

2004 Drinking Water Monitoring Schedules

Water System			Type	Source	Population	Activity Date
CO0207504	MEADOW MOUNTAIN WS		C	SW	80	3/1/1988
SAMPLE GROUP		SCHED BEGIN	SAMPLE RQMT			
3100 Total Coliform		1/1/1991	1 per Month			
Analyte Name		Sample Requirement			Due in 2004	
COPPER		5	per	3Y	<input checked="" type="checkbox"/>	
LEAD		5	per	3Y	<input checked="" type="checkbox"/>	
FACILITY	001	TYPE TP	MEADOW MTN WTP NO 1			SAMPLE PT 001 TYPE EP
Analyte Group Name		Sample Requirements			Due in 2004	
CDS FOR NITRATE	Nitrate	1	per	QT	<input checked="" type="checkbox"/>	
CDS FOR INORGANICS	Inorganic Chemicals	1	per	YR	<input checked="" type="checkbox"/>	
CDS FOR FLUORIDE	Fluoride	1	per	YR	<input checked="" type="checkbox"/>	

Water Facility Inventory Report

PWS	PWS Name	District	STAT	CLASS	SRC	AOP	CONN	POP
CO0207504	MEADOW MOUNTAIN WS	WQCD, CO DEPT OF PUBLIC HEALTH & ENV	A	C	SW	1/1 to 12/31	32	80

Contacts

ROLE	NAME	PHONE	BUS PH #	EXT	EMERG PH#
AC	LANDWER, DONALD	303-747-2066	303-747-2066		

Sample Points

WSF/TAG	TYPE	NAME	SP-ID	TYPE	DESCRIPTION	ACTIVITY	
DS001	DS	DISTRIBUTION SYSTEM	RPDN	DS	REPEAT DOWNSTREAM	A	6/1/1974
DS001	DS	DISTRIBUTION SYSTEM	RPOR	DS	REPEAT ORIGINAL	A	6/1/1974
DS001	DS	DISTRIBUTION SYSTEM	RPOT	DS	REPEAT OTHER	A	6/1/1974
DS001	DS	DISTRIBUTION SYSTEM	RPUP	DS	REPEAT UPSTREAM	A	6/1/1974
DS001	DS	DISTRIBUTION SYSTEM	RTOR	DS	ROUTINE ORIGINAL	A	6/1/1974
DS001	DS	DISTRIBUTION SYSTEM	THM01	DS		A	11/11/2003
002	IN	WILLOW CREEK	002	RW		A	1/1/2002
003	IN	FOX CREEK	003	RW		A	1/1/2002
001	TP	MEADOW MTN WTP NO 1	001	EP		A	1/1/2002

Water System Facilities

WSF/TAG#	NAME	TYPE	CONSTR	ACTIVITY	AVAIL	WATER	AOP
DS001	DISTRIBUTION SYSTEM	DS		A	6/1/1974	P	
003	FOX CREEK	IN		A	6/1/1974	P SW	
002	WILLOW CREEK	IN		A	6/1/1974	P SW	
001	MEADOW MTN WTP NO 1	TP		A	6/1/1974	P SW	

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 # 404095

DATE COLLECTED: 7/12/04

TIME: 6:30 am am/pm

SAMPLE COLLECTED BY:

Steve Tedford

SAMPLE LOCATION ADDRESS:

A

LABORATORY RESULTS IN mg/L

LABORATORY JOB # 1115-013 (404095)

DATE ANALYZED: 7/15 & 8/30/04

<u>ELEMENT</u>	<u>RESULT</u>	<u>EPA ACTN LVL</u>	<u>METHOD</u>	<u>LAB MDL</u>
LEAD	<u>BDL</u>	<u>0.015</u>	<u>200.9</u>	<u>0.005</u>
COPPER	<u>0.11</u>	<u>1.3</u>	<u>200.7</u>	<u>0.01</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: _____

Reviewed & Approved by

Operations Manager
Title

8/31/04
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: <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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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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DAYTIME PHONE: (303) 747-2006

PWSID# C0207504

CERTIFIED OPERATOR SIGNATURE: [Signature]

NAME OF WATER SYSTEM: Meadow Mountain Water

OPER. NAME PRINTED: Stephen L. [Signature]

COUNTY: Boulder

Plant Number or Name: # - NAME:

MONTH/YEAR: 01/04

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 X 100) 0 %
- D Are the measurements as TOTAL or FREE chlorine? FREE

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

II. B. CHLORINATION - TREATMENT PLANT

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

Day	Lowest Residual Reading	Number of Measurements per day	Check if Residual is < .2 mg/l	CDH Notified YES or NO	If CDH Notified, Date & Time	COMMENTS For Chlorine or Turbidity
1	1.2	1				
2	1.0	1				
3	1.1	1				
4	1.1	1				
5	1.0	1				
6	1.1	1				
7	1.1	1				
8	1.2	1				
9	1.2	1				
10	1.0	1				
11	1.0	1				
12	.9	1				
13	.5	1				
14	1.0	1				
15	1.1	1				
16	1.2	1				
17	1.2	1				
18	1.1	1				
19	1.1	1				
20	1.2	1				
21	1.2	1				
22	1.1	1				
23	1.0	1				
24	0.9	1				
25	0.9	1				
26	0.9	1				
27	0.9	1				
28	0.9	1				
29	0.8	1				
30	0.8	1				
31	0.5	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#

10070750X

NAME OF WATER SYSTEM:

MOUNTAIN MOUNTAIN WATER

COUNTY:

BOULDER

MONTH/YEAR:

01/04

FILTER PLANT NUMBER
OR FILTER PLANT NAME:

- NAME:

CERTIFIED

OPERATOR SIGNATURE:

SHILVER

PLEASE FILL IN ALL FIELDS (both sides)

I. TURBIDITY SECTION

Point of Measurement

PLAIN 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 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 = 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) 6.67 %

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			.0	.70				.70	1:00P
2					.65			.65	6:00P
3					.20			.70	7:30P
4					.29			.29	6:30P
5					.36			.36	5:15P
6			.57					.57	9:15A
7				.43				.43	1:30P
8			.42					.42	11:30A
9			.27					.27	10:45A
10				.29				.29	1:00P
11						.25		.25	8:30P
12			.22					.22	9:00A
13				.22				.22	12:00P
14					.21			.21	4:30P
15			.20					.20	11:30A
16				.20				.20	2:30P
17			.19					.19	9:00A
18				.20				.20	3:00P
19					.20			.20	5:00P
20				.19				.19	12:15P
21			.19					.19	4:45A
22			.20					.20	11:00A
23					.24			.24	5:30P
24			.23					.23	8:45A
25						.34		.34	9:30P
26			.43					.43	9:00A
27				.30				.30	1:00P
28					.27			.27	5:00P
29			.25	.25				.25	9:00A
30			.27					.27	11:00A
31			.31					.31	11:30A
HIGHEST READING OF THE MONTH:								.70	1:00P

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) 347-2066

CERTIFIED OPERATOR SIGNATURE: [Signature]

OPER. NAME PRINTED: STADLER L. (B012007)

Plant Number or Name: # _____ - NAME: _____

PWSID# C00207504

NAME OF WATER SYSTEM: Meadow Mountain Water

COUNTY: Boulder

MONTH/YEAR: FEB/04

II. A. CHLORINATION - DISTRIBUTION SYSTEM

- A Number of Chlorine Residual measurements taken from the distribution system this month 29
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10	1.1	1				
11	1.1	1				
12	1.1	1				
13	1.1	1				
14	1.2	1				
15	1.2	1				
16	1.0	1				
17	1.0	1				
18	1.0	1				
19	1.0	1				
20	1.0	1				
21	1.0	1				
22	1.0	1				
23	1.2	1				
24	1.1	1				
25	1.1	1				
26	.8	1				
27	.9	1				
28	1.0	1				
29	.9	1				
30						
31						

- INSTRUCTIONS:
- Enter the level of the lowest residual disinfectant entering the distribution system into the first column.
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TURBIDITY & DISINFECTION REPORT

Return completed form to:

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

(303) 692-3500

PWSID#

600207504

NAME OF WATER SYSTEM:

Meadow Mountain Water

COUNTY:

Boulder

MONTH/YEAR:

FEB 104

FILTER PLANT NUMBER
OR FILTER PLANT NAME:

- NAME:

CERTIFIED
OPERATOR SIGNATURE:

Stigler

PLEASE FILL IN ALL FIELDS (both sides)

I. TURBIDITY SECTION

Point of Measurement

PLANT

Type of Filtration

Bag

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

Required number of Turbidity readings per day

1

Check One: ☐ Continuous

☒ Grab Samples

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

A Total number of Turbidity readings this month 29 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) 6.9 %

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					29			29	6:40
2			21					21	9:50A
3				20				20	3:30P
4			24					24	10:07A
5		26						26	6:30A
6				20				20	12:30P
7				20				20	2:00P
8					29			29	5:00P
9			28					28	9:00A
10				20				20	1:30P
11						24		24	8:00P
12		22						22	6:15A
13				25				25	1:00P
14				27				27	3:30P
15				25				25	3:50P
16			23					23	10:00A
17				22				22	1:30P
18				22				22	1:00P
19				21				21	11:15A
20		20						20	6:30A
21			24					24	11:45A
22					35			35	4:30P
23			41					41	11:45A
24			35					35	8:30A
25			32					32	10:30A
26			31					31	11:30A
27				33				33	1:00P
28				35				35	2:00P
29				23				23	1:30P
30									
31									
HIGHEST READING OF THE MONTH:								41	(11:45A)

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'.



Colorado Department
of Public Health
and Environment

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

REPORTING FORM FOR NITRATE OR NITRITE AS NITROGEN ANALYSES

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

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

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

PWSID #: CD207504 COUNTY: Boulder DATE COLLECTED: 3/30/04

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) 47-2066

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

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 # 401808 CLIENT NAME or ID # Meadow Mountain Water Co. (1115-013)

LABORATORY NAME Stewart Environmental Consultants, Inc. LAB PHONE # (970) 226-5501

DATE RECEIVED IN LABORATORY 3/30/04 DATE ANALYZED 3/30/04

COMMENTS:

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

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

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

Reviewed & Approved by [Signature]
Title Operations Manager

3/30/04
Date

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



Colorado Department
of Public Health
and Environment

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

REPORTING FORM FOR NITRATE OR NITRITE AS NITROGEN ANALYSES

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

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

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

PWSID #: CO207504 COUNTY: Boulder DATE COLLECTED: 3 / 30 / 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

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 # 401808 CLIENT NAME or ID# Meadow Mountain Water Co. (1115-013)

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

DATE RECEIVED IN LABORATORY 3 / 30 / 04 DATE ANALYZED 3 / 30 / 04

COMMENTS: _____

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

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

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

if G. Puth Operations Manager 3 / 30 / 04
Reviewed & Approved by Title Date

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

DAYTIME PHONE:

(303) 747-2066

FAKED
5-4-04
8-4-5044

PWSID# C0-0207504

CERTIFIED
OPERATOR SIGNATURE:

[Signature]

NAME OF WATER SYSTEM: Meadow Mountain WS

OPER. NAME PRINTED:

STUART L. BROWN

COUNTY: Boulder

Plant Number or Name: # - NAME:

MONTH/YEAR: April / 04

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	.8	1				
3	.7	1				
4	.8	1				
5	.8	1				
6	.7	1				
7	.7	1				
8	.7	1				
9	.7	1				
10	.7	1				
11	.7	1				
12	.7	1				
13	.9	1				
14	.9	1				
15	.8	1				
16	.9	1				
17	1.0	1				
18	.9	1				
19	1.0	1				
20	1.0	1				
21	.8	1				
22	.8	1				
23	.9	1				
24	1.0	1				
25	1.0	1				
26	.9	1				
27	.9	1				
28	1.0	1				
29	1.0	1				
30	1.0	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
WCICD-CMDM-B2
 4300 Cherry Creek Drive South
 Denver, CO 80246-1530

(303) 692-3500

PWSID# CC-0207504
 NAME OF WATER SYSTEM: Meadow Mountain WS
 COUNTY: Boulder
 MONTH/YEAR: April / 04
 FILTER PLANT NUMBER
 OR FILTER PLANT NAME: # 1 NAME: Stylized
 CERTIFIED
 OPERATOR SIGNATURE: Stylized

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 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: $C = B/A \times 100$) 0 %
- D If C is greater than 5%, notify this Department and attach proof of Public Notice.
- E Did any readings exceed 5.0 NTU? ☐ Yes ☒ No If yes, was CDH Notified? ☐ Yes ☐ No
- ☐ CHECK here if filter plant was OFF THE ENTIRE MONTH.
 You must turn in a turbidity report for every WTP even if the report is to tell us the plant did not operate.

TURBIDITY MEASUREMENTS									
	Time:	Time:	Time:	Time:	Time:	Time:		HIGHEST	
	Midnight -	4 - 8 a.m.	8 - Noon	Noon - 4	4 - 8 p.m.	8 - Midnight	Check if	Readings	Highest
PAY	4 a.m.			p.m.			> MCL	for the	Reading
								DAY	TIME
1				.61				.61	2:00P
2				.45				.45	2:00P
3					.50			.50	4:00P
4			.47					.47	10:00A
5			.92					.92	11:00A
6				.52				.52	2:30P
7				.63				.63	12:15P
8			.53					.53	11:15A
9			.48					.48	8:30A
10				.64				.64	2:00P
11					.61			.61	5:30P
12		.58						.58	6:30P
13			.88					.88	11:30A
14			.81					.81	11:45A
15			.86					.86	11:45A
16				.84				.84	1:00P
17				.89				.89	3:00P
18					.92			.92	5:00P
19			.97					.97	9:45A
20				.98				.98	1:30P
21			.97					.97	11:15A
22			.94					.94	8:40A
23				.90				.90	3:40P
24				.92				.92	1:00P
25				.97				.97	3:00P
26			.94					.94	9:30A
27				.91				.91	12:30P
28			.98					.98	11:30A
29			.99					.99	11:00A
30			.92					.92	10:00A
31									
HIGHEST READING OF THE MONTH:								.99	11:00A

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
WCCD-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:

4-16-04
C00207504
Meadowmont Water
Boulder
March/04
- NAME:
Steph J. [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 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 = 186 from 6 columns)

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

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

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

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

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

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

TURBIDITY MEASUREMENTS									
	Time:	Time:	Time:	Time:	Time:	Time:		HIGHEST	
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	8:45 P
2		.33						.33	7:30 A
3					.28			.28	5:00 P
4			.31					.31	11:00 A
5		.32						.32	6:15 A
6				.58				.58	3:30 P
7			.025					.25	9:15 A
8			.64					.64	9:45 A
9					.51			.51	4:20 P
10				.41				.41	3:00 P
11			.38					.38	11:00 A
12				.29				.29	3:00 P
13				.32				.32	3:00 P
14			.42					.42	8:40 A
15			.30					.30	10:00 A
16			.26					.26	10:00 A
17			.25					.25	10:30 A
18			.21					.21	9:00 A
19				.26				.26	1:00 P
20				.50				.50	3:30 P
21			.38					.38	10:30 A
22			.45					.45	11:00 A
23			.32					.32	10:30 A
24				.66				.66	2:30 P
25			.50					.50	10:30 A
26				.50				.50	7:00 P
27			.58					.58	11:30 A
28			.41					.41	10:00 A
29					.76			.76	5:30 P
30				.69				.69	1:30 P
31			.77					.77	10:30 A
HIGHEST READING OF THE MONTH:								.77	10:30 A

INSTRUCTIONS:

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

DAYTIME PHONE: (303) 747-7666
CERTIFIED OPERATOR SIGNATURE: [Signature]
OPER. NAME PRINTED: STEPHAN L. TROTT
Plant Number or Name: # - NAME:

PWSID# C00707509
NAME OF WATER SYSTEM: Meador Mountain Water
COUNTY: Boulder
MONTH/YEAR: March/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 X 100) 0 %
D Are the measurements as TOTAL or FREE chlorine? FREE

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

II. B. CHLORINATION - TREATMENT PLANT

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

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

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

Client Project ID: PWSID CO 0207504

Lab Order: 04-6253

CASE NARRATIVE

SAMPLE RECEIVING

Custody seals were present and intact.

The temperature of the sample(s) upon arrival was 4 °C.

Sample(s) were received in good condition, in the proper container, and within method specified holding times.

VOC sample(s) were marked as preserved on the bottle labels.

VOC sample(s) were received with no headspace present. NJO

QUALITY ASSURANCE

Analyses performed on samples in this work order meet the requirements of the EAL Quality Assurance Program.

CLIENT SERVICES

There are no anomalies to report. JB

GAS CHROMATOGRAPHY

Method 552: There are no anomalies to report. JM

GAS CHROMATOGRAPHY / MASS SPECTROMETRY

Method 524.2: There are no anomalies to report. DC

Evergreen Analytical, Inc.
4036 Youngfield Street, Wheat Ridge, Colorado 80033-3862
(303) 425-6021

Client Sample ID: Fouts
Client Project ID: PWSID CO 0207504
Date Collected: 8/24/2004
Date Received: 8/25/2004
Date Prepared: 8/26/2004
Date Analyzed: 8/27/2004
Percent Moisture: NA

Lab Work Order: 04-6253
Lab Sample ID: 04-6253-01A
Sample Matrix: Drinking Water
Lab File ID: \VOA40826\4001040.D
Method Blank: RB082604X
Prep Factor: 1.000
Dilution Factor: 1.00

Method: E524.2

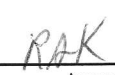
VOLATILE COMPOUNDS 524.2

Prep Method: SW5030A

Units: µg/L

Analytes	CAS Number	Result	LQL
Bromodichloromethane	75-27-4	1.2	0.50
Bromoform	75-25-2	U	0.50
Chloroform	67-66-3	17	0.50
Dibromochloromethane	124-48-1	U	0.50
Total THM (Summation of above)		18	0.50
Surr: 1,2-Dichlorobenzene-d4	2199-69-1	80	QC Limits: 70-130 %REC
Surr: 4-Bromofluorobenzene	460-00-4	72	QC Limits: 70-130 %REC


Analyst


Approved

Qualifiers: B - Analyte detected in the associated Method Blank, value not subtracted from result
E - Extrapolated value. Value exceeds calibration range
H - Sample exceeded analytical holding time
J - Indicates an estimated value when the compound is detected, but is below the LQL
S - Spike Recovery outside accepted limits
U - Compound analyzed for but not detected
X - See case narrative
* - Value exceeded the Maximum Contamination Level (MCL)

Definitions: NA - Not Applicable
LQL - Lower Quantitation Limit
MDL - Method Detection Limit
Surr - Surrogate

Print Date: 9/1/2004

Work Order: 04-6253

Client Project ID: PWSID CO 0207504

ANALYTICAL QC SUMMARY REPORT

TestCode: 524

Sample ID: RB082604X	SampType: MBLK	TestCode: 524	Run ID: VOA-4_040826B					Prep Date: 8/26/2004	Units: µg/L		
	Batch ID: R12252	TestNo: E524.2	FileID: \VOA40826\2901029.D					Analysis Date: 8/27/2004	SeqNo: 227578		
Analyte	Result	LQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Bromodichloromethane	U	0.50									
Bromoform	U	0.50									
Chloroform	U	0.50									
Dibromochloromethane	U	0.50									
Total THM (Summation of above)	U	0.50									
Surr: 1,2-Dichlorobenzene-d4	4.14	0.50	5	0	82.8	70	130	0	0		
Surr: 4-Bromofluorobenzene	3.76	0.50	5	0	75.2	70	130	0	0		

Sample ID: LCS082604X	SampType: LCS	TestCode: 524	Run ID: VOA-4_040826B					Prep Date: 8/26/2004	Units: µg/L		
	Batch ID: R12252	TestNo: E524.2	FileID: \VOA40826\3001030.D					Analysis Date: 8/27/2004	SeqNo: 227579		
Analyte	Result	LQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Bromodichloromethane	4.9	0.50	5	0	98	70	130	0	0		
Bromoform	4.84	0.50	5	0	96.8	70	130	0	0		
Chloroform	5.11	0.50	5	0	102	70	130	0	0		
Dibromochloromethane	4.71	0.50	5	0	94.2	70	130	0	0		
Total THM (Summation of above)	19.5	0.50	20	0	97.5	70	130	0	0		
Surr: 1,2-Dichlorobenzene-d4	5.08	0.50	5	0	102	70	130	0	0		
Surr: 4-Bromofluorobenzene	5.39	0.50	5	0	108	70	130	0	0		

Sample ID: LCSD082604X	SampType: LCSD	TestCode: 524	Run ID: VOA-4_040826B					Prep Date: 8/26/2004	Units: µg/L		
	Batch ID: R12252	TestNo: E524.2	FileID: \VOA40826\4801048.D					Analysis Date: 8/27/2004	SeqNo: 227597		
Analyte	Result	LQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Bromodichloromethane	4.86	0.50	5	0	97.2	70	130	4.9	0.820	30	
Bromoform	4.81	0.50	5	0	96.2	70	130	4.84	0.622	30	
Chloroform	5.2	0.50	5	0	104	70	130	5.11	1.75	30	
Dibromochloromethane	4.69	0.50	5	0	93.8	70	130	4.71	0.426	30	
Total THM (Summation of above)	19.6	0.50	20	0	98	70	130	19.5	0.512	30	
Surr: 1,2-Dichlorobenzene-d4	4.97	0.50	5	0	99.4	70	130	0	0	0	

Qualifiers: ND - Not Detected at the Reporting Limit
 J - Analyte detected below quantitation limits
 S - Spike Recovery outside accepted recovery limits

R - RPD outside accepted recovery limits
 B - Analyte detected in the associated Method Blank
 H - Sample exceeded analytical holding time

Print Date: 9/1/2004

Work Order: 04-6253
Client Project ID: PWSID CO 0207504

ANALYTICAL QC SUMMARY REPORT

TestCode: 524

Sample ID: LCSD082604X	SampType: LCSD	TestCode: 524	Run ID: VOA-4_040826B	Prep Date: 8/26/2004	Units: µg/L						
	Batch ID: R12252	TestNo: E524.2	FileID: \VOA40826\4801048.D	Analysis Date: 8/27/2004	SeqNo: 227597						
Analyte	Result	LQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Surr: 4-Bromofluorobenzene	5.28	0.50	5	0	106	70	130	0	0	0	

Qualifiers:

ND - Not Detected at the Reporting Limit
J - Analyte detected below quantitation limits
S - Spike Recovery outside accepted recovery limits

R - RPD outside accepted recovery limits
B - Analyte detected in the associated Method Blank
H - Sample exceeded analytical holding time

Print Date: 9/1/2004

Fouts
N

Evergreen Analytical, Inc.
4036 Youngfield Street, Wheat Ridge, Colorado 80033-3862
(303) 425-6021


Client Sample ID: Fouts
Client Project ID: PWSID CO 0207504
Date Collected: 8/24/04
Date Received: 8/25/04
Date Prepared: 8/27/04
Date Analyzed: 8/28/04
Percent Moisture: NA

Lab Work Order: 04-6253
Lab Sample ID: 04-6253-01B
Sample Matrix: Drinking Water
Lab File ID: ECD60827\037
Method Blank: MB-5344
Prep Factor: 1.000
Dilution Factor: 1.00

Method: E552.2
Prep Method: E552.2

HALOACETIC ACIDS

Analytes	CAS Number	Result	MDL	Units: µg/L
				LQL
Bromochloroacetic acid	5589-96-8	U	1.0	1.0
Dibromoacetic acid	631-64-1	U	1.0	1.0
Dichloroacetic acid	79-43-6	9.6	1.0	1.0
Monobromoacetic acid	79-08-3	U	1.0	1.0
Monochloroacetic acid	79-11-8	U	1.0	2.0
Trichloroacetic acid	76-03-9	9.1	1.0	1.0
Surr: 2,3-Dibromopropionic acid	600-05-5	125	QC Limits: 70-130 %REC	



Analyst



Approved

Qualifiers: B - Analyte detected in the associated Method Blank, value not subtracted from result
E - Extrapolated value. Value exceeds calibration range
H - Sample exceeded analytical holding time
J - Indicates an estimated value when the compound is detected, but is below the LQL
S - Spike Recovery outside accepted limits
U - Compound analyzed for but not detected
X - See case narrative
* - Value exceeded the Maximum Contamination Level (MCL)

Definitions: NA - Not Applicable
LQL - Lower Quantitation Limit
MDL - Method Detection Limit
Surr - Surrogate

Print Date: 8/28/04

Work Order: 04-6253

Client Project ID: PWSID CO 0207504

ANALYTICAL QC SUMMARY REPORT

BatchID: 5344

Sample ID: MB-5344		SampType: MBLK		TestCode: 552		Run ID: ECD6_040827A		Prep Date: 8/27/04		Units: µg/L	
		Batch ID: 5344		TestNo: E552.2		FileID: ECD60827\018		Analysis Date: 8/27/04		SeqNo: 225865	
Analyte	Result	LQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Bromochloroacetic acid	U	1.0									
Dibromoacetic acid	U	1.0									
Dichloroacetic acid	U	1.0									
Monobromoacetic acid	U	1.0									
Monochloroacetic acid	U	2.0									
Trichloroacetic acid	U	1.0									
Surr: 2,3-Dibromopropionic acid	5.816	0	5	0	116	70	130	0	0		

Sample ID: LCS-5344		SampType: LCS		TestCode: 552		Run ID: ECD6_040827A		Prep Date: 8/27/04		Units: µg/L	
		Batch ID: 5344		TestNo: E552.2		FileID: ECD60827\019		Analysis Date: 8/27/04		SeqNo: 225866	
Analyte	Result	LQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Bromochloroacetic acid	21.65	1.0	25	0	86.6	70	130	0	0		
Dibromoacetic acid	21.88	1.0	25	0	87.5	70	130	0	0		
Dichloroacetic acid	21.92	1.0	25	0	87.7	70	130	0	0		
Monobromoacetic acid	22.33	1.0	25	0	89.3	70	130	0	0		
Monochloroacetic acid	22.92	2.0	25	0	91.7	70	130	0	0		
Trichloroacetic acid	25.7	1.0	25	0	103	70	130	0	0		
Surr: 2,3-Dibromopropionic acid	5.847	0	5	0	117	70	130	0	0		

Sample ID: 04-6201-07BMS		SampType: MS		TestCode: 552		Run ID: ECD6_040827A		Prep Date: 8/27/04		Units: µg/L	
		Batch ID: 5344		TestNo: E552.2		FileID: ECD60827\028		Analysis Date: 8/27/04		SeqNo: 225875	
Analyte	Result	LQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Bromochloroacetic acid	23.15	1.0	25	0	92.6	70	130	0	0		
Dibromoacetic acid	23.59	1.0	25	0	94.3	70	130	0	0		
Dichloroacetic acid	22.93	1.0	25	0	91.7	70	130	0	0		
Monobromoacetic acid	23.5	1.0	25	0	94	70	130	0	0		
Monochloroacetic acid	24.62	2.0	25	0	98.5	70	130	0	0		
Trichloroacetic acid	25.72	1.0	25	0	103	70	130	0	0		

Qualifiers: ND - Not Detected at the Reporting Limit
J - Analyte detected below quantitation limits
S - Spike Recovery outside accepted recovery limits

R - RPD outside accepted recovery limits
B - Analyte detected in the associated Method Blank
H - Sample exceeded analytical holding time

Print Date: 8/28/04

Work Order: 04-6253
Client Project ID: PWSID CO 0207504

ANALYTICAL QC SUMMARY REPORT

BatchID: 5344

Sample ID: 04-6201-07BMS	SampType: MS	TestCode: 552		Run ID: ECD6_040827A		Prep Date: 8/27/04		Units: µg/L			
	Batch ID: 5344	TestNo: E552.2		FileID: ECD60827\028		Analysis Date: 8/27/04		SeqNo: 225875			
Analyte	Result	LQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Surr: 2,3-Dibromopropionic acid	5.476	0	5	0	110	70	130	0	0		

Sample ID: 04-6237-03AMS	SampType: MS	TestCode: 552	Run ID: ECD6_040827A	Prep Date: 8/27/04	Units: µg/L						
	Batch ID: 5344	TestNo: E552.2	FileID: ECD60827\040	Analysis Date: 8/28/04	SeqNo: 225884						
Analyte	Result	LQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Bromochloroacetic acid	22.7	1.0	25	0	90.8	70	130	0	0		
Dibromoacetic acid	22.77	1.0	25	0	91.1	70	130	0	0		
Dichloroacetic acid	26.92	1.0	25	0	108	70	130	0	0		
Monobromoacetic acid	23.36	1.0	25	0	93.4	70	130	0	0		
Monochloroacetic acid	23.7	2.0	25	0	94.8	70	130	0	0		
Trichloroacetic acid	26.6	1.0	25	0	106	70	130	0	0		
Surr: 2,3-Dibromopropionic acid	6.275	0	5	0	126	70	130	0	0		

Qualifiers:
ND - Not Detected at the Reporting Limit
J - Analyte detected below quantitation limits
S - Spike Recovery outside accepted recovery limits

R - RPD outside accepted recovery limits
B - Analyte detected in the associated Method Blank
H - Sample exceeded analytical holding time

Print Date: 8/28/04

Colorado Department of Public Health and Environment - Water Quality Control Division
Drinking Water Program - Compliance Assurance and Data Management Unit
4300 Cherry Creek Drive South, Denver, CO 80246-1530

DBP Form 1 - Total Trihalomethane Analysis Laboratory Report Form

Section I (to be completed by the Public Water Systems only)						Section II (to be completed by Laboratories only)				
Public Water System Information						Laboratory Information				
PWSID # CO 0207504										
System Name: Meadow Mountain Water and Sanitation						Laboratory Name Evergreen Analytical Laboratory				
Address: PO Box 394, Allenspark, CO 80510						Contact Person: Carl Smits		Phone #: (303) 425-6021		
Contact Person: Steve Tedford						Phone #: (303) 747-2066		Comments:		
System Authorized Signature <i>Steve Tedford</i>						Title <i>Manager</i>		Date <i>10-13-04</i>		
						Laboratory Authorized Signature <i>Carl Smits</i>		Technical Director		Date <i>9/10/04</i>
PWS to complete first 3 columns			Laboratories to complete columns 4-6 and 8-11							
Sample Date	Collector	Sample Location Designation #	Date Lab Received	Date Lab Analyzed	Laboratory Sample ID #	Analyte	Analytical Method	µg/L Blank Result	µg/L Lab MDL	µg/L Result
			8/25/04	8/27/04	04-6253-01	Chloroform	524.2	BDL	0.5	17
			8/25/04	8/27/04	04-6253-01	Bromoform	524.2	BDL	0.5	BDL
			8/25/04	8/27/04	04-6253-01	Bromodichloromethane	524.2	BDL	0.5	1.2
			8/25/04	8/27/04	04-6253-01	Dibromochloromethane	524.2	BDL	0.5	BDL
						TTHMs				18.2
Sample Date	Collector	Sample Location Designation #	Date Lab Received	Date Lab Analyzed	Laboratory Sample ID #	Analyte	Analytical Method	µg/L Blank Result	µg/L Lab MDL	µg/L Result
						Chloroform	524.2	NT	0.5	NT
						Bromoform	524.2	NT	0.5	NT
						Bromodichloromethane	524.2	NT	0.5	NT
						Dibromochloromethane	524.2	NT	0.5	NT
						TTHMs				NT
Sample Date	Collector	Sample Location Designation #	Date Lab Received	Date Lab Analyzed	Laboratory Sample ID #	Analyte	Analytical Method	µg/L Blank Result	µg/L Lab MDL	µg/L Result
						Chloroform	524.2	NT	0.5	NT
						Bromoform	524.2	NT	0.5	NT
						Bromodichloromethane	524.2	NT	0.5	NT
						Dibromochloromethane	524.2	NT	0.5	NT
						TTHMs				NT
Sample Date	Collector	Sample Location Designation #	Date Lab Received	Date Lab Analyzed	Laboratory Sample ID #	Analyte	Analytical Method	µg/L Blank Result	µg/L Lab MDL	µg/L Result
						Chloroform	524.2	NT	0.5	NT
						Bromoform	524.2	NT	0.5	NT
						Bromodichloromethane	524.2	NT	0.5	NT
						Dibromochloromethane	524.2	NT	0.5	NT
						TTHMs				NT

Instructions available upon request

Colorado Department of Public Health and Environment - Water Quality Control Division
 Drinking Water Program - Compliance Assurance and Data Management Unit
 4300 Cherry Creek Drive South, Denver, CO 80246-1530

DBP Form 2 - Haloacetic Acid (HAA5) Analysis Laboratory Report Form

Section I (to be completed by the Public Water Systems only)

Public Water System Information

PWSID # CO 0207504

System Name: Meadow Mountain Water and Sanitation

Address: PO Box 394, Allenspark, CO 80510

Contact Person: Steve Tedford Phone #: (303) 747-2066

System Authorized Signature *[Signature]* Title *Manager* Date *10-13-05*

Section II (to be completed by Laboratories only)

Laboratory Information

Laboratory Name Evergreen Analytical Laboratory

Contact Person: Carl Smits

Phone #: (303) 425-6021

Comments:

Laboratory Authorized Signature *[Signature]*

Technical Director

Title

Date *9/10/04*

PWS to complete first 3 columns

Laboratory to complete columns 4-6 and 8-11

Sample Date	Collector	Sample Location Designation #	Date Lab Received	Date Lab Analyzed	Laboratory ID #	Analyte	Analytical Method	µg/L Blank Result	µg/L Lab MDL	µg/L Result
			8/25/04	8/28/04	04-6253-01	Monochlo. Acid	552.2	BDL	1.0	BDL
			8/25/04	8/28/04	04-6253-01	Monobro. Acid	552.2	BDL	1.0	BDL
			8/25/04	8/28/04	04-6253-01	Dichlor. Acid	552.2	BDL	1.0	9.6
			8/25/04	8/28/04	04-6253-01	Trichlor. Acid	552.2	BDL	1.0	9.1
			8/25/04	8/28/04	04-6253-01	Dibromo. Acid	552.2	BDL	1.0	BDL
						Total HAA5s				18.7
Sample Date	Collector	Sample Location Designation #	Date Lab Received	Date Lab Analyzed	Laboratory ID #	Analyte	Analytical Method	µg/L Blank Result	µg/L Lab MDL	µg/L Result
						Monochlo. Acid	552.2	NT	1.0	NT
						Monobro. Acid	552.2	NT	1.0	NT
						Dichlor. Acid	552.2	NT	1.0	NT
						Trichlor. Acid	552.2	NT	1.0	NT
						Dibromo. Acid	552.2	NT	1.0	NT
						Total HAA5s				NT
Sample Date	Collector	Sample Location Designation #	Date Lab Received	Date Lab Analyzed	Laboratory ID #	Analyte	Analytical Method	µg/L Blank Result	µg/L Lab MDL	µg/L Result
						Monochlo. Acid	552.2	NT	1.0	NT
						Monobro. Acid	552.2	NT	1.0	NT
						Dichlor. Acid	552.2	NT	1.0	NT
						Trichlor. Acid	552.2	NT	1.0	NT
						Dibromo. Acid	552.2	NT	1.0	NT
						Total HAA5s				NT
Sample Date	Collector	Sample Location Designation #	Date Lab Received	Date Lab Analyzed	Laboratory ID #	Analyte	Analytical Method	µg/L Blank Result	µg/L Lab MDL	µg/L Result
						Monochlo. Acid	552.2	NT	1.0	NT
						Monobro. Acid	552.2	NT	1.0	NT
						Dichlor. Acid	552.2	NT	1.0	NT
						Trichlor. Acid	552.2	NT	1.0	NT
						Dibromo. Acid	552.2	NT	1.0	NT
						Total HAA5s				NT

Instructions available upon request

WORK ORDER Summary**Evergreen Analytical, Inc.****04-6253****Rpt To:** Steve Tedford

8/26/04 7:39:49 PM

Meadow Mountain Water and
Sanitation

PO Box 394

Allens Park, CO 80510

(303) 747-2066

Client Project ID: PWSID CO 0207504**QC Level:** LEVEL I**Comments:**

Sample ID	Client Sample ID	Matrix	Collection Date	Date Received	Storage	Test Code	Test Name	Hold	MS	Date Due	Hold Time
04-6253-01A	Fouts	Drinking Water	8/24/04	8/25/04	9	524 * ^	524.2: Trihalomethanes	<input type="checkbox"/>	<input type="checkbox"/>	9/9/04	9/7/04
6253-01B	Fouts	Drinking Water	8/24/04	8/25/04	7	552 * ^	552.2: Standard List	<input type="checkbox"/>	<input type="checkbox"/>	9/9/04	9/7/04

Colorado Department of Public Health and Environment -Water Quality Control Division
Drinking Water Program - Compliance Assurance and Data Management Unit
4300 Cherry Creek Drive South, Denver, CO 80246-1530

DBP Form 1 - Total Trihalomethane Analysis Laboratory Report Form

Section I (to be completed by the Public Water Systems only)						Section II (to be completed by Laboratories only)				
Public Water System Information						Laboratory Information				
PWSID # <u>CO-0207504</u>										
System Name: <u>Meadow Mountain Water System</u>						Laboratory Name: <u>Evergreen Analytical Laboratory</u>				
Address: <u>P.O. Box 394, Allenspark, CO 80570</u>						Contact Person: <u>Carl Smits</u> Phone #: <u>303-425-6021</u>				
Contact Person: <u>S. Tedford</u> Phone #: <u>303-747-2066</u>						Comments:				
System Authorized Signature: <u>[Signature]</u> Title: <u>Plant Op.</u> Date: <u>08-24-04</u>						Laboratory Authorized Signature: _____ Title: <u>Technical Director</u> Date: _____				
PWS to complete first 3 columns			Laboratories to complete columns 4-6 and 8-11							
Sample Date	Collector	Sample Location Designation #	Date Lab Received	Date Lab Analyzed	Laboratory Sample ID #	Analyte	Analytical Method	µg/L Blank Result	µg/L Lab MDL	µg/L Result
<u>08-24-04</u>	<u>S. Tedford</u>	<u>Fouts/B#1</u>				Chloroform	<u>524.2</u>			
						Bromoform	<u>524.2</u>			
						Bromodichloromethane	<u>524.2</u>			
						Dibromochloromethane	<u>524.2</u>			
						TTHMs				
<u>08-24-04</u>	<u>S. Tedford</u>	<u>Fouts/B#2</u>				Chloroform	<u>524.2</u>			
						Bromoform	<u>524.2</u>			
						Bromodichloromethane	<u>524.2</u>			
						Dibromochloromethane	<u>524.2</u>			
						TTHMs				
<u>08-24-04</u>	<u>S. Tedford</u>	<u>Fouts/B#3</u>				Chloroform	<u>524.2</u>			
						Bromoform	<u>524.2</u>			
						Bromodichloromethane	<u>524.2</u>			
						Dibromochloromethane	<u>524.2</u>			
						TTHMs				
						Chloroform	<u>524.2</u>			
						Bromoform	<u>524.2</u>			
						Bromodichloromethane	<u>524.2</u>			
						Dibromochloromethane	<u>524.2</u>			
						TTHMs				

Instructions on Reverse

Colorado Department of Public Health and Environment -Water Quality Control Division
Drinking Water Program - Compliance Assurance and Data Management Unit
4300 Cherry Creek Drive South, Denver, CO 80246-1530

DBP Form 2 - Haloacetic Acid (HAA5) Analysis Laboratory Report Form

Section I (to be completed by the Public Water Systems only)

Section II (to be completed by Laboratories only)

Public Water System Information

Laboratory Information

PWSID # CO-0207504
System Name: Mendocino Mountain Water System
Address: PO Box 389 Allenspark CO 80510
Contact Person: S. Tedford Phone #: 303-747-2066
[Signature] Plant Op. 08-24-04
System Authorized Signature Title Date

Laboratory Name : Evergreen Analytical Laboratory
Contact Person: Carl Smits Phone #: 303-425-6021
Comments:
Laboratory Authorized Signature Title: Technical Director Date

PWS to complete first 3 columns

Laboratory to complete columns 4-6 and 8-11

Sample Date	Collector	Sample Location Designation #	Date Lab Received	Date Lab Analyzed	Laboratory ID #	Analyte	Analytical Method	µg/L Blank Result	µg/L Lab MDL	µg/L Result
<u>08-24-04</u>	<u>S Tedford</u>	<u>Forts/Bottle #4</u>				Monochlo. Acid	<u>552.2</u>		<u>1.0</u>	
						Monobro. Acid	<u>552.2</u>		<u>1.0</u>	
						Dichlor. Acid	<u>552.2</u>		<u>1.0</u>	
						Trichlor. Acid	<u>552.2</u>		<u>1.0</u>	
						Dibromo. Acid	<u>552.2</u>		<u>1.0</u>	
						Total HAA5s				
Sample Date	Collector	Sample Location Designation #	Date Lab Received	Date Lab Analyzed	Laboratory ID #	Analyte	Analytical Method	µg/L Blank Result	µg/L Lab MDL	µg/L Result
						Monochlo. Acid	<u>552.2</u>		<u>1.0</u>	
						Monobro. Acid	<u>552.2</u>		<u>1.0</u>	
						Dichlor. Acid	<u>552.2</u>		<u>1.0</u>	
						Trichlor. Acid	<u>552.2</u>		<u>1.0</u>	
						Dibromo. Acid	<u>552.2</u>		<u>1.0</u>	
						Total HAA5s				
Sample Date	Collector	Sample Location Designation #	Date Lab Received	Date Lab Analyzed	Laboratory ID #	Analyte	Analytical Method	µg/L Blank Result	µg/L Lab MDL	µg/L Result
						Monochlo. Acid	<u>552.2</u>		<u>1.0</u>	
						Monobro. Acid	<u>552.2</u>		<u>1.0</u>	
						Dichlor. Acid	<u>552.2</u>		<u>1.0</u>	
						Trichlor. Acid	<u>552.2</u>		<u>1.0</u>	
						Dibromo. Acid	<u>552.2</u>		<u>1.0</u>	
						Total HAA5s				
Sample Date	Collector	Sample Location Designation #	Date Lab Received	Date Lab Analyzed	Laboratory ID #	Analyte	Analytical Method	µg/L Blank Result	µg/L Lab MDL	µg/L Result
						Monochlo. Acid	<u>552.2</u>		<u>1.0</u>	
						Monobro. Acid	<u>552.2</u>		<u>1.0</u>	
						Dichlor. Acid	<u>552.2</u>		<u>1.0</u>	
						Trichlor. Acid	<u>552.2</u>		<u>1.0</u>	
						Dibromo. Acid	<u>552.2</u>		<u>1.0</u>	
						Total HAA5s				

Instructions on Reverse