIUM BERYLLIUM CADMIUM CHROMIUM CYANIDE FLUORIDE MERCURY	RESULT in (mg/L) BDL BDL 0.002 BDL BDL BDL BDL BDL BDL BDL BD	MCL in (mg/L) 0.006 0.010 2.0 0.004 0.005 0.1 0.2	STANDARD METHOD 3113-B 3113-B 200.7 200.7 3113-B 200.7 4500CN-C-E 4500F-C 245.1	Lab MDL in (mg/L) 0.005 0.005 0.001 0.0005 0.001 0.002	/ 03
	PARAMETER ANTIMONY ARSENIC BARIUM BERYLLIUM CADMIUM CHROMIUM CYANIDE FLUORIDE MERCURY NICKEL	RESULT in (mg/L) BDL BDL 0.002 BDL BDL BDL BDL BDL BDL BDL BD	MCL in (mg/L) 0.006 0.010 2.0 0.004 0.005 0.1 0.2 4.0 0.002 **	STANDARD METHOD 3113-B 3113-B 200.7 200.7 3113-B 200.7 4500CN-C-E 4500F-C 245.1 200.7	Lab MDL in (mg/L) 0.005 0.005 0.001 0.0005 0.001 0.002 0.5 0.0002 0.002	/ 03
	PARAMETER ANTIMONY ARSENIC BARIUM BERYLLIUM CADMIUM CHROMIUM CYANIDE FLUORIDE MERCURY NICKEL SELENIUM	RESULT in (mg/L) BDL BDL 0.002 BDL BDL BDL BDL BDL BDL BDL BD	MCL in (mg/L) 0.006 0.010 2.0 0.004 0.005 0.1 0.2 4.0 0.002 ** 0.05	STANDARD METHOD 3113-B 3113-B 200.7 200.7 3113-B 200.7 4500CN-C-E 4500F-C 245.1 200.7 3113-B	Lab MDL in (mg/L) 0.005 0.005 0.001 0.0005 0.001 0.002 0.5 0.0002 0.02 0.005	/ 03
	PARAMETER ANTIMONY ARSENIC BARIUM BERYLLIUM CADMIUM CHROMIUM CYANIDE FLUORIDE MERCURY NICKEL	RESULT in (mg/L) BDL BDL 0.002 BDL BDL BDL BDL BDL BDL BDL BD	MCL in (mg/L) 0.006 0.010 2.0 0.004 0.005 0.1 0.2 4.0 0.002 **	STANDARD METHOD 3113-B 3113-B 200.7 200.7 3113-B 200.7 4500CN-C-E 4500F-C 245.1 200.7	Lab MDL in (mg/L) 0.005 0.005 0.001 0.0005 0.001 0.002 0.5 0.0002 0.002	/ 03
COMMEN DL = Indicates the I = Not Tested for JL = Milligrams ;	PARAMETER ANTIMONY ARSENIC BARIUM BERYLLIUM CADMIUM CHROMIUM CYANIDE FLUORIDE MERCURY NICKEL SELENIUM SODIUM THALLIUM at the compound was analyzed for, but was be	RESULT in (mg/L) BDL BDL 0.002 BDL BDL BDL BDL BDL SDL BDL BDL	MCL in (mg/L) 0.006 0.010 2.0 0.004 0.005 0.1 0.2 4.0 0.002 ** 0.05 **	STANDARD METHOD 3113-B 3113-B 200.7 200.7 3113-B 200.7 4500CN-C-E 4500F-C 245.1 200.7 3113-B 200.7	Lab MDL in (mg/L) 0.005 0.005 0.001 0.0005 0.001 0.002 0.5 0.0002 0.002 0.005 0.3 0.0002	/03

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	2000000		
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 B = The analyte is found in the associated blank as well as in the sample

MCL = Maximum Contaminant Level

Lab MDL = Laboratory Method Detection Limit BDL = Indicates that the compound was analyzed for, but was below the Lab MDL.

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

Davisonad & American de la constante de la con

Operations Manger

5/14/03

Reviewed & Approved by

Title

Date

MAIL RESULTS TO:

CDPHE, WQCD-CMDM-B2, 4300 Cherry Creek Drive South, Denver, CO 80246-1530



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

PWSID	#:C	OUNTY: Boulder		DATE COLL	ECTED:	4/22/03	
SYSTE	M/ESTABLISHMENT NAI	ME: Meadow	Mountain Wate	r Company			
SYSTE	M MAILING ADDRESS:_	P.O. Bo:	x 162, Allenspar	k, CO 80510			
	ACT PERSON:					STATE ZIP	
	E COLLECTED BY:						
	R TYPE: RAW NO					TREATMENT [_ 1
	E POINT:		— ION: Address	_		S) REPRESENTED:	
EDTDO	•	125 M	odove) (overtain T	Omisso.			
EFIDS.		123 Met	ICIOW IVIOUIIIIIII L	JIN E			
	ECEIVED IN LABORATC						
	PARAMETER	RESULT in (mg/L)	MCL in (mg/L)	STANDAF METHOD		Lab MDL in (mg/L)	
	NITRATE-N	NT	10.0	4500	NO3-E	The state of the s	
	NITRITE-N	NT	1.0	4500	NO3-E	The same and the s	
	NITRATE/NITRITE-N	BDL	10.0	4500	NO2-B	0.5	
		and for but was below 6	he Lab MDL.	NT =	Not Tested for co	mpound	
mg/L = Mi	cates that the compound was analyz lligrams per Liter eximum Contaminant Level	ed for, but was below t		Lab M		Method Detection Limit	
mg/L = Mi MCL = Ma	lligrams per Liter	Operations Title		Lab M	IDL = Laboratory Iolding Time has i	Method Detection Limit	

MAIL RESULTS TO:

CDPHE, WQCD-CMDM-B2, 4300 Cherry Creek Drive South, Denver, CO 80246-1530

DAYTIME PHONE:	(303) 74 - 7666	PWSID# (0 0 20750)
CERTIFIED OPERATOR SIGNATURE:	(DIS)	NAME OF WATER SYSTEM: ME HOLD HELENTH DE CE
OPER, NAME PRINTED:	J. FLATT	COUNTY: BOLL WE'L
Plant Number or Name:	#; 1 - NAME;	MONTHYEAR: CE/LETT 107

Α	Number of Chlorine Residual measurements taken from the distribution system this month 30
В	Number of Chlorine Residual measurements in the distribution where NO Chlorine was Detected
С	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 <u>always</u> 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	(
2	12					
3	. 6					
4	,4					
5	.4					
6	.4	l '				
7	U					
8	3 8	. (
9	.4					
10	.4					
11	.9	/				
12	. 4					
13	.6	1				
14	.4	1				
15	, 3	ĺ				
16	, 3	1				
17	,3	. 1				
18	, 3					
19	, 9					
20	,4	1				
21	. 4	1				
22	09	ĺ				
23	,4					
24	,5	1				
25	. 8	Ì				
26	, (4	,				7 N 2
27	1.0	ì				
28	.4	/				
29	1.0	1				
30	1,4	I				i.
31					§ 3	

INSTRUCTIONS:

Enter the level of the lowest residual disinfectant <u>entering the distribution system</u> into the first column.

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

PLAIYT

(303) 692-3500

PWSID#	CO 0207504 MENDOW MORGIOTHER	WHIRR
COUNTY:	BOYLBAR	
MONTH/YEAR:	JUNIA / 03	
FILTER PLANT NUMBER OR FILTER PLANT NAME:	# - NAME:	·•
CERTIFIED OPERATOR SIGNATURE:	July	

conventional, direct, slowsand, DE, etc.

Check One: [] Continuous [Grab Samples

PLEASE FILL IN ALL FIELDS (both sides)

Point of Measurement

I. TURBIDITY SECTION

___ Type of Filtration

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

Α	Total numi	ber of Turbidity	y readings this	month	30 Do	NOT count PO entries	(Maximum = 1	86 from 6 column	sį			
В.	Number of	Turbidity mea	surements wh	ich are greate	r than the MC	CL <u>@3</u>	***					
С						L (Note: C = E		0-10	%			
D												
E	If C is greater than 5%, notify this Department and attach proof of Public Notice. Did any readings exceed 5.0 NTU? []Yes [⅓No If yes, was CDH Notified? []Yes []No											
[]	-	_	_	E ENTIRE MO								
. ,						is to tell us the	plant did n	ot operate.				
			TURBI	DITY MEASUI	REMENTS							
	Time:	Time:	Time:	Time:	Time:	Time:		HIGHEST of all				
							1.40/2011/09/46	West to sill	1.40			
DAY	Midnight - 4: a.m.	4 - 8 a.m.	8 - Noon	Noon - 4 P.B.	4 - 8 p.m.	B - Hidnight	Chack 11 > MCL	Readings for the DAY	Reading TIME			
1						1.34		134	9:000			
2			1.70					1.70	8100A			
3				1.39				1.39	3:00 P			
4			. 71			-		.71	11:15 A			
5				.80				. ,80	2:45A			
6			1.6		185			.52	7:15P			
7			.69		66.			.6/	10:300			
8				// 0	.56			.56	15-30A			
9				. 74				.42	12:05 7			
10			44	. /4				.74	1:307 10:A			
12			.56		y			.56	11: A			
13				. 22				.52	1:000			
14					,55			.55	4199			
15					.46			.46	6:152			
16					.58			.58	7:30 6			
17					.59			,59	4:30 P			
18					.66			,66	5:00f			
19		-,	,41					.41	11:45 A			
20				.42	7.5			,42	330P			
21					, 43			, 43	7:007			
22			.43		<u>J:</u>			.43	11300			
23			21		.50			,50	4:00			
24			03k					.36	11:00 A			
26			169						10:45 A			
27			. 34			-		: 34	11:30 A 10:30 A			
28					. 42			.42	4:30			
29			44					.44	10:50A			
30 '				.23				, 23	15A			
31			^									
					HIGHEST R	ENDING OF THE	HONTH:	1.70	6202			

- If you use a CONTINUOUS monitoring turbidimeter, record the value at the same times each day. 1.
- 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.
 - 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 POTTOW

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#	MEADOW MOUNTAIN WAT,
COUNTY:	BOYLDER
MONTH/YEAR:	244/03
FILTER PLANT NUMBER OR FILTER PLANT NAME:	# - NAME:

PLEASE FILL IN ALI. FIELDS (both sides)

I. TURBIDITY SECTION

CERTIFIED OPERATOR SIGNATURE:

Point of N	Measurement PLMN 7 Type of Filtration BAG eg. conventional, direct, slowsand, DE, etc.
Require	ed number of Turbidity of readings per day Check One: [] Continuous [(¿) Grab Samples
Turbidi	y MCL NTU (1.0 or 0.5 or other MCL per written notification from this Department)
Α	Total number of Turbidity readings this month Do NOT count PO entries (Maximum = 186 from 6 columns)
B .	Number of Turbidity measurements which are greater than the MCL
С	Percent of Turbidity measurements which are greater than the MCL (Note: C = B/A x 100)
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.

	Time:	Time:	Time:	Time:	Time:	Time:		HIGHEST of all	
DAY	Midnight n A: a.m.	4 - 8 a.m.	8 - Haan	Noon - 4 p.m.	4 - 8 p.m.	B - Hidnight	Check 11 > MCL	Readings for the DAY	Highes Readin TIME
1				. 37				.37	2100
2			- 67					67	11:00
3				. 41				.41	3:45
4				- 66				64	2:00 €
5			\	,55		-		.55	3:30
6			.34	~				.34	11:30 F
7				,32				.32	1200 9
8				. 3 🖇		1		. 38	1:209
9					, 40			. 40	4:45
10				: 41				. 41	3:00
11					1.35			, 35.	4.008
12			3.6	. 48				, 48	11:50
13			.36					.36	11:45
14			,40		.			.40	10:00/
15						,65		:65	9:30 €
16			-41	~? *?				41	11:30
17				,33				, 33	3,130
18				132				,32	1.30,
19				.59				:59	3:30
20		-		140				.40	12:40
21				. 44				. 44	角生
22				,20				,20	1:00 4
23				. 26	, 60			,60	4:151
24				. 20				, 26	12:00 f
26				/ 3	,92			.92	1.00
27				.67	6/17			.67	2:001
28				71	42			.43	5:00
29			Ma	.76		-		76	2:00 1
30 ,			,72						9:00 A
31			.96					.67	11:00 A
			116				[.	.96	11:00 A

- 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.
- з. 4.

5

- 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 POT TOW'

DAYTIME PHONE:	(303, 74 - 2066	PWSID#(00207504
CERTIFIED OPERATOR SIGNATURE:	001	NAME OF WATER SYSTEM: MOUNTHAN
OPER. NAME PRINTED:	J. FLATT	COUNTY: BOULDIER 4
Plant Number or Name.	#: 1 NAME:	MONTHWEAD. TWO TAS

Α `	Number of Chlorine Residual measurements taken from the distribution system this month
В	Number of Chlorine Residual measurements in the distribution where NO Chlorine was Detected
С	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 <u>always</u> 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 & 1ime	COMMENTS For Chlorine or Turbidity
1	.5					
2	,4)				
3	14					
4	, 8	1				
5	, 5	j				
6	.6	j				
7	, 4	(
8	4	/		×		
9	.5	/				
10	4	1				
11	, 6	1				
12	1.1	1				
13	. 4					
14	1.0	1				
15	.4	l				
16	1.4	. (
17	,4	. /				
18	-17_	\				
19	.5	/				
20	.5	Ì				
21	.5	1				
22	1.0	1				
23	,5	1				
24	1,2	<u> </u>				
25	1.2	1		`		
26	15	İ				J. 9
_27	. 0	1				
28	.4	1				
29	15	1	,			
30	4	1				<u>.</u>
31	,4	1	*			

INSTRUCTIONS:

Enter the level of the lowest residual disinfectant <u>entering the distribution system</u> 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:

Fouts

Sample Matrix: Water Sample Number:

304349

Sample Date: Date Received: 08/04/03

08/03/03

Analysts:

CVB

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

20950V

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:	MRUBOW MOUNTHAN WHITE
COUNTY:	BOULDBR
MONTH/YEAR:	A46/03
FILTER PLANT NUMBER OR FILTER PLANT NAME:	# - NAME:
CERTIFIED OPERATOR SIGNATURE:	99/

PLEASE FILL IN ALL FIELDS (both sides)

I. TURBIDITY SECTION

Point o	f Measurement	PLAH	7	Type of Filtration	۱	CARTA ED	<i>G</i> (≩	stowsand. DE	etc.
Requ	ired number o	of Turbidity of r	eadings per da	ay <u>1</u>	Check Or				
Turbi	dity MCL	1.0	NTU (1.0 or	0.5 or other	MCL per writte	en notification	from this D	epartment)	
Α	Total numi	ber of Turbidity	y readings this	month 3	(Do (NOT count PO entries	(Maximum = 1	86 from 6 columns	a)
В.					r than the MC	1 0			
С	Percent of	Turbidity meas	surements whi	ch are greate	r than the MCL	. (Note: C = 1	3/A x 100)	0	<u>%</u>
D	If C is great	ter than 5%, n	otify this Depar	rtment and att	ach proof of P	ublic Notice.			
Е	Did any rea	dings exceed	5.0 NTU? [Yes No	If yes, was	CDH Notified	? []Yes	[]No	
[]			t was OFF TH	/ `					
	You must to	urn in a turbidi	ty report for ev	ery WTP ever	n if the report is	s to tell us the	plant did n	ot operate.	
1. 80						Santafar Sauli Stillis II.	and the second	Marina adi	
	1	912	TURBII	DITY MEASU	REMENTS				
	Time:	Time:	Time: /0:00	Time:	Time: 6-00	Time:		HIGHEST of all	
DAY	Midnight - 4: a.m.	4 - 8 a.m.	nook - 8	Noon - A p.m.	4 - 8 p.m.	B - Hlanight	Chack 11	Readings for the DAY	Highest Reading TIME
1					,69			.69	4009
2				.62				-62	200
3				. 46				46	12:10/
4			.59					159	11:452

1			,69		.69	4009
2		.62			162	200
3		.46			.46	12:100
4	. 59				159	11:45A
5		.31			. ,37	2:00
6	.87				,87	11:15A
7			, 61		161	4:302
8			, 24 .		· 24	11.30 8
9		_ 28			34	12:15P
10	-34				•34	1030A
11		,34			.34	12:30
12			,52		:52	12:15P 10:30A 12:30 5:15P
13		.39			,39	121151
14	.60				.60	10:50A
15		,53			,53	3.401
16		148			,48	1 yop
17			. 48		.48	4:00
18		,40			.40	2:457
19		, 33			, 33	12:30 f
20			. 41		. 41	4:000
21	.68				,68	11:45 A
22		,58	- A: F		.58	3:301
23		13.57	39		33	4:00 P
24	·	-33				1.457
25			.47		. 44	5:00
26					147	5:00 P
27	: 46		.25		.25	4:007
29	279	.55			,46	11:45A
30,		.36			136	12:40 9
31		. 00	21.		136	2:30?
			,36		108	4:00 P
INSTRUCTIONS:			HIGHEST REND	ING OF THE MONTH:	.87	11.115A

If you use a CONTINUOUS monitoring turbidimeter, record the value at the same times each day.

3.

5

If you use a CONTINUOUS monitoring turbidimeter, record the value 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 place off if the treatment plant did not operate within the designates 4 hour block. 4.

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 POTTOW'

DAYTIME PHONE:	1307, 7 -2066	PWSID#
CERTIFIED OPERATOR SIGNATURE:	201	NAME OF WATER SYSTEM: MANDOW MOUNTHER WIL
OPER, NAME PRINTED:	J. FISTT	COUNTY: Boulden
Plant Number or Name:	#: - NAME:	MONTHYEAR: A46/03

Α	Number of Chlorine Residual measurements taken from the distribution system this month
В	Number of Chlorine Residual measurements in the distribution where NO Chlorine was Detected
С	Percent of Chlorine Residual measurements with NO Chlorine eletected (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 <u>always</u> 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	21	/				7
3	46	1				
4	. 4	Ŷ				
5	,4	-				
6	1.2					
7	. 4					·
8	,4	1				
9	, 9					
10	٠3	l				
11	,4	/				
12	16					
13	. 4	Ì				<u> </u>
14	.5		2			
15	.5	11				
16	,7					
17	,6	. /				
18	.4					
19	,4					
20	,4	(
21	.7	1				
22	.4	1			·.	
23	,4	1		1		
24	16	1	· .			
25	,4	1		,	,	
26	.7	. 1				
27	,5	Ì				
28	1.1					1
29	.4					
30	,5	J				i.
31	4	1	V			

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: 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 MODIETHAY WINT
COUNTY:	BOULDIRR
MONTH/YEAR:	SBP7/03
FILTER PLANT NUMBER OR FILTER PLANT NAME:	# - NAME:

PLEASE FILL IN ALL FIELDS (both sides)

I. TURBIDITY SECTION

CERTIFIED OPERATOR SIGNATURE:

	Type of Filtration	eg. conventional, di	rect, slowsand, DE, etc.
Required number of Turbidity of reading	s per day 1	Check One: [] Continuous	(X) Grab Samples
Turbidity MCL (,O NTU	(1.0 or 0.5 or other MCL	per written notification from	this Department)
A Total number of Turbidity readi			
B Number of Turbidity measurem			
C Percent of Turbidity measurement	ents which are greater than	n the MCL (Note: C = B/A x	100) 🗢 %
D If C is greater than 5%, notify thi			
E Did any readings exceed 5.0 N	U? []Yes []No II	f yes, was CDH Notified? []	Yes []No
[] CHECK here if filter plant was C You must turn in a turbidity repo	FF THE ENTIRE MONTH	1.	

			T .	DITY MEASU	T T		T		
	Time:	Time:	Time: 10.00	Time:	Time:	Time:		HIGHEST of all	
DAY.	Midnight - A: a.m.	4: - : B : a ; m .	8 - Haan	Noon - A P.B.	4 - 8 p.m.	B - Hidnight	Chack 17 > MCL	Readings for the DAY	Highes Readin TIME
1				:25				.25	2:30
2			, 32					,32	10:00
3			. 35					.35	11:15
4				.41				.4/	3:401
5					66			.46	4:45
6					152			52	5,00/
7			161					.61	9:30,
8			, 6					669	9:301
9			168					168	10:00 A
10					.39			. 37	4:15 9
11					,39			39	4.00 9
12				, 45				.45	2130
13					.44			.44	4:30 1
14				.58				~S8	12.101
15				,30	-			130	12:30 8
16				, 29				,29	2:30 8
17			. 25					. 95	10:00 A
18			. 27					127	114.5 A
19			128					.28	11:30 A
20			13/		176			.36	3.27/
21			.26					.26	10.00/
22				. 31				131	12308
23				.24				, 24	3:00 7
24			00		,27			121	500f
26			22	20				,22	11:30 A
27				25				, 25	3:30 €
28			· ·	121				,21	1:30 P
29				23		0.0		.53	12 40P
10				, 22		.20		·N	8:301
91		-		, « , _				,22	1:000
	IONS:				HIGHEST REA	DING OF THE	MONTH:	:69	9.304

- 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. 5
- If turbidity readings are greater than the MCL refer to the 'TURBIDITY MCL RESPONSE POLICY!

DAYTIME PHONE:	(303))1 ->1066	PWSID# 207504
CERTIFIED OPERATOR SIGNATURE:	200	NAME OF WATER SYSTEM: MITADOW MOUNTAIN LA
OPER. NAME PRINTED:	STEUR TEOFORO	COUNTY: BOULDER
Plant Number or Name:	#: 2 - NAME:	MONTHMEAR: SIRPT / 63

Α	Number of Chlorine Residual measurements taken from the distribution system this month
В	Number of Chlorine Residual measurements in the distribution where NO Chlorine was Detected NO Chlorine was Detected S
С	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 <u>always</u> 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 CDI1 Notified, Date & 1 ime	COMMENTS For Chlorine or Turbidity
1	.5	1				
2	.4	1				
3	. 6	1				
4	,4	/				
5	15	١				
6	b	·				
7	-3	ĺ				
8	13	1				
9	, 4	(i	
10	.4	1				
11	15	Ì		<u></u>		
12	18					
13	8	į				4
14	.8	*	2			
15	,3	/				
16	,3					
17	, 3	. (
18	. 3	1				
19	.6	/				
20	,8					
21	-6	1				
22	3	j				
23	.6					
24	,5)				1
25	.5	1		,	,	
26	e~5	į				1, 8
27	,4	1			12.3000000000000000000000000000000000000	
28	35	l				
29	,7					
30	.4	j				:
31						

INSTRUCTIONS:

- Enter the level of the lowest residual disinfectant <u>entering the distribution system</u> 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 305632

Sample Number: Sample Date: Date Received:

10/06/03 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-0707504
NAME OF WATER SYSTEM:	MEADOW MOUNTHOUND WATER
COUNTY:	Benesia
MONTH/YEAR:	10/2003
FILTER PLANT NUMBER OR FILTER PLANT NAME:	# - NAME:

I. TURBIDITY SECTION PLEASE FILL IN ALL FIELDS (both sides)

Point of M	leasurement PLAIK 7 Type of Filtration BAC eg. conventional, direct, slowsand, DE, etc.
Require	d number of Turbidity of readings per day Check One: [] Continuous [] Grab Samples
Turbidit	y MCL NTU (1.0 or 0.5 or other MCL per written notification from this Department)
Α	Total number of Turbidity readings this month 7 Do NOT count PO entries (Maximum = 186 from 6 columns)
В '	Number of Turbidity measurements which are greater than the MCL
С	Percent of Turbidity measurements which are greater than the MCL (Note: C = B/A x 100)%
D	If C is greater than 5%, notify this Department and attach proof of Public Notice.
Ε	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.

CERTIFIED OPERATOR SIGNATURE:

			TURBII	DITY MEASU	REMENTS				
	Time:	Time:	Time: /0700	Time:	Time: 6:00	Time: 10.00		HIGHEST of all	
DAY	Midnight - A: a.m.	4 - 8 a.m.	8 - Haon	Noon - A P-M-	4 - 8 p.m.	B - Hidnight	Chack 1f > MCL	Readings for the DAY	Highest Reading TIME
1				. 22				022	1:008
2				. 24				24	2:00 1
_3			,31					.31	11:00 A
4			,32					132	11-0201
5			54					-34	11:45A
6			*34	.34				.34	12:051
7			,33	<u> </u>				,33	9:45A
8				.26				, 26	3:00P
9			, 23		2			.23	11:20A
10				30	, 25			,25	4:008
11				127		26		27	2:00P
12			,24			76		124	11:45 A
13			107	19				19	1:30 P
15					, 23			,23	4:30 6
16			132					,32	11:3A
17				,33				33	2:300
18					, 33			,33	5:30P
19				:42				.42	12450
20				.26				. 26	12:50f
21			,26			190		126	11:30A
22			,25					,25	18:20A
23			25					125	11:15 A
24					,2/			121	4:20?
25				, 20				120	2:30
26					.37				5.40P
27			,20	-50				,20	11:451
28				19				.19	12:45 1
29					.20			,20	4:40 P
30 4			125					,25	10:45A
31				,	123			,23	4.00A
	Tions:				HIGHEST RE	ENDING OF THE	HONTH:	47	12:45P

- If you use a CONTINUOUS monitoring turbidimeter, record the value at the same times each day.
- 3.
- If you use a CONTINUOUS monitoring turbidimeter, record the value 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. 5
- 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 POTTOW,

DAYTIME PHONE: 303 , 74. 2066	PWSID# 6-0307504
CERTIFIED OPERATOR SIGNATURE:	NAME OF WATER SYSTEM: ME HOUNTAIN WATER
OPER, NAME PRINTED: J. FLATT	COUNTY: BOULDER
Plant Number or Narne: #: - NAME:	MONTHYEAR: OCT/03

Α	Number of Chlorine Residual measurements taken from the distribution system this month
В	Number of Chlorine Residual measurements in the distribution where NO Chlorine was Detected 6
С	Percent of Chlorine Residual measurements with NO Chlorine detected (Note: C = B/A X 100)%
	Are the measurements as TOTAL or FREE chlorine?FNBG
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 <u>always</u> 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	Î			,	
3	,6	1				
4	,7					
5	.6	8				
6	,4	,				
7	.4					
8	, 4	1				
9	.4	/				
10	,5	Ì				,
11	ib					
12	-2.	ĺ				
13	.4	1				·
14	.4	1				
15	4	1				
16	.4	1				
17	.4	1 /				
18	4	1				
19	.8					
20	. 4					
21	+	1				
22	,5	1				
23	.5	j				
24	7	1				
25	.7	1 2		·		
26	- 7					7 %
27	. 8	1				
28	1.2	ĺ				
29	1.2	j				
30	1, 1	/				1
31	.9	1	2 (4)			

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: Fouts Sample Matrix: Water Sample Number: 306446 Sample Date: 11/06/03 Date Received: 11/06/03

Analysts: CVB

PARAMETER	TESTED	DETECT	METHOD	DATE OF
	VALUE	LIMIT	NUMBER	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 43:00 Cherry Creek Drive South Denver, CO 80246-1530

(303) 692-3500

PWSID#	000207504
NAME OF WATER SYSTEM:	Meadow - Mountain Water
COUNTY:	Boulder
MONTH/YEAR:	Nov- 2003

000

NAME:

CERTIFIED OPERATOR SIGNATURE:

FILTER PLANT NUMBER OR FILTER PLANT NAME:

PLEASE FILL IN ALL FIELDS (both sides)	١.	TURBIDITY	SECTION

		,							
Point o	of Measurement	PLAN	7	Type of Filtration	n	BA6 eg. convention	al, direct,	slowsand, DE	, etc.
Requ	ired number	of Turbidity of r	eadings per d	ay <u>1</u>	Check Or	ne: [] Contin	uous Mi	Grab Sample	S
Turbi	idity MCI	2	NTU (1.0 or	0.5 or other	MCL per writte	en notification	from this D	epartment)	
Α	Total num	ber of Turbidity	readings this	month	30 po	NOT count PO entries	(Maximum = 1	186 from 6 columns	ı
В .	Number of	f Turbidity mea	surements wh	ich are greate	r than the MC	L <u>0</u>			
С	Percent of	Turbidity meas	surements whi	ich are greate	r than the MCl	_ (Note: C = 1	B/A x 100)	0 0	6
D	If C is grea	ater than 5 %, no	otify this Depa	rtment and att	ach proof of P	ublic Notice.			
Ε	Did any rea	adings exceed	5.0 NTU? [Yes MNo	If y∈s, was	CDH Notified	1? [] Yes	[] No	
	CHECK he	ere if filter plant	was OFF TH	E ENTIRE MO	NTH.				
	You rhust t	turn in a turbidi	ty report for ev	ery WTP ever	n if the report i	s to tell us the	plant did n	ot operate.	
						Gradel III. amagistika	radiost utimes	Asimulawa a sasah	
			TURBII	DITY MEASU	REMENTS				
	Time:	Time:	Time:	Time:	Time:	Time:		HIGHEST	
			70,00	2.00	6,700			of all	
DAY	Midnight - A: A:()	4 - Baim.	8 - Noon	Noon - A p.m.	4 - 8 - 7,111,	8 - Hidnight	Chack 11	Readings for the DAY	High Read TIM
1					,25			125	8:00

	Time:	Time:	Time: _/0,00	Time: 2700	Time:	Time:		HIGHEST of all	
DAY	Midnight - A: a.ri.	4 - E a.m.	B - Noon	Neon - 4 p.m.	4 - 8 -,m.	8 - Hidnight	Check 1f	Resdings for the DAY	Highast Reading TIME
1					,25			125	8:009
2				.26				26	3.00p
3				. 34				34	12:30 P
4			,20					,20	11:30 A
5			_ 18					18	9:00 A
6					021			.21	5.00P
7					, Q <i>O</i>			. 36 . 36	6:00 F
8				36				. 340	12:30 6
9				. 23				23	3:30 P
10			S E	. 29				,29	1:15 7
11				24				124	12:00 P
12				0/9				019	2:00 P
13			.19					.19	11:15 A
14				.19				. 19	2:30 P
15			. 20					,20	9:00 1
16			- 28					.28	10:30A
17			.19					.19	9:30 A
18			-		- 21			-21	7:00 ₽
19			. 20					= 30	11:00 A
20			131					121	11:20 A
21				.19	19			19	1:30 P
22			- 2-		. 7 7				4:301
23			•25						11:30A 10:00 A
24			, 79						
2.6			194					.20	8:004
27					,21			.21	4:00 P
28			. 19					19	1:00 A
29					, 20			20	5:30 A
30 4					- 3			• 31	5.40p
31						-			
					HIGHES RE	ADING OF THE	MONTH:	.36	

INSTRUCTIONS:

2.

- 1. 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.
- 3. Record the TIME you take your readings at the TOP of the appropriate column.

 1. Record the highest turbidity reading recorded over the day. If you use a continu
 - 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 to 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 FOLICY'.

DAYTIME PHONE:	(303) 747-7066	PWSID# <u>CO 070758</u>
CERTIFIED OPERATOR SIGNATURE:	J.A.	NAME OF WATER SYSTEM: Madew-Mountain Wa
OPER, NAME PRINTED:	J.FLGTT	COUNTY: Boulder
Plant Number or Name:	#: - NAME:	MONTHMEAR: YZOV- 2003

Plant Number or Name: #: - NAME:

Α	Number of Chlorine Residual measurements taken from the distribution system this month
В	Number of Chlorine Residual measurements in the distribution where NO Chlorine was Detected Schoolserfed
С	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 undete stable 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 <u>always</u> 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 COINTINUE 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	,4.	/				
2	- 6	l				
3	,6	1				
4	. 8	/				
5	. 8					
6	. 8	· ·				
7	18	1				
8	4	1				
9	15	(
10	. 6	I				
11	.5	Ì				
12	1. D	(
13	1.1	1				
14	•9	1			N. Committee	
15	.8	j				
16	· q	1				
17	1.4	. 1				
18	1, 1	1				-
19	1.1	1				
20	,5	1				
21	,8					
22	, 3	Ì				
23	·8	j				
24	1.0	1				
25		1	ganggan arang bibang garan jang dalipan angan jabah da	207 (44)		
26	1,0	<u> </u>		u u	,	
27	J. 0	i				
28	1.0)				
29	1.0	Ì	£.			
30	1:0	Ì			***************************************	<u>:</u>
31			/ III			
				<u></u>		

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 Fountain 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				2
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 WGCD-CMDM-B2 4300 Cherry Creek Drive South Derver, CO 80246-1530

(303) 692-3500

PWSID#	207.504
NAME OF WATER SYSTEM:	Meadow Moule what
COUNTY:	Buldy
MONTH/YEAR:	12/03
FILTER PLANT NUMBER OR FILTER PLANT NAME:	- NAME:
CERTIFIED OPEFATOR SIGNATURE:	D2b

PLEASE FILL IN ALL FIELDS (both sides)

I. TURBIDITY SECTION

	Measurement PCACT Type of Filtration Beg. conventional, direct, slowsand, DE, etc.
Require	ed number of Turbidity of readings per day Check One: [] Continuous M Grab Samples
Turbidit	y MCLNTU (1.0 or 0.5 or other MCL per written notification from this Department)
Α	Total number of Turbidity readings this month Do NOT count PO entries (Maximum = 186 from 6 columns)
В.	Number of Turbidity measurements which are greater than the MCL
C	Percent of Turbidity measurements which are greater than the MCL (Note: C = B/A x 100)
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 in ust turn in a turbidity report for every WTP even if the report is to tell us the plant did not operate.

	Time:	Time: 6200	Time:	Time: 2.50	Time:	Time: <u> 0.00</u>		HIGHEST of all	
DAY	Midnight - 4: i.m.	4 - 8 A.m.	8 - Noon	Noon - 4 p.m.	4 - 8 g.m.	B - Hidnight	Chack 11 > MCL	Readings for the CAY	Higha Readi Time
1		-	.49					.49	9:0
2				, 30				, 30	2100
3			2:	, 28				,28	3:00
4			,26					.26	11:00
5				, 25				,25	3100
6					19-8			.28	5.3
-7						.30		30	10.0
8		20	. 38					1 38	11:00
9		.34		02				.37	6:30
10				,28				,28	1:30
21				,20				120	2100
12				120	19			, 20	31.00
13				. 24					4.00
14			, 28	. 24				.24 .28	12:30
15			. 23			,24		,24	9:00
16			.20			- / - 9		,20	
17	-		19					.19	10:00
16				. 24				. 24	1:30
20			. 23					.23	11:31
21					132			.32	6:30
22				, 25			T	,25	12:30
23			.26					,26	11:30
24				. 34				,34	1:30
25					,32			3.5	7.20
26				123				123	3:00
27			,20					, 20	11:00
28			,33					·33	11.00/
29			, 22					,22	10:30
30 1			,21					.21	10:30
31			. 21	6				2/	8:45
					WALEST OF	ADING OF THE		.49	9:00 d

- 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 madings are greater than the MCL refer to the "TURBIDIT"! MCL RESPONSE FOLICY".

DAYTIME PHONE:	303, 747-70 K	PWSID# DU> 504
CERTIFIED OPERATOR SIGNATURE:	Dollat	NAME OF WATER SYSTEM: Measlow Mouth W.
OPER. NAME PRINTED:	STRPHRAL TRAFFIRM	COUNTY: Bouldy
Plant Number or Name:	#: - NAME:	MONTH/YEAR: $12/03$

Α	Number of Chlorine Residual measurements taken from the distribution system this month
В	Number of Chlorine Residual measurements in the distribution where NO Chlorine was Detected
С	Percent of Chlorine Residual measurements with NO Chlorine detected (Note: C = B/A X 100) 6-%
D	Are the measurements as TOTAL or FREE chlorine? <u>FRBB</u>
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 <u>always</u> 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 Chloring or Turbidity
11	, 6	- (
2	,5					
3		Alternative				
4	,5					
5	,5					,
6	.5	-				
7	.8	1				
8	. 9	Į.	*			
9	(8)	İ				
10	1.0					
11	1.1	l				
12	1.0	ì	v (4		4	
13	1.0	(
14	1.0					
15	1.1					
16	1.1					
17	. 8	l				
18						
19	,5					
20	,9	(
21	.8					
22	.7.					
23	.5	ĺ				
24	9					
25	.45					
26	19	1				
27	1.0		8			
28	1.0					
29	1.2)				
30	1.2					
31	1.2		0			

INSTRUCTION:3:
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.