

MONTHLY OPERATIONAL REPORT - Data Sheet

SLOW SAND, DIATOMACEOUS EARTH & OTHER FILTRATION

Required Number of Turbidity Readings Per Day: 1 PWSID #: 60 0 207504

				TURB	DITY	NTU)				RESI	DUAL	DISINF	ECTAI	NT (mg	/L)	
		Co	ntinuous	Samplin	g		b Sampling			Conti	nuous Sa	mpling	\square	Grab Sam	pling	
	12 to 4	4 to 8	8 to 12	12 to 4	4 to 8	-		TIME				O DISTR	PER CHARGE BUILDING COMMISSION	-	LOWEST	
DAY							TURBIDITY	TURBIDITY		The state of the s	And in case of the last of	12 to 4		The same of	RESIDUAL	12. COMMENTS
1	eartical color administration		.24				READING , 24	READ 11.08A	12 10 4	4100	8102	12 (0 4	4100	0 10 12	READING	12. COMMENTS
2			126				.26	9:15A					***************************************			
3					122		122	5:00 P								
4			, 19				.19	10130A								
5			,25				,25	9:00 A								
6			151				151	9:152								
7				129			129	1130P								
8				124			, 24	2:00 8	_				and the law of the law			
9			.48				,48	9:309								
10			,4/		-		,41	10:00 A								
11			136				,36	11:30 A	-							
12				133		-	, 33	2100 P								
13				.44			,44	2)308						-		
14			154				154	9:15 A					***			
15			150		<u> </u>	-	-	10:15 A					*****************			
16		-	: 48				. 48	10:30A								
18		-	, 41				41	11:30A						-	MATERIAL ENGLISH OF THE SECRET	
19			41	,38		-	, 38	1:30 8								
20				157			157	2xx0f								
21			127	101			127	11:00 A							ANDRON-HANDLES HOUSENAL ANTHROSOMO	
22				,23			123	2:00 8		-						
23			,26				124	10:30 A								
24	•	,	,22				122	9:00 A								
25		and a supplementation of	,24				, 24	10:00 7								
26			,19				119	9:30A								•
27			135				35	10:30 A								
28				132			: 32	1:00 9								
29				133			133	2:828								
30				,25			125	1:30 A								
31							000							1		

^{***}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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				TURB	DITY	(NTU)				RESI	DUAL	DISINF	ECTAI	NT (mg	/L)	
		Co	ntinuous				Sampling		[Conti	nuous Sa	mpling	De	Grab Sam	pling	
	12 to 4	4 to 8	8 to 12	12 to 4	4 to 8	8 to 12	HIGHEST	TIME		ENTRY POINT TO DISTRIBUTION						
DAY					day ni on the second has self to 170 planes		TURBIDITY READING	TURBIDITY READ	12 to 4	4 to 8	8 to 2	12 to 4	4 to 8	8 to 12	RESIDUAL READING	12. COMMENTS
1			,42				,42	9:154						,		
2			:46				,44	10:30A								
3		,39					.39	8:50A							-	
4			,34				134	11:30A								
5			,20				,20	11:00 A								
6				119			.19	2:00 8							***************************************	
7				,25			.25	2:308								
8				,24			.24	1:30P						-		
9				131			131	1:00 P								
10			.35				.35	11:30 A					ļ			
11			, 41				,41	11:30A								
12				146			14/4	12:151								
13			157				151	10:00 A								
14			157				152	10:30A					-			
15			,57				57	9:00 A								
16			.47				.47	10:15A								
17			145				,45	9:30 A								
18				,43			143	2:15P								
19				1.46			,46	2:00 ₽								
20				1,39			,39	3100 8								
21				, 38			138	1:30 P								
22			,28				28	11:00 A								
23			,24				.24	10:30 A								
24	•	1	,27				,27	9:00 A								
25		-	131				,31	0130 A								
26	1	-	1.36				,36	11:30 A								
27	1	1	145	-			.45	10:00 A	-							
28	1			,51			151	2100 8								
29				.410			,46	1130P								
30	1	1		,46			,38	1100 P								
31		1	1.31	1	1		,31	9:15 A	-							

^{***}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.***

Leb. 2004

MONTHLY OPERATIONAL REPORT - Data Sheet

SLOW SAND, DIATOMACEOUS EARTH & OTHER FILTRATION

Required Number of Turbidity Readings Per Day: 1 PWSID #: 60-0207504

		☐ Co	ntinuous	TURB! Samplin			b Sampling			RESID Conti				NT (mg Grab Sam		
	12 to 4	4 to 8	8 to 12	12 to 4	4 to 8	LASTITUTE HOLD HOLD HOLD HOLD HOLD HOLD HOLD HOLD	HIGHEST	TIME	ENTRY POINT TO DISTRIBUTION LOWEST							
DAY				4,000			TURBIDITY READING	TURBIDITY READ	12 to 4	-	The state of the s	12 to 4			RESIDUAL READING	12. COMMENTS
1			.23				,23	11:00 A								
2			.30				.30	10:30 A								
3			13/	TO DESCRIPTION OF THE PARTY AND THE	or entire the office of the second state of		:34	9:00A			-authorization and an annual services					
4		.50			encount tell better trace		,50	8)00 A							-Marinet Marinet Marinet Louis (1997), August The Marinet (1997	
5				.45	- 63		,45	2'00 P								
6		MANAGEM TOTAL PLANTAGE MANAGEMENT			,31		.31	4:009					-			
7				,22			132	3:000			-					
8			19				19	11:00 0					-			
9				.25			.35	2000								
10			110	.34	problem to the special constant		.36	1:30P								
11		apples and a second plant of the contract of	,40		was produced to the same of		40	11:00 A			MARKET STATES STREET, STATES STATES					
12			152	01	edinemin, particular		:52	10:00A								
13				,54			54	21008	 							
14		a varando bil bisato comana		,58	- Marian Description of the State of the Sta		.58	21308								
15			27	,42			,42	3:008								
16			.34				136	9:00 A		-		-				
17			.27	011		-	.27	10:00 4	1						Actions of the Assault is a print of the Assault is a	
18				124			,24	2:00P		<u> </u>						
19 20				21	***************************************	_	121	2:007							Material in the Control of the Contr	
21			.28	100	anning restart consistent	 	-28	11:00 A							MARCINE MANAGEMENT AND THE STREET	
22			32				-32	9:03 A								
23			100	134			136	21027								
24				.41			136	2:32								
25				45			145	3:00								
26		-		173	:42		,42	4:00P							A	*
27			.48		12		.48	9:00 A		ALBERTAL STATE OF THE STATE OF						
28			1.70	.39			.39	10:00 A		AND THE PROPERTY OF THE PROPER						
29				1												
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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.***

LEAD & COPPER

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

REPORTING FORM FOR $\underline{\mathsf{LEAD}\ \&\ \mathsf{COPPER}}$ ANALYSES

PWSID #: CO-20/504	COUNTY	(:Bo	ulder			
SYSTEM/ESTABLISHMENT NAM	E: Meadow Mountain Wat	er Company				
SYSTEM ADDRESS:	P.O. Box 162, Allenspa	rk, CO 80510	STATE	71P		
CONTACT PERSON:					ó	
LEFT COLUMN – To be filled	out by water system authority	RIGH	T COLUMN -	– To be filled ou	t by State Certif	ied Lab
		.1				
			DI DEGLUA	75 D.L. (7		
SAMPLE #404095		LABORATO		-		
DATE COLLECTED: 7/12/0	4	LABORATO	ORY JOB #	1115-013 (40	04095)	
TIME: 6:30 am am/pr	n	DATE ANAI	LYZED:	7 / 15 & 8 /	30 / 04	
SAMPLE COLLECTED BY:		EL EMENTE	DECLUT	EPA	METHOD	LAB
Steve Tedford		ELEMENT	RESULI	ACTN LVL	METHOD	MDL
SAMPLE LOCATION ADDRESS:		LEAD	BDL	0.015	200.9	0.005
<u>A</u>		COPPER	0.11	1.3	200.7	0.01
LABORATORY NAMEStewa				ONLY		
DATE SAMPLES RECEIVED IN LA				OTAL NUMBER		
						3
LAB COMMENTS:					200000000000000000000000000000000000000	
rif 6. Pelle	Ope	rations Manage	r		8/31/04	
Reviewed & Approved by		Title			Date	
MAIL RESULTS TO: QUESTIONS? CALL:						
Colorado Department of Pu ATTN: Debbie Getz WQCD-CMDM-B2 4300 Cherry Creek Drive So Denver CO 80246-1530		Del	obie Getz at 303-	-692-3549		
FOR CDPHE OFFICE USE ONLY:	Entered on Data Entry Form on _		INI	TIALS:		
	LEAD 90 th PERCENTILE =		COPPER 90 ^{tl}	PERCENTILE	=	

PLEASE MAKE AS MANY COPES OF THIS PAGE AS NECESSARY

Colorado Dept. of Public Health and Env. – CMDM Unit REPORTING FORM FOR <u>LEAD & COPPER</u> 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 SAMPLE # _____ 404096 LABORATORY RESULTS IN mg/L DATE COLLECTED: 7 / 12 / 04 LABORATORY JOB # 1115-013 (404096) TIME: 6:30 am am/pm DATE ANALYZED: 7 / 15 & 8 / 30 / 04 SAMPLE COLLECTED BY: **EPA** LAB ELEMENT RESULT ACTN LVL METHOD MDL Steve Tedford 0.011 0.015 200.9 LEAD 0.005 SAMPLE LOCATION ADDRESS: COPPER <u>ND</u> 1.3 <u>200.7</u> 0.01 _____B SAMPLE # 404097 LABORATORY RESULTS IN mg/L DATE COLLECTED: _____7 / 12 / 04 LABORATORY JOB # _____ 1115-013 (404097) TIME: ___ 6:30 am ___ am/pm DATE ANALYZED: 7 / 15 & 8 / 30 / 04 SAMPLE COLLECTED BY: **EPA** LAB ELEMENT RESULT ACTN LVL METHOD MDL Steve Tedford SAMPLE LOCATION ADDRESS: LEAD <u>BDL</u> 0.015 <u>200.9</u> 0.005 COPPER <u>0.24</u> 1.3 <u>200.7</u> _____C 0.01 SAMPLE # _______404098 LABORATORY RESULTS IN mg/L DATE COLLECTED: 7 / 12 / 04 LABORATORY JOB # _____1115-013 (404098) TIME: 6:30 am DATE ANALYZED: 7/15 & 8/30/04 am/pm SAMPLE COLLECTED BY: **EPA** LAB ELEMENT RESULT ACTN LVL METHOD **MDL** Steve Tedford SAMPLE LOCATION ADDRESS: LEAD _BDL___ 0.015 200.9 0.005 D 0.20 1.3 COPPER 200.7 0.01

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Colorado Dept. of Public Health and Env. – CMDM Unit REPORTING FORM FOR <u>LEAD & COPPER</u> ANALYSES PWSID <u>CO-207504</u> 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 SAMPLE # _____ 404099 LABORATORY RESULTS IN mg/L DATE COLLECTED: 7 / 12 / 04 LABORATORY JOB # _____1115-013 (404099) TIME: 6:30 am am/pm DATE ANALYZED: 7/15 & 8/30/04 SAMPLE COLLECTED BY: **EPA** LAB ELEMENT RESULT ACTN LVL METHOD **MDL** Steve Tedford SAMPLE LOCATION ADDRESS: LEAD 0.010 0.015 200.9 0.005 ____E COPPER ND 1.3 200.7 0.01 SAMPLE# LABORATORY RESULTS IN mg/L DATE COLLECTED: LABORATORY JOB# TIME: am/pm DATE ANALYZED: SAMPLE COLLECTED BY: **EPA** LAB <u>ELEMENT</u> <u>RESULT</u> <u>ACTN LVL</u> <u>METHOD</u> **MDL** SAMPLE LOCATION ADDRESS: LEAD 0.015 200.9 0.005 COPPER 1.3 200.7 0.01 SAMPLE# LABORATORY RESULTS IN mg/L DATE COLLECTED: LABORATORY JOB # TIME: DATE ANALYZED: am/pm SAMPLE COLLECTED BY: **EPA** LAB ELEMENT RESULT <u>ACTN LVL</u> **METHOD** MDL SAMPLE LOCATION ADDRESS: LEAD 0.015 200.9 0.005

COPPER

1.3

200.7

0.01

LEAD & COPPER

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

REPORTING FORM FOR <u>LEAD & COPPER</u> ANALYSES

	COUNT	Y:Bo	oulder		
low Mountain W	ater Company				
Box 162, Allensr	oark, CO 80510				
SS/PO BOX	CITY	STATE	ZIP		
Tedord		PHONE:	(303)747-206	6	
em authority	RIGH	T COLUMN	– To be filled or	it by State Certi	fied Lab
	LABORATO	RY RESULT	`S IN mg/L		
	LABORATO	RY JOB#	1115-013 (4	04095)	
	DATE ANAI	YZED:	7/15 & 8/	30 / 04	
	ELEMENT	RESULT	EPA <u>ACTN LVL</u>	METHOD	LAB MDL
	IFAD	RDI	0.015	200.9	0.005
					0.01
	COLLEC	0.11	1.5	200.7	0.01
				0.1	
			TAL NUMBER	RECEIVED	5
				* " p	
Орег	rations Manager Title	-	3	3 / 31 / 04 Date	<u> </u>
	Pa a		1	9 00	
		QUE	STIONS? CAL	L:	
ironment	*	Debb	ie Getz at 303-6	92-3549	
ntry Form on		INIT	IALS:		
ENTILE =	C0	OPPER 90 th F	PERCENTILE =		
	Box 162, Allenst SS/PO BOX Tedord Im authority WING SECTION onsultants, Inc. 7 / 12 / 04 Oper The property of the prope	Box 162, Allenspark, CO 80510 SS/PO BOX CITY Tedord In authority RIGH LABORATO LABORATO LABORATO DATE ANAL ELEMENT LEAD COPPER WING SECTION IS FOR LABOR Onsultants, Inc. 7 / 12 / 04 Operations Manager Title Tronment	Box 162, Allenspark, CO 80510 SS/PO BOX CITY STATE Tedord PHONE: Im authority RIGHT COLUMN LABORATORY RESULT LABORATORY JOB # DATE ANALYZED: ELEMENT RESULT LEAD BDL COPPER 0.11 WING SECTION IS FOR LABORATORY USE Onsultants, Inc. LAI 7/12/04 TO Operations Manager Title Output Title QUE Tonment Debt	Box 162, Allenspark, CO 80510 SS/PO BOX CITY STATE ZIP Tedord PHONE:(303) 747-206 mauthority RIGHT COLUMN - To be filled on LABORATORY RESULTS IN mg/L LABORATORY JOB #1115-013 (4) DATE ANALYZED:7/15 & 8 // ELEMENT RESULT ACTN LVL LEAD BDL 0.015 COPPER 0.11 1.3 WING SECTION IS FOR LABORATORY USE ONLY Onsultants, Inc. LAB PHONE # Operations Manager Title QUESTIONS? CAL RITY Form on INITIALS:	Down Mountain Water Company Box 162, Allenspark, CO 80510

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Colorado Dept. of Public Health and Env. – CMDM Unit REPORTING FORM FOR <u>LEAD & COPPER</u> ANALYSES

PWSID <u>CO-207504</u> SYSTEM/ESTABLISH	MENT 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
SAMPLE#404096	LABORATORY RESULTS IN mg/L
DATE COLLECTED: 7/12/04	LABORATORY JOB #1115-013 (404096)
TIME: <u>6:30 am</u> am/pm	DATE ANALYZED: 7 / 15 & 8 / 30 / 04
SAMPLE COLLECTED BY: Steve Tedford	EPA LAB <u>ELEMENT RESULT ACTN LVL METHOD MDL</u>
SAMPLE LOCATION ADDRESS:	LEAD <u>0.011</u> 0.015 <u>200.9</u> <u>0.005</u>
B	COPPER <u>ND</u> 1.3 <u>200.7</u> <u>0.01</u>
SAMPLE #404097	LABORATORY RESULTS IN mg/L
DATE COLLECTED: 7 / 12 / 04	LABORATORY JOB #1115-013 (404097)
TIME: 6:30 am am/pm	DATE ANALYZED: 7 / 15 & 8 / 30 / 04
SAMPLE COLLECTED BY: Steve Tedford	EPA LAB <u>ELEMENT RESULT ACTN LVL METHOD MDL</u>
SAMPLE LOCATION ADDRESS:	LEAD <u>BDL</u> 0.015 <u>200.9</u> <u>0.005</u>
<u>C</u>	COPPER <u>0.24</u> 1.3 <u>200.7</u> <u>0.01</u>
SAMPLE #404098	LABORATORY RESULTS IN mg/L
DATE COLLECTED: 7/12/04	LABORATORY JOB #1115-013 (404098)
TIME: 6:30 am am/pm	DATE ANALYZED:7/15 & 8/30/04
SAMPLE COLLECTED BY: Steve Tedford	ELEMENT RESULT ACTN LVL METHOD MDL
SAMPLE LOCATION ADDRESS:	LEAD <u>BDL</u> 0.015 <u>200.9</u> <u>0.005</u>
<u>D</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 <u>LEAD & COPPER</u> 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 SAMPLE # ______ 404099 LABORATORY RESULTS IN mg/L DATE COLLECTED: 7 / 12 / 04 LABORATORY JOB # _____1115-013 (404099) TIME: 6:30 am am/pm DATE ANALYZED: 7/15 & 8/30/04 SAMPLE COLLECTED BY: EPA LAB ELEMENT RESULT ACTN LVL METHOD MDL Steve Tedford 0.010 0.015 0.005 SAMPLE LOCATION ADDRESS: LEAD 200.9 ND 1.3 COPPER 200.7 0.01 SAMPLE# LABORATORY RESULTS IN mg/L DATE COLLECTED: LABORATORY JOB # TIME: DATE ANALYZED: am/pm SAMPLE COLLECTED BY: EPA LAB ELEMENT RESULT ACTN LVL **METHOD** MDL SAMPLE LOCATION ADDRESS: LEAD 0.015 200.9 0.005 200.7 COPPER 1.3 0.01 SAMPLE# LABORATORY RESULTS IN mg/L DATE COLLECTED: LABORATORY JOB # TIME: am/pm DATE ANALYZED: SAMPLE COLLECTED BY: LAB **EPA** ELEMENT RESULT ACTN LVL **METHOD** MDL SAMPLE LOCATION ADDRESS: 0.015 200.9 0.005 LEAD COPPER 1.3 200.7 0.01



Journal 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 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 STATE 7IP CONTACT PERSON: PHONE: (303) 747-2066 Steve Tedford SAMPLE COLLECTED BY: Steve Tedford TIME COLLECTED: 7:00 am WATER TYPE: RAW (No chlorine or other treatment) CHLORINATED X OTHER TREATMENT SAMPLE POINT: LOCATION: Address SOURCE(S) REPRESENTED: 125 Meadow Mountain Drive EPTDS-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: RESULT in MCL in **STANDARD** Lab MDL in PARAMETER (mg/L)(mg/L)**METHOD** (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. H = Holding time has been exceeded NT = Not Tested for Compound * = NOT an MCL, "Action Level"

** = NOT an MCL, "Monitoring Requirement Only" mg/L = Milligrams per Liter MCL = Maximum Contaminant Level Lab MDL = Laboratory Method Detection Limit 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



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

REPORTING FORM FOR $\underline{\text{INORGANIC CHEMICALS}}$ ANALYSES

SAMPLER:	FILL OUT ONE FORM	- FOR <u>EACH</u> II	NDIVIDUAL SAMPLIN	NG POINT or COMPO	SITE SET						
	sults to be used to fulfill c		toring requirements? YI	ES 🗵 or NO 🗌							
PWSID #:	CO-207504 CO	UNTY:	Boulder	DATE COLLECTED: 8 / 23 / 04							
SYSTEM/E	STABLISHMENT NAM	E:	Meadow Mountain Wate	er Company							
SYSTEM M	AILING ADDRESS:		P.O. Box 162. Allenspark, CO 80510 CITY STATE ZIP								
	PERSON:										
SAMPLE CO	OLLECTED BY:		Steve Tedford	TIME COLLECTED	D:7:00 am	am/pm					
WATER TY	PE: RAW (No chl	orine or other treatment)	CHLORINATE	ED OTHER TR	REATMENT						
SAMPLE P	OINT:	LOCATI	ON: Address	SOURCE(S) REPR	ESENTED:						
EPTDS-			eadow Mountain Drive park, CO 80510								
	DO SAMPLES NI	EED TO BE CO	OMPOSITED BY THE	LABORATORY? Y	ES 🗌 NO 🗵						
	CHECK (ATION SAMPLES CA coratory Use Only Below		ITED						
LABORATO	ORY SAMPLE #403	5006	CLIENT NAME or ID#	Meadow Mountain V	Water Company (1115	-013)					
LABORATO	ORY NAME Stewart Er	vironmental Con	nsultants, Inc.	LAB PHONE # <u>(97</u>	70) 226-5500						
DATE REC	EIVED IN LABORATOR	RY 8/23/0	14	DATE ANALYZED	8/25, 31, 9/2, 3,	7. & 8 / 04					
	S:										
COMMENT	S		MCI :-	CTANDADD	I al MDI :						
	PARAMETER	RESULT in		STANDARD	Lab MDL in						
		(mg/L)	(mg/L)	METHOD	(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 exceed * = NOT an MCL, "Action Level" ** = NOT an MCL, "Monitoring F Lab MDL = Laboratory Method D	Requirement Only"						
n	f 6. Pell		Operations Manager	er 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 Mc .ntain 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.

Client Name:

Meadow Mountain Water Company

Project Number: 1115-013

Sample Name:

Meadow Mountain

Sample Matrix: Sample Number:

Water 405839

Sample Date: Date Received:

10/04/04 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.

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.

Client Name: Meadow Mountain Water Company Fortel 7-05-04

Project Number: 1115-013

Sample Name: Foust

Sample Matrix: Water Sample Number: 407042

Sample Date: Date Received: 12/06/04

12/06/04

Analysts:

DJL

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.

DAYTIME PHONE:	303, 747-2066	PWSID# (0-0207504)
CERTIFIED OPERATOR SIGNATURE:	Stef 1 The	NAME OF WATER SYSTEM: Meddow Mountain
OPER. NAME PRINTED:	STANGER L TROTEUR	county: Boulder
Plant Number or Name:	#: - NAME:	MONTHYEAR: Dec 2004

II. A. CHLORINATION - DISTRIBUTION SYSTEM

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) $\underline{\cdot}$ %
D	Are the measurements as TOTAL or FREE chlorine?/3/2019
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	.8	/				
2	1.0	· · · · · · · · · · · · · · · · · · ·				
3	, 9	- I				
4	08	1				
5	15	/				
6	,5	1				
7	.5	1				
8	,5					
9	.5	1				•
10	.5	Ì				·
11	14					
12	.5					
13	5	1				A .
14	6	· /				
15	,5	No.				
16	, 6	1				•
17	.6)				
18	15	1				
19	.7	1				· ·
20	1,0	ĺ				
21	1.0	1				
22	, 9	/			-	
23	19					
24	.5	1	·			
25	7			•	-	
26	•4	. /			*	
27	64	1				
28	,5	1				
29	. 5	j				
30	,5	1				ž.
31	,6					

- 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# NAME OF WATER SYSTEM:

CO-0207504 Meadow Mountain WS

COUNTY:

MONTH/YEAR: FILTER PLANT NUMBER OR FILTER PLANT NAME:

CERTIFIED OPERATOR SIGNATURE:

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

Point of I	of Measurement Type of Filtration	BA 6 eg. conventional, direct, slowsand, DE, etc
	A	
Require	ired number of Turbidity of readings per day Che	ck One: [] Continuous M Grab Samples
Turbidi	idity MCL NTU (1.0 or 0.5 or other MCL per	written notification from this Department)
Α	Total number of Turbidity readings this month3	Do NOT count PO entries (Maximum = 186 from 6 columns)
В.	Number of Turbidity measurements which are greater than the	e MCL
С	Percent of Turbidity measurements which are greater than the	e MCL (Note: C = B/A x 100)%
D	If C is greater than 5%, notify this Department and attach proo	of of Public Notice.
E	Did any readings exceed 5.0 NTU? [] Yes [X] No If yes	s, 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 re	eport is to tell us the plant did not operate.

			TÜRBI	DITY MEASU	REMENTS				
	Time:	Time:	Time: /0.00	Time: 2700	Time:	Time: /0.700		HIGHEST of all	
DAY	Midnight - 4: s.m.	4 - 8 4	8 - Moon	Nean - 4 p.s.	4 - 8 p.m.	8 - Hidnight	Check If	Readings for the DAY	Highes Readin TIME
1					.47			.47	4:151
2				.44				, 44.	3.15P
3				. 42				42	3:15
4				44				-25	1:30
5				25					1.49
6					. 35			.35	6:151
7	,				25			+25	4:15
8					. 48 -	60		48	4:00
9			138			,90		. 40	8301
10			138					36	9:00
11			170	,40				,40	2.00
13			.45	70				,45	10:45
14			. 34					.34/	10:20
15					.24			. 24	4100
16					.30			.30	4:50
17			.30					,30	10:00
18			.	, 33				.33	2130f
19				-22				.22	12:40
20					.31			, 31	5:001
21				.56				,56	3:201
22	i		~ 0	,32				,32	4:02 f
23			30			ALL DE LA CALLED AND ALL DE LA		,}0 (37	8:000
24			132					32	11:300
25			192	•22				22	3000
26				35				135	3.000
28			·	. 39				. 39	3:337
29			.37					. 37	
30 '				, 34				,34	3.85 /
31				-	132			子上	7:151
					fellesine film reverence excent terminative and reset to end when the	EADING OF THE	MONTH:	.56	

- 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.
- Record the TIME you take your readings at the TOP of the appropriate column. 3.
- 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. 5
- If turbidity readings are greater than the MCL refer to the 'TURBIDITY MCL RESPONSE POLICY'.

DAYTIME PHONE:	303, 747-1066	PWSID# (0-0207504
CERTIFIED OPERATOR SIGNATURE:	Styley Jee	NAME OF WATER SYSTEM: MeddowMountain W
OPER. NAME PRINTED:	STBPHON L TOBTOR	county: Boulder
Plant Number or Name:	#: - NAME:	MONTHYEAR: NOU/04

II. A. CHLORINATION - DISTRIBUTION SYSTEM

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? FNGB
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	18	Î				
2	,5	, Williams			-	
3	,5					
4	.5	/				
5	. 7	1				
6	18					
7	1.0					
8	1.0					
9	.8					
10	1.0	j				
11	. 3	<u> </u>				
12	19			٠		
13	13	.				
14	.6	(
15	.5					
16	1,					
17		1				
18	.5	/				
19 20	· A			·		
21	.5	1				
22	. 4	/			-	
23	15	1				
24	.4					
25	.8	1				
26	·S	1			·	
27	1.0	1				
28	.9	/				
29	,8					
30	,8	1				•
31						

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

^{1.} 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

(Arthorny or

PWSID# NAME OF WATER SYSTEM:

CO-0207504 Meadow Mountain WS

COUNTY:

MONTHYEAR:

FILTER PLANT NUMBER OR FILTER PLANT NAME:

CERTIFIED OPERATOR SIGNATURE:

PLEASE FILL IN ALL FIELDS (both sides)

I. TURBIDITY SECTION

	•	Type of Filtration	eq.	Beeg conventional, di	rect, slowsand, DE, etc
Required number of Tu	urbidity of readings per o	day <u>1</u>	Check One	[] Continuous	(Grab Samples
Turbidity MCL	1 NTU (1.0 o	r 0.5 or other M	CL per written	notification from	this Department)
A Total number	of Turbidity readings this	s month3c	7 De NO	I count PO entries (Maxim	num = 186 from 6 columns)
B Number of Tur	bidity measurements wh	hich are greater ti	nan the MCL	6	
C Percent of Turk	bidity measurements wh	nich are greater th	an the MCL (Note: C = B/A x	100)%
D If C is greater th	han 5%, notify this Depa	artment and attac	h proof of Pub	lic Notice.	
E Did any reading	gs exceed 5.0 NTU? [Yes No	If yes, was C	DH Notified? [Yes []No
	filter plant was OFF TH n a turbidity report for e			o tell us the plant	did not operate.

TURBIDITY MEASUREMENTS									
	Time:	Time:	Time: 10.00	7.00	Time:	Tima:		HIGHEST of all	
DAY	Hidnight - 4: 4.m.	4 - 8 a.m.	4 - Haan	Maon = 4 p.m.	4 - 8 p.m.	8 - Hidnight	Check If	Readings for the DAY	Hegha Read I
1			\$.30					136	5:3
2					. 32			, 30-	5:00
3			. 24					.24	8:30
4				.20				, 20	2100
5				. 21				. 21	2:00
6				.84				124	3:20
7			:32					.32	11:00
8				.19	-			.19	12:10
9				.24				. 24	12:30
10					.31			.31	4:00
11			37					.37 .	11:30
12				134				134	3:20
13				132				132	1.30
4				.30		and the second		.30	3.30
5			,39			B. Harris		.39	10:00
6				,32				,32	ノジ
7				,3U				.34	1:45
8				i i	.30			. 30	4:00
9					372			132	3301
•				32				,32	2:00
1			20		26			26	450
2			, 32	2				,32	11:06
3	All control of the co			, 31				.31	2:00+
4		-	34	.22				,34	9:00
5	and the same of th			14		17/2		.22	2.204
6	Education of the Control of the Cont		27/			.20		20	9-04
2			.24	(9 A				124	2.45
8			,22	-24				72	10:00
9			100	02				172	10.00
0,				્રે ઉ				, 33	2:30
1		THE STATE OF THE S		, promote					

INSTRUCTIONS:

5

- 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. 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) 747-0066	PWSID# (0-0207504
CERTIFIED OPERATOR SIGNATURE:	Strucce	NAME OF WATER SYSTEM: MEDIDOW MOUNTAIN W
OPER. NAME PRINTED:	STRAHEN STRAKE	COUNTY: Boulder
Plant Number or Name:	#: - NAME:	MONTHYEAR: OF 104

II. A. CHLORINATION - DISTRIBUTION SYSTEM

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
C	Percent of Chlorine Residual measurements with NO Chlorine detected (Note: C = B/A X 100) <a> %
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	A5.5	, , , , , , , , , , , , , , , , , , ,				
2	, 6				-	
3	.8	, and a second				
4	, 8	Ì				
5	. 9	/				
6	.9	٠.				
7	.8	1				
8	e 5	1 %				
9	ی کا	/				
10	, 8	j				·
11	, 8	j				
12	.7	1				
13	. 7	i de				Α
14	.7	. 1				
15	. 7	. X				
16	·le	1				
17	.7	(
18	.8	j				
19	,9	/		1		·
20	.8	j				
21	. 9	1				
22	1.0	ĺ			-	
23	1.0					
24	:7		k .			
25	,6	1		`	•	
26	. 5	j			-	
27	. 7	/				
28	.6					
29	.7	/				
30	. 7	/				}
31	. 7	1				

^{1.} 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.

Chy. 7-04

TURBIDITY & DISINFECTION REPORT

Return completed form to:

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

(303) 692-3500

PWSID# NAME OF WATER SYSTEM: Meadow Mountain WS

<u>CO-0207504</u>

COUNTY: MONTH/YEAR:

FILTER PLANT NUMBER OR FILTER PLANT NAME:

CERTIFIED OPERATOR SIGNATURE:

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

	Measurement PLANT Type of Filtration Bog eg. conventional, direct, slowsand, DE, etc.
Requir	ed number of Turbidity of readings per day Check One: [] Continuous [X] Grab Samples
	ty 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)
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 must turn in a turbidity report for every WTP even if the report is to tell us the plant did not operate.

			TURBI	DITY MEASU	REMENTS				
	Time:	Time:	Time:	Time:	Time:	Time:		HIGHEST of all	
DAY	Hidnight - 4: a.m.	4 - 8 a.m.	8 - Magn	Hean - 4: p.m.	4 - 8 p.m.	8 - Hidnight	Check If	Readings for the DAY	Higher Readi TIME
)			, 25					, 25	11:00
2				.39				. 39.	2:30 F
3			,30					30	10 50
4			.22					. 22	9:45
5				.24				24	2:00 1
6				, 32				,32	3:00 F
7					,35			,35	\$1301
8				,37				.37	2:001
9		·		, 30				: 130 :	3.00
10				29				,29	3:00 8
11					, 34			. 34 .	5:00F
12				, 35				35	2:108
13				.34				.34	3:501
14				, 30				. 30	12:02
35			,34					. 34	11:15/
16	•				, 31			, 31	4:00 6
17				-30				-30	12:30,
18			.21	*3e				.21	11:00 7
19		-		,20				,00	1:00
20					. 47			.47	4:00 F
21			,31	,34				, 31	11:30 A
22				, 38				, 38	12:30 P
23					, 30			, 30	4:30 P
24		-		•35				•35	130 p
25			.33					, 33	11:00 A
26				.25					12:30 0
27		direction of the control of the cont			32			.32	4:00 P
28		day of the second			,34			,34	4:30 ?
29				.30.				,30	2:30 f
30 4					, 28			,28	3:00 f
31	. (and the second s		- 100 mm and 100 mm an	.38	ij.		-38	5.30

- INSTRUCTIONS: 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.
- Record the TIME you take your readings at the TOP of the appropriate column. 3.
- Record the highest turbidity reading recorded over the day. If you use a continuous monitoring turbidimeter, 4. 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'. 6.

		04
DAYTIME PHONE:	(303) 747 - 2066	2/-
CERTIFIED OPERATOR SEGNATURE:	Story e	10

NAME OF WATER SYSTEM: <u>Meddow Mountain WS</u>

MONTH/YEAR:

Plant Number or Name: #: - NAME:

OPER. NAME FRINTED:

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 _____

Percent of Chlorine Residual measurements with NO Chlorine detected (Note: C = B/A X 100) C

D

 (A) An undetectable residual disinfectant concentration within the distribution system in more than 5% of the samples; or 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. NOTE:

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 Chlorir a or Turbidit
11	1.0	/				
2	,9	1				
3	1.0	1				
4	1.0	1				
5	. 8	ĺ				
6	19	('				
7	,9	/				
8	1.0	1			1.	
9	1.0	ì	****			
10	1.0	/			-	
11	.9	(·	
12	.8	1				
13	, 9	/			-	
14	1.0	- 1			-	
15	, 8	i				
16	. 9	i				
17	1.0	-1				
18	, 8	- January			-	
19	1.0	1		3		
20	1.1	/				
21	9	1				
22	.5	1				
23	.5	1				
24	1.0	/				
25	1.1	1		. 5		
26	1-0	- 1				
27	1.0					
28	1.0	i				
29	1.1			9		
30	. 8	i			1	
31						1

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 Feturn completed form to:

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

(303) 692-3500

PLEASE FILL IN ALL FIELDS (both sides)

PWSID#

NAME OF WATER SYSTEM:

COUNTY:

MONTH/YEAR:

FILTER PLANT NUMBER OR FILTER PLANT NAME:

CERTIFIED OPERATOR SIGNATURE:

I. TURBIDITY SECTION

Point of I	Measurement PLANT Type of Filtration BA6 eg. conventional, direct, slowsand, DE, etc.
	ed number of Turbidity of readings per day Check One: [] Continuous [X] Grab Samples
Turbidi	by MCI NTU (1.0 or 0.5 or other MCL per written notification from this Department)
Α	Total number of Turbidity readings this month 3 5 Do NOT count PO entries (Maximum = 188 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 must turn in a turbidity report for every WTP even if the report is to tell us the plant did not operate.

			TURBI	DITY MEASU	REMENTS				
	Time:	Time:	Time:	Time:	Time:	Time:		HIGHEST of all	
DAY	Midnigre - At a. i.	4 - B a ; m.	nook - B :	Noon - A P.M.	4 - 8 », m.	B - Hidnight	Chact 11	Rendings for the DAY	1 200 1
					.55			, 63	4:20
2_			.46					.46	11:15
- 3				.65				,65	3:30
-4-			-35-		. 48			+48	4:151
5			.07					. •35	11:45
		1100		.48				48	1200
		:42			117			:42	6500
- A			20		. 47			.47	4:000
9			. 32		2.1			.32	11:30
10			,32		:34			.34	4:15
27			1,2		.27		·	32	10.20,
13			.34		21			27	6:30,
14			35					34	9:30
15					30			:30	4:157
36			. 37					.37	10: se A
17					. 33			, 33	4:308
18					.45			:45	6:15P
19				, 35				,35	21006
20			: 26					,26	11:00 A
21				.22				,22	1:01 7
22					.39			,39	4:00 0
23					. 31			,31	4:15 8
21		.		. 35				. 35	1:151
25				. 48		12		,48	2130 P
21			437						10'00A
27				6.0	.21				5100 f
26				.30				.30	1:306
29			.10	.34			SA PROPERTY OF STREET	.34	3:45P
30 '			:42					,42	11:30 A
31				<u> </u>					
					HIGHEST REA	ADING OF THE	MONTH:	,65	

- 1. If you use a CONTINUOUS monitoring turbidimeter, record the value at the same times each day.
- 3.
- 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, 4. 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) 747-1066	PWSID# <u>(0~0</u>
CERTIFIED OPERATOR SIGNATURE:	Stylle	NAME OF WATER SYSTEM: 1 1000
	05-11/1/2101	COUNTY POUR

OPER. NAME PRINTED: SIRPHEN L. CEDROOM MONTH/YEAR: Plant Number or Name: #: - NAME:

II. A. CHLORINATION - DISTRIBUTION SYSTEM

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	A e the me isurements as TOTAL or FREE chlorine? FAR
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	COMMEN S For Chlorir s or Turbidit
1	10.	ĺ				
2	1.0				'	
3	,9	/				
4	1,0					
5	1.0					,
6	,9					
7	9	1				·
8	d	l				·
9	,9	(
10	1.0					·
11	1.0	ĺ		,	,	
12	1.0			g.		
13	1.0	1				
14	0,)		2			
15	59	ĺ				
16	1.0	1				
17	1.1					
18	.9	1				
19	9	1				
20	.5	j				
21	,5	Ì				
22	07	1				
23	.9	1				
24	. 8	ì	(A)			
25	1.0			. 5	es a second	
25	1.0	ľ				
27	1.0	1				
28	1.0	1				
29	1.0	1				
30	1.0	Ĺ				
31	1.0	j				

- 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 Feturn completed form to:

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

(303) 692-3500

PWSID#

COUNTY:

NAME OF WATER SYSTEM:

FILTER PLANT NUMBER OR FILTER PLANT NAME:

CERTIFIED
OPERATOR SIGNATURE:

MONTH/YEAR:

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

Point of M	easurement PUDN7 Type of Filtration BAG eg. conventional, direct, slowsand, DE, etc	c.
Re quire	d number of Turbidity of readings per day Check One: [] Continuous K] Grab Samples	,
Turbidit	MCINTU (1.0 or 0.5 or other MCL per written notification from this Department)	
Α	Total number of Turbidity readings this month	
B.	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 must turn in a turbidity report for every WTP even if the report is to tell us the plant did not operate.	

			TURBI	DITY MEASU	REMENTS		grissi Ngg		
	Time:	Time:	Time:	Time:	Time:	Time:		HIGHEST of all	
DAY	Midnigre: - A: 4. 1;	4 - 8 4 m.	8 - Noon	Noon - 4 P.M.	4 - B > TA	B - Hidnight	Chack if	Rendings for the DAY	Highest Reading TIME
1			£5		°3i			,31	5.00
2			,43					.43	11:00 A
3					,30			,30	41308
4					.36			, 36	4:00P
5				, 35				. 35	3.00f
6			_34					134	10:1017
7				130				.30	3:40)
8				.26				.26	12:100
9		-			.39			. 39	5:00 9
10					.51			. 51	4:00 P
22				.31			Tr.	.31	3:00 P
12		0	.34			The opposite of		034	11:45A
13					, 33			.33	5:00
14				.76				. 36	3:151
15		-	i	433				<i>'33</i>	2:45
16			.40					.40	10:45F
17				.37				.37	12:30/
13				. 44				,44	3:300
19				, 40				. 40	Noon
20			,	26				.26	3:30 P
21					. 46			46	4:45 P
22					. 48			48	6:40f
23					.56			o 56	5:15 €
24				.39				.39	2:00 €
25				.53				.53	3130P
21					.31			31	5:30 }
27			,26					, २५ , २५	11:30 A
26			1,24						11/30
29				48				.48	1.10p
30 *			. 39					.39	9:45+
31				.36				.36	1:00 P
					HIGHEST PE	ADING OF THE	MONTH:	.53	

- 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. Record the TIME you take your readings at the TOP of the appropriate column. 3.
- 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 PC 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'. S.

DAYTIME PHONE:	(307, 74>-0066	PWSID# <u>C0-0207504</u>
CERTIFIED OPERATOR SIGNATURE:	Sty v Ill	NAME OF WATER SYSTEM: MeddowMountainWS
OPER. NAME FRINTED:	STRAFFIN / TRISCON	county: <u>Boulder</u>
Plant Number or Name:	#: - NAME:	MONTHYEAR: ZUY/04

II. A. CHLORINATION - DISTRIBUTION SYSTEM

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) $\frac{\%}{}$
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; er 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 Chlorir a or Turbidit
1	1.2	J				
2	1.3	j				
3	1.2)				
4	1.2	Ì				
5	10					
6	1.2	/				
7	1.2					
8	1-1					
9	.9					
10	.8'	1				
11	.5		3			
12	. 8					
13	. 8	į				
14	. 8					
15	. 7	1				
16	. 8					
17	. 8	1				
18	.6					
19	.7	1				
20	19	1				
21	,8					
22	1.1					
23	1.D					
24	.1	1				
25	1.0					,
26	1.2					
27	1.2	1				
28	1.2					
29	1.1					
30	.9					i a
31	1.1.1					

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 Feturn completed form to:

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

(303) 692-3500

PWSID# NAME OF WATER SYSTEM:

COUNTY:

MONTH/YEAR:

FILTER PLANT NUMBER OR FILTER PLANT NAME:

CERTIFIED OPERATOR SIGNATURE:

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

Point of	int of Measure ment	nal, direct, slowsand, DE, etc
Re quir	A	nuous (Grab Samples
Tui bidi	bidity MCLNTU (1.0 or 0.5 or other MCL per written notification	n from this Department)
Α	Total number of Turbidity readings this month	es (Maximum = 185 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) 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 [X] No If yes, was CDH Notifie	d? [] 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 th	e plant did not operate.

	Time:	Time:	Time:	Time:	Time:	Time: /0.70		HIGHEST of all	
DAY	Midnigte - At a. ii	-4 B a .m.	8 - Noon	Neon - 4 p.m.	4 - 8 p.m.	B - Hidnight	Chect 11	Readings for the DAY	Higher Readir Time
1				,36				, 3k	3/30
2					. 26			,26	4:15
3					. 42 :38			.42	4:00 \$
4					*38			38	5001
. 5						.37		32	9.30
5				,56				. 54	2:30
2					. 26			.26	4:00 P
				,37				,37	12:10
9		7		.29				129	3:45
10			.20		142			:42	4:30
22			.30					.30	10:00
12			.40	ES				.40	70:00
13				,55 ,32				,55 ,32	3:30f
14					.34			134	24:41
25				.29	134			,29	11:00 4
36				,37				.37	12:45
13				30				30	3.00p
19			. 36						9:30 /
20		· · · · · · · · · · · · · · · · · · ·		. 35				35	12:30
21	•			.42				142	3:30
22				.50				.50	3:451
23					.36			, 36	4:30
21					.47			.47.	4:200
25					.45			.45	520P
20					41			.41	5700P
27				151				,51	2:00
20				.34				,34	3:30
29				,29.				,29	12:00 P
30 *			,37	.31				.37	10530 St
31			, 25					,25	11:30 A

- 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.
- 2. 3. 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, 4. the reading could occur at ANY time during the day, not just your designated four hour reading.
- 5 Enter PC for plant off if the treatment plant did not operate within the designated 4 hour black.
- If turbidity readings are greater than the MCL refer to the 'TURBIDITY MCL RESPONSE POLICY'.

DAYTIME PHONE:	1323,1947-2066	PWSID# <u>C0-0207504</u>
CERTIFIED OPERATOR SIGNATURE:	Stylyer	NAME OF WATER SYSTEM: Meddow Mountain WS
OPER. NAME FRINTED:	STADHAN L MENIORE	county: <u>Boulder</u>
Plant Number or Name:	#: - NAME;	MONTHYEAR: JUNE 104

II. A. CHLORINATION - DISTRIBUTION SYSTEM

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 NO Chlorine
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? PAGE
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.

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 Turbidit
.8	/				
1.0					
. 9	1				
. 7	1				
1.1	X AMERICAN CONTRACTOR				
1.0	Ì				
1. 0	i				
1.1	(
1.0	(,
1.1	1				
1. 1	1			1	
1.0	i				
1-0	1				12
1.1	1				
1.2	1				
1.3	1				
1.3	/				
. 8					
, 6	1		8		
6	- 1				
,7					
1.2	(AND THE STATE OF T
	1	· · · · · · · · · · · · · · · · · · ·			
1.0	1				
	1				
1.0	ĺ			1	
1.0)			1	
1.1	1			,	AND A SECOND CONTRACT OF THE SECOND CONTRACT
1.1					1
				1	
	Reading 8	Reading per day . 8	Residual Reading per day < 2 mg/l	Residual Reading Per day Residual is Notified Per day Per d	Residual Reading per day

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 Fleturn completed form to:

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

(303) 692-3500

PWSID# NAME OF WATER SYSTEM:

COUNTY:

MONTH/YEAR:

FILTER PLANT NUMBER OR FILTER PLANT NAME:

CERTIFIED OPERATOR SIGNATURE:

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

Point of	Measurement PLANT Type of Filtration BAG eg. conventional, direct, slowsand, DE, et
Requir	ed number of Turbidity of readings per day Check One: [] Continuous [] Grab Samples
Turbidi	ty MCI NTU (1.0 or 0.5 or other MCL per written notification from this Department)
A	Total number of Turbidity readings this month
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 [YNo 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: 10.00	Time:	Time:	Time:		HIGHEST of all	
DAY	Midnigte - A: 4, 1;	4:- 8 a,m.	8 - Noen	Hoon - A p.m.	4 - 8 p.m.	B - Midnight	Chack 11	Rendings for the DAY	Highest Reading TIME
1				.44				.44	3:20
2				. 35				135	3:45
3			. 49					.49	10:45
4			.23					.23	11:151
5			.47					47	11:45 A
. 6				.28				28	3407
2			.47					.47	9:45
<u>A</u>		ļ		.30				,30	2:00 F
9					,70			,70	4:00 P
10					.51			. 51	4:30 8
22_				.30				(30.	3:30P
12				- 35	132			32	4:00 P
13				,27				.27	1:000
14				2.61	. 40			,40	4130 F
)5		-		, 3મ				32	1:30 P
26					,24			124	4:158
17					.49			. 49	5:30 P
13			1/2		.49				4:00 6
19			,42		32			:32	11:45/
20			111		-32			. 46	6:20p
21			.44	.50				,50	3:301
22			-	.50	,37			.37	4304
23	-	li			.36			.36	5:07
21				.39	5 34			20	12:45
25					. 47			. 47	4:30
27				.41				141	3:201
20						.36		·41 ·36	19:14
29					, 35			,35	10:30
30 '				. 44				.44	3:30,
31	-								

- 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. Record the TIME you take your readings at the TOP of the appropriate column. 3.
- 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. 5
- If turbidity readings are greater than the MCL refer to the 'TURBIDITY MCL RESPONSE POLICY'. 6.

DAYTIME PHONE:	(307) 747-7066	PWSID# <u>C0-0207504</u>
CERTIFIED OPERATOR SEGNATURE:	Stylle	NAME OF WATER SYSTEM: MEddow Mountain WS
OPER. NAME FRINTED:	STAPHAN L PROPERTY	county: <u>Boulder</u>
Plant Number or Name:	#: - NAME:	MONTHYEAR: May 2004

II. A. CHLORINATION - DISTRIBUTION SYSTEM

A	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? Phelo
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 Chloring or Turbidit
1	1.0.	ĺ				
2	j-0	1				
3	1.0)				
4	.8	Compa				
5	. 7	/				
6	. 6	1				
7	. 8					The second secon
8	,5	/				
9	· S	1				
10	, 9					
11	G			,	,	
12	8			r .		
13	, 8	ĺ			-	
14	,8	. \				
15	1.0	Ì				
16	1.0	l				
17	1.0	/				
18	1.0	ì			-	
19	on control of the con					
20	1.1	1				***************************************
21	1.4	/				
22	4.1	İ				
23	0.9					and the second s
24	1.0	-				
25	1.0	(. 5 *		
26	1.0	. (
27	.3	1				
28	, 8	1				
29	,9			1		
30	.9	1			-	;
31	.8	ĺ				

INSTRUCTION 3:

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 Fleturn completed form to:

Colorado Department of Public Health & Environment WQCD-CMDM-B2 43()0 Cherry Creek Drive South Denver, CO 80246-1530

(303) 692-3500

PLEASE FILL IN ALL FIELDS (both sides)

NAME OF WATER SYSTEM: Meddow Mountain W

county: ___ Roulder

MONTHYEAR: May 2004

FILTER PLANT NUMBER OR FILTER PLANT NAME:

CERTIFIED OPERATOR SIGNATURE:

NAME:

1	TI	ID	RI	n	ITY	(CT	10	N
	16	JK	DI	ıu	1 I T			IU.	IA

Point of Measur		ype of Filtration	eg. conventional, di	rect, slowsand, DE, etc
Re quired nu	inber of Turbidity of readings per day	1 (Check One: [] Continuous	M Grab Samples
Turbidity MC	NTU (1.0 or 0.	5 or other MCL	per written notification from	his Department)
	I number of Turbidity readings this m			um = 188 from 6 columns)
B ' Nun	ber of Turbidity measurements which	n are greater than	the MCL	_
C Pero	ent of Turbidity measurements which	are greater than	the MCL (Note: C = B/A x	100) 2 %
D If C	greater than 5%, notify this Departm	nent and attach p	roof of Public Notice.	
E Did	any readings exceed 5.0 NTU? []Y	es MNo If	yes, was CDH Notified? []	Yes []No
	CK here if filter plant was OFF THE Is roust turn in a turbidity report for ever			did not operate.

			TURBI	DITY MEASU	REMENTS				
	Time:	Time:	Time:	Time: 2760	Time:	Time:		HIGHEST of all	
DAY	Midnigits - At a. i.	-4 B a ; m.	S - Naan	Neen - A p.m.	4 - B > m.	B - Midnight	Chact If	Rendings for the DAY	Highest Reading TIME
	-			. 97				.97	1:00 P
2					1.13			1.13.	7:00P
-3						1.05		1,05	8:301
-4				1201				1.01	2:30 P
5				1.21	·			1,20	1:30 P
			1.27					1.27	11:30A
2	-			1.83				1.83	1:300
			, , , ,	2.50				2.50	2:300
9			1.91					1.91	A:45
10					1.70			1.70	5.00 P
_22			- 1.0	1, 55					3:05/
12			1.18					1.13	11:00 4
13	-		\$2					14/	11:30 A
_14			- 0		7			182	10.75/
15			072		.75			,75 •72	5630 P
<u> </u>					.75			. 75	10 SDA 5:00 P
1.7				.73	, /3			7.3	2:50 f
18				,85				185	THE RESERVE THE PARTY.
20			,82	103				,82	3.15 P
21			.72					172	11:451
22			. 13		. 56			56	7:00 9
23					.52			.52	4.20P
21		•			.50			,50	5:30f
25					,48			(48	Gias P
21			.46					146	8.32A
27			.53					.53	11:30A
20			.44					,46	10:30 A
29				. 45 . 1				. 45	3:00 P
30 *								.40	2150
33				·40				.29	3:40p
	TIONS:				HIGHEST RE	ADING OF THE	MONTH:	· 40 · 29 2.50	age of the same of the same of

INSTRUCTIONS:

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.

5

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 PC for plant off if the treatment plant did not operate within the designated 4 hour block.

6. If turbidity readings are greater than the MCL refer to the 'TURBIDITY MCL RESPONSE POLICY'.

TURBIDITY & DISINFECTION REPORT Return completed form to:

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

(303) 692-3500

PWSID#	CO-0207504
NAME OF WATER SYSTEM:	Meadow Mountain W
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 N	Measurement Plan4 Type of Filtration bag eg. conventional, direct, slowsand, DE, etc.
Require	ed number of Turbidity of readings per day/_ Check One: [] Continuous
Turbidi	by MCL NTU (1.0 or 0.5 or other MCL per written notification from this Department)
Α	Total number of Turbidity readings this month 3 / 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.
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 - 4: a.m.	4 - 8 a.m.	8 - Moon	Hean - 4 p.s.	4 - 8 p.m.	8 - Hidnight	Check 1f	Readings for the DAY	Higher Readic Time
1				,26				, 26	12:00
2				, 23				. 23	12:45
3		.26						126	7:00
4				,22				, 22	3.00
5					.25			25	4.700
6					. 24			24	7:00
7			.19	-t				. 19	10:30
8					.25			,25	4:30
9				,26				.26	12:3
10			51					.51	11:00 7
11				.29	60			.29.	1:00
12					.59			.59	1 4 31
13								·24	410
14				(/2	.48			,42	4:50
15			101	.42				:41	1:15
16			. 41	.12					3:001
17				.48				, 36	2:00 5
18				.33				, 33	2:30
19				176				126	3:50
20			11/	., 2, 6					9:30/
21			.44					,54	9:301
22			. 58					158	11:30 4
23		-	.50					.50	9:15
24				,48				.48	2:00
25				48				, 48	3:00
26					.30			.30	63
28			:41					,41	10:00
29					,57			-57	5.0
30 "				,38				. 38	1:00 f
30				.27				127	2:00f

- 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. 3.
- 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. 4.
- 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'. 6.

DAYTIME PI	HONE:)		<u>Co-0207504</u>			
CERTIFIED OPERATOR	SIGNATURE:			NAME OF WATER SYSTEM:	MeddowMountainw			
OPER. NAM	E PRINTED:			COUNTY:	Boulder			
Plant Num	ber or Name:	#:	- NAME:	MONTH/YEAR:	Jan 2004			
		II. A	. CHLORII	NATION - DISTRIBUTION SYSTEM				
A B				urements taken from the distribution system this month				
С								
D	Are the mea	sureme	ents as TOTAL o	or FREE chlorine?				
NOTE:	for any two co	onsecutiv ou collec	e months is consider t a routine bacteriolo	centration within the distribution system in more than 5% of the sample red a treatment technique violation. gical water sample, you must <u>always</u> determine the chlorine level, using 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	. 15.	1				÷
2	.6	/			•	
3	.7	(
4	,5	ì				
5	16					
6	.6	/ -				
7	, 7	1				
8	,5	΄.				
9	,5	1				
10	,5	1				
11	15	1				
12	,6	1				
13	.6	(å.
14	16	1				
15	,6	\				
16	,5	/				
17	,5	1				
18	15	1				
19	,5	/		·		
20	.6	ĵ				
21	,6	1				
22	.5	/			-	
23	15	1				
24	,4					
25	15			`	-	
26	,5	1				
27	. 7					
28	.6	1				
29	.4	/				
30	,2	4 Time				
31	,4	/				

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.