

April 2004

MONTHLY OPERATIONAL REPORT - Data Sheet
SLOW SAND, DIATOMACEOUS EARTH & OTHER FILTRATION

Required Number of Turbidity Readings Per Day: 1

PWSID #: 00-0207504

DAY	TURBIDITY (NTU)								RESIDUAL DISINFECTANT (mg/L)								12. COMMENTS
	<input type="checkbox"/> Continuous Sampling <input checked="" type="checkbox"/> Grab Sampling								<input type="checkbox"/> Continuous Sampling <input checked="" type="checkbox"/> Grab Sampling								
	12 to 4	4 to 8	8 to 12	12 to 4	4 to 8	8 to 12	HIGHEST TURBIDITY READING	TIME TURBIDITY READ	ENTRY POINT TO DISTRIBUTION						LOWEST RESIDUAL READING		
									12 to 4	4 to 8	8 to 2	12 to 4	4 to 8	8 to 12			
1			.24				.24	11:00A									
2			.24				.26	9:15A									
3					.22		.22	5:00P									
4			.19				.19	10:30A									
5			.25				.25	9:00A									
6			.51				.51	9:15A									
7				.29			.29	1:30P									
8				.24			.24	2:00P									
9			.48				.48	9:00A									
10			.41				.41	10:00A									
11			.36				.36	11:30A									
12				.33			.33	2:00P									
13				.44			.44	2:30P									
14			.54				.54	9:15A									
15			.50				.50	10:15A									
16			.48				.48	10:30A									
17			.30				.30	11:00A									
18			.41				.41	11:30A									
19				.38			.38	1:30P									
20				.57			.57	2:00P									
21			.27				.27	11:00A									
22				.23			.23	2:00P									
23			.24				.24	10:30A									
24			.22				.22	9:00A									
25			.24				.24	10:00A									
26			.19				.19	9:30A									
27			.35				.35	10:30A									
28				.32			.32	1:00P									
29				.33			.33	2:00P									
30				.25			.25	1:30A									
31																	

If at Any Time the combined filter effluent turbidity exceeds 5 NTU (>5.49), the state must be notified as soon as possible, but not later than the end of the next business day.

March 2004

MONTHLY OPERATIONAL REPORT - Data Sheet
SLOW SAND, DIATOMACEOUS EARTH & OTHER FILTRATION

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									12 to 4	4 to 8	8 to 2	12 to 4	4 to 8	8 to 12			
1			.42				.42	9:15 A									
2			.46				.46	10:30 A									
3		.39					.39	8:50 A									
4			.34				.34	11:30 A									
5			.20				.20	11:00 A									
6						.19	.19	2:00 P									
7						.25	.25	2:30 P									
8						.24	.24	1:30 P									
9						.31	.31	1:00 P									
10			.35				.35	11:30 A									
11			.41				.41	11:30 A									
12						.46	.46	12:15 P									
13			.51				.51	10:00 A									
14			.52				.52	10:30 A									
15			.57				.57	9:00 A									
16			.47				.47	10:15 A									
17			.45				.45	9:30 A									
18						.43	.43	2:15 P									
19						.46	.46	2:00 P									
20						.39	.39	3:00 P									
21						.38	.38	1:30 P									
22			.28				.28	11:00 A									
23			.24				.24	10:30 A									
24			.27				.27	9:00 A									
25			.31				.31	9:30 A									
26			.36				.36	11:30 A									
27			.45				.45	10:00 A									
28						.51	.51	2:00 P									
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If at Any Time the combined filter effluent turbidity exceeds 5 NTU (>5.49), the state must be notified as soon as possible, but not later than the end of the next business day.

Feb. 2004

SLOW SAND, DIATOMACEOUS EARTH & OTHER FILTRATION
MONTHLY OPERATIONAL REPORT - Data Sheet

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4		.50					.50	8:00 A									
5				.45			.45	2:00 P									
6					.31		.31	4:00 P									
7				.22			.32	3:00 P									
8			.19				.19	11:00 A									
9				.25			.25	2:00 P									
10				.36			.36	11:30 P									
11			.40				.40	11:00 A									
12			.52				.52	10:00 A									
13				.54			.54	2:00 P									
14				.58			.58	2:30 P									
15				.42			.42	3:00 P									
16			.36				.36	9:00 A									
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If at Any Time the combined filter effluent turbidity exceeds 5 NTU (>5.49), the state must be notified as soon as possible, but not later than the end of the next business day.

LEAD & COPPER

Colorado Department of Public Health and Environment Compliance Monitoring and Data Management Unit

REPORTING FORM FOR LEAD & COPPER ANALYSES

PWSID #: CO-207504 COUNTY: Boulder

SYSTEM/ESTABLISHMENT NAME: Meadow Mountain Water Company

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

STREET ADDRESS/PO BOX CITY STATE ZIP

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

LEFT COLUMN – To be filled out by water system authority

RIGHT COLUMN – To be filled out by State Certified Lab

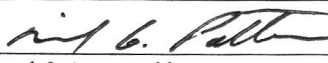
SAMPLE # <u>404095</u>	LABORATORY RESULTS IN mg/L															
DATE COLLECTED: <u>7 / 12 / 04</u>	LABORATORY JOB # <u>1115-013 (404095)</u>															
TIME: <u>6:30 am</u> am/pm	DATE ANALYZED: <u>7 / 15 & 8 / 30 / 04</u>															
SAMPLE COLLECTED BY: <u>Steve Tedford</u>	<table><thead><tr><th>ELEMENT</th><th>RESULT</th><th>EPA ACTN LVL</th><th>METHOD</th><th>LAB MDL</th></tr></thead><tbody><tr><td>LEAD</td><td><u>BDL</u></td><td>0.015</td><td><u>200.9</u></td><td><u>0.005</u></td></tr><tr><td>COPPER</td><td><u>0.11</u></td><td>1.3</td><td><u>200.7</u></td><td><u>0.01</u></td></tr></tbody></table>	ELEMENT	RESULT	EPA ACTN LVL	METHOD	LAB MDL	LEAD	<u>BDL</u>	0.015	<u>200.9</u>	<u>0.005</u>	COPPER	<u>0.11</u>	1.3	<u>200.7</u>	<u>0.01</u>
ELEMENT	RESULT	EPA ACTN LVL	METHOD	LAB MDL												
LEAD	<u>BDL</u>	0.015	<u>200.9</u>	<u>0.005</u>												
COPPER	<u>0.11</u>	1.3	<u>200.7</u>	<u>0.01</u>												
SAMPLE LOCATION ADDRESS: <u>A</u>																

THE FOLLOWING SECTION IS FOR LABORATORY USE ONLY

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

DATE SAMPLES RECEIVED IN LABORATORY 7 / 12 / 04 TOTAL NUMBER RECEIVED 5

LAB COMMENTS: _____

 Operations Manager 8 / 31 / 04

Reviewed & Approved by Title Date

MAIL RESULTS TO:

Colorado Department of Public Health and Environment
ATTN: Debbie Getz
WQCD-CMDM-B2
4300 Cherry Creek Drive South
Denver CO 80246-1530

QUESTIONS? CALL:

Debbie Getz at 303-692-3549

FOR CDPHE OFFICE USE ONLY: Entered on Data Entry Form on _____ INITIALS: _____

LEAD 90th PERCENTILE = _____ COPPER 90th PERCENTILE = _____

PLEASE MAKE AS MANY COPIES OF THIS PAGE AS NECESSARY

Colorado Dept. of Public Health and Env. – CMDM Unit

REPORTING FORM FOR LEAD & COPPER ANALYSES

PWSID CO-207504

SYSTEM/ESTABLISHMENT NAME Meadow Mountain Water Company

LEFT COLUMN – To be filled out by water system authority	RIGHT COLUMN – To be filled out by State Certified Lab
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<p>SAMPLE # <u>404096</u></p> <p>DATE COLLECTED: <u>7 / 12 / 04</u></p> <p>TIME: <u>6:30 am</u> am/pm</p> <p>SAMPLE COLLECTED BY:</p> <p><u>Steve Tedford</u></p> <p>SAMPLE LOCATION ADDRESS:</p> <p><u>B</u></p>	<p>LABORATORY RESULTS IN mg/L</p> <p>LABORATORY JOB # <u>1115-013 (404096)</u></p> <p>DATE ANALYZED: <u>7 / 15 & 8 / 30 / 04</u></p> <table><tr><th><u>ELEMENT</u></th><th><u>RESULT</u></th><th><u>EPA</u> <u>ACTN LVL</u></th><th><u>METHOD</u></th><th><u>LAB</u> <u>MDL</u></th></tr><tr><td>LEAD</td><td><u>0.011</u></td><td>0.015</td><td><u>200.9</u></td><td><u>0.005</u></td></tr><tr><td>COPPER</td><td><u>ND</u></td><td>1.3</td><td><u>200.7</u></td><td><u>0.01</u></td></tr></table>	<u>ELEMENT</u>	<u>RESULT</u>	<u>EPA</u> <u>ACTN LVL</u>	<u>METHOD</u>	<u>LAB</u> <u>MDL</u>	LEAD	<u>0.011</u>	0.015	<u>200.9</u>	<u>0.005</u>	COPPER	<u>ND</u>	1.3	<u>200.7</u>	<u>0.01</u>
<u>ELEMENT</u>	<u>RESULT</u>	<u>EPA</u> <u>ACTN LVL</u>	<u>METHOD</u>	<u>LAB</u> <u>MDL</u>												
LEAD	<u>0.011</u>	0.015	<u>200.9</u>	<u>0.005</u>												
COPPER	<u>ND</u>	1.3	<u>200.7</u>	<u>0.01</u>												

<p>SAMPLE # <u>404097</u></p> <p>DATE COLLECTED: <u>7 / 12 / 04</u></p> <p>TIME: <u>6:30 am</u> am/pm</p> <p>SAMPLE COLLECTED BY:</p> <p><u>Steve Tedford</u></p> <p>SAMPLE LOCATION ADDRESS:</p> <p><u>C</u></p>	<p>LABORATORY RESULTS IN mg/L</p> <p>LABORATORY JOB # <u>1115-013 (404097)</u></p> <p>DATE ANALYZED: <u>7 / 15 & 8 / 30 / 04</u></p> <table><tr><th><u>ELEMENT</u></th><th><u>RESULT</u></th><th><u>EPA</u> <u>ACTN LVL</u></th><th><u>METHOD</u></th><th><u>LAB</u> <u>MDL</u></th></tr><tr><td>LEAD</td><td><u>BDL</u></td><td>0.015</td><td><u>200.9</u></td><td><u>0.005</u></td></tr><tr><td>COPPER</td><td><u>0.24</u></td><td>1.3</td><td><u>200.7</u></td><td><u>0.01</u></td></tr></table>	<u>ELEMENT</u>	<u>RESULT</u>	<u>EPA</u> <u>ACTN LVL</u>	<u>METHOD</u>	<u>LAB</u> <u>MDL</u>	LEAD	<u>BDL</u>	0.015	<u>200.9</u>	<u>0.005</u>	COPPER	<u>0.24</u>	1.3	<u>200.7</u>	<u>0.01</u>
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LEAD	<u>BDL</u>	0.015	<u>200.9</u>	<u>0.005</u>												
COPPER	<u>0.24</u>	1.3	<u>200.7</u>	<u>0.01</u>												

<p>SAMPLE # <u>404098</u></p> <p>DATE COLLECTED: <u>7 / 12 / 04</u></p> <p>TIME: <u>6:30 am</u> am/pm</p> <p>SAMPLE COLLECTED BY:</p> <p><u>Steve Tedford</u></p> <p>SAMPLE LOCATION ADDRESS:</p> <p><u>D</u></p>	<p>LABORATORY RESULTS IN mg/L</p> <p>LABORATORY JOB # <u>1115-013 (404098)</u></p> <p>DATE ANALYZED: <u>7 / 15 & 8 / 30 / 04</u></p> <table><tr><th><u>ELEMENT</u></th><th><u>RESULT</u></th><th><u>EPA</u> <u>ACTN LVL</u></th><th><u>METHOD</u></th><th><u>LAB</u> <u>MDL</u></th></tr><tr><td>LEAD</td><td><u>BDL</u></td><td>0.015</td><td><u>200.9</u></td><td><u>0.005</u></td></tr><tr><td>COPPER</td><td><u>0.20</u></td><td>1.3</td><td><u>200.7</u></td><td><u>0.01</u></td></tr></table>	<u>ELEMENT</u>	<u>RESULT</u>	<u>EPA</u> <u>ACTN LVL</u>	<u>METHOD</u>	<u>LAB</u> <u>MDL</u>	LEAD	<u>BDL</u>	0.015	<u>200.9</u>	<u>0.005</u>	COPPER	<u>0.20</u>	1.3	<u>200.7</u>	<u>0.01</u>
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Colorado Dept. of Public Health and Env. – CMDM Unit

REPORTING FORM FOR LEAD & COPPER ANALYSES

PWSID CO-207504

SYSTEM/ESTABLISHMENT NAME Meadow Mountain Water Company

LEFT COLUMN – To be filled out by water system authority	RIGHT COLUMN – To be filled out by State Certified Lab
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<p>SAMPLE # <u>404099</u></p> <p>DATE COLLECTED: <u>7 / 12 / 04</u></p> <p>TIME: <u>6:30 am</u> am/pm</p> <p>SAMPLE COLLECTED BY:</p> <p><u>Steve Tedford</u></p> <p>SAMPLE LOCATION ADDRESS:</p> <p><u>E</u></p>	<p>LABORATORY RESULTS IN mg/L</p> <p>LABORATORY JOB # <u>1115-013 (404099)</u></p> <p>DATE ANALYZED: <u>7 / 15 & 8 / 30 / 04</u></p> <table border="1"> <thead> <tr> <th><u>ELEMENT</u></th> <th><u>RESULT</u></th> <th><u>EPA ACTN LVL</u></th> <th><u>METHOD</u></th> <th><u>LAB MDL</u></th> </tr> </thead> <tbody> <tr> <td>LEAD</td> <td><u>0.010</u></td> <td>0.015</td> <td><u>200.9</u></td> <td><u>0.005</u></td> </tr> <tr> <td>COPPER</td> <td><u>ND</u></td> <td>1.3</td> <td><u>200.7</u></td> <td><u>0.01</u></td> </tr> </tbody> </table>	<u>ELEMENT</u>	<u>RESULT</u>	<u>EPA ACTN LVL</u>	<u>METHOD</u>	<u>LAB MDL</u>	LEAD	<u>0.010</u>	0.015	<u>200.9</u>	<u>0.005</u>	COPPER	<u>ND</u>	1.3	<u>200.7</u>	<u>0.01</u>
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LEAD & COPPER

Colorado Department of Public Health and Environment Compliance Monitoring and Data Management Unit

REPORTING FORM FOR LEAD & COPPER ANALYSES

PWSID #: CO-207504 COUNTY: Boulder
SYSTEM/ESTABLISHMENT NAME: Meadow Mountain Water Company
SYSTEM ADDRESS: P.O. Box 162, Allenspark, CO 80510
STREET ADDRESS/PO BOX CITY STATE ZIP
CONTACT PERSON: Steve Tedord PHONE: (303) 747-2066


LEFT COLUMN – To be filled out by water system authority

RIGHT COLUMN – To be filled out by State Certified Lab

SAMPLE # <u>404095</u>	LABORATORY RESULTS IN mg/L															
DATE COLLECTED: <u>7/12/04</u>	LABORATORY JOB # <u>1115-013 (404095)</u>															
TIME: <u>6:30 am</u> am/pm	DATE ANALYZED: <u>7/15 & 8/30/04</u>															
SAMPLE COLLECTED BY: <u>Steve Tedford</u>	<table border="1"><thead><tr><th>ELEMENT</th><th>RESULT</th><th>EPA ACTN LVL</th><th>METHOD</th><th>LAB MDL</th></tr></thead><tbody><tr><td>LEAD</td><td><u>BDL</u></td><td>0.015</td><td><u>200.9</u></td><td><u>0.005</u></td></tr><tr><td>COPPER</td><td><u>0.11</u></td><td>1.3</td><td><u>200.7</u></td><td><u>0.01</u></td></tr></tbody></table>	ELEMENT	RESULT	EPA ACTN LVL	METHOD	LAB MDL	LEAD	<u>BDL</u>	0.015	<u>200.9</u>	<u>0.005</u>	COPPER	<u>0.11</u>	1.3	<u>200.7</u>	<u>0.01</u>
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COPPER	<u>0.11</u>	1.3	<u>200.7</u>	<u>0.01</u>												
SAMPLE LOCATION ADDRESS: <u>A</u>																

THE FOLLOWING SECTION IS FOR LABORATORY USE ONLY

LABORATORY NAME Stewart Environmental Consultants, Inc. LAB PHONE # (970) 226-5500
DATE SAMPLES RECEIVED IN LABORATORY 7/12/04 TOTAL NUMBER RECEIVED 5
LAB COMMENTS: _____

 Operations Manager
Reviewed & Approved by Title Date 8/31/04

MAIL RESULTS TO:

Colorado Department of Public Health and Environment
ATTN: Debbie Getz
WQCD-CMDM-B2
4300 Cherry Creek Drive South
Denver CO 80246-1530

QUESTIONS? CALL:

Debbie Getz at 303-692-3549

FOR CDPHE OFFICE USE ONLY: Entered on Data Entry Form on _____ INITIALS: _____

LEAD 90th PERCENTILE = _____ COPPER 90th PERCENTILE = _____

PLEASE MAKE AS MANY COPIES OF THIS PAGE AS NECESSARY

Colorado Dept. of Public Health and Env. – CMDM Unit

REPORTING FORM FOR LEAD & COPPER ANALYSES

PWSID CO-207504

SYSTEM/ESTABLISHMENT NAME Meadow Mountain Water Company

LEFT COLUMN – To be filled out by water system authority

RIGHT COLUMN – To be filled out by State Certified Lab

<p>SAMPLE # <u>404096</u></p> <p>DATE COLLECTED: <u>7 / 12 / 04</u></p> <p>TIME: <u>6:30 am</u> am/pm</p> <p>SAMPLE COLLECTED BY: <u>Steve Tedford</u></p> <p>SAMPLE LOCATION ADDRESS: <u>B</u></p>	<p>LABORATORY RESULTS IN mg/L</p> <p>LABORATORY JOB # <u>1115-013 (404096)</u></p> <p>DATE ANALYZED: <u>7 / 15 & 8 / 30 / 04</u></p> <table border="1"> <thead> <tr> <th><u>ELEMENT</u></th> <th><u>RESULT</u></th> <th><u>EPA ACTN LVL</u></th> <th><u>METHOD</u></th> <th><u>LAB MDL</u></th> </tr> </thead> <tbody> <tr> <td>LEAD</td> <td><u>0.011</u></td> <td>0.015</td> <td><u>200.9</u></td> <td><u>0.005</u></td> </tr> <tr> <td>COPPER</td> <td><u>ND</u></td> <td>1.3</td> <td><u>200.7</u></td> <td><u>0.01</u></td> </tr> </tbody> </table>	<u>ELEMENT</u>	<u>RESULT</u>	<u>EPA ACTN LVL</u>	<u>METHOD</u>	<u>LAB MDL</u>	LEAD	<u>0.011</u>	0.015	<u>200.9</u>	<u>0.005</u>	COPPER	<u>ND</u>	1.3	<u>200.7</u>	<u>0.01</u>
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<p>SAMPLE # <u>404097</u></p> <p>DATE COLLECTED: <u>7 / 12 / 04</u></p> <p>TIME: <u>6:30 am</u> am/pm</p> <p>SAMPLE COLLECTED BY: <u>Steve Tedford</u></p> <p>SAMPLE LOCATION ADDRESS: <u>C</u></p>	<p>LABORATORY RESULTS IN mg/L</p> <p>LABORATORY JOB # <u>1115-013 (404097)</u></p> <p>DATE ANALYZED: <u>7 / 15 & 8 / 30 / 04</u></p> <table border="1"> <thead> <tr> <th><u>ELEMENT</u></th> <th><u>RESULT</u></th> <th><u>EPA ACTN LVL</u></th> <th><u>METHOD</u></th> <th><u>LAB MDL</u></th> </tr> </thead> <tbody> <tr> <td>LEAD</td> <td><u>BDL</u></td> <td>0.015</td> <td><u>200.9</u></td> <td><u>0.005</u></td> </tr> <tr> <td>COPPER</td> <td><u>0.24</u></td> <td>1.3</td> <td><u>200.7</u></td> <td><u>0.01</u></td> </tr> </tbody> </table>	<u>ELEMENT</u>	<u>RESULT</u>	<u>EPA ACTN LVL</u>	<u>METHOD</u>	<u>LAB MDL</u>	LEAD	<u>BDL</u>	0.015	<u>200.9</u>	<u>0.005</u>	COPPER	<u>0.24</u>	1.3	<u>200.7</u>	<u>0.01</u>
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Colorado Dept. of Public Health and Env. – CMDM Unit

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PWSID CO-207504

SYSTEM/ESTABLISHMENT NAME Meadow Mountain Water Company

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<p>SAMPLE # <u>404099</u></p> <p>DATE COLLECTED: <u>7 / 12 / 04</u></p> <p>TIME: <u>6:30 am</u> am/pm</p> <p>SAMPLE COLLECTED BY:</p> <p><u>Steve Tedford</u></p> <p>SAMPLE LOCATION ADDRESS:</p> <p><u>E</u></p>	<p>LABORATORY RESULTS IN mg/L</p> <p>LABORATORY JOB # <u>1115-013 (404099)</u></p> <p>DATE ANALYZED: <u>7 / 15 & 8 / 30 / 04</u></p> <table border="1"> <thead> <tr> <th><u>ELEMENT</u></th> <th><u>RESULT</u></th> <th><u>EPA ACTN LVL</u></th> <th><u>METHOD</u></th> <th><u>LAB MDL</u></th> </tr> </thead> <tbody> <tr> <td>LEAD</td> <td><u>0.010</u></td> <td>0.015</td> <td><u>200.9</u></td> <td><u>0.005</u></td> </tr> <tr> <td>COPPER</td> <td><u>ND</u></td> <td>1.3</td> <td><u>200.7</u></td> <td><u>0.01</u></td> </tr> </tbody> </table>	<u>ELEMENT</u>	<u>RESULT</u>	<u>EPA ACTN LVL</u>	<u>METHOD</u>	<u>LAB MDL</u>	LEAD	<u>0.010</u>	0.015	<u>200.9</u>	<u>0.005</u>	COPPER	<u>ND</u>	1.3	<u>200.7</u>	<u>0.01</u>
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Colorado Department
of Public Health
and Environment

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

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 #: CO-207504 COUNTY: Boulder DATE COLLECTED: 8 / 23 / 04

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: 7:00 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
Allenspark, CO 80510

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 # 405006 CLIENT NAME or ID# Meadow Mountain Water Company (1115-013)

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

DATE RECEIVED IN LABORATORY 8 / 23 / 04 DATE ANALYZED 8 / 25, 31, 9 / 2, 3, 7, & 8 / 04

COMMENTS: _____

PARAMETER	RESULT in (mg/L)	MCL in (mg/L)	STANDARD METHOD	Lab MDL in (mg/L)
ANTIMONY	BDL	0.006	200.9	0.005
ARSENIC	BDL	0.010	200.9	0.005
BARIUM	0.003	2.0	200.7	0.001
BERYLLIUM	BDL	0.004	200.7	0.001
CADMIUM	BDL	0.005	200.9	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	0.03	**	200.7	0.02
SELENIUM	BDL	0.05	200.9	0.005
SODIUM	4.42	**	200.7	0.01
THALLIUM	BDL	0.002	200.9	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 [Signature] Operations Manager 9 / 15 / 04
Title 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
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rip 6. Pelt Operations Manager 9 / 15 / 04
Reviewed & Approved by Title Date

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

Client Name: Meadow Mountain Water Company
Project Number: 1115-013
Sample Name: Meadow Mountain
Sample Matrix: Water
Sample Number: 405256
Sample Date: 09/07/04
Date Received: 09/07/04
Analysts: DJL

PARAMETER	TESTED VALUE	DETECT LIMIT	METHOD NUMBER	DATE OF ANALYSIS
MICROBIOLOGY				
Total Coliform (CFU/100 ml)	Absent	1	9223/2	09/07/04

Values are reported in colony forming units/100 ml.

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

Client Name: Meadow Mountain Water Company
Project Number: 1115-013
Sample Name: Meadow Mountain
Sample Matrix: Water
Sample Number: 405839
Sample Date: 10/04/04
Date Received: 10/04/04
Analysts: CVB

10-7-04

CO 0207504

PARAMETER	TESTED VALUE	DETECT LIMIT	METHOD NUMBER	DATE OF ANALYSIS
MICROBIOLOGY				
Total Coliform (CFU/100 ml)	Absent	1	9223/2	10/04/04

Values are reported in colony forming units/100 ml.

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

Client Name: Meadow Mountain Water Company
Project Number: 1115-013
Sample Name: Foust
Sample Matrix: Water
Sample Number: 406467
Sample Date: 11/01/04
Date Received: 11/01/04
Analysts: DJL

PARAMETER	TESTED VALUE	DETECT LIMIT	METHOD NUMBER	DATE OF ANALYSIS
MICROBIOLOGY				
Total Coliform (CFU/100 ml)	Absent	1	9223/2	11/01/04

Values are reported in colony forming units/100 ml.

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

Client Name: Meadow Mountain Water Company
Project Number: 1115-013
Sample Name: Foust
Sample Matrix: Water
Sample Number: 407042
Sample Date: 12/06/04
Date Received: 12/06/04
Analysts: DJL

Failed
12-8-04

PARAMETER	TESTED VALUE	DETECT LIMIT	METHOD NUMBER	DATE OF ANALYSIS
MICROBIOLOGY				
Total Coliform (CFU/100 ml)	Absent	1	9223/2	12/06/04

Values are reported in colony forming units/100 ml.

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

DAYTIME PHONE: (303) 747-2066
CERTIFIED OPERATOR SIGNATURE: [Signature]
OPER. NAME PRINTED: STEPHEN L. TROTT
Plant Number or Name: # - NAME:

PWSID# CO-0207504
NAME OF WATER SYSTEM: Meadow Mountain
COUNTY: Boulder
MONTH/YEAR: Dec 2004

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	.8	1				
2	1.0	1				
3	.9	1				
4	.8	1				
5	1.5	1				
6	.5	1				
7	.5	1				
8	.5	1				
9	.5	1				
10	.5	1				
11	1.4	1				
12	.5	1				
13	.5	1				
14	.6	1				
15	.5	1				
16	.6	1				
17	.6	1				
18	.5	1				
19	.7	1				
20	1.0	1				
21	1.0	1				
22	.9	1				
23	.9	1				
24	.5	1				
25	.7	1				
26	.4	1				
27	.4	1				
28	.5	1				
29	.5	1				
30	.5	1				
31	.6	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.

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 W

COUNTY: Boulder

MONTH/YEAR: 12/2001

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 BA6
eg. conventional, direct, slowsand, DE, etc.

Required number of Turbidity of 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 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:	Time:	Time:	Time:	Time:	Time:		HIGHEST	
	Midnight -	4 - 8 a.m.	8 - Noon	Noon - 4	4 - 8 p.m.	8 - Midnight	Check if	of all	
DAY	4: a.m.			p.m.			> MCL	Readings	Highest
								for the	Reading
								DAY	TIME
1					.47			.47	4:15P
2				.44				.44	3:15P
3				.42				.42	3:15P
4				.44				.44	1:30P
5				.25				.25	1:40P
6					.35			.35	6:15P
7					.25			.25	4:15P
8					.48			.48	4:00P
9						.90		.90	8:30P
10			.38					.38	8:05A
11			.36					.36	9:00A
12				.40				.40	2:00P
13			.45					.45	10:45A
14			.34					.34	10:20A
15					.24			.24	4:00P
16					.30			.30	4:50P
17			.30					.30	10:00P
18				.33				.33	2:30P
19				.22				.22	12:40P
20					.31			.31	5:00P
21				.56				.56	3:20P
22				.32				.32	4:00P
23			.30					.30	8:00A
24			.37					.37	11:00A
25			.32					.32	11:70A
26				.22				.22	3:00P
27				.35				.35	3:00P
28				.39				.39	3:33P
29			.37					.37	3:45P
30				.34				.34	12:30P
31					.32			.32	7:15P
HIGHEST READING OF THE MONTH:								.56	

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) 747-7066

PWSID# C0-0207504

CERTIFIED OPERATOR SIGNATURE: Stephen L. Tabor

NAME OF WATER SYSTEM: Meadow Mountain W

OPER. NAME PRINTED: STEPHEN L TABOR

COUNTY: Boulder

Plant Number or Name: - NAME: -

MONTH/YEAR: Nov/09

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	.5	1				
2	.5	1				
3	.5	1				
4	.5	1				
5	.7	1				
6	.8	1				
7	1.0	1				
8	1.0	1				
9	.8	1				
10	1.0	1				
11	.8	1				
12	.9	1				
13	.8	1				
14	.6	1				
15	.5	1				
16	.7	1				
17	.7	1				
18	.5	1				
19	.5	1				
20	.4	1				
21	.5	1				
22	.4	1				
23	.5	1				
24	.4	1				
25	.8	1				
26	.8	1				
27	1.0	1				
28	.9	1				
29	.8	1				
30	.8	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 W
COUNTY: Boulder
MONTH/YEAR: Nov/04
FILTER PLANT NUMBER
OR FILTER PLANT NAME: # NAME:
CERTIFIED
OPERATOR SIGNATURE: Step 1 Joe

PLEASE FILL IN ALL FIELDS (both sides)

I. TURBIDITY SECTION

Point of Measurement PLANT Type of Filtration Bar
eg. conventional, direct, slowsand, DE, etc.

Required number of Turbidity of readings per day 2 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 6

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:	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			.36					.36	5:30A
2					.32			.32	5:00P
3			.24					.24	8:30A
4				.20				.20	2:00P
5				.21				.21	2:00P
6				.24				.24	3:20P
7			.32					.32	11:00A
8				.19				.19	12:10P
9				.24				.24	12:30P
10					.31			.31	4:00P
11			.37					.37	11:30A
12				.34				.34	3:00P
13				.32				.32	1:30P
14				.30				.30	3:30P
15			.39					.39	10:00A
16				.32				.32	1:20P
17				.34				.34	1:45P
18					.30			.30	4:00P
19					.32			.32	3:30P
20				.32				.32	2:00P
21					.26			.26	4:30P
22			.32					.32	11:00A
23				.31				.31	2:00P
24			.34					.34	8:00A
25				.22				.22	2:20P
26						.20		.20	9:00P
27			.24					.24	11:45A
28				.24				.24	2:45P
29			.22					.22	10:20A
30				.33				.33	2:30P
31									
HIGHEST READING OF THE MONTH:								.39	

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) 777-0066

PWSID# C0-0207504

CERTIFIED OPERATOR SIGNATURE: [Signature]

NAME OF WATER SYSTEM: Meadow Mountain

OPER. NAME PRINTED: STEPHEN J. TADAY

COUNTY: Boulder

Plant Number or Name: # _____ - NAME: _____

MONTH/YEAR: 08/08

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	.5	1				
2	.6	1				
3	.8	1				
4	.8	1				
5	.9	1				
6	.9	1				
7	.8	1				
8	.5	1				
9	.8	1				
10	.8	1				
11	.8	1				
12	.7	1				
13	.7	1				
14	.7	1				
15	.7	1				
16	.6	1				
17	.7	1				
18	.8	1				
19	.9	1				
20	.8	1				
21	.9	1				
22	1.0	1				
23	1.0	1				
24	.7	1				
25	.6	1				
26	.5	1				
27	.7	1				
28	.6	1				
29	.7	1				
30	.7	1				
31	.7	1				

- 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.

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 W

COUNTY:

Boulder

MONTH/YEAR:

Oct/04

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

Bar

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

Required number of Turbidity of readings per day

1

Check One: ☐ Continuous ☒ Grab Samples

Turbidity MCL

2

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			.25					.25	11:00 A
2				.39				.39	2:30 P
3			.30					.30	10:00 A
4			.22					.22	9:45 A
5				.24				.24	2:00 P
6				.32				.32	3:00 P
7					.35			.35	4:30 P
8				.37				.37	2:00 P
9				.30				.30	3:00 P
10				.29				.29	3:00 P
11					.34			.34	5:00 P
12				.35				.35	2:10 P
13				.34				.34	3:50 P
14				.30				.30	12:00 P
15			.34					.34	11:00 A
16					.31			.31	4:00 P
17				.30				.30	12:30 P
18			.21	.30				.21	11:00 A
19				.20				.20	1:00 P
20					.47			.47	4:00 P
21			.31	.31				.31	11:30 A
22				.38				.38	12:30 P
23					.30			.30	4:30 P
24				.35				.35	1:30 P
25			.33					.33	11:00 A
26				.25				.25	12:30 P
27					.32			.32	4:00 P
28					.34			.34	4:30 P
29				.30				.30	2:30 P
30					.28			.28	3:00 P
31					.38			.38	5:30 P
HIGHEST READING OF THE MONTH:								.47	

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

PWSID#

CO-0207504

CERTIFIED

OPERATOR SIGNATURE:



NAME OF WATER SYSTEM:

Meadow Mountain WS

OPER. NAME PRINTED:

STEPHAN L. TABORE

COUNTY:

Boulder

Plant Number or Name: #:

- NAME:

MONTH/YEAR:

Sept 2004

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: $C = B/A \times 100$) 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	1.0	1				
2	.9	1				
3	1.0	1				
4	1.0	1				
5	.8	1				
6	.9	1				
7	.9	1				
8	1.0	1				
9	1.0	1				
10	1.0	1				
11	.9	1				
12	.8	1				
13	.9	1				
14	1.0	1				
15	.8	1				
16	.9	1				
17	1.0	1				
18	.8	1				
19	1.0	1				
20	1.1	1				
21	.9	1				
22	.5	1				
23	.5	1				
24	1.0	1				
25	1.1	1				
26	1.0	1				
27	1.0	1				
28	1.0	1				
29	1.1	1				
30	.8	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.

TURBIDITY & DISINFECTION REPORT

Return completed form to:

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

(303) 692-3500

PWSID#

CO-0207504

NAME OF WATER SYSTEM:

Meadow Mountain WWS

COUNTY:

Boulder

MONTH/YEAR:

Sept 2007

FILTER PLANT NUMBER
OR FILTER PLANT NAME:

- NAME:

CERTIFIED
OPERATOR SIGNATURE:

Step 1. J. J. J.

PLEASE FILL IN ALL FIELDS (both sides)

I. TURBIDITY SECTION

Point of Measurement

PLANT

Type of Filtration

BA6

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

Required number of Turbidity readings per day

2

Check One: ☐ Continuous ☒ Grab Samples

Turbidity MCL: 2 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 = 188 from 8 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) 6.7 %

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	
	Midnight -	6:00	10:00	2:00	6:00			of all	
DAY	Midnight -	4 - 8 a.m.	8 - Noon	Noon - 4	4 - 8 p.m.	8 - Midnight	Check if	Readings	Highest
	4 a.m.			p.m.			> MCL	for the	Reading
								DAY	TIME
1					.55			.55	4:20P
2			.46					.46	11:15A
3				.65				.65	3:30P
4					.48			.48	4:15P
5			.35					.35	11:45P
6				.48				.48	12:00
7		.42						.42	6:50A
8					.47			.47	4:00P
9			.32					.32	11:30A
10					.34			.34	4:15P
11			.32					.32	10:20A
12					.27			.27	6:30P
13			.34					.34	9:30A
14			.35					.35	10:00A
15					.30			.30	4:15P
16			.37					.37	10:40A
17					.33			.33	4:30P
18					.45			.45	6:15P
19				.35				.35	2:00P
20			.26					.26	11:00A
21				.22				.22	1:00P
22					.39			.39	4:00P
23					.31			.31	4:15P
24				.35				.35	1:15P
25				.48				.48	2:30P
26			.37					.37	10:00A
27					.21			.21	5:00P
28				.30				.30	1:30P
29				.34				.34	3:45P
30			.42					.42	11:30A
31									
HIGHEST READING OF THE MONTH:								.65	

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) 747-1066

PWSID# C0-0207504

CERTIFIED OPERATOR SIGNATURE: [Signature]

NAME OF WATER SYSTEM: Meadow Mountain WS

OPER. NAME PRINTED: STEPHEN L. TEOPRE

COUNTY: Boulder

Plant Number or Name: # _____ - NAME: _____

MONTH/YEAR: Aug 2004

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? TOTAL

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	1.0	1				
2	1.0	1				
3	.9	1				
4	1.0	1				
5	1.0	1				
6	.9	1				
7	.9	1				
8	.9	1				
9	.9	1				
10	1.0	1				
11	1.0	1				
12	1.0	1				
13	1.0	1				
14	1.0	1				
15	.9	1				
16	1.0	1				
17	1.1	1				
18	.9	1				
19	.9	1				
20	.5	1				
21	.5	1				
22	.7	1				
23	.9	1				
24	.8	1				
25	1.0	1				
26	1.0	1				
27	1.0	1				
28	1.0	1				
29	1.0	1				
30	1.0	1				
31	1.0	1				

- 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.

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 WS

COUNTY:

Boulder

MONTH/YEAR:

Aug 2004

FILTER PLANT NUMBER
OR FILTER PLANT NAME:

- NAME:

CERTIFIED
OPERATOR SIGNATURE:

Steph L. [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 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 = 168 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	
	Midnight -							of all	
DAY	4:00 a.m.	4 - 8 a.m.	8 - Noon	Noon - 4 p.m.	4 - 8 p.m.	8 - Midnight	Check if > MCL	Reading for the DAY	Highest Reading TIME
1			.23		.31			.31	5:00P
2			.43					.43	11:00A
3					.30			.30	4:30P
4					.36			.36	4:00P
5				.35				.35	3:00P
6			.34					.34	10:10A
7				.30				.30	3:40P
8				.26				.26	12:10P
9					.39			.39	5:00P
10					.51			.51	4:00P
11				.31				.31	3:00P
12			.34					.34	11:45A
13					.33			.33	5:00P
14				.36				.36	3:15P
15				.33				.33	2:45P
16			.40					.40	10:45A
17				.37				.37	12:30P
18				.44				.44	3:30P
19				.40				.40	Noon
20				.26				.26	3:30P
21					.46			.46	4:45P
22					.48			.48	6:40P
23					.56			.56	5:15P
24				.39				.39	2:00P
25				.53				.53	3:30P
26					.31			.31	5:30P
27			.26					.26	11:30A
28			.24					.24	11:30A
29				.48				.48	1:10P
30			.39					.39	9:45A
31				.36				.36	1:00P
HIGHEST READING OF THE MONTH:								.53	

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) 347-0066

PWSID# C0-0207504

CERTIFIED OPERATOR SIGNATURE: [Signature]

NAME OF WATER SYSTEM: Meadow Mountain WS

OPER. NAME PRINTED: STADLER, L. TRISTAN

COUNTY: Boulder

Plant Number or Name: # _____ - NAME: _____

MONTH/YEAR: July/04

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: $C = B/A \times 100$) 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.

FAKED
8-4-04
4:30 PM

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	1.2	1				
2	1.3	1				
3	1.2	1				
4	1.2	1				
5	1.1	1				
6	1.2	1				
7	1.2	1				
8	1.1	1				
9	.9	1				
10	.8	1				
11	.5	1				
12	.8	1				
13	.8	1				
14	.8	1				
15	.7	1				
16	.8	1				
17	.8	1				
18	.6	1				
19	.7	1				
20	.9	1				
21	.8	1				
22	1.1	1				
23	1.0	1				
24	.7	1				
25	1.0	1				
26	1.2	1				
27	1.2	1				
28	1.2	1				
29	1.1	1				
30	.9	1				
31	1.1	1				

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.

TURBIDITY & DISINFECTION REPORT

Return completed form to:

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

(303) 692-3500

PWSID# CO-0207504

NAME OF WATER SYSTEM: Meadow Mountain WS

COUNTY: Boulder

MONTH/YEAR: July 2004

FILTER PLANT NUMBER
OR FILTER PLANT NAME: # 1 NAME: ST/1

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 of readings per day 1 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 = 168 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) 8 %

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									
DAY	Time: Midnight - At a.m.	Time: 4 - 8 a.m.	Time: 8 - Noon	Time: Noon - 4 p.m.	Time: 4 - 8 p.m.	Time: 8 - Midnight	Check if > MCL	HIGHEST of all Readings for the DAY	Highest Reading TIME
1				.36				.36	3:30P
2					.26			.26	4:15P
3					.42			.42	4:00P
4					.38			.38	5:00P
5						.32		.32	4:30P
6				.56				.56	2:30P
7					.26			.26	4:00P
8				.37				.37	12:10P
9				.29				.29	3:45P
10					.42			.42	4:30P
11			.30					.30	10:00A
12			.40					.40	10:00A
13				.55				.55	3:30P
14				.32				.32	3:45P
15					.34			.34	4:45P
16				.29				.29	11:00A
17				.37				.37	12:45P
18				.30				.30	3:00P
19			.36					.36	9:30A
20				.35				.35	12:30P
21				.42				.42	3:30P
22				.50				.50	3:45P
23					.36			.36	4:30P
24					.47			.47	4:20P
25					.45			.45	5:20P
26					.41			.41	5:00P
27				.51				.51	2:00P
28				.34				.34	3:30P
29				.29				.29	12:00P
30			.37	.37				.37	10:30A
31			.25					.25	11:30A
HIGHEST READING OF THE MONTH:								.56	

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) 447-2066

PWSID# CO-0207504

CERTIFIED OPERATOR SIGNATURE: [Signature]

NAME OF WATER SYSTEM: Meadow Mountain WS

OPER. NAME PRINTED: STEPHEN L. TERNICKER

COUNTY: Boulder

Plant Number or Name: # _____ - NAME: _____

MONTH/YEAR: JUNE 104

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: $C = B/A \times 100$) 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	.8	1				
2	1.0	1				
3	.9	1				
4	.7	1				
5	1.1	1				
6	1.0	1				
7	1.0	1				
8	1.1	1				
9	1.0	1				
10	1.1	1				
11	1.1	1				
12	1.0	1				
13	1.0	1				
14	1.1	1				
15	1.2	1				
16	1.3	1				
17	1.3	1				
18	.8	1				
19	.6	1				
20	.6	1				
21	.7	1				
22	1.2	1				
23	1.0	1				
24	.4	1				
25	1.0	1				
26	1.0	1				
27	1.0	1				
28	1.0	1				
29	1.1	1				
30	1.1	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.

TURBIDITY & DISINFECTION REPORT

Return completed form to:

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

(303) 692-3500

PWSID#

CO-0207504

NAME OF WATER SYSTEM:

Meadow Mountain WS

COUNTY:

Boulder

MONTH/YEAR:

JUNE / 04

FILTER PLANT NUMBER
OR FILTER PLANT NAME:

- NAME:

CERTIFIED

OPERATOR SIGNATURE:

Steph L. [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

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

30

Do NOT count PO entries (Maximum = 188 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)

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:	Time:	Time:	Time:	Time:	Time:		HIGHEST	
			10:00	2:00	6:00	10:00		of All	
DAY	Midnight - 4:00 a.m.	4:00 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				.44			.44	3:20P	
2				.35			.35	3:45P	
3			.49				.49	10:45A	
4			.23				.23	11:15A	
5			.47				.47	11:45A	
6				.28			.28	3:40P	
7			.47				.47	9:45A	
8				.30			.30	2:00P	
9					.70		.70	4:00P	
10					.51		.51	4:30P	
11				.30			.30	3:30P	
12					.32		.32	4:00P	
13				.27			.27	1:00P	
14					.40		.40	4:30P	
15				.32			.32	1:30P	
16					.24		.24	4:15P	
17					.49		.49	5:30P	
18					.49		.49	4:00P	
19			.42				.42	11:45A	
20					.32		.32	6:20P	
21			.44				.44	10:45A	
22				.50			.50	3:30P	
23					.37		.37	4:30P	
24					.36		.36	5:07P	
25				.39			.39	12:45P	
26					.47		.47	4:30P	
27				.41			.41	3:20P	
28						.36	.36	10:15P	
29					.35		.35	12:30P	
30				.44			.44	3:30P	
31									
HIGHEST READING OF THE MONTH:								.70	

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) 577-2066
CERTIFIED OPERATOR SIGNATURE: [Signature]
OPER. NAME PRINTED: STEPHAN L. BOUTER
Plant Number or Name: # _____ - NAME: _____

PWSID# C0-0207504
NAME OF WATER SYSTEM: MeadowMountains
COUNTY: Boulder
MONTH/YEAR: May 2004

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	1.0	1				
2	1.0	1				
3	1.0	1				
4	.8	1				
5	.7	1				
6	.6	1				
7	.8	1				
8	.5	1				
9	.8	1				
10	.9	1				
11	.9	1				
12	.8	1				
13	.8	1				
14	.8	1				
15	1.0	1				
16	1.0	1				
17	1.0	1				
18	1.0	1				
19	1.1	1				
20	1.1	1				
21	1.4	1				
22	1.1	1				
23	0.9	1				
24	1.0	1				
25	1.0	1				
26	1.0	1				
27	.8	1				
28	.8	1				
29	.9	1				
30	.9	1				
31	.8	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.

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 WS

COUNTY: Boulder

MONTH/YEAR: May 2004

FILTER PLANT NUMBER
OR FILTER PLANT NAME: # NAME:

CERTIFIED
OPERATOR SIGNATURE:

PLEASE FILL IN ALL FIELDS (both sides)

I. TURBIDITY SECTION

Point of Measurement PLAN 7 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 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 = 168 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									
DAY	Time: Midnight - 4 a.m.	Time: 4 - 8 a.m.	Time: 8 - Noon	Time: Noon - 4 p.m.	Time: 4 - 8 p.m.	Time: 8 - Midnight	Check if > MCL	HIGHEST of all Readings for the DAY	Highest Reading TIME
1				.97				.97	1:00 P
2					1.13			1.13	7:00 P
3						1.05		1.05	8:30 P
4				1.01				1.01	2:30 P
5				1.21				1.20	1:30 P
6			1.27					1.27	11:30 A
7				1.83				1.83	1:30 P
8				2.50				2.50	2:30 P
9			1.91					1.91	4:45 A
10					1.70			1.70	5:00 P
11				1.55				1.55	3:15 P
12			1.18					1.18	11:00 A
13			1.17					1.17	11:30 A
14			.82					.82	10:15 A
15					.75			.75	5:30 P
16			.72					.72	10:50 A
17					.75			.75	5:00 P
18				.73				.73	2:50 P
19				.85				.85	3:15 P
20			.82					.82	11:45 A
21			.72					.72	11:45 A
22					.56			.56	7:00 P
23					.52			.52	4:20 P
24					.50			.50	5:30 P
25					.48			.48	6:00 P
26			.46					.46	8:30 A
27			.53					.53	11:30 A
28			.46					.46	10:30 A
29				.45				.45	3:10 P
30				.40				.40	2:15 P
31				.29				.29	3:40 P
HIGHEST READING OF THE MONTH:								2.50	

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'.

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 W⁵
COUNTY: Boulder
MONTH/YEAR: Jan 2004
FILTER PLANT NUMBER
OR FILTER PLANT NAME: # _____ - NAME: _____
CERTIFIED
OPERATOR SIGNATURE: _____

PLEASE FILL IN ALL FIELDS (both sides)

I. TURBIDITY SECTION

Point of Measurement Plant Type of Filtration bag eg. conventional, direct, slowsand, DE, etc.

Required number of Turbidity of 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 - 4:00 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				.26				.26	12:00P
2				.23				.23	12:45P
3		.26						.26	7:00P
4				.22				.22	3:00P
5					.25			.25	4:00P
6					.24			.24	7:00P
7			.19	.1				.19	10:30A
8					.25			.25	4:30P
9				.26				.26	12:30P
10			.51					.51	11:00A
11				.29				.29	1:00P
12					.59			.59	4:30P
13					.24			.24	4:10P
14					.48			.48	4:50P
15				.42				.42	1:15P
16			.41					.41	10:50A
17				.48				.48	3:00P
18				.36				.36	2:00P
19				.33				.33	2:30P
20				.26				.26	2:50P
21			.44					.44	9:30A
22			.54					.54	9:30A
23			.58					.58	11:30A
24			.50					.50	9:15A
25				.48				.48	2:30P
26				.48				.48	3:00P
27					.30			.30	6:30P
28			.41					.41	10:00A
29					.57			.57	5:00P
30				.38				.38	1:00P
31				.27				.27	2:00P
HIGHEST READING OF THE MONTH:								.59	

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: ()

PWSID# C0-0207504

CERTIFIED OPERATOR SIGNATURE:

NAME OF WATER SYSTEM: Meadow Mountain

OPER. NAME PRINTED:

COUNTY: Boulder

Plant Number or Name: # - NAME:

MONTH/YEAR: Jan 2004

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	.6	1				
3	.7	1				
4	.5	1				
5	.6	1				
6	.6	1				
7	.7	1				
8	.5	1				
9	.5	1				
10	.5	1				
11	.5	1				
12	.6	1				
13	.6	1				
14	.6	1				
15	.6	1				
16	.5	1				
17	.5	1				
18	.5	1				
19	.5	1				
20	.6	1				
21	.4	1				
22	.5	1				
23	.5	1				
24	.4	1				
25	.5	1				
26	.5	1				
27	.7	1				
28	.6	1				
29	.4	1				
30	.2	1				
31	.4	1				

- 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.